Employing dietetics students as mealtime volunteers in hospitals

Malnutrition in older people who are hospitalised negatively affects the healing process and is a well-known, long-standing concern (Lean and Wiseman, 2008). A study by the British Association for Parenteral and Enteral Nutrition (BAPEN) found that, among people aged >80 years admitted to hospital, 33% were malnourished or at risk of malnutrition (Russell and Elia, 2012). While ensuring patients’ adequate nutrition is a nursing responsibility, helping them to eat is traditionally delegated to support workers and housekeepers – however, this support can also be provided by mealtime volunteers. This article describes the project, its outcomes and challenges.

Key points
- NHS England aims to double the number of volunteer in the NHS over the next three years
- On busy wards nursing staff may struggle to support patients at mealtimes
- Mealtime volunteers are often used to support the nursing workforce
- The presence of volunteers means patients can take their time eating and enjoy some social interaction
- Dietetics students who are also mealtime volunteers improve their communication skills and gain valuable experience of working on hospital wards

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Abstract Many older people in hospital are at risk of malnutrition and the challenge for nurses is to ensure they have adequate food intake – this often means helping or encouraging these patients to eat. At Leeds Teaching Hospital Trust, this task is partly fulfilled by undergraduates studying dietetics at Leeds Beckett University. The aims of this mealtime volunteering project are to provide patients with practical help and social interaction, give nursing teams additional support, and help students improve their communication skills and gain experience of working on hospital wards. This article describes the project, its outcomes and challenges.

Clinical Practice

Innovation

Although it takes time to train volunteers, the skills needed to help patients eat can partly be taught away from the clinical area and further training can be given when volunteers start helping on the ward.

Boosting volunteer numbers

The general increase in the number of older and frail people – highlighted by Cornwell (2012) – is reflected at Leeds Teaching Hospitals Trust, where the number of patients who need help with meals is increasing. Since 2013 we have been using mealtime volunteers on our older adult wards. We initially recruited these volunteers from non-clinical hospital staff (from secretaries to board directors) and members of the public (for example, young people volunteering before going to university), but the number of volunteers was lower than we wanted it to be.

In spring 2015, we discussed how to increase our number of mealtime volunteers at a meeting between the trust and Leeds Beckett University, which runs several undergraduate and postgraduate courses in dietetics. It was attended by nursing staff and dietitians from the trust, as well as representatives from the university. One of the university tutors suggested using undergraduate dietetics students as mealtime volunteers, which everyone agreed was a good idea.

As well as practical support, expected benefits for patients were that they would:

- Be able to take their time eating;
- Enjoy the social aspects of the interaction with volunteers, thereby eating more.

Expected benefits for students included:

- Developing their communication skills;
- Gaining experience of the ward environment.

Training and supervision

The project was led by Vee LeBrunn, clinical nurse educator at the trust, with support from the head of nursing and ward leaders. Planning started in the summer of 2015 to allow us to recruit volunteers from the cohort of undergraduates starting their three-year course in September 2015. In October 2015, Vee LeBrunn delivered an introductory session at the university to explain what was required of volunteers; 27 students attended and all expressed an interest in volunteering with us.

These 27 volunteers took part in an initial training session provided at the hospital. They received information on:

- Reasons why patients do not eat;
- Protected meal process;
- Role of housekeepers;
- Safety requirements, regarding things such as good posture for volunteers and correct positioning for patients, infection prevention, and dementia.

They were also given tips on how to encourage patients to eat and guidance on which patients they should support. This was followed by exercises in which students practised their skills on each other. Training continued on the wards, with volunteers being supervised until they were confident enough to support patients independently.

Of the initial 27 students, 12 became volunteers; the first of these started in November 2015. An induction session on the wards, either with a clinical nurse educator or a hospital dietitian, was arranged to help volunteers settle into their role and introduce them to ward staff. For some, this was the first time that they had ever been on a hospital ward.

The 12 volunteers went on to help at meals times once a week during term time for approximately six months. We encouraged them to attend evening meals, as this would often be when fewer staff were available, but this was not always possible.

Box 1. Volunteers’ feedback

What went well

- “It is worthwhile for your development. You make a huge difference to the experience of [...] ill people in hospital, and the staff really do value your help”
- “I gained experience about different ways to communicate with patients with different conditions or compromised speaking ability. It provided insight for my future practice”
- “[gave me a chance] to familiarise myself [with] working in a hospital setting and practise my communication skills”
- “The nursing staff were friendly and willing to give me support. They helped me out when I did not know how to communicate with certain patients”
- “It is worth doing it. I found it extremely rewarding and feel it had prepared me for placements”

What could be improved

- “Nothing can prepare you for the actual situation of being on a ward. Although I feel we were told in theory what to expect, the experience itself is impossible to prepare for”
- “Most of the time mealtime volunteers work in the ward on their own and other healthcare staff are really busy”
- “[...] had the opportunity to fill in food charts, but some guidance on what documents we can access would be helpful”
- “I was fortunate that I was able to receive my contract. Others [...] struggled to get a contract due to needing evidence of address, which is hard as students are [often] new to Leeds”
- “My back was always sore afterwards from the bending”
- “The registration process was not at all easy”
- “It would be nice if the students could meet their ward supervisor on the day of training [as] they would both know better how the programme works”

Feedback

Five months after they had started, we elicited feedback from volunteers via an online questionnaire sent by the university. They were asked to identify what had gone well and what could be improved. Box 1 highlights some of their feedback.

On the downside, volunteers said they would have liked more one-to-one supervision during the first few mealtimes. Many had found it hard at first and said it had taken them a while to build their confidence. They also said the recruitment process had been complicated.

More positively, volunteers found their role worth doing and rewarding. Gaining informal experience in a hospital setting helped them prepare for their placements and they also gained experience in communicating with patients who had a variety of conditions and/or impairments. Some explained that it was good to have that experience on their CV when applying for jobs. They had, in general, found the nursing staff friendly and supportive.

The clinical educator visited the wards regularly to ask ward staff and patients how they were experiencing the new volunteering role. Ward staff reported that patients particularly benefited from the
social interaction with volunteers. Patients showed interest in the volunteers, enjoying having someone to talk with, and took advantage of this opportunity. Ward staff also reported being able to dedicate more time to those patients who were most dependent on having help with eating.

Challenges
We began with much enthusiasm, hopeful we had found a sustainable way of helping our older patients at mealtimes. We anticipated that the wards would gain dedicated support from a ready supply of volunteers and we would be able to recruit quickly. As volunteering took the form of a placement, we did not think the recruitment process would entail many employment and identity checks. However, students had to go through the same checks as any other volunteer or NHS staff member. Many had only just moved to Leeds so found it difficult to provide proof of address, such as a utility bill or bank statement – this made recruiting them more complicated than recruiting members of the general public.

We hoped students would volunteer with us for the duration of their three-year course and during holidays. However, many left Leeds outside of term time, while the academic demands of their course and often having to travel long distances for their placements meant their volunteering time was limited. In addition, at the time, our trust prioritised recruiting substantive staff, thereby delaying the recruitment of volunteers. This has mainly been resolved but some students gave up trying to get through the process.

These challenges made the project frustrating at times. On reflection, some of the challenges encountered were due to our own unrealistic expectations. We would have benefited from gaining a greater understanding of recruitment processes and students’ course requirements first.

Motivation, acceptance and skills – all key enablers for change (National Institute for Health and Care Excellence, 2007) – were not in short supply, but better project planning and better impact measurement (two further keys to implementing change) would have helped. Despite our determination not to lose an innovative idea from staff, there were times when we felt trapped in inflexible processes that are commonly found across the NHS (Gbadamosi, 2015).

Fundamental nursing care
With the increasing number of people aged >65 years and the predicted chronic shortage of nurses (Lintern, 2013), hospitals need to find new ways of helping nurses to deliver care. In the context of increasing demand and gaps in the workforce, introducing new roles and changing the skill mix of clinical teams is necessary (NHS Improvement, 2018). At Leeds Teaching Hospitals Trust, we are taking steps not only to change the size, shape and composition of our nursing workforce, but also to refresh traditional working methods of non-nursing staff who help to deliver patient care.

In its guidance on safe staffing, the National Quality Board (2018) endorses the use of volunteers. However, nurses, both in frontline and leadership roles, need to ensure this is only done with consideration given to the wider team of registered and unregistered staff. Any change to ward routines and use of resources needs to be informed by decision-support tools, evidence reviews and professional judgement.

Registered nurses cannot shift responsibilities or give tasks away to volunteers simply because the task may appear to be relatively low risk; transparent governance structures and processes are needed to monitor effectiveness and ensure everyone’s safety. However, nurses can and should be involved in deciding, implementing, analysing and evaluating the delegation of certain tasks to other team members with appropriate skills. While using volunteers has proven benefits and is acknowledged as a useful tool, both student and registered nurses need to be able to absorb and practise knowledge, skills and competencies in fundamental elements of nursing care such as helping patients with eating.

Where are we now?
We went on to recruit a further 11 dietetics student volunteers in 2016 and nine in 2017. In 2018, the coordination of student volunteer recruitment was managed by our central patient experience team. Improvements have included:

- Amendments to volunteers’ training resulting from the student feedback, including more detail on correct posture and confidence building for interactions with patients;
- Designating HR officers to support recruitment – for example, they explain to students early on in the process what documents they will need to produce.

We hope to encourage more undergraduate students from health disciplines to volunteer with us, and plan to agree a simpler recruitment process with local universities. We also plan to audit patient and staff views on using dietetics students as mealtine volunteers. NT

References
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Gbadamosi N (2015) What are the barriers to implementing change in the NHS? Nursing Times; 11 February

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