Recruiting, Preparing and Supporting Volunteers

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The “Researchable” Moment

The importance of volunteers is being highlighted in Provincial and National policy documents.
Not to be forgotten: Care of Vulnerable Canadians

“Hospice volunteers are a vital part of building rural capacity, supporting people receiving palliative care and their families.”
Volunteers are a huge untapped resource and should be part of workforce planning process. There has been a lack of national leadership in volunteerism in recent years but building capacity in volunteers is one way to help meet the emerging needs of our aging population, particularly in rural areas. But volunteers need adequate training and support.
Why Research?

- Systematic approach to answering a question of interest.
- Levels of evidence go from case studies to large sophisticated intervention studies to “studies of studies”

Knowledge:
- Answers to questions that are important to caring well.

Influence:
- Once you have the knowledge you can influence a direction.

Power to Transform:
- Realization of a goal of better care.
The Power of Case Studies or Stories

Knowledge

Capacity for High quality care

Influence
Examples of Research to Build Influence

Stories of volunteers in rural palliative care.

A narrative review of studies published in the last decade.
The “Story” of Rural Hospice Volunteers in BC
Participants

19 Volunteers from 4 rural communities in BC.
10 Participated in group interviews (Focus Groups)
9 Participated in individual interviews
Purpose was to understand their role better and their ideas about high quality palliative care.
Why they do what they do...

- Personal experiences of grief both good and bad - residue.
- Making a difference.
- Lessons and mystery of death.
- Personal development

“You asked what hospice means? I think one of the important things that hospice has done for me is, it has taught me and continues to teach me how to live.”
What do volunteers need to do their work well?

- Education
- Support from others
- Self care
- Self knowledge
Volunteers as Advocates

Gaps in person centered care, social support and infrastructure

Filling in the gaps: Diplomacy and innovations
Volunteers as Relationship Builders

• With patients...

• With nurses....

• With community....
Volunteer’s Relationship to the Hospice Organization

• Leadership: the power of a good coordinator
• Politics: the ups and downs of a volunteer organization
• Disconnect: not knowing the bigger picture
• Impact of external change
Reflection

What challenges do you encounter? What answers do you need to better influence? What do you aspire to as a volunteer and what would it take to get there?
Networking Day from Hospice Societies in Interior Health

See brochure regarding top challenges and areas for collaborative research.
Scoping Review: The bigger picture
Purpose – Scoping Review

• To synthesize the recent evidence on hospice volunteers. Specifically, we asked:
  – What are the experiences of hospice volunteers?
  – How do we best recruit, prepare and retain hospice volunteers?
  – What are the roles and outcomes of hospice volunteers?
Methods – Scoping Review

• Databases searched in the summer of 2012 with database-specific controlled vocabulary:
  – PubMed
  – CINAHL
  – PsycINFO

• Controlled vocabulary related to hospice care, palliative care, terminal care, volunteer workers or volunteer experiences.
Methods – Scoping Review

• Inclusion criteria:
  – Empirical
  – Written in English
  – Main focus of study was hospice volunteers
  – 2002 and onwards (previous review completed in 2001)

• Exclusion criteria:
  – Conference proceedings
  – Dissertations
  – Research conducted in specialty contexts (e.g. prisons) or developing countries
  – Book sections or review
  – Abstracts
Methods – Scoping Review

Database searches identified: 868 articles

Duplicates removed
868 – 220 = 648 articles

Inclusion/exclusion criteria removed
648 – 597 = 51 articles

Scan of reference lists added 3 articles

Total reviewed
54 articles
Country in which the studies took place

- Canada, n=24 (44%)
- UK, n=5 (9%)
- US, n=22 (41%)
- Sweden, n=1 (2%)
- Netherlands, n=2 (4%)
Types of studies

- The majority of studies were descriptive:
  - 25 used qualitative methods
  - 17 used quantitative methods
  - 16 used mixed methods
  = 58 studies, because 4 articles has 2 studies.
Findings – Scoping Review

• The articles were grouped into the following themes for discussion:
  – Descriptions of the work of hospice volunteers
  – Recruitment, preparation and retention of hospice volunteers
  – Perspectives and outcomes of the volunteer role
Descriptions of the work of hospice volunteers

- Committed to hallmarks of hospice care (e.g. whole person care, symptom control, alleviating distress and a peaceful death).

- A sense of the gifts they bring to the role and the gifts they receive from the role (growth in resilience, broadening of life perspectives, better understanding of death, transformation).

- Value the idea of freedom in their role – to determine the extent of their involvement and contribution.

- Support the capacity for person-centered care through relationships – reveals the sophistication of how this happens.

- Can feel disconnected and not active partners in the organization of hospice, leading to less satisfaction in their role.
**Relationship to the Organization**

- In one national survey, volunteers identified less positive aspects of their role as being their influence on, and understanding of, their role in the organization.
- Just over 36% had considered leaving hospice.
- Wanted more feedback about their contributions and more information about what was happening in the organization.

  - Addington-Hall J, Karlsen S. A national survey of health professionals and volunteers working in voluntary hospices in the UK. Palliative Medicine. 2005; 19(1); 49-57
Other experiences

• Hospice provided volunteers with a sense of community, particularly if there was an opportunity to share their experiences in a relational context.

• Conversations around belief systems and life after death were particularly meaningful.

• Stresses included experiences of the death of those they had come to know, difficult family encounters and disfigurement.

• Personal stress included not having enough time, dealing with own fears of death, interpersonal conflicts.
Recruitment, preparation and retention of hospice volunteers

- Motivations are both altruistic and instrumental.

- Increasingly, people are volunteering to enter into professional programs and gain employment. Older people tend to volunteer for more social reasons.

- Highlighting diverse roles (e.g. practical tasks could attract more men) as hospice volunteering may be perceived as “women’s work.” Reframing work in keeping with “masculinities.”
Recruitment, preparation and retention of hospice volunteers

- Volunteers deal with issues of cultural competency, communication and ethical issues, often with little preparation.

- Ethical issues:
  - Seeing less than optimal care.
  - Hearing patients talk of suicide.
  - Being asked to do things that are outside of their role.
  - Being unable to receive gifts.
Interventional Study to Enhance the Volunteer Role

- Year long study provided volunteers with a 40 hour training session, weekly 5 hour caregiving assignments and monthly support sessions.
- Volunteers were able to maintain a high level of self care and well being and increased on measures of compassion and decreased in their fear of death. Anxiety and depression decreased and satisfaction was high with 63% continuing to volunteer after the year.

Perspectives and outcomes of the volunteer role

- Findings from surveys with the general public in Canada (Claxton-Oldfield 2009; 2011)
  - High percentage indicated that they would favour having a volunteer if they were palliative – primarily for practical support.
  - Women placed a higher value on social and emotional support than men.
  - A significant percentage of the population still do not know about the availability of volunteers.
Perspectives and outcomes of the volunteer role

- Family members, in general, report a high satisfaction with hospice volunteers (through providing respite, emotional and practical support, expertise).

- In one study, survival times of palliative patients were longer when they were supported by hospice volunteers as compared to those who did not request the support or those who did request volunteers, but did not receive the support (e.g. due to scheduling challenges). There were several study weaknesses that could account for this but intriguing!

- Nurses may not understand the training volunteers receive but feel that volunteers are beneficial to patients and families and they should have input into patient care.
So What??

• What are useful messages from this?
• Who needs to know?
• How can we build upon this work?
Roundtable discussions

- Working in groups decide on a single question and how you might gather the knowledge you need to answer that question.
- Provide one or two questions for a Provincial survey.
- Report your findings back to the larger group.
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