

## Home Care Employees' Experiences of Collegial Peer Support during the Pandemic

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*Employee wellbeing has in many cases weakened and peer support has lessened. Nurses' exhaustion and decisions to change jobs are major challenges to the social and health care field. The purpose of this study was to chart home care employees' experiences of collegial peer support during the pandemic. The study questions were what is employees' collegial peer support like? And how could collegial peer support be developed? This study is part of a national project. The data were collected through themed group interviews conducted via the Teams platform. The participants were 15 nurses who work in the Pirkanmaa region. The data were analyzed through inductive content analysis. The home care nurses' collegial peer support is based on trust and is visible as peer support that reinforces employee agency, multichannel communication and a customer-focused, organization-based approach. The respondents wished for supervisors' support, official permission and training in experimenting with different forms of peer support. Through this study, collegial peer support in nursing has been made visible and modelled on a new conceptual level. The organization-based peer support that rose as part of the results offers an important perspective on the growing labor shortage in the social and health care field. The opportunities offered by collegial peer support between social and health care professionals require further study.*

**Keywords:** collegiality, peer support, employees, home care, Finland

### Introduction

In 2020, much of the world switched to remote work because of the COVID-19 pandemic and still has not returned to the old normal. Superiors in particular have switched to remote work, but so have to some degree employees working in professions that allow for it. The changed situation requires rethinking interaction and communication, as close contacts and informal hallway meetings have become rarer or even ceased. The COVID-19 pandemic has been found to increase employee anxiety. They need therapy, well-being activities, counseling and psychological, telephone and culture and religion-based support (Siddiqui et al. 2021).

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In remote work, social connections can easily decrease to just one's family and local friends. Late e-mails and a work culture where everyone works constantly can also increase. This challenges superiors to examine both their own and their employees' well-being at work (Grant et al. 2013). The decrease in social connections is a threat to peer support, which is often given and received in normal everyday situations. When such situations are rare, giving and receiving peer support may suffer. Remote peer support requires technological skills and access to communication devices (Haapakoski et al. 2020).

In home care, as in many other areas of the social and health care field, many professionals work independently without the presence of their colleagues. Without contact with their colleagues, they may receive little professional peer support. They can instead receive professional and collegial support remotely, which can improve the quality and sense of their work (Heikkonen and Ylönen 2010).

Home care personnel resources mainly consist of home care assistants, home helpers and practical nurses. They help and support clients who need assistance because of an illness or diminished capability in matters such as everyday tasks and personal functions (STM n.d.a 2022). As the population ages, the number of clients who require home care services will increase, which will cause a need for more resources. The home care service field is undergoing change, and in the future more services will be offered to clients at their homes. This qualitative study charts home care employees' need for peer support and its realization during the pandemic. The study is part of a broader national project.

## **Theoretical Background**

### *Peer Support: Processing Emotions*

On a practical level, daily or weekly opportunities for colleagues to communicate officially or unofficially create opportunities for peer support (Noguchi-Watanabe et al. 2016). One central prerequisite for peer support is confidentiality (Kuipers et al. 2013). An encouraging workplace culture and organizational support also advance discussions of difficult matters as part of peer support (Elmir et al. 2017). During a crisis such as the pandemic, effective leadership and communication are particularly needful (Siddiqui et al. 2021).

Collegial peer support is needed in nursing to process emotions. Matters that arouse emotion include patients' care, their loved ones and ethical questions related to care. Managing relationships with colleagues and ideological and organizational demands and conflicts can also arouse emotion (Riley and Weiss 2015). A study focusing on oncological nurses (Ventovaara et al. 2021) found that a lack of time and insufficient personnel resources were the most common factors causing moral anxiety, which could be reduced through good collegial relationships.

The results of a study conducted among young doctors (Riley et al. 2021) show that collegial support was seen as an important buffer between emotional

anxiety and the negative effects of work conditions and cultures. Young doctors want to work in an encouraging workplace culture which has good relationships, a strong team morale and a shared responsibility of the workload.

Employees may avoid seeking collegial peer support if they are afraid that seeking help would mark them as weak and incompetent. If people in leadership positions openly tell the workplace community about their personal struggles, it may have a positive effect on employees and advance their seeking peer support (Emerson and Bursch 2018).

Peer support relationships with colleagues may also be challenging, which is why those who need peer support may fail to seek it out of fear of burdening their colleagues (Billings et al. 2021). In Billings et al.'s (2021) study, colleagues and co-workers were the first supporters of workers in the social and health care field. The study also found that receiving peer support quickly was often necessary. According to the respondents, people of similar ages are the quickest to give peer support and can also identify with the speaker's experiences.

Lampinen et al. (2018) studied the sense of togetherness among lower and middle managers in the social and health care field. Superiors' sense of togetherness was improved by e.g., support, in which factors such as mutual help and support, collegiality, sharing experiences, open access to information, professional guidance and personal relationships and networks were important.

Noguchi-Watanabe et al. (2016) studied how peer support can enhance a workplace's retaining power. Peer support would help nurses express their emotions in e.g., situations where the nurse had felt hurt by a client's words or attitudes. Peer support made them feel better when a colleague would listen actively and show compassion. As home care nurses work highly independently and make decisions at the client's home, they told each other what they did for the client and received support for their decision from each other. Colleagues also gave each other subtle hints on how issues could be approached from a new perspective.

McDermid et al. (2016) studied the formation of resilience among nurses who became academic researchers. Peer support helped improve nurses' ability to change, to reflect on difficult situations, to learn from them and to continue working. Developing collegial relationships may create firm, positive bonds that help in meeting challenges at work (McDermid et al. 2016). Collegial support, a robust workplace culture and emotional well-being are, according to Riley et al. (2021), connected to the ability to cope with the demands of work. A supportive workplace culture involves offering practical support and sharing responsibility and the workload. Collegial peer support may also increase a sense of togetherness (Lampinen et al. 2018).

### *Peer Support in Crisis and Acute Situations*

Elmir et al. (2017) found in their study that collegial peer support is needed in crises related to unexpected events at work, such as difficult deliveries. An encouraging workplace culture and organizational support help employees' process their emotions, guilt and feelings of incompetence caused by acute

situations. Collegial peer support in crisis situations is highly important in enabling the affected to continue working (Elmir et al. 2017).

Johnson et al. (2019) studied medical physicists' needs for seeking social peer support. The results show that medical physicists sought social support after stressful situations and medical errors. Stress can be caused by personnel conflicts, bullying and physical and verbal aggression by co-workers. Stressors on the organizational level include a lack of support from the leadership and a lack of sufficient resources (Foster et al. 2021).

Finney et al. (2021) studied the "second victim" experience and support for it among midwives and nurses. The concept "second victim" refers to a situation where an employee has made a professional error or there has been a "close call", which has traumatized the employee. Nearly half of the nurses participating in the study (n=310) had experienced such a situation, which had caused psychic suffering, plans to change jobs and the lowering of professional self-esteem. Ninety-six percent of the respondents found peer support the most desirable form of support.

In Rodrigues et al.'s (2021) study, those who work in mental health also found that they needed collegial peer support through sharing their experiences after various acute care situations. The participants would have needed more peer support than they received. Nurses who switched to careers in academic research wished for more peer support in managing difficulties and challenges related to their new role (McDermid et al. 2016).

Collegial peer support is highly important in crisis situations to ensure that the affected person can continue working (Elmir et al. 2017). Peer support can also be a source of collective power in managing outside threats or resisting excessive and groundless demands from above (Swedberg et al. 2013). Collegial support can also have a positive effect on creativity, as Zaitouni and Ouakouak (2018) found in their study, whose targets were superiors and employees at eight different organizations.

### *Remote Peer Support*

Mercieca and Kelly (2018) studied collegial support and its need among teachers in the beginning of their careers by interviewing 22 teachers. The respondents' primary source of collegial support was Facebook, in which the teachers participated in private online groups to receive support during various brief and casual employments. They also received collegial support through connections they had formed during their pedagogical studies. The teachers sought support in challenging situations, such as when they found their work environment hostile.

Jenkins et al. (2021) studied online peer support among recently graduated nurses and found that such support could be particularly important in managing anxiety and overstrain during the pandemic, as many employees are isolated and working under pressure. Some also wished for in-person meetings, in which trust could be built. Others felt that fully anonymous participation in peer groups should be possible (Jenkins et al. 2021).

Online peer support can offer a durable and easy way of advancing personnel well-being and job retention (Jenkins et al. 2021). The ideal peer supporter was a colleague from a different facility who knows the job conditions but is sufficiently distant (Johnson et al. 2019).

### *Peer Support Programs*

The basis for a peer support program created by the Royal Brisbane Hospital and a women's hospital's department of anesthesia and perioperative medicine was the mental strain and mental health problems experienced by doctors. The peer support group was tailored for local needs and offered confidential peer guidance and a psychological safety net focusing on collegial support in stressful situations and the advancement of a culture of understanding at the workplace (Slykerman et al. 2019).

Kuipers et al. (2013) studied professional peer group guidance in multiprofessional groups that offered professional support to healthcare professionals (n=613). The groups were not based on leaders or experts, but on peers challenging and supporting each other in developing practices and seeking to find solutions. The average size of the groups was five and 60% of them met monthly for 1-2 hours at a time. Some of the groups made formal documentation of their meetings while others did not. The groups that used formal documentation and assessed the groups' functioning in some form felt that their groups had better processes and results than groups that did not. These groups also had established ground rules (Kuipers et al. 2013).

Shapiro and Galowitz (2016) have modeled the central phases of peer support discussions in their peer support program: forming contact, breaching the topic, listening, reflection, reframing, utilizing experience, discussing coping strategies, ending discussion and ensuring the other person's access to resources. The peer supporter contacts the supportee via e-mail, explains their reason for contacting them and asks the supportee to call the peer supporter or to inform them on when they are available for contact. When the call or meeting happens, the supporter asks the other party to tell them what has happened. Listening in this conversation means that the peer supporter asks about the supportee's condition during the acute situation (Shapiro and Galowitz 2016).

During reflection the peer supporter shows respect and reinforces the supportee's emotions by e.g., highlighting the facets of the supportee's emotions related to their sense of responsibility and commitment to work. During reframing the situation is placed in a correct perspective. The supporter tells the supportee that everyone makes mistakes and that it is the organization's responsibility to create a system where the effects of mistakes are not felt by patients. They emphasize that the supportee is not a bad doctor or nurse. Utilizing the experience involves the peer supporter encouraging the other party to use the event to create positive quality and safety changes within the organization and their personal life (Shapiro and Galowitz 2016).

In coping strategy, the peer supporter tries to gain an understanding of the supportee's personal coping strategies, discusses their support systems and

emphasizes the importance of self-care. They can ask how the supportee has previously managed similar situations. Finally, the peer supporter calms the situation by telling the other party that they will feel better with time. However, if the situation continues to bother the supportee, they will always receive help upon contact (Shapiro and Galowitz 2016).

One suggestion that has been made by Rodrigues et al. (2021) is that the employer should create a program of peer support and arrange for an independent advisor, who could help in various situations. The study participants wished for trained trauma and peer support workers, who would have a professional understanding of their work and experiences (Rodrigues et al. 2021).

### *Summary*

In summary, the basic prerequisite for collegial peer support is trust between the parties, upon which communication is built. The persons seeking peer support needs courage in making themselves vulnerable and their need visible. An encouraging workplace culture and organizational support can create an environment for peer support to thrive. Opportunities for technology-based, anonymous participation grants additional chances for receiving support independent of time and place.

Collegial peer support is needed to process emotions caused by workplace experiences. These experiences are related to e.g., ethical questions, conflicts, stress, feelings of guilt and incompetence, management of relationships and experiences of anxiety and overstrain. Various challenging situations at work arouse emotions. Situations of change at work or in one's work role also create a need for peer support. The most serious situations shown by the results are employees' serious errors and "close calls".

The studies clearly showed that collegial peer support is primarily given in-person from one individual to another during everyday work situations. Virtual individual or group support is a newer form of support that can work as e.g., a non-stop virtual break room or a closed Facebook group. Along with individual support, these results show the importance of support groups, whose size and participants can vary depending on the day. More organized forms of peer support also exist, such as individual peer support programs for doctors, multiprofessional and multidisciplinary peer support groups for healthcare professionals and a modeled process of peer support conversation.

Collegial peer support can advance work retention, personnel stability and well-being and individual skills, capability, performance and creativity. Peer support can increase a sense of togetherness in the workplace community, which can help in meeting work challenges. Strong collegial support also increases employees' collective power.

## Conduct of the Study

### *Aims and Objectives*

This study was conducted as part of the national *The More Remotely – work in social and health care is changing* project (2019-2022) in 2021. The purpose of the study was to chart the experiences and needs of peer support among social and health care field employees working in home care. The aim was to produce new information on collegial peer support that can be used in the social and health care field and disseminated nationally and internationally. This study answers the following research questions:

1. What is employees' collegial peer support like?
2. How could collegial peer support be developed further?

## Method

### *Data Collection Instrument*

The study's target group was employees of different home care units in the Pirkanmaa region who participated in the *More Remotely* project. This target group was believed to give the most comprehensive answers to the study questions. They were also chosen because they could give the perspective of employees on these topics.

Pirkanmaa has 23 municipalities and more than half a million inhabitants according to data from 2020. Home care is provided as a social and health care service to all inhabitants over the age of 18 who require it due to diminished capability, illness or other reasons. Home care consists of home service and home nursing. Older adults are the largest group of clients (<https://tamperere.fi/en>).

Fifteen nurses from home care took part in the group interviews. The contents of the group interviews were formed using previous studies and literature on the topic, yielding the following themes: 1) peer support as a concept and practical action, 2) remote peer support as a concept and practical action, 3) peer support during the project in in-person and remote meetings and 4) needs for further development of in-person and remote peer support.

### *Data Collection*

The interviews were conducted in September and October of 2020 during three separate sessions. Due to the COVID-19 pandemic, the interviews were held remotely and saved through the Teams application. The themes of the group interviews were sent via e-mail to the interviewees prior to the sessions. The save function was tested beforehand. The interviewee groups consisted of 2-9 people and the sessions lasted for 38-45 minutes. Some of the interviewees participated in the middle of their workday, which is why distracting noises could sometimes be

heard in the background. Some interviewees participated by sharing a computer. Some interviewees did not have access to a web camera or a microphone, so they participated via written messages sent through the Teams chat function. The interviewers read these messages aloud to the other interviewees to stimulate conversation.

The group interviews were scheduled well ahead of time. The themed questions were sent to each home care employee invited to the group interviews via e-mail beforehand to allow them to better prepare for the interviews. Some interviewees had to leave the session during the group interviews. This did not, however, hinder the other interviewees' participation. Some interviewees left the sessions in the middle without comment or participating in the interviews. They have not been counted among the 15 interviewees.

The interviewees were allowed to comment freely on the themes in all three remote group interviews. The functioning of the Teams application was tested at the beginning of each interview and the interviewers ensured the interviewees could all hear them. The aim of the group interviews was to foster free and spontaneous discussion. The interviewers only participated by clarifying the themes at the interviewees' request and to move the conversation further by theme, based on the questions. The interviews progressed according to the pre-planned structure. The interviewees showed respect to each other by giving each one a chance to speak.

### *Data Analysis*

The data were analyzed through inductive content analysis (Tuomi and Sarajärvi 2018), as the subject was a phenomenon that has received scant scholarly attention in Finland. As cultural features and the effects of the pandemic on peer support vary, study results between countries may vary as well. Qualitative research can be used to discover the specific features of peer support in Finnish nursing. The basis of qualitative research is the description of existing life, which includes the thought that reality can be multifaceted. The aim of qualitative research is to study its target as openly as possible, without preconceptions and to reveal and discover facts (Hirsjärvi et al. 2013, p. 161). Qualitative research is based on humans with their sphere of life and related meanings (Kylmä and Juvakka 2014, p. 16).

The interviews were saved through the Teams application for transcription. The data were transcribed by the researchers into text. The transcription left out pauses, vocal emphasis and symbols from the messages sent by the interviewees. This was considered sufficient accuracy for reliable results. Some dialect and colloquial expressions were also given more standard forms to ensure anonymity.

After transcription the data were read through several times to form a complete picture before analysis. Significant original expressions were found and then reduced and placed in a table. The reduced expressions were searched for similarities and differences, which were combined to form subcategories. The subcategories were combined to form categories. Finally, the categories were combined to form main categories that serve as unifying concepts. The content



analysis is based on inductive reasoning. Examples of the process are presented in Table 1.

The employees' experiences and development suggestions related to collegial peer support yielded 147 reduced expressions. These were grouped into 46 subcategories. These were then combined into 13 categories, which were then formed into 4 main categories.

**Table 1.** *An Example of the Analytical Process*

Reduced expression	Subcategory	Category	Main category
The clients receive even-quality service	Peer support in client work and with clients' business		
Using others' ideas and support in client work		Peer support to ensure client-centric services	
Discussing challenges to clients' coping at home	Thinking about clients' coping at home		
Thinking about clients' coping at home			
In difficult wound care	Difficult wound care		
Severe wound		Peer support in demanding care situations	Peer support that reinforces client-centric care
Memory patients' behavior issues	Memory patients' care		
Memory patients' eating.			
Increasing services	Increasing services or transferring their start		
Transferring services		Peer support to ensure necessary and correctly timed services	
Client coping	Client coping at home		
Client's worsening condition			

### *Ethical Approval*

According to the guidelines of the Finnish National Board on Research Integrity (TENK 2012), only research that is conducted according to good scientific practices can be ethically acceptable and reliable and believable in its results. The study participants were informed of the study's contents, progress, voluntariness and the expected duration of the interviews. The participants were told how the information would be used, how the results would be published and how the data would be destroyed. The study was authorized by the project's manager. The study was conducted using good scientific practices, such as honesty, accuracy

and diligence throughout the research process, in saving and presenting the results and assessing the study and its results (TENK 2012).

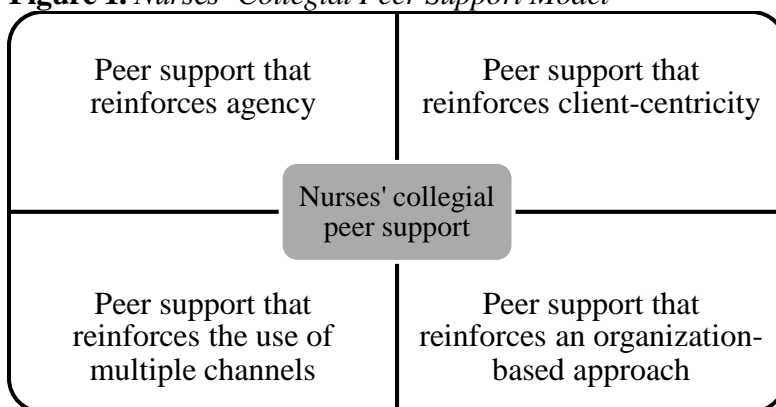
The participating employees were sent the interview's structure and a research notice before the interviews via e-mail. The interviewees electronically signed a document stating their informed consent to participating in the study. The notice contained information about the interview's topic, duration, location and the fact that it was being recorded. The notice also stressed the voluntary nature of participation. The original expressions were stripped of identifying information such as names and locations, and dialect and colloquial expressions were rewritten to standard Finnish to anonymize the participants.

## Results

### *Nurses' Collegial Peer Support Model*

Inductive content analysis of the data yielded the concept of nurses' collegial peer support, which contains forms of peer support that reinforce agency, client-centricity, use of multiple channels and an organization-based approach (Figure 1).

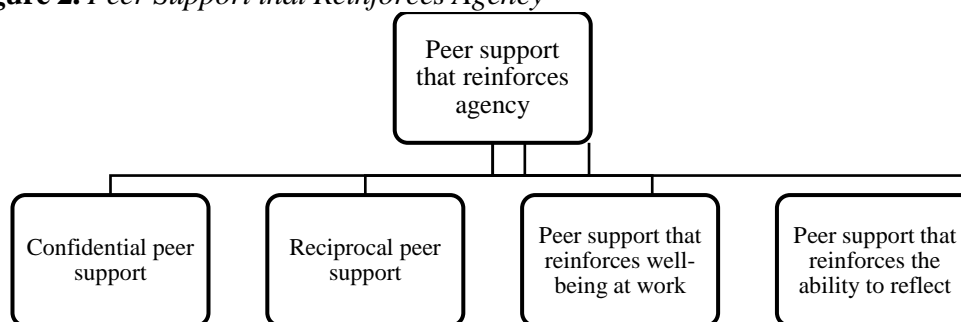
**Figure 1.** *Nurses' Collegial Peer Support Model*



Peer support was experienced broadly as reflection on both small and large matters. Peer support takes place and is used practically daily during shifts. Support is given and received multiple times a day. The respondents emphasized that peer support should happen all the time so that it remains a regular mode of operation. The nurses reported being such a close working community that they could discuss matters freely with each other.

### *Peer Support that Reinforces Agency*

Peer support that reinforces agency is confidential and reciprocal support that reinforces well-being at work and the ability to reflect (Figure 2)

**Figure 2.** *Peer Support that Reinforces Agency*

Peer support requires trust between the parties so that they can ask for things and support. Peer support is used to transmit information and to review the workplace community's rules, operating models and agreements. The respondents felt that their current level of support was sufficient.

"I guess peer support would need to... be based on trust ..."  
 "...so that we remember the ground rules and what we'd agreed ..."

Peer support was seen as reciprocal. The nurses felt that peer support is highly important for colleagues doing the same work. Peer support was also seen as a highly significant element in care work, and work was seen as much more cumbersome and difficult without peer support. The nurses felt that all contribute to giving, receiving and asking for peer support. The nurses felt that they could not manage their work without others and that without peer support their well-being at work would certainly weaken. There are always opportunities for offering peer support by e.g., asking how a coworker is doing or how they are feeling. It is not always necessary to wait for the other party to say they were in a difficult situation, as peer support can be offered without prompting.

"... I couldn't manage, if well-being at work wasn't on the level it is now."  
 "...and then you can ask the coworker how you've been doing with this (client)..."

Based on the interviews, the nurses felt that sharing difficult and challenging matters with others helps and creates a feeling of not being alone with problems. They also thought that challenging work situations depended on how the nurses experienced the situation. Reflecting and reminiscing on difficult situations together was also seen as a necessary practice.

"...if there's a more difficult or conflicting matter, it's nice to share it with a coworker."  
 "You feel that at least you aren't alone with the problem."

The nurses felt that it was important to receive support for their own thoughts. They described their sense of security being reinforced if they had discussed matters with colleagues, which allowed them to feel more secure in their skills at

the client's home. They also emphasized the importance of discussing matters that troubled them at the office.

"...You feel more secure the next time you go to the client's, if you've talked about it with colleagues ..."

"That way you can sort of get reinforcements for your thoughts from others."

Joint decisions and solutions in unclear matters were seen as peer support. Thinking about decisions and solutions together made matters clearer. They felt that they would learn from experience, which would improve the quality of their work. This was seen as important between people doing the same kind of work. The importance of discussing matters together arose when something exceptional had happened.

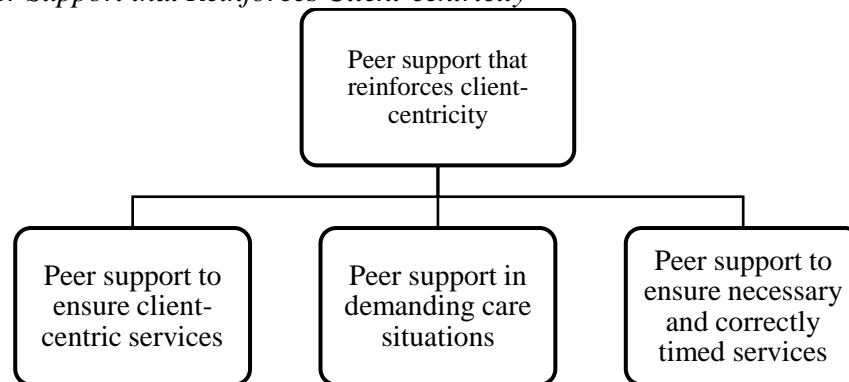
"...we think a lot about decision making and solutions together, when they aren't so clear."

"That's of course important, when we do the same work, to share those things..."

#### *Peer Support that Reinforces Client-centricity*

Three categories emerged under peer support that reinforces client-centricity: peer support to ensure client-centric services, peer support in demanding care situations and peer support to ensure necessary and correctly timed services (Figure 3).

**Figure 3.** *Peer Support that Reinforces Client-centricity*



Nurses used peer support to ensure client-based services in client work and when managing clients' affairs. Peer support is needed to ensure clients receive even-quality service. Peer support is also needed in the case of clients who are marginalized or have mental health or substance abuse problems.

"...so that the clients receive even service..."

"You of course use others' ideas and peer support in client work ..."

The responders felt that they needed peer support for difficult client meetings or situations. For instance, nurses could immediately tell a coworker if they

needed support after a difficult house visit. Discussing matters together was seen as giving support with demanding care situations. Some such situations included difficult wound care or anomalous test results, which cause the nurses to discuss the client's dosage. Nurses also feel that they need peer support in choosing suitable care measures. Caring for clients with memory illnesses was also seen as challenging, and the nurses sought peer support particularly in matters related to behavior disorders and eating. The nurses also consulted their coworkers in acute situations that involved sending the client to a hospital.

"...some clients respond well to one care measure for the same issue, when others need something else."

"...if there's already a difficult care situation, then ..."

In relation to ensuring necessary and correctly timed services, the nurses mentioned discussions of the client's ability to manage living at home. The nurses would discuss rescheduling the start of a service or care or potentially adding some new service. Nurses talk about the challenges clients face in managing at home, their worsening condition and when they should intervene.

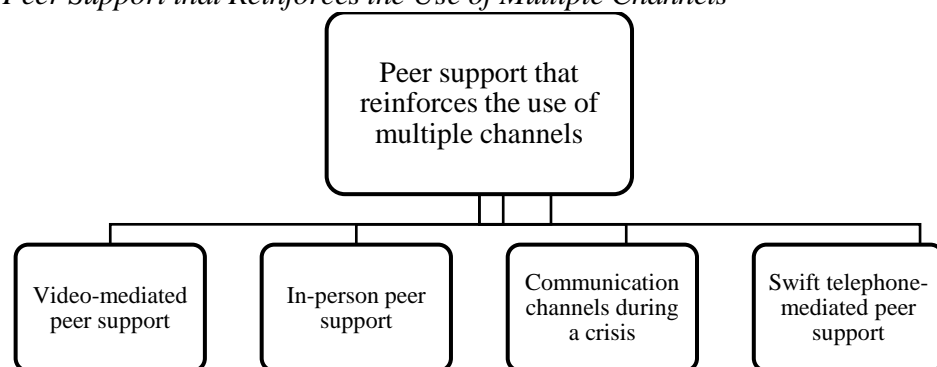
"...what services are given or if some service should be rescheduled..."

"...when the client's condition starts to worsen, we do talk about if we should do something and at what point ..."

#### *Peer Support that Reinforces the Use of Multiple Channels*

Peer support that reinforces the use of multiple channels includes in-person and remote support, swift telephone-mediated support and communication channels during a crisis (Figure 4).

**Figure 4.** *Peer Support that Reinforces the Use of Multiple Channels*



Video-mediated peer support was considered difficult and foreign. It was not something the nurses had missed, and they believed they did not have time for it. Technologically mediated remote peer support works when the participants know each other already. The nurses did not believe that trust could necessarily be built via an application like Teams. They also had difficulty separating peer support and remote peer support from each other. They felt that sharing matters felt easier in

common break rooms or while working. The nurses preferred seeing their colleagues in-person to virtual meetings, where others felt one-dimensional. The pandemic had made in-person peer support rarer, which made giving and receiving peer support more difficult. Long breaks and vacations were seen as hindrances to peer support, as were summer vacations that made meetings more difficult. The nurses wished for time reserved for peer support.

“I personally like seeing people face-to-face...”

“People seem so one-dimensional on the phone and on Teams.”

“Well, remote peer support works... when we know each other... from before...”

During the *More Remotely* project, there was more discussion during in-person meetings than remote ones. The nurses felt it was pleasant and useful to hear how other nurses in other areas were doing. They also mentioned feeling relaxed talking with others, as they otherwise worked alone.

“... in those groups... it was pretty nice and useful, and nice to hear how the others were doing ...”

“It’s also relaxing when you can talk with others...”

The nurses had become familiar with remote connections and the Teams application during the pandemic. They felt that even older employees had had the opportunity to learn their use. The nurses felt that they could not have helped learning to use applications for remote communication. Remote peer support was mainly conducted via phone, tablet, Teams or messages between nurses. The nurses had access to Teams but had used it very little as part of care work. They had not had significant problems with remote connections or Teams.

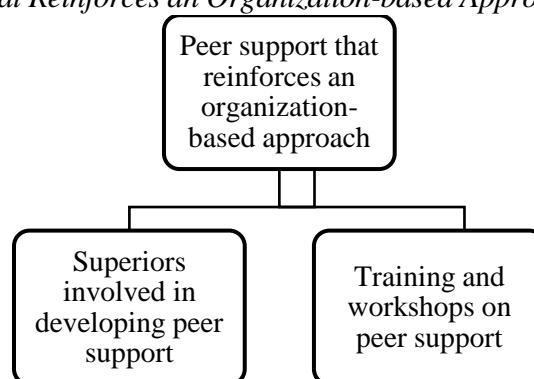
“You kind of had to learn how to use these remote connections...”

“Using phone and e-mail during remote work...”

As other technological means were unavailable during the beginning of the pandemic, phones were seen as enablers of swift and efficient peer support. Examples of phone-mediated peer support were venting calls or discussions about difficult clients. The nurses often ensured matters via calls to their colleagues, particularly in connection with new situations.

#### *Peer Support that Reinforces an Organization-based Approach*

Based on the interviews, the nurses wished their superiors were involved with planning peer support together with the employees. They wished that peer support would be developed through training and workshops. Nurses hoped they would receive sufficient training on remote peer support, along with a workshop in which the entire workplace community would participate (Figure 5).

**Figure 5.** Peer Support that Reinforces an Organization-based Approach

The nurses believed that some employees had insufficient communication skills, so there would be room for training and practicing communication skills at the workplace. Some were bothered by their colleagues' failure to acknowledge their lacking communication skills.

The interviewees were, however, skeptical if advice given in training would become part of their workplace practice. They believed remote peer support done during the project was successful and felt that it was at a sufficient level.

"...the superior being there with us, developing peer support..."

"...I hope ... that we'd receive enough training then..."

"... If we could get a workshop-type training..."

## Discussion

Collegial peer support among home care nurses can be seen as peer support that reinforces agency, client-centricity, the use of multiple channels and organization-based approaches. Through this study, collegial peer support in care work has been made visible and modeled on a new, conceptual level (Figure 1). Facets of collegial peer support that were emphasized in the interviews were discussing and processing issues together, as was also found in the study by Elmir et al. (2017). The results of the study show that home care peer support is not organized, but rather spontaneous and instant support that occurs during the workday in various situations.

Peer support that reinforces agency emphasizes mutual trust, reciprocity and the strengthening of well-being at work and the ability to reflect. In this context, a person with agency is someone who recognizes their own scope for action, wishes to bear responsibility and to influence that which they can (Ruutu and Salmimies 2021, p. 17). Kuipers et al. (2013) also emphasize trust as the basis for peer support, as did the home care nurses. The interviewees did not mention fearing being branded as incompetent or weak if they asked for help, which was mentioned in the study by Emerson and Bursch (2018). The interviewees did not mention a failure to seek support out of fear of burdening one's colleagues either, as was discussed in the study by Billings et al. (2021).

Workplace communities in home care use a great deal of peer support, in which all participate by giving and receiving support. Peer support also helped in reinforcing well-being at work in e.g., conflict situations, as was also found in the study by Jenkins et al. (2021). Nurses' agency was reinforced when they received a colleague's support for their own care decisions and reflections. Through sharing experiences, the nurses felt that they were learning new things and improving the quality of their work. Similar results were reached by Noguchi-Watanabe et al. (2016). According to Lampinen et al. (2018), supportive workplace cultures involve giving practical support and sharing the workload. Collegial support can also be used to increase a sense of togetherness (Lampinen et al. 2018), which can be detected in the interviewees' responses.

The need for anonymous peer support was not raised in the interviews (Mercieca and Kelly 2018). This may be because home care is conducted in fairly small teams, which allows for actively sharing experiences in-person. The respondents were somewhat reluctant to use remote peer support and considered video-mediated interactions difficult. The study by Siddiqui et al. (2021) found that employees were anxious over the pandemic, which was not expressed in the interviews.

Peer support that reinforces client-centricity includes serious care situations and ensuring the provision of client-centric, necessary and correctly timed services. The interviewees felt they needed support with e.g., difficult meetings with clients, choosing the right care measures, starting or rescheduling of services and encountering clients. The study by Rodrigues et al. (2021) also found that nurses needed peer support that involved sharing their experiences after acute care situations. Johnson et al. (2019) and Finney et al. (2021) also mentioned seeking peer support after medical errors or "close call" situations.

In Riley and Weiss's (2015) study, difficult and challenging situations aroused various emotions among nurses, who needed peer support in processing them. In this study, the home care nurses did not specifically mention emotions, but their descriptions of difficult and challenging care situations show that they too had had such experiences. The interviews did not include discussions of moral anxiety either, which was found in the results of Ventovaara et al.'s (2021) study.

Peer support that reinforces the use of multiple channels includes both in-person and remote support. Giving and receiving peer support in-person and via phone were more familiar and thus more popular. Video-mediated peer support was foreign to the interviewees before the pandemic, but video meetings conducted through Teams became familiar to them during the project and as the pandemic grew longer. Some of the interviewees did not see video-mediated support as necessary because it was foreign and unavailable to them at the beginning of the pandemic due to their lack of access to relevant technology. Some of the nurses reported Teams working well without problems. However, the studies by Jenkins et al. (2021) and Mercieca and Kelly (2018) found that online peer support enables swift and easy access to support. The pandemic has increased technological skills and advanced the use of remote peer support, as the home care nurses have reported.



Peer support that reinforces an organization-based approach expects superiors to participate in developing peer support, personnel training and workshops on teaching peer support. Some of the nurses felt that their workplace communities needed training on communication skills. The interviewees were interested in developing peer support and considered the participation and leadership of their superiors highly important. As previously mentioned, international peer support programs have already been developed (Slykerman et al. 2019, Jenkins et al. 2021, Shapiro and Galowitz 2016), which could be used as models in Finland. Collegial peer support can advance nurses' work retention, as was found by Jenkins et al. (2021) and Noguchi-Watanabe et al. (2016).

### *Limitations of the Study*

The interviews in this study lasted for 38-45 minutes. The interviews were conducted via the Teams application because of the COVID-19 pandemic. It was difficult to gain contact with the interviewees with means other than calling them directly by name, even when their cameras were on. In the final interview, most responses were written messages sent through the chat. These messages were read aloud by the researchers to stimulate conversation. In the previous two interviews, the researchers also repeated some of the questions, as sometimes the interviewees said nothing after the question was first asked. Some of the interviewees participated in the study during their workdays, which may have hindered their concentration. Distracting noises could occasionally be heard in the background, as the interviewees could occasionally be in the same space with their coworkers.

Some of the interviewees did not have a clear understanding of what the term "remote" meant. This became clearest at the end of the first interview. The researchers prepared for this by further clarifying the concept for the next two interviews in a more concrete fashion: it means all communication that does not take place in-person. Some were still confused and considered only video-mediated communication remote.

The interviewees' remote devices were lacking, which may have affected the study's reliability. Some interviewees did not have their own device and participated e.g., through a computer shared with another interviewee. Some of the interviewees did not have access to a microphone or a camera, so they contributed through written messages sent via the Teams chat. Some of the interviewees who participated through written messages were also on shared devices. The interviewees were asked to introduce themselves both via video and text to ensure the interviewers were aware of all participants.

### **Conclusion**

Based on the many benefits of peer support discussed in the literature review and the results of this study, it is worth considering how collegial peer support could be systematically developed in Finland to increase the retaining and

attracting factors and general well-being at work in organizations of the social and health care field.

The concept of peer support has been used in the social and health care field for a long time in the context of peer support among patient and client groups and experts by experience. Collegial peer support between social and health care professionals thus requires clarification and new research on its potential and efficiency.

Peer support that reinforces organization-based approaches offers an important consideration for the growing labor shortage in the social and health care field. The impact of well-being at work on job satisfaction is significant, as was found by e.g., Ylitörmänen (2021). Cooperation increases nurses' job satisfaction, which means organizations should identify and advance factors that increase cooperation between nursing staff (Ylitörmänen 2021).

The long-term labor shortage in the social and health care field has brought rapidly changing personnel to the field through part-time work and temp services. Brief and changing employment hinders the creation of tightly knit work teams, which also weakens retaining factors. There is no time to become familiar with one's colleagues on a deeper level and collegial peer support cannot develop in an ideal fashion. The situation challenges organizations to consider how they can support professional peer support through e.g., commonly agreed familiarization programs and work practices.

The increased remote and multi-location work caused by the reforms in the social and health care field challenge organizations and personnel to consider the possibilities of collegial peer support. Remote connections to colleagues require versatile and functioning devices and knowledge of their use. Questions related to secrecy and the safety of the programs and devices used are highly important in the social and health care field and must also be considered in relation to communication between peers. All discussions are not within the purview of rules related to secrecy, so personnel training is important in this context.

The traditionally hierarchical nature of the field is often seen as a hindrance to developing one's own job. As was discovered in this study, the respondents wished for support and official permissions from their superiors to experiments with different forms of peer support. Reinforcing agency with colleagues is built on mutual trust between both colleagues and employees and superiors. Collegial peer support enables both shared and broad-based responsibility in everyday patient and client work. Client-centric peer support also supports reinforcing the personnel's agency.

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