

Effects of Peer-Led Interventions for Patients With Cancer: A Meta-Analysis

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PROBLEM IDENTIFICATION: To evaluate the effects of peer-led supportive interventions for patients with cancer.

LITERATURE SEARCH: Six electronic databases (EMBASE, MEDLINE®, Google Scholar, Cochrane Library, ProQuest Medical Library, and CINAHL®) were searched for articles published from 1997 to May 2017.

DATA EVALUATION: A total of 159 studies were identified. Eighteen (16 randomized, controlled trials [RCTs] and 2 non-RCTs) were eligible for systematic review and 16 for meta-analysis. The Cochrane risk of bias tool and Comprehensive Meta-Analysis software were used for analysis.

SYNTHESIS: The authors synthesized the results of the effect size of each trial according to cancer symptoms, coping, emotional health, quality of life, self-efficacy, sexuality, social support, and health-related behaviors.

IMPLICATIONS FOR RESEARCH: The findings from this study suggest that an additional tiered evaluation that has a theoretical underpinning and high-quality methodology is required to confirm the efficacy of peer-led supportive interventions within cancer care models.

KEYWORDS peer; partner; intervention; meta-analysis; cancer

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The earlier detection and treatment of many types of cancer has significantly extended the life expectancies of patients during the past two decades (Siegel, Miller, & Jemal, 2015). However, cancer and its treatment can lead to physical disability, emotional distress, and social problems. Even after treatment, a cancer survivor often requires care from multiple providers to manage the long-term sequelae of the illness and treatment. Patients with cancer who have prolonged survival times often have unmet supportive care needs (Hodgkinson, Butow, Hobbs, & Wain, 2007).

Patients with cancer who have less social support during and after treatment are more likely to experience distress (Andrykowski, Lykins, & Floyd, 2008). Social support can contribute to general well-being and buffer the impact of stressful experiences, including those related to life-threatening illnesses (Cohen & Wills, 1985). Peer support is a common form of social support because it provides patients with opportunities for experiential empathy. Peer-led supportive interventions (PSIs), in which individuals communicate and share experiences with others who have had similar personal experiences, can help to build self-efficacy, or the belief that one is capable of performing a course of action to reach a desired goal (Bandura, 1997). Self-efficacy is key to an individual's successful self-management of diverse chronic illnesses and, therefore, helps to improve health outcomes (Lorig & Holman, 2003). In recognition of the importance of social relationships and support from peers, intimate partners, or family members, experiential knowledge has become significant in the delivery of quality health care (Cox, 1993; Eng & Young, 1992).

Numerous studies of PSIs in the past 20 years have examined their effects on physical problems, psychosocial distress, unhealthy behaviors, and coping skills. However, these studies have had discordant results, and many have not satisfactorily met the outcome expectations. For example, previous trials in which