

The Value of a Registered Nurse Managing a Volunteer Service Using the NURTURE model.

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Abstract

Volunteers can add value when supporting health professionals in acute care settings by providing extra support to hospital patients. This paper describes the value of the Registered Nurse in designing, implementing, and evaluating a youth volunteer program in an NHS trust in England. The program is underpinned by a new model of volunteer management, the NURTURE model and provides a theoretical framework upon which to build the service. Registered Nurses are well placed to undertake this role as the benefits include the development of evidence based volunteer roles to maximise clinical impact, skilled communication and leadership, and can demonstrate adherence to the NMC code of conduct. Benefits include increased opportunities for patients to engage in activities and social interaction; staff receive extra support from trained volunteers, and young people benefit from the opportunity to gain valuable skills, experience, peer support, and nationally accredited qualifications. Having trialled the youth volunteer project in older person acute care wards, there appears to be scope for Registered Nurses in other specialties to lead voluntary services and develop bespoke volunteer roles tailored to the area of expertise.

Recommendations for practice

The evidence suggests that Registered Nurses are ideally placed and have the necessary leadership and clinical skills and experience to manage voluntary services in acute hospital trusts.

Registered Nurses can develop new volunteer roles which can contribute towards maximising clinical outcomes in relation to falls prevention, delirium prevention, and nutrition for older patients in acute hospital settings.

The presence of appropriately trained volunteers can contribute to supporting older patients in acute hospitals and have been found to be acceptable to ward teams.

Young people led by a RN participating in a youth volunteer program report experiencing an increase in confidence, gain new skills and opportunities for career progression.

How it adds to the nursing knowledge

This adds to the nursing knowledge by highlighting the diverse roles Registered Nurses can undertake to augment the support of older patients in acute settings.

Introduction

Background to hospital volunteering

There are an estimated 3 million volunteers working in health and social care in England (Galea et al, 2013). Approximately 78,000 volunteers work in hospital trusts in England contributing more than 13 million hours per year (Galea et al, 2013). Volunteer numbers in each trust vary, some report as few as 35 volunteers, others as many as 1300, with an average of 471 volunteers per trust (Galea et al, 2013). The report highlights a trend towards a younger and more ethnically diverse volunteer workforce, and hospital voluntary services are considered to be a growth area (Galea et al, 2013).

Evidence suggests that volunteers can add value when supporting health professionals in acute care settings by helping patients with eating and drinking, mobilising, and therapeutic activities which can impact positively on their health outcomes in relation to nutrition, falls, and delirium (Saunders et al, 2019). Their role in delirium prevention (Inouye et al, 2000), mealtime assistance (Green et al, 2011), and supporting patients with mobility (Baczynska et al, 2016) is well documented.

National organisations have recently championed hospital volunteering by promoting and encouraging the public to apply (Helpforce, 2018) and by providing funding and support to hospital trusts to encourage young people in particular (Pears Foundation, 2019).

Personal interest

My interest in hospital volunteers developed as a result of working as a Registered Nurse in the care of hospitalised older people, and as a facilitator on a national prevention of delirium research project (Godfrey et al, 2013) which led to researching the role of volunteers for a doctoral degree (Charalambous, 2019).

It is understandable why nurses would become interested in volunteer involvement, particularly in acute older person acute care because of the challenges of this setting. Person-centred care is widely considered to be the best approach to supporting people with dementia (Kitwood, 1997). However acute hospitals which prioritise prompt diagnosis, treatment and discharge are challenging environments in which to deliver this approach. The healthcare of the older person acute medical unit was chosen as the pilot site. This is because hospital settings can be problematic for older people because of the lack of opportunity for occupation, and subsequent boredom as the majority of patients are unoccupied (Nolan, Grant and Nolan, 1995). It is possible that staff could engage patients in activities to provide occupation for those patients with dementia but this is difficult to achieve in practice when the majority of staff time is taken up by caring for their physical needs (Goldberg et al, 2014). Staff in acute older person care wards were found to miss the chance to engage in occupation even when the opportunity arose (Clissett, Porock, Harwood

et al, 2013). Activity co-ordinators could be a way of providing occupation to patients with dementia but not all wards in hospitals have this facility.

There is the possibility that informal carers, such as family or friends, could spend time talking, reading and reminiscing with patients about familiar topics to maintain a sense of identity (Goldberg et al, 2014). However, it cannot be assumed that all patients in hospital have such support as 9% of hospitalised older people are reported to have no identified carer (Goldberg et al, 2012). Furthermore, those patients with an informal carer, coping with behavioural challenges such as agitation and irritability, faecal incontinence, and disturbed sleep contribute to high levels of carer strain and distress (Bradshaw, Goldberg, Lewis et al, 2013). Behavioural problems have been described as more significant in contributing to carer strain than cognitive disorders or lack of self-care (Van der Lee et al, 2014) and carers of people with dementia have experienced stigma, social isolation, and challenges in engaging in leisure activities (Greenwood, Mezey and Smith, 2018). Informal caregivers of institutionalised people with dementia were reported to be the most burdened of all, they experienced social isolation and a reduced feeling of well-being as a result of caring, which was compounded by the lack of information and suitable care facilities (Nunnemann et al, 2012).

Therefore, in view of the difficulties experienced by staff and carers to provide person centred care to older hospital patients, and in view of the mounting evidence of the value of volunteers, it appears that volunteers are well placed to provide extra support.

With this in mind, a youth volunteer scheme was developed to encourage and support young people aged 16+ into hospital volunteering. The nurture model was one of the findings from the PhD research and was used to guide the management of volunteers (Charalambous, 2019).

The NURTURE model of volunteer management

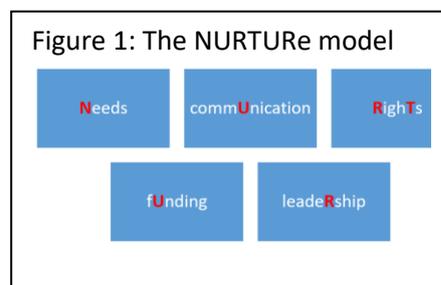
The NURTURE model is essentially a framework upon which to plan, develop, and organise voluntary services to maximise the level and quality of support provided to patients with dementia and cognitive impairment while on acute hospital wards. The acronym NURTURE is used to name the model in reference to each section (Needs, commUNication, RiGHts, fUNding, and leadeRship) (see figure 1).

The design of the model is drawn from systems theory which has a wide range of applications across a variety of different disciplines, and has roots in natural sciences (Bertalanffy, 1950; Dekkers, 2017). It proposes that whole systems are made up of a number of separate parts. Systems theory recognises that a system can be either open or isolated, the complexity and interdependence of relationships within it, and how the interacting and interdependent parts contribute towards the whole (Bertalanffy, 1950). It recognises that systems comprise of a set of distinct parts, which make up a complex whole. These parts might include employees, assets, products, resources, and information. Systems have inputs, throughputs, and outputs. In the case of a hospital trust, inputs might include resources such as equipment, or the work of employees or volunteers. Products or services released from the system are known as outputs. These may include patients who are discharged out of

hospital, or people forming an impression of the organisation as in the case of a hospital trust. The process of transformation from inputs to outputs is known as throughputs.

Systems theory has been suggested as a possible way to support healthcare management (Petula, 2005). The role of management in systems theory is to manage inputs and outputs, monitor throughputs, monitor for positive or negative feedback loops and make changes to reduce or eliminate negative feedback loops by increasing organisational effectiveness or goal achievement.

The practical application of the NURTURE model would be to prompt an assessment of stakeholder needs within the organisation, to discover new ways to improve input (funding), throughput (interactions between volunteers and patients), and outputs (satisfied patients, volunteers, and staff). Registered nurses appear to be ideally placed to manage such services because their skills and knowledge can make a positive contribution towards the support and training of volunteers.



The following section details each component of the model in relation to the youth volunteer project.

Needs

The model takes account of the needs of the wider organisation, ward teams, volunteers, patients, and carers. In the case of this project, the needs of the organisation were assessed by meetings with staff at all layers of the organisation from executive personnel to ward staff. Furthermore, the trust is currently working towards magnet status so discussions with senior staff included ways the youth volunteer project could facilitate this. Shared governance is already embedded and the ethos of the trust is to encourage 'ward to board' initiatives to promote good practice.

The needs of ward teams were explored by conducting a service evaluation during the planning phase, and at the end of year one. A pre project evaluation of staff attitudes to the introduction of young volunteers showed that staff welcomed the idea and were generally positive. This came with the caveat that young volunteers should be adequately supported as staff were engaged in clinical duties and as such had little time to offer them. Staff highlighted that they were too busy to spend time training volunteers and required them to have training before they were allocated to the wards, as well as ongoing support by the project manager and more experienced volunteers.

The needs of volunteers were assessed by visiting local schools and colleges to determine how a collaborative partnership could maximise learning and skills for students. Assessing individual needs of volunteers at recruitment and providing ongoing support determined their motivational factors and what they hoped to gain from the experience. For example, students accessing healthcare related professions such as medicine and nursing would benefit from validating their six-month placement through a nationally recognised AQA accreditation scheme offered by the project. Because of the potential for young people to experience distress through hospital volunteering, they were assessed at the recruitment stage for special needs and given extra support as required. It is likely that meeting the needs of volunteers would maximise retention.

The needs of patients were addressed by meeting with the trust patient, public involvement (PPI) group, and accessing patient perspectives via ward staff. It emerged that more opportunities for patients to engage in activities and conversation were welcomed, particularly since staff described their time as being increasingly taken up by clinical duties.

Communication

The NURTURE model advocates the need to clearly define and promote the role and identity of volunteers. There is general agreement about the essential characteristics of volunteers when striving to establish a definition (Davis Smith, 1999). Volunteering should not be undertaken primarily for financial reward; it should be undertaken without coercion; and the activity should benefit someone other than the volunteer (Davis Smith, 1999), and should be formally organised (Ellis Paine, Hill, and Rochester, 2010). Brand development can raise awareness of volunteers to maximise their impact and involvement and address any gaps in communication between management and ward staff to streamline services.

Therefore, when developing the youth volunteer project, leaflets and posters were designed to raise brand awareness and included information on how staff can support young volunteers, detailing appropriate tasks. Posters were displayed in ward areas to raise awareness of the new roles, and a general leaflet was designed to distribute to schools and colleges to encourage applications to the scheme. Strong collaborative partnership working was the key to success as teachers supported students into hospital volunteering. Much of the project managers role in the initial stages was outreach work to target schools who could provide this support.

Collaboration with a wide range of key stakeholders such as clinicians, ward managers, matrons, voluntary services, and the harm free care team were the key to success. A facebook group was also set up as an online platform for volunteers to meet, and for information to be disseminated.

Communication through Education

All volunteers receive mandatory training on information governance, infection prevention, moving and handling, values and behaviours, safeguarding vulnerable adults, and fire safety (Charalambous, 2014). All volunteers are required to sign an agreement prior to volunteering which specifies they will adhere to the hospital policies and procedures. Extra

training was provided by a summer school was held for one week which provided training in new roles, workshops on the volunteer role in supporting and communicating with patients with dementia, and their role in delirium prevention, group workshops in navigating the challenges of the volunteer role on an acute medical older person ward, clinical skills in collaboration with the University of Nottingham School of Health Sciences and nursing development team. This provided volunteers with the opportunity to network and be signposted to careers advice. The week concluded with a celebratory event and presentation of certificates attended by senior staff and funders. Continued support was offered by the project manager and a team of experienced volunteer buddies. Personal development was encouraged by the provision of a volunteer skills portfolio which provided a useful framework upon which to reflect on their experience on a regular basis. These two initiatives proved useful in prompting volunteers to reflect on their experience and provided the opportunity for guided reflection and support. The volunteer project was AQA accredited and units were specifically designed around the hospital volunteer role. This enable young volunteers to evidence their experience with a nationally recognised qualification. Feedback from volunteers highlighted the importance of intergenerational relationships as they reported an increased awareness of the needs of hospitalised older people, and were able to base their future career decisions on their volunteering experience. Staff reported that patients were highly receptive to the scheme and enjoyed interacting with young people in particular.

Rights

It is important that the rights of paid workers are taken into account when determining what tasks volunteers can do, how the volunteer role is to be implemented, and what constitutes the boundaries of the role. Organisations must secure an assurance that the rights of paid workers will be protected to comply with union and workforce regulations which state that volunteers should only be deployed to undertake supplemental activity, they are not a cost free option to paid staff, and they should not be used to replace the work of paid staff at times of industrial action (Unison, nd; Trade Union Council, 2009). Therefore all the components of the nurture model must be in line with employment law and trade union regulations (Unison, n.d; Trade Union Council, 2009).

In view of this, the development of the project was underpinned by the recognition of paid workers especially when developing new roles. The underpinning philosophy is that the voluntary service is set up as a complementary service to enhance care (Merrell, 2000; Nissim et al, 2009; Overgaard, 2015; Lorhan et al, 2015).

Funding

This component of the model considers how the service is funded, future plans for funding, and details around the costs of voluntary services. It is likely that details around costings would inform and support long term strategies for the voluntary service. In the case of the youth volunteer project, the manager worked in collaboration with the hospital charity on a funding bid to access funds from the Pears Foundation.

Leadership

Establishing the effective administrative management of volunteers would include recruitment, training, ongoing support, and consideration of the workplace culture. The project manager is designated as a facilitator to provide individualised support to volunteers at ward level. This component also includes developing new volunteer roles, such as developing the role of mobility volunteers to increase physical activity of hospital patients, a role which is not universally used across acute hospital trusts at the present time (Babine et al, 2018; Baczynska et al, 2016; Bateman et al, 2016; Denomme et al, 2018; Godfrey et al, 2013; Gorski et al, 2017; Inouye et al, 2006; Inouye et al, 2000; Sandhaus et al, 2010; Steunenbergh et al, 2016).

Previous studies highlight that poor leadership can be a barrier to co-ordination and information sharing and recommends considering employing nurses as volunteer co-ordinators to maximise services in hospice volunteering (Vanderstichelen et al, 2019) and dementia settings (Bateman et al, 2016; McDonnell et al, 2014). Registered nurses appear to be ideally placed, using their clinical expertise and leadership skills to manage volunteers and develop new roles. Indeed, nursing involvement in supporting and leading volunteer projects have previously been successful (Charalambous, 2014). The benefit of a Registered Nurse leading the project meant that new roles were designed around maximising clinical impact and were dovetailed with existing initiatives such as delirium prevention strategies (Godfrey et al, 2013). Two new roles were developed by collaboration with clinicians across the multi-disciplinary team. Boredom Busters are trained by the occupational therapists and activity co-ordinators to engage patients with meaningful activities and conversation. Fitness Friends are trained by physiotherapists to deliver prescribed upper and lower limb, bed and chair based exercises (Charalambous, 2019a). Once assessed by the physiotherapist, the patient is given an exercise sheet which prescribes exercises with which volunteers can support patients. A central register was designed to monitor and evaluate the role and reach of Fitness Friends.

Further advantages are that by managing and leading a youth volunteer project, nurses comply with the professional standards of practice and behaviour for nurses as detailed by the NMC code of conduct. For instance, nurses must ensure that anyone who is delegated tasks is adequately supervised and supported so they can provide safe and compassionate care; nurses must support students' learning to support their development of professional competence and confidence; work in partnership with people to ensure the safe and effective delivery of care; act as a role model of professional behaviour for students; and provide leadership to ensure peoples' wellbeing is protected and improve their experiences of the health and care system (NMC, 2020). In short, it puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism (NMC, 2020).

In conclusion, all components of the model are interdependent, For example, clear communication would not only ensure that stakeholders develop an understanding of the volunteer image and identity, and role boundaries, it would also ensure raised awareness of workers' rights, and so be a major influence in the leadership strategy when managing volunteers.

Strengths and limitations of the project

The strength of the project was that it was successful in being well received by staff, patients, and volunteers. At the end of year one, a total of 116 young people were interviewed, 46 were fully recruited and had collectively volunteered for 630 hours. Education and training totalled 600 hours per capita, 29 volunteers graduated from the summer school, and 15 volunteers successfully completed the AQA accreditation scheme.

The end of year one service evaluation of staff perspectives of the project showed that 87% of respondents (n=202) expressed a wish for the youth volunteer project to develop in the future by the introduction of more volunteers to the workforce.

When asked how young volunteers affected their workload, staff found them to be valuable (fig 1)

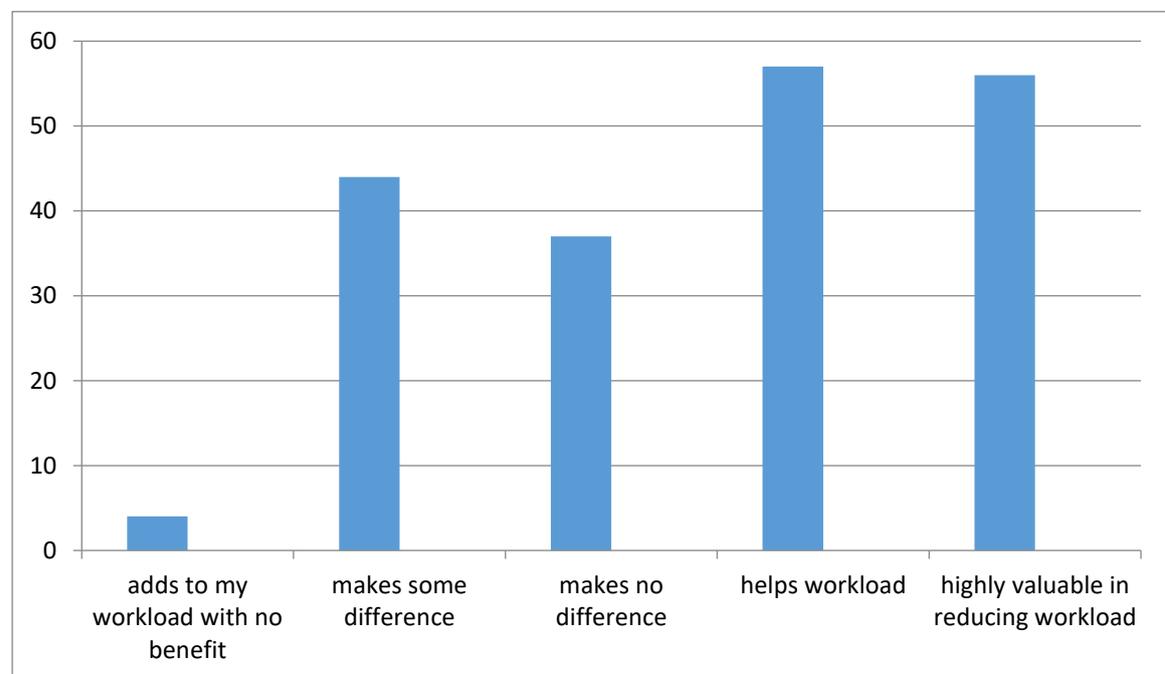


Fig 1

The contribution of young volunteers to the quality of patient/carer experience was found to impact positively (see fig 2)

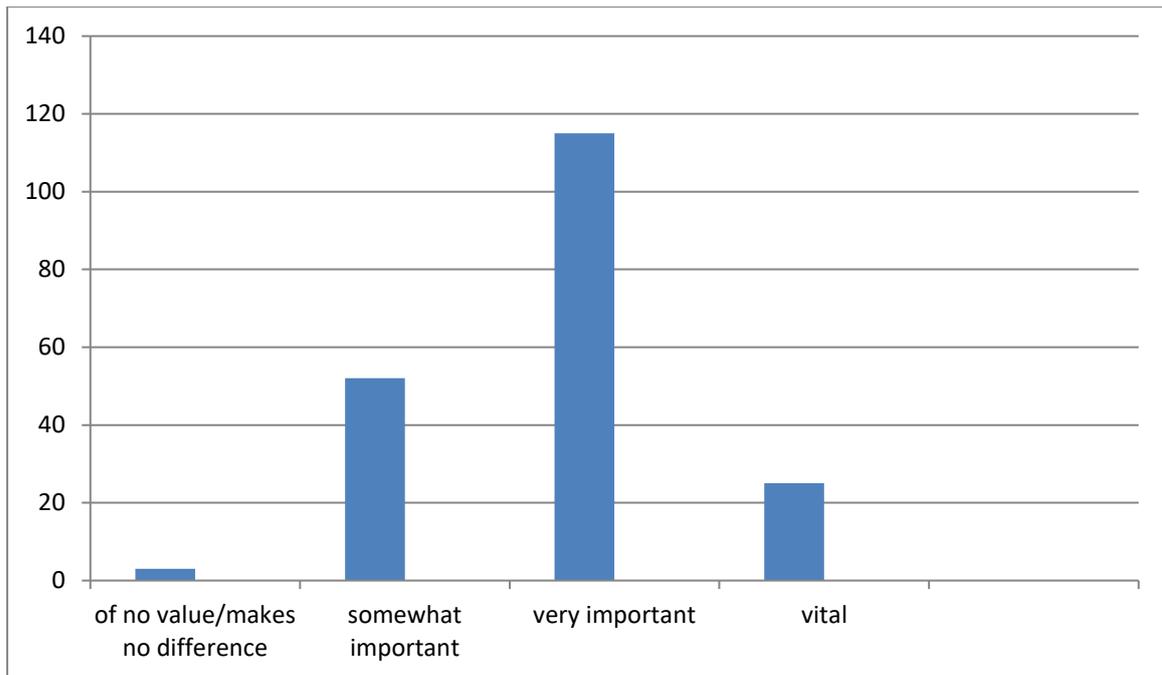


Fig 2

The strengths of the project are that it was led by a Registered Nurse experienced in older person acute care and working with volunteers. This facilitated the use of core nursing skills in leadership, management, collaboration, communication, and innovation and creative problem solving to find solutions to providing person centred patient care. Funding was essential to augment existing services and develop the project which had the added benefit of making a positive impact on the local community by developing community outreach and encouraging young people to become involved in the trust. As part of the national Pears Foundation network, regular meetings at national level facilitated the discussion and sharing of ideas with other project managers across the country. Furthermore, interest from Helpforce included collaboration with key stakeholders at NHS England to drive the volunteer agenda at national level. At local level, the hospital trust accepted the project from its inception and welcomed the opportunity to embed the new service into the existing hospital infrastructure to maximise long term success. An inclusive leadership approach meant that perspectives from a range of stakeholders were accessed when undertaking the service evaluations.

The demographic of volunteers meant that some were ideally placed to take routes into healthcare professions, particularly nursing. Opportunities to gain experience, qualifications, and networking could be seen as making a positive contribution to the current nursing shortage.

By widening participation and exploring opportunities for young people who may not achieve the qualifications necessary to enter a healthcare profession (such as collaborating with existing schemes within the trust to offer apprenticeships), this created opportunities for young people to access paid employment as a result of volunteering. As two thirds of hospital beds are occupied by older people aged 65 years or older, with up to half of them having cognitive impairment including dementia and delirium (The Royal College of

Psychiatrists, 2005), this enabled volunteers to attain transferrable skills useful in other areas.

The limitations of the project were that it was undertaken at one hospital site only and concentrated the volunteer cohort on older person acute wards. However, there were 30 hospital trusts funded by the Pears Foundation and all were able to successfully tailor their project according to local need. However, by focussing on one specialty, new roles and subsequent training packages could be tailored to the needs of patients in other areas.

In view of the challenges experienced by the project manager needing to support large numbers of young volunteers, some of whom had special educational needs and required intensive support, and in recognition that volunteers reported a need for such support, a buddy scheme was developed. This involved experienced volunteers who provided support to young volunteers by visiting them on the ward to work alongside them as a positive role model. Young people were often described by ward staff as lacking the confidence and skills to volunteer in a busy and challenging ward environment. It was recognised that they require extra preparation and ongoing support in order to build their confidence to succeed. Furthermore communication between the volunteer manager and young volunteers was at times a challenge as they navigate the world of work and learn appropriate behaviour. The buddy system facilitated good communication as it increased the face to face contact time between volunteers and the organisation.

There is evidence to suggest that young people are less likely to volunteer regularly than older people, but they are more likely to engage in irregular volunteering (Mundle, Naylor, and Buck, 2012). Between 2000 and 2015, more younger people between the ages of 16-24 years volunteered than in previous years, while those aged 25-34 years spent less time volunteering (ONS, 2017). This could be because they move onto higher education and employment once they have obtained the necessary skills and experience. The dynamic turnover of young volunteers was found to generate a large volume of administration to process applications and recruitment.

Case study

Ali studies health and social care at college and is described by his tutor as lacking confidence. He wears a hearing aid and speaks English as a second language. Nevertheless he was keen to try hospital volunteering as he hoped to become a social worker. Having tried the mealtime volunteer role, he said he felt uncomfortable approaching patients independently and was assigned an older, experienced volunteer to shadow. He also worked alongside another new volunteer and was able to build his confidence by explaining the ward routine and by role modelling positive behaviour. He also tried the Fitness Friends and Boredom Busters roles and enjoyed working alongside the physiotherapists and occupational therapists. Despite experiencing initial difficulties with some aspects of communicating, partly because of his hearing impairment, and partly because of the challenges of communicating with older people who themselves have difficulties with speech and cognition, he persevered and undertook extra training provided by the project manager. Ali continued for a total of 11 months and successfully completed AQA units, His

confidence increased as a result of being involved in the project and receiving extra support and training, and he now has strengthened his cv as well as making new friends.

Future of the project

The future of the project will continue to build on the success of year one by continuing in collaboration with local schools and colleges, and trust staff at all levels. It is anticipated that the numbers of volunteers will continue to increase, and subsequently there are plans to allocate more than one volunteer per shift which will increase the level of volunteer support for staff as well as provide the volunteers with peer support. More AQA units are being designed to incorporate the growing number of activities and volunteer roles. New roles are being developed in collaboration with clinical staff with the aim of maximising clinical impact, for example, Beauty Buddies who will focus on hand hygiene, hand massage and nail care to contribute to patient sense of wellbeing and aim to reduce the spread of infection. Single use products have already been donated from local companies.

The project will continue to be monitored and evaluated to determine the acceptability to staff and patients, and discussions are planned to build on the success of year one by branching out into other specialities. The NURTURE model provides a framework to continue to evaluate the project. There is also the possibility of developing new opportunities to younger schoolchildren by hosting special events such as choir visits and seasonal events. The project is now embedded into existing practice, with ward staff acceptant of the scheme. As such there is the capacity for resilience should there be a change in the individual project manager moving forward.

Having successfully trialled the development of new volunteer roles in acute older person care settings, it appears there is the potential for Registered Nurses to develop new volunteer roles in other specialities. In view of the local and national drivers, it appears likely there will be an appetite to develop the role of the nurse to maximise clinical impact in the field of voluntary services.

Conclusion

There appears to be a need for well trained hospital volunteers to provide support to older patients with opportunities to exercise and engage in activities. Registered nurses appear to be ideally placed to manage volunteers as they possess the skills, knowledge and experience to train and support volunteers, as well as develop evidence based roles to maximise recovery. Volunteers gain skills and experience which can support future career planning, and ward staff have been found to benefit from the extra support in non clinical tasks. The NURTURE model is one way to underpin the successful delivery of volunteer management, and has been successful in providing the infrastructure to deliver voluntary services support in an NHS hospital trust.

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