

## section 2.9: the role of volunteers

### volunteers

Volunteers give of their time freely and play an essential role in the delivery of palliative care across a variety of settings. They bring a willingness to provide practical and emotional support and the gift of time, time that medical, nursing and allied health may not have available to them in a busy clinical working day. This role has been broadly considered as “helping out”<sup>1</sup> and given their unpaid status, can be seen as an expression of compassion and commitment to community care.

### benefits of volunteer involvement include bringing:

- new skills, approaches, opportunities and ideas
- fresh energy
- a significant increase in the capacity of an organisation
- a relaxed approach which may not be as daunting as that of the clinical team<sup>2</sup>
  - a higher quality of life score in both the volunteer and those assisted by the volunteer<sup>3</sup>
  - an improvement in understanding and communication between the patient, family, staff and the volunteer<sup>4</sup>
  - an increase in community awareness and capacity about issues related to death, dying and palliative care

### recruitment and training

- volunteers are recruited and offered specific training in communication and listening skills, loss and grief issues, personal values, infection control, occupational health and safety and practical information about life limiting illnesses
- volunteers are required to work within the same guidelines and policies in relation to confidentiality, occupational health and safety and client relationship boundaries as paid staff
- volunteers are covered by the policies, procedures and insurance of the agency within which they work.

### special considerations include:

- the volunteer may only be available for a short period of time, eg 2-4 hours per week, therefore the type of tasks required of them need to be structured accordingly – it may be useful to outline specific priorities in this situation
- while volunteers are unpaid, it is clear that they require resources to support their involvement in organisations – this is of particular significance in dealing with patients who are dying – volunteers witness the physical and emotional impact of disease, grief and family sadness and must cope with their own responses to these frequently raw emotional situations – this exposure may be stressful and requires sensitive and readily accessible support for volunteers<sup>5</sup>

## **specific activities that could be considered in an inpatient setting:**

- providing companionship and support for patients and families
  - visiting with patients and their families
  - sharing experiences and exploring feelings
  - giving time to listen
  - comforting families
  - playing with children
- providing support to nursing staff
- becoming a mealtime companion, may be able to assist with feeding after consultation with nursing staff
- providing respite time to allow caregivers “time out” to recharge their batteries
- assistance with recreational activities or hobbies such as:
  - reading
  - conversation
  - life review
- providing comfort
  - providing a simple hand or foot massage following discussion with the nursing staff responsible and appropriate training

Many of the specialist services both in metropolitan Adelaide and in rural centres have volunteers within their teams. These volunteers may offer in-home respite in the community setting, bereavement support and complementary therapies.

Volunteers may also form an integral part of the teams working in residential aged care facilities.

There are necessary limitations around the role of volunteers and these do not include such activities as providing personal care or the managing or giving of medications – clarification of these issues can be directed to the Volunteer Coordinator in the specific organisation.

## **related resources and information**

- Volunteering SA – can be accessed at [www.volunteering.sa.org.au](http://www.volunteering.sa.org.au)
- A model assisting the involvement of volunteers including a step by step process for volunteer involvement is available at Volunteers Contributing to a Palliative Approach in Aged Care: A Model for “Helping Out” – document can be downloaded at [www.health.gov.au](http://www.health.gov.au).
- Working with Volunteers and Managing Volunteer Programs in Health Care Settings, (2003), Commonwealth of Australia and Volunteering Australia
- Best Practice Guidelines for Volunteer Home Visiting, Commonwealth Department of Family and Community Services (1999)
- National Standards for involving volunteers in Not for Profit Organisations 2<sup>nd</sup> edition 2001, Volunteering Australia Inc., Melbourne, Australia

- Palliative Care Council of SA website provides information about becoming a volunteer and information about resources for managers of volunteers, see [www.pallcare.asn.au](http://www.pallcare.asn.au)

## references

- 
- <sup>1</sup> Volunteers contributing to a Palliative Approach in Aged Care: A model and toolkit for 'Helping Out' (2004), Department of Health and Ageing, Commonwealth of Australia.
  - <sup>2</sup> International Association for Hospice: Hospice Palliative Care Volunteers can be viewed at [www.Hospicecare.com](http://www.Hospicecare.com)
  - <sup>3</sup> Wheeler J, Gorey K, Greenblatt B (1998) The beneficial effects of volunteering for older volunteers and the people they serve: a meta-analysis. *International Journal of Aging and Human Development*. 47(1) 69- 77.
  - <sup>4</sup> McKinnon M (2002) The participation of volunteers in contemporary palliative care. *Australian Journal of Advanced Nursing*, 19(4), 38-44.
  - <sup>5</sup> Dein S, Abbas, S (2005) The stressors of volunteering in a hospice: a qualitative study. *Palliative Medicine*.19:1. 58-64.