

Cardiovascular disease peer support: what are the perceived benefits and key priorities in digital intervention development? A multi-component qualitative study.

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Abstract

Aims: 1) describe perceived benefits and recommendations for in-person cardiovascular disease (CVD) peer support programs, 2) identify priorities for CVD digital peer support, and 3) develop a framework to inform future peer support programs.

Method: Semi-structured focus groups were conducted with participants of in-person CVD peer support groups, to explore their experiences and suggestions for future programs. Then, semi-structured workshops (with CVD consumers) and interviews (with CVD clinicians) were undertaken, seeking recommendations for digital peer support. Data were recorded digitally, transcribed verbatim, and analysed thematically.

Results: For in-person, 22 participants (aged 29-84years, male 45%) took part in focus groups. Five themes were identified; peer support provides ways of coping, peers learn from each other, peers understand what each other are going through, the peer uplifts mood and build confidence, and awareness, flexibility and resources facilitate engagement. For digital, five participants (age 55-74years, male 60%) attended two workshops, and eight clinicians (age 30-65years, male 10%) were interviewed. Three themes were identified: autonomy is essential to promote engagement, safeguarding is important, and interfaces that are simple and easy to use enable use. Priorities included increased awareness and uptake, flexibility with timing, family participation, healthcare professional involvement, resource provision, autonomous features, checklists and clinician moderation for safeguarding, and simple to use interfaces.

Conclusion: Peer support participants benefit from sharing their experiences of living with CVD, which enable coping, learning, feeling understood and a sense of community. Digital peer support program developers should prioritise six key areas: uptake, flexibility, resources, autonomy, safeguarding and interface.