A Living Community Presence: Training of End of Life Care Volunteers

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BACKGROUND

In British healthcare, the majority of people die in hospitals; however dying should be considered as an inseparable part of the community experience and support engendered within communities is key in promoting a "good death" from both personal and social perspectives. 1 Volunteering in the hospital setting generally focuses on fundraising and practical tasks but excludes direct patient contact in the dying phase. OPCARE 9, an EU FP7 funded project2, highlighted how some European countries have utilised volunteers in caring for the dying by providing support for patients and families, whilst re-introducing a valuable sense of 'community'.

AIMS

This project sought to distil existing international expertise and experience to develop and evaluate a Care of the Dying Volunteer (CODV) Programme to support patients in the last hours or days of life in a hospital setting (North West of England). A bespoke training program, reflecting those delivered in the Netherlands, Germany and Italy, was developed for the UK, to enhance volunteer’s existing skills and personal qualities by drawing on their life experiences.

METHODS

The 12 week Training Programme included topics such as communication/interaction with patient, relatives/friends and members of the healthcare team, spirituality and religion, death and dying and limitations and boundaries of the CODV role. The training was delivered over 4 full days and 9 evening sessions. It involved a variety of interactive group and didactic sessions. On 3 occasions, the group was joined by representatives from Italy, the Netherlands and Germany who shared their perspectives and experiences of volunteering and care of the dying. A mixed methods approach was engaged for data collection. Volunteers completed detailed interviews and questionnaires and kept Reflective Diaries throughout the training and project implementation periods. In addition, clinical staff and patients’ relatives provided qualitative and quantitative feedback. The data were analysed using a Framework Approach, which provides a systematic analysis from initial data management to the development of emergent categories and themes.

RESULTS

19 volunteers completed the Training Programme. 17 volunteers fulfilled the Learning Outcomes (Figure 1) and were felt to be suitable to continue onto the implementation phase of the project.

DISCUSSION

Further analysis of the results highlighted other themes emerging from the data which included:

- Motivation for volunteering – which indicated the reasons why the volunteers had sought to participate and how the training further developed and enhanced their motivation and sense of altruism.
- Emotional impact on volunteers – which highlighted the challenges of learning and engaging with loss, both from a personal perspective, and in their understanding of the nature and effects of loss for the patients and families they would support.
- Group dynamics – the shared purpose and motivation of the group proved to be a source of strength and support throughout the Training Programme.

CONCLUSION

The conclusions from this study are that it is possible to establish, appropriately train and embed a volunteer support service for dying patients in an acute hospital. Further, that such a service complements clinical services and is also welcomed by patients and their families. The Training Programme proved effective in preparing volunteers to support dying patients and their families. In addition they found that the training was interesting and life enhancing. A key achievement of this project is the establishment of a bridge between the community and the clinical environment of the Hospital.

REFERENCES

3. OPCARE9 – EU 7th Framework funded study www.opcare9.eu