Volunteers can provide valuable one-to-one interaction with older patients, even in busy acute wards, providing companionship and activities to reduce stress.

The value of volunteers on older people’s acute wards

In this article...
- How patients and staff benefit from volunteer involvement
- Practical tips for involving volunteers
- Overcoming challenges and barriers

Historically, volunteers have played a vital role in health services, with volunteering providing an opportunity for people to become more involved in their community. Francis (2013) recommended greater patient and public involvement in healthcare, suggesting hospitals should open their doors and welcome the public in.

At Nottingham University Hospitals Trust, we have involved volunteers to provide activities and social interaction for patients on a female acute ward specialising in the care of older people. The ward has 28 beds and patients have a variety of conditions.

Activities for older people in hospital have been found to be beneficial (Howe and Goldberg, 2014) and to reduce anxiety and stress (Stuckey and Noble, 2010). Creative arts therapy has been found to reduce pain and increase the quality of life for patients with cancer (Puetz et al, 2013), while creativity can empower and help older people to strengthen social networks and promote cognitive resilience (McFadden and Basting, 2010).

Due to budgetary constraints, the ward is unable to employ an activities coordinator, while staff time is fully taken up with clinical duties. Multiple comorbidities, increased acuity and complex social problems, increased documentation and pressure on beds mean time is spent addressing these issues, with no time left to provide reminiscence therapy or engage patients in meaningful, non-clinical activities.

Some patients became bored and at risk of developing delirium, so we decided to investigate whether involving volunteers would be beneficial.

Involving volunteers

The trust was supportive of the project and offered protected time to liaise with volunteer services. The volunteer coordinator was also supportive, liaising between the volunteers and ward staff – the trust has a dedicated voluntary services team that organises volunteer recruitment and training. To ensure patient safety, volunteers must be over 18 and undergo a record check from the Disclosure and Barring Service.

Volunteers are given mandatory training, which includes manual handling, values and behaviours, bullying and harassment, fire precautions, infection prevention, safeguarding vulnerable adults and children, information governance, health and safety and mealtime assistance.

The duties available to volunteers include assisting at mealtimes, “meeting and greeting”, helping with the patient library, fundraising and driving.

5 key points

1. Activities for older people in hospital can reduce anxiety and stress
2. Volunteers can offer social stimulation that is beneficial to older patients
3. Bringing volunteers on to hospital wards is a form of public involvement
4. Volunteers have time to talk to patients and enable them to reminisce
5. Social interaction with volunteers can help to prevent delirium and disorientation

Wiping patients’ tables gave volunteers the opportunity to start conversations
BOX 1. CASE VIGNETTES

Part of the team
Haleema has been volunteering on the ward twice a week at mealtimes for the past three years and is a valued member of the team. She talks to the patients, encourages them to drink and makes them a cup of tea if they want one. She spends time listening to them and comforting them if they are distressed or anxious. She has taken a special interest in completing the “about me” documentation and goes out of her way to do this on her shift. This information can help nursing staff if a patient slips into delirium and can be pivotal in helping to reorientate them.

Mutual benefit
Jane Carter, a patient on the ward, was desperate to go home but required a complex social package. She was waiting for her discharge arrangements to be finalised and according to NICE guidelines (2010) was at risk of developing delirium as she was over 65, had dementia and had sustained a recent hip fracture following a fall and a subsequent urine infection. Sally, a volunteer, spent time with her looking at magazines and talking about the holidays Mrs Carter had taken with her husband who had died 30 years previously. Sally discovered she had been an avid knitter in her early years. She encouraged Mrs Carter to teach her how to knit. Mrs Carter enjoyed the role of teacher and the relationship blossomed. She was discharged back home and Sally developed new skills in knitting.

Volunteer support
Marigold had always wanted to be a nurse. When she retired, she took the opportunity to befriend and care for a family friend with dementia and, when she died, she decided to volunteer at the hospital and was allocated to our ward. She says that as soon as she stepped onto the ward, she knew she was going to like it as “everyone was so friendly and welcoming”. She has volunteered for over three years and comes in twice a week on a regular basis. She says she loves it but sometimes worries about saying the wrong thing to patients with dementia. She has been reassured that her calm, kind approach is just what the patients need. We have discussed various methods of dealing with these kinds of conversations and she feels more confident, especially following an arts and dementia event at the University of Nottingham. Marigold is a fantastic example of how a well-supported volunteer can contribute enormously to the experience of patients on an acute hospital ward.

They are issued with a volunteer uniform and ID badge, and receive some travel expenses (Nottingham University Hospitals Trust, 2014).

I acted as a link person between the ward, volunteers and volunteer coordinator team, which streamlined the process and offered continuity. I showed volunteers around the ward, introduced them to staff, gave them verbal and written information and outlined their duties.

Becoming a volunteer
Working on the acute ward can be stressful and frightening for newcomers. There may be patients at the end of life, with acute delirium or in severe pain. The team recognised we had a duty to protect volunteers from any distress. There was a possibility that they could feel overwhelmed or out of their depth without support, so they were given contact details and encouraged to contact staff to discuss any issues.

A volunteer notice board was set up to help them feel involved and part of the team. We also created a closed Facebook group where volunteers could “meet” each other and members of staff, which aided communication. There are potential information governance issues and problems associated with confidentiality, so users were made aware of the importance of not mentioning patients’ names or discussing ward issues. Some volunteers were reluctant to involve themselves in internet-based activities so were contacted by text or telephone.

New volunteers were shown basic ice-breaker techniques, especially if they were nervous. A useful technique was to suggest they put on an apron and go round the ward wiping bedstands, as this gave them the opportunity and confidence to start a conversation. Volunteers were encouraged to ask the nurses at the start of their shift if there was anyone in particular who needed their help or anyone to avoid because of complex clinical needs.

Some volunteers had had little contact with older people before and were afraid they would not know what to say. Although they may not fully understand the myriad and complex problems many older people experience, volunteers have an authentic, non-generic way of interacting that cannot be taught or learnt from a textbook, but simply involves being there for another, offering time and help. This lends freshness and authenticity to the relationship and gives patients an emotional boost at a time that may involve significant change in their long-term living arrangements and possibly the end of life. Human interaction can make a significant difference to a patient in an acute ward who may be experiencing pain, loneliness, lack of sleep, disruption, separation from loved ones and a loss of dignity and autonomy.

The diversity of the volunteer population brings fresh ideas and a real opportunity to improve the experience of people in hospital. Experienced volunteers can “buddy up” with new ones to offer support, so a mentoring system project will develop or evolve naturally in the future.

It is important to show appreciation for the work the volunteers do as they so generously donate their free time to help us on the ward. Staff take every opportunity to thank them and show our appreciation.

Reminiscence therapy
Volunteers developed an important role in reminiscing with patients. It became apparent that there was a need for “props”, as a multisensory approach was adopted when putting items together for a memory box. However, a lack of equipment and limited funding meant there were few resources for this.

Inexpensive objects were obtained for memory boxes, some from charity shops. Items such as pre-decimal coins, a scrubbing brush, carabolic soap, a plastic rain hat, lavender hand cream, knitting-related items, puzzles and packs of cards generated interest and discussion and proved popular with patients and volunteers alike.

We also used social media to ask for donations to the ward, such as items including wool or books.

Benefits to patients and staff
The scheme is beneficial to patients, volunteers and staff. Patients are receiving
**Innovation**

**Nursing Practice**

Evidence-based care, in that the National Institute for Health and Care Excellence guidelines on delirium (2010) and dementia (2006) recommend support from family and friends as this helps orientate patients. Volunteers can offer friendship and friendly interactions with patients, who benefit from social stimulation with reminiscence therapy and conversation with another human being. The variation and diversity within the enthusiastic volunteer group means there are always fresh ideas. In an environment where choices can be restricted, patients are empowered by being able to choose the activities they wish to participate in.

The sensitive use of “about me” documentation has proved beneficial. Volunteers are able to help patients to complete “about me” documentation and discover more about them. They note hobbies, previous occupations, likes and dislikes. Staff can use this to engage patients in conversation about topics pertinent to them, which helps to develop relationships and can be a way of orientating patients.

Volunteers also have a unique opportunity to discover whether working in healthcare is for them. Our volunteers have had opportunities to shadow nurses or doctors and to see firsthand what these jobs entail. It gives them work experience and the opportunity to obtain a reference. Volunteers’ confidence increases once they become part of the ward team and feel comfortable in their role. They are invited to lectures run by the local university, including talks on art and dementia, as this ensures they feel involved and helps to generate fresh ideas.

Volunteer involvement is a cost-effective way of providing evidence-based care to vulnerable patients at risk of developing delirium. Currently, there is no evidence to support the theory that use of volunteers is decreasing the incidence of delirium on the ward. We are conducting a nationwide prevention of delirium on the ward. We are conducting a worldwide prevention of delirium on the ward. We are conducting a worldwide prevention of delirium on the ward. We are conducting a worldwide prevention of delirium on the ward.

Confidentiality is a potential problem but intelligent and thoughtful communication can address this. Fears of increasing infection and potential health and safety issues can be handled by clear guidelines and training. Training in hand washing, appropriate footwear, advice on conflict resolution, communication and talking to people with memory loss have all proved useful as well as encouraging volunteers to remind patients to wear their dentures, hearing aids and glasses.

All the volunteers, without exception, have been responsive to this type of information, welcomed any help and diligently acted on it.

Ward infrastructure may not support volunteer interaction and some activities may be impossible (for example group activities if there is limited space). Memory boxes need to be carefully thought through with particular attention paid to safety and infection prevention. For example, knitting needles are useful but could be dangerous in the wrong hands, and items need to be washable to prevent the spread of bacteria.

There is a danger that people may see the introduction of volunteers as replacing an employed activity coordinator. The funding is not available for such a role at NUH and, even if there was, there would still be a role for volunteers.

The future of the volunteer scheme will include supporting the volunteers and allowing the project to evolve naturally, ensuring everyone has a say in what happens next. Although it would be beneficial to encourage more involvement with training and a more structured approach, too much managerial control could lead to disenfranchisement and a dilution of the fantastic diversity, spontaneity and enthusiasm within the volunteer group.

**A positive step**

Encouraging volunteer involvement is a positive step towards turning rhetoric into reality and involving the public in NHS services.

The implications for nursing practice are that volunteer involvement can help to bridge the gap between the public and health professionals in a meaningful and positive way to deliver excellent services to patients. It is a symbiotic relationship with all parties benefiting, but intelligent, creative and sensitive management and support is required for it to work to its full potential.

In the current economic climate, volunteers have the potential to play a key role in supporting patients and preventing delirium in acute settings. They can engage patients in meaningful activities and offer interaction that adds value to their everyday experience of living with illness.

**For more on this topic go online...**

- Using mealtimes to support patients

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**References**


