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Feature Article

Volunteers motivations and involvement in dementia care in hospitals, aged care and resident homes: An integrative review[☆]Alicia Hurst, RN, MN^{a,*}, Elisabeth Coyne, PhD^a, Ursula Kellett^{a,b}, Judith Needham, EdD^a^a Griffith University, School of Nursing and Midwifery, Logan Campus, Queensland, Australia^b Menzies Health Institute Queensland, Griffith University, Australia

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ABSTRACT

Objective: To review the current literature related to the role of volunteers in dementia care in hospitals, aged care and resident homes.**Design:** Integrative review method was used to identify and analyse current literature.**Method:** Data extracted included; author, methodology, sample, aims, data collection and analysis, findings, limitations, and comments. The Mixed Methods Appraisal Tool (MMAT) version 2011, was used to appraise the quality of the final articles.**Data Sources:** Databases searched included CINAHL, Medline, ProQuest Central and PubMed. Keywords and MeSH terms: dementia, cognitive impairment, Alzheimer's disease, volunteers, volunteering, voluntary workers, hospital, acute care, aged care, residents.**Results:** 14 articles reviewed, and three major themes revealed: volunteer motivation, volunteer involvement, and understanding roles. Recommendations to assist with future volunteer programs in dementia care are presented.**Conclusion:** Volunteer programs are beneficial to patients, family, volunteers, health care, and staff. Research of volunteers' needs, motivations and role required, aiming to improve support and training.

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Introduction

Volunteering is the act of freely giving of a person's time to perform an activity for which they are not paid and can benefit a person, group or cause.¹ Volunteers are involved in a wide variety of areas including fundraising, teaching, food services, personal care, counselling, sports, crisis management and health care.^{2,3} Volunteering in health care was one of the first areas to exist in Australia, with Australia's Red Cross, established in 1914, a service which was vital in caring for the wounded in world war one.² Guerra et al.¹ argue that understanding what the volunteers' needs, motivations, and fears, will assist in tailoring their support and thus improves recruitment and retention of the volunteers. Common motivations to volunteer have been identified by volunteers including socialisation, self-development, and wanting to help others.^{1,4} Several other studies have identified that the work of volunteers is beneficial to them in terms of improving their well-being and fostering positive feelings about being able to help others.^{5,6} Prabhu et al.⁷ discusses that the understanding of the needs and motivations to volunteers who are

involved in dementia care is vital to ensure they are recruited and retained in their volunteer programs. These needs and motivations included role descriptions, training and support.⁷

Worldwide there is currently 50 million people diagnosed with dementia, which will rise in number to 150 million by the year 2050.⁸ The cost of dementia in the world was over one trillion US dollars in 2018 and will rise to 2 trillion US dollars by 2030.⁸ Patients with dementia are at a higher risk of poor clinical outcomes such as increased length of stay from falls or pressure injuries, readmission rates and mortality compared to patients without dementia.⁹

People with dementia find unfamiliar environments especially the hospital environment especially the emergency department, noisy, busy and confusing which can cause more distress to these patients and families.⁹ Brown et al.¹⁰ state that people with dementia have an increased need for extra assistance in hospitals due to the unfamiliar surroundings which can cause increased in distress and therefore can increase nursing workload in the unit. As dementia is a progressive, degenerative syndrome that impacts on cognitive functioning, influencing memory, language, behavioural and psychological symptoms (BPSD) such as agitation, aggression and wandering, appropriately resourced care is important.¹¹ Current research has identified an increasing need for infrastructure including carers to be able to cope with the influx of dementia patients within the years to come.^{10,12,13}

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Volunteers can assist staff, carers and patients with dementia care in numerous ways, by helping to manage the behavioural and psychological symptoms of dementia, particularly within the hospital setting, aged care and residents setting.^{5,14} In these settings, volunteers are being used to assist patients with activities of daily living such as meal-times, walking and socialisation especially in dementia care.¹⁵ It has been highlighted that staff particularly in the hospital setting have been given suboptimal education and time to safely and effectively care for people dementia.^{16,17} Morris et al.¹⁸ indicate that healthcare volunteers require formal training and management as they are likely to be exposed to potentially distressing situations. The aim of this integrative review was to understand the role of volunteers in dementia care in the hospital setting.

Material and methods

An integrative review of current literature guided by Whittemore and Knafelz¹⁹ was conducted. This framework allows for the inclusion of qualitative, quantitative and mixed methods research and provides a structure for a critical analysis of the literature.²⁰ This process includes five main stages of review: problem identification, literature search, data evaluation, data analysis and presentation.¹⁹ An integrative review is commonly used to provide a rich understanding of a phenomenon, especially in the area of health care and required by the first author's research requirement and hence why this integrative review method was chosen for this literature review.¹⁹

Problem identification

The research question identified was:

1. 'What does it mean to be a volunteer in dementia care in hospitals, resident and aged care settings?

Literature search

A systematic search for publications across CINAHL, Medline, ProQuest Central and PubMed databases was completed in August 2018. The keywords and MeSH terms used were: 'dementia' OR 'cognitive impairment' OR 'Alzheimer's disease' AND 'volunteers' OR 'volunteering' OR 'volunteer workers' AND 'hospital' OR 'acute care'. Each database was searched for peer-reviewed scholarly full text articles from January 2000 to August 2018. Articles were chosen from the year 2000, as previous research has shown that volunteering in dementia care, such as befriending programs, has significantly increased since Kitwood's person centred care philosophy began to influence approaches to dementia practice from 1997.^{21,22} The inclusion criteria were human research, adult with dementia and English language.

The inclusion of only the English language was conducted to reduce time for use of translators as all the researchers speak English. The majority of patients with dementia in the adult age group were over age of 65 years of age, and that is why the research was narrowed to this criteria.²³ Humans were specifically included as some interventions involved animals such as animal welfare.²⁴ The search was completed by the first author [AH]. Initially only eight relevant articles that focused on volunteering with patients with dementia in the hospital setting was retrieved. Hence the review was expanded to include all settings such as aged care homes and resident homes, by adding the search terms 'aged care' OR 'residents'. The addition of six more articles from the other health care areas were included in the review to offer a richer understanding of the motivations, needs and roles and benefits of the volunteers working in dementia care. The final 14 articles were retained for a final analysis after review by authors [AH, EC, JN]. This literature search was formatted into a diagram using the PRISMA format.²⁵ See Fig. 1 for details of search.

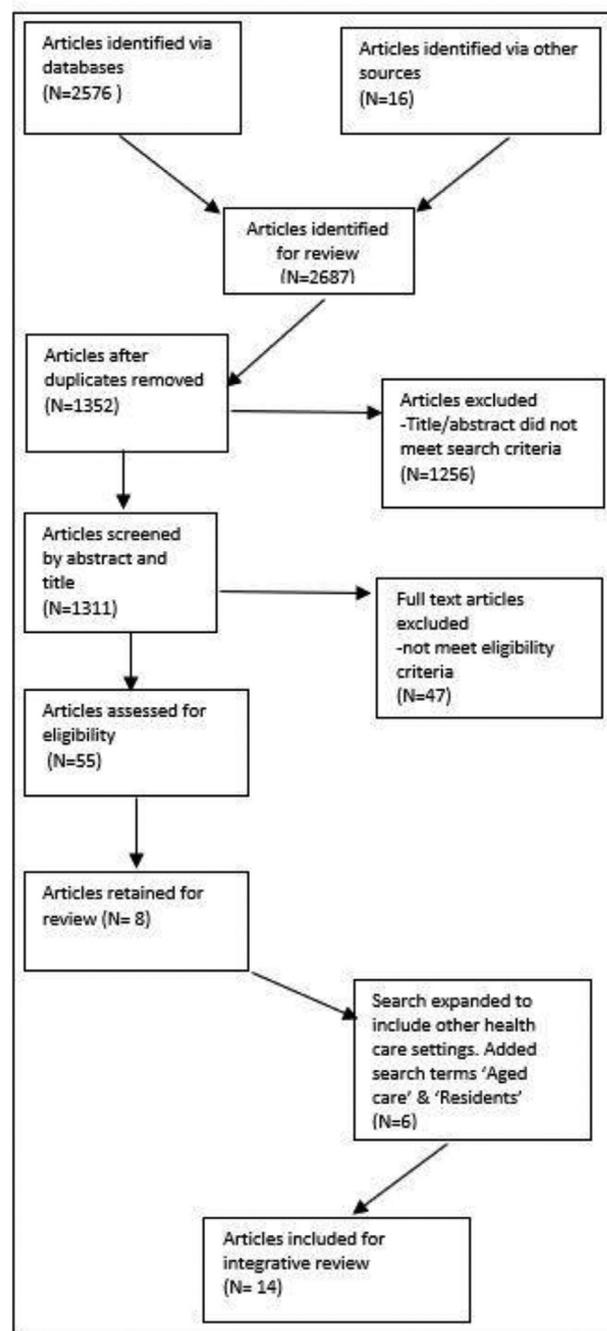


Fig. 1. Literature search method (PRISMA Format)²⁵
N = number of studies.

Data evaluation

The Mixed Methods Appraisal Tool (MMAT) version 2011, was used to appraise the quality of the final articles obtained from the literature search. This quality appraisal tool was chosen as it was the best fit for the wide variety of methodologies of articles reviewed, which included mixed methods, quantitative and qualitative studies.²⁰ An integrative review can be known to have a lack of rigour and potential for bias, this is why a quality appraisal was conducted.¹⁹ Two researchers [AH, EC] independently reviewed the articles and scored them using the MMAT tool. Any discrepancies in scores were resolved after discussion with other members of the research team [UK, JN]. All the articles were kept regardless of their MMAT scores,

but comments on their low scores were detailed in the summary of appraised studies (refer to [Table 1](#)).

A standardised table of summary of findings (see [Table 1](#)) from the appraised articles was constructed to include the following data: author (year and country), methodology, sample/setting, aims, data collection and analysis, volunteer motivations/benefits, general findings, limitations/comments and MMAT scores, after discussion with all authors to compare the literature. The articles were analysed using a qualitative thematic approach, where the data collected was formulated into a table to find common occurring themes, patterns, and variation among them.^{19,26} Common themes were clustered together and then narrowed down into further themes or concepts after discussion by all the authors as per [Fig. 2](#).^{19,26} The final stage of the integrative review is the presentation of common themes and concepts in a table or diagrammatic form, which shows the logical chain of evidence and to enhance the understanding of a new phenomenon and potential areas of implications for practice.^{19,27} This is displayed in [Fig. 2](#), as it is an important stage of integrative reviews.^{19,27} The articles were reviewed by authors [AH, EC] after critically appraising the information from [Table 1](#).

Results

The fourteen articles included were completed in Australia ($n = 7$), Hong Kong ($n = 1$), Portugal ($n = 1$), United Kingdom ($n = 1$), United States of America ($n = 1$), Norway ($n = 1$), Canada ($n = 1$) and New Zealand ($n = 1$). The articles included: six mixed methods,^{4,15,28,30,31,35} five qualitative^{1,5,32,33,37} and three quantitative^{29,34,36} studies. The majority of the articles [$n = 12$] scored 100% on article quality with only two articles^{15,35} scoring 75% due to lack of discussion of qualitative data analysis and no discussion of data analysis and presentation of qualitative data (See [Table 1](#)).

The sample size of volunteers varied from 5 to 117 depending on the data collection method. One quantitative study did not specify the number of volunteers involved in the study.³⁶ Several studies collected data from a range of participants including Staff (99), carers/families (17), patients/residents (385). Volunteer education as an intervention was included in 13 studies. Wong et al.³⁶ is the one study that did not outline if the volunteer was given any education. The volunteer interventions included aspects such as dance, playing games, music and conversations (refer to [Table 1](#)). The samples of volunteers were from a variety of health care settings including day centres, hospital settings, and aged care settings. Six studies were solely focused on dementia patients^{1,4,5,29,33,36} while the other studies explored the use of volunteers caring for patients with history of falls, fractures, stroke, confusion and delirium.^{15,28,30–32,34,35,37}

Three themes emerged from the literature search by using the concepts of Whittemore and Knafel¹⁹ integrative review framework involving volunteers in dementia care, these included volunteer motivation, volunteer involvement and understanding roles.

Volunteer motivation

The motivation to be involved in volunteer programs was explored across all studies. Particularly the concepts of altruism, self-interest, interest in careers in health care, willingness to learn new things, involvement in care planning and sharing of experiences were highlighted.^{1,5,15,33} Soderhamn et al.⁵ discussed how the volunteers that were motivated to be in the volunteer programs were willing to perform their role more efficiently and improve the volunteer program. van der Ploeg et al.³³ and Van der Ploeg et al.⁴ explained that most of the volunteers in their study were keen to learn new methods to improve their skills when interacting with the dementia residents. Guerra et al.¹ indicated that where volunteers meet with families and other volunteers to debrief and discuss the care of specific persons

with dementia they are supporting, they feel positively involved and motivated to be engaged in the volunteer program.

Volunteer involvement

Volunteers were involved in the care of the patient with dementia in a variety of ways. Key areas of involvement with dementia patients included, supporting nutrition, ensuring patient safety and promoting engagement activities.^{5,28} Soderhamn et al.⁵ described engagement activities that could involve playing games, listening to music and having conversations.

Supporting nutrition varied from actual physical feeding of patients to being a companion, encouraging the patient to eat by sitting with them and opening packages.^{15,28} Wong et al.³⁶ and Walton et al.³⁵ have described in detail the improvement in nutrition, as identified by increased intake of food in particular measured protein and calories, which in turn created a better nutritional intake for the patients by having volunteer involvement.

Wong et al.³⁶ showed a mean increase in calories of 44.1 kcal per patient ($p < 0.001$) when the volunteers fed the patients compared to not being fed by volunteers. The patients also gained weight when being fed by the volunteers, by having an increase in body mass index of 0.4 kg/m^2 ($p < 0.04$) for this group of patients.³⁶ Walton et al.³⁵ study showed an increase in protein intake when volunteers were present for patients' lunch was 10.1 g ($p < 0.05$) increase and more energy was consumed 105 kcal ($p < 0.072$).³⁵

Volunteers were able to be involved in patient safety, reducing patients' falls, as they were often used in the 'sitter' role, where they would be supervising patients who were at high risk of falls.^{28,30} The use of these volunteers as a 'human alarm system', was described as a positive, volunteers would be able to alert staff of any potential patient falls.³⁰ Similarly, Bateman et al.²⁸ discuss a similar volunteer role, where the volunteers were encouraged to adopt a companionship role, where they could actively engage with the patient and notify when the patient was going to fall.

A range of activities conducted by the volunteer were reported across the articles reviewed. Activities the volunteers completed were reading and playing card games with the patients with dementia. Giles et al.³⁰ discussed that volunteers could read to patients, use reminiscence and singing activities to distract and calm patients. Soderhamn, Landmark, Aasgaard, Eide, Soderhamn⁵ explained in their study volunteers were encouraged to be involved in activities such as games, sports, movies and singing. Engagement activities provided stimulation to residents, improving memory, learning and verbal fluency skills.³⁴ Chung²⁹ showed that reminiscence programs delivered by volunteers can decrease depression and improve quality of life.

To encourage volunteer participation, welcoming them onto the ward or unit by staff, giving feedback and providing them with an opportunity to express their feelings were suggested.^{1,5,15} In comparison, volunteers that left programs prematurely were found to be dissatisfied with the lack of debrief support and the limited opportunities to express their feelings about their involvement.^{5,30}

Understanding roles

The participants in the studies varied from volunteers, patients, family and staff. Limited involvement of the families' evaluation of volunteer programs has been highlighted, which maybe because of their lack of understanding of the volunteer role.^{1,30} The importance of training and communication in the volunteer programs was highlighted as this increased the compliance and satisfaction of their participants.²⁸ There were some inconsistent findings between the studies regarding the effectiveness of the volunteer programs from staff. Giles et al.³⁰ stated that even though the staff understood the

Table 1
Summary of appraised articles.

Author (year & country)	Methodology	Sample/setting	Aims	Data collection & analysis	Volunteer motivations, benefits	General findings	Limitation/comments	MMAT scores
Bateman et al. ²⁸	Mixed method	n = 64 (patients) n = 18 (nurses) n = 18 (volunteers) Hospital	To explore the challenges faced by staff using a patient centred approach for patients with dementia and delirium.	Questionnaires & SPSS software for data analysis.	Significant reduction in length of stay. Increase in use of analgesia. Only 1 patient fell during study. Volunteers improved confidence and attitude in dementia. Volunteers gained knowledge in dementia and positive perception of people with dementia. Significant improvement in dementia quiz score in youth volunteer. Significant improvement in quality of life and depression scores for people with dementia.	No effects on staff attitudes to dementia or stress levels. 96% staff and 100% volunteers thought program was beneficial.	Rural hospital. Low questionnaire rate from nursing staff. Pilot study. Not controlled study. Volunteer education provided prior to intervention. Volunteer confidence measure is not a validated instrument.	100%
Chung et al. ²⁹	Descriptive Quantitative	n = 117 (volunteers) n = 49 (people with dementia in day centres) Residential	To evaluate a reminiscence program for people with dementia.	Questionnaires & evaluation (people with dementia) using Chinese mini-mental state examination, quality of life of Alzheimer's Disease, Chinese version of geriatric depression scale, Rosenberg self-esteem scale.	No falls occurred in the safety bays where volunteers were present in implementation phase.	No significant difference between self-esteem of youth volunteers and mini-mental state examination score of people with dementia.	Lack of control conditions and convenience sampling method used. Pre-study volunteers attended training. Occupational therapist supported all participants. Improved training for volunteers prior to intervention and continued support to participants required to reduce dropout rate of volunteers. Key challenge was length of program.	100%
Giles et al. ³⁰	Mixed method	n = 45 (volunteers) n = 10 (families) n = 24 (nurses). Patients at risk of falls e.g. dementia. Hospital	To evaluate the introduction of volunteer sitters in 'safety bay' for patients at high risk of falls.	Data included journals, surveys, and semi-structured phone interviews. Thematic analysis of data used.	No falls occurred in the safety bays where volunteers were present in implementation phase.	Volunteers showed positive appreciation of the program and enjoyed their role in reducing falls and believe the program should continue. Volunteers who left program was because of dissatisfaction in role, and other commitments. Patient families did not fully understand the role of the volunteers.	Volunteers given training prior. Difficulties in recruitment and retention of volunteers. Confusion of role of volunteer by patient families. Limited discussion of patient factors.	100%
Guerra et al. ¹	Descriptive phenomenology	n = 6 (volunteers) n = 3 (people with dementia) n = 4 (family). Residential	To explore the motivations, fears and benefits of volunteering with people with dementia and their families.	Semi-structured interviews, questionnaires & Focus group interviews. Data analysis by thematic approach.	Motivations: altruism and personal growth. Benefits: improved sense of competence	Fears: inadequate performance when dealing with BPSDs. Challenges: limited professional growth for volunteers. Families wanted greater opportunities for interactions with volunteers.	Exploratory study. Training to volunteers provided. More interaction between volunteers and families required. Provide volunteers more training prior to intervention. Short time period for interviews.	100%
Huang et al. ³¹	Mixed method	n = 8 (patients) in 2 aged care wards. Diagnosis: included	To evaluate the volunteer assistance feeding program with elderly hospitalised patients.	Comparison of food intake on days patients fed by volunteers and days fed	Nurses supportive of program and allowed them to conduct other nursing duties.	Volunteers had a positive experience of the program.	Small sample size and limited time-frame. Only assessed patients being feed during lunchtime. Other variables not controlled e.g.	100%

Table 1 (Continued)

Author (year & country)	Methodology	Sample/setting	Aims	Data collection & analysis	Volunteer motivations, benefits	General findings	Limitation/comments	MMAT scores
McDonnell et al. ³²	Descriptive qualitative	dementia. n = 5 (volunteers) Hospital Orthopaedic ward n = 28 (volunteers). n = 7 (management) n = 6 (ward staff) Hospital	To evaluate the effect of on-ward volunteers in an orthopaedic ward where many patients have dementia.	without volunteers. Questionnaires & observation, data analysis by SPSS software. Focus groups, observation & focused conversations.	When volunteers present patients average, nutritional intake increased, but it was not statistically significant. Stakeholders believed the patient's experience improved as they had someone available to spend time with them and support them when distressed. Patients were less withdrawn and depressed and pleased with volunteers. The volunteer interaction encouraged some patients and distracted other patients. Positive effect on ward staff as allowed nurses time to do other duties.	Main volunteer activities observed was conversations, other individualised activities included music playing, dancing, artwork and games. Staff saw the initiative as positive.	visitation by family. No discussion of analysis of qualitative data. Volunteers trained prior to intervention. Only in orthopaedic ward.	100%
Robinson et al. ¹⁵	Mixed method	n = 19 (volunteers) n = 7 (hospital staff) n = 68 (patients) 34 Control group, n = 34 Intervention group. Diagnosis included confusion (29%). Hospital	To determine if patients would consume greater amount of food if assisted by volunteers.	Control group fed by nurses, intervention group fed by volunteers. Data analysis by statistical tests. Volunteers recorded their own experiences.	Greater intake of meal intake in the intervention group compared to control group.	Volunteers enjoyed the experience and influencing patients eating. Overall evaluation of program very positive. Difficulty with allocation of volunteers with patients able to be fed.	Volunteers given education prior to intervention. Patients in isolation areas not able to be accessed by volunteers. Suggestion of central allocation of volunteers. Single site study. Lack of sample randomisation and control of other variables that interfere with feeding e.g. blood taking and attending investigations. No discussion of qualitative data analysis.	75% No discussion of qualitative data analysis.
Soderhamn et al. ⁵	Descriptive phenomenology	N = 9 (volunteers) Residential	To clarify lived experiences of volunteers working at activity centre for people with dementia living at home.	Audio taped interviews. Data analysis using descriptive phenomenology.	Volunteer motivations included being involved in planning of the dementia person's care and their own learning.	Some volunteers found it hard to adjust to role and not being able to "self-care" when feeling distressed with role. Volunteer had positive experience and it being useful. Volunteer needed to focus on person with dementia by using caring behaviour and respect for health professionals.	Volunteers training given. Possible future research including people with dementia and their carer's point of view.	100%
Van der Ploeg et al. ³³	Descriptive Qualitative	n = 18 (staff members) n = 39 (volunteers) n = 17 (aged care facilities) Aged care	The potential of volunteers to support staff in reducing agitation associated with dementia.	Semi-structured interviews. Qualitative content analysis used to code data.	Volunteers motivations included self-interest and altruistic reasons. Volunteers were perceived by staff to be helpful by providing simulation and engagement.	Some difficulties with working relationships between volunteers and staff. Majority of volunteers expressed willingness to learn new ways to interact with residents.	71% aged care facilities provided education to volunteers prior to study. Differences in support and training given to volunteers. Differences in activities volunteers were involved in with residents. Improved recruitment and selection criteria required. No information on how the volunteers reduced agitation for residents.	100%

(continued on next page)

Table 1 (Continued)

Author (year & country)	Methodology	Sample/setting	Aims	Data collection & analysis	Volunteer motivations, benefits	General findings	Limitation/comments	MMAT scores
Van der Ploeg et al. ⁴	Mixed method	n = 19 (volunteers) n = 19 (residents) with dementia. Aged care	To explore the implementation of personalised activities program by nursing home volunteers and to determine if they could complete a training program and interact with dementia residents who had challenging behaviours.	Knowledge and attitude scales, analysis by statistical testing. Semi-structure interviews. Thematic analysis used for qualitative data.	Improvement in dementia knowledge and attitude scores for volunteers	16 volunteers completed program. Most gained satisfaction from engaging with resident and learning new skills.	Volunteers attended workshop. Need for ongoing support and opportunities for debriefing for volunteers.	100%
Van Zon et al. ³⁴	Quasi-experimental	n = 36 (residents) n = 16 (volunteers) Aged care	To explore the feasibility and efficacy of volunteers to deliver cognitive stimulation to residents.	Pre and post testing with Weschler Abbreviated Scale of Intelligence (2nd edition), Test of Memory and Learning- Senior edition, modified letter sorting test, clock drawing test and Action Word Verbal Fluency Test. Analysis data using statistical testing.	Statistically greater improvement in residents scores in the stimulation group e.g. verbal memory.		Volunteers given education prior to intervention. Larger sample size recommended for future studies.	100%
Walton et al. ³⁵	Mixed method	n = 9 (patients) in aged care ward. Diagnosis: includes dementia. n = 13 (nurses) n = 10 (volunteers) Hospital	To determine if patient protein and energy intake increases when volunteers are present. To obtain opinion of staff and volunteers of the volunteer and patient feeding program. To compare the daily intake to the average daily estimated requirements.	Questionnaires focus groups, observations, measurement of patient's daily dietary requirements & left-over food weighed. SPSS software used for data analysis.	Significantly more protein and energy were consumed when volunteers present. All nurses saw benefit of volunteers' assistance in feeding.	54% nurses wanted volunteer program to be expanded to all meals as lack of nursing resources. 76% volunteers thought they had enough time to set up and feed patients.	Volunteers trained prior to intervention. Volunteers only assisted with weekday lunch meals. Consideration of visitors or pattern of care was not included. Estimation of meals consumed by weight of food left over not 100% accurate.	75% No discussion of data analysis & presentation of qualitative data
Wong et al. ³⁶	Quasi-experimental	n = 23 (stage 1), n = 40 (stage 2) n = 7 (stage 3), n = 28 (stage 4) Hospital	To evaluate strategies used to increase nutrition in dementia patients.	Observational (stage 1) followed by 3 interventions (encouraging dietary 'grazing', maximising food and fluid intake, improving ambience of dining room). Phase 1 control group. Measurement in BMI, mid arm circumference, nutrition intake by food wastage.	BMI decreased in observation phase. Volunteers increased most BMI intake of all groups. Calorie intake increased in all intervention phases.		Sample size of volunteers not discussed. In phase 3 volunteers only assisted with lunchtime meals and only semi-assistance required patients. Study was not blinded. Could not have a control group and intervention group for each phase. Small sample sizes especially stage 3.	100%
Wong Shee, Phillips, Hill & Dodd,	Descriptive qualitative	n = 10 (volunteers) n = 30 (patients) Included Cognitive impairment	To evaluate the volunteer-mediated diversional therapy program for patients	Semi-structured interviews & focus groups. Thematic analysis of data. Demographic		Program successfully implemented high level of acceptance by staff, patients and carers.	Volunteers given education prior to intervention. Lack of homogenous sample. Benefit from quantitative study to show positives of	100%

(continued on next page)

Table 1 (Continued)

Author (year & country)	Methodology	Sample/setting	Aims	Data collection & analysis	Volunteer motivations, benefits	General findings	Limitation/comments	MMAT scores
(2014, Australia), ³⁷		(11.8%) n = 3 (carers) n = 6 (nursing staff) Hospital	with cognitive impairment in inpatient rehabilitation unit.	data analysis by SPSS software.		Recommendations for improvement in staff engagement and training of volunteers	program to improve patient care e. g. reduction of falls, and delirium.	

n = participant numbers.

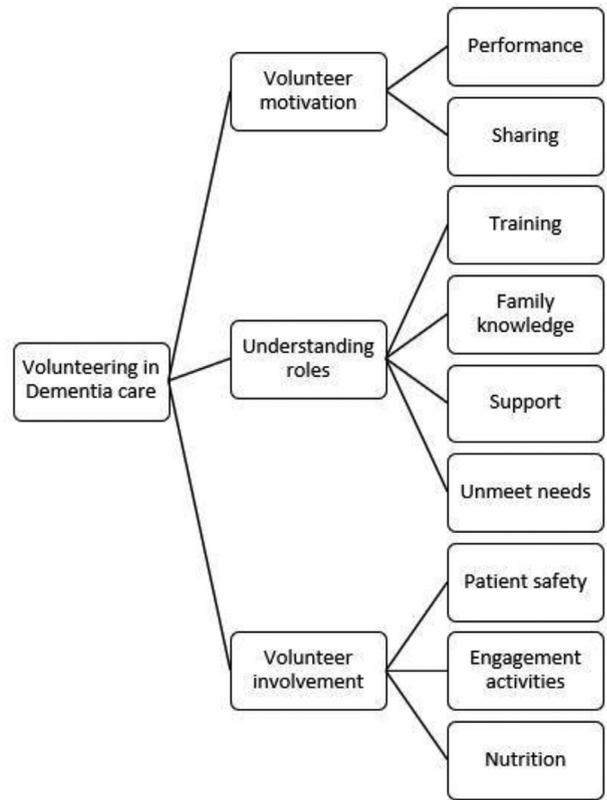


Fig. 2. Conceptual model of volunteering in dementia care.

role of the volunteer, the nurses reported that the volunteers required too much supervision. The educational support such as orientation programs and information on dementia which were given to the volunteers, varied across the articles reviewed.³² Wong Shee et al.³⁷ stated that to improve the staff engagement in the volunteer training program, the need for clarifying the volunteer and staff roles, and being more involved in the volunteer induction progress should be included. An example of this support was examined by McDonnell et al.,³² where the researcher discussed the success of the program in terms of having a dedicated dementia nurse specialist who gave support, knowledge and guidance to the volunteers on the ward. Providing support to volunteers was acknowledged to promote retention and improve success of future volunteer programs.²⁹

If the needs of the volunteers such as adequate training, support, workload and feeling valued were not supplied to the volunteers, the volunteers became dissatisfied and dropped out of the volunteer program.^{29,32} Chung²⁹ conducted a post program evaluation by asking a 20-item questionnaire and showed that volunteers were generally positive with comments such as finding the program meaningful. Giles et al.³⁰ commented that the families of the patients' understanding of the volunteer program was limited and eight of the ten families interviewed, did not know why the volunteer was present.

Discussion

Research exploring volunteer support in dementia care has predominately been outside of the hospital setting.⁵ This integrative literature review focused on the role of the volunteer in dementia care in the hospital setting, however this was expanded to include acute care and aged care homes to provide a richer understanding of the roles of volunteers and their motivations to become involved in this type of volunteering. Similar findings in other health care settings such as general medical and surgical settings, noticed that the volunteers involved

in these dementia programs had a positive experience and outcomes for the volunteer, staff and patients.³⁸ Volunteer involvement outcomes included feelings of fulfilment and job satisfaction for volunteers, increase in nutrition and social engagement for patients and supporting cares for staff.³⁸

Volunteer motivation

The motivation for the volunteers to work in the dementia care setting was only addressed in a few articles.^{1,5,33,39} The need to understand why the volunteers became involved and their background is vital in the success of the volunteer program.⁴⁰ The motivations of the volunteers working with the dementia patients were like other settings such as altruism and self-growth.^{40,41} This highlights the need to understand the motivation of the volunteers who work in dementia care before developing any future volunteer programs.⁴⁰ As in other volunteer programs outside of dementia care, if adequate support is not given to the volunteers, it helped increase the rate of drop out of the volunteers and decreased their working motivation.⁴²

Volunteer involvement

Volunteer involvement in some reviewed studies showed improvement to patient outcomes such as an increase in nutritional intake.^{5,15,28,31,32,35,36} Similar findings can be found with people who do not have dementia, such as increasing food intake by encouragement of volunteers.^{40,43} The volunteer engagement activities depended on the aim of the study, for an example if the study was aimed at increasing nutrition, the volunteer's role was focused on encouraging the patient to eat.¹⁵ This program showed a highly significant increase in meal intake by 58.88% ($p < 0.001$) compared to the control group of 32.45%.¹⁵ Similar studies with other health care settings who did not focus on dementia patients, included the use of volunteers in activities such as encouraging patients to eat and opening packages of food.⁴⁰

Patient safety is an important focus in the study which Bateman, Anderson, Bird, Hungerford²⁸ discussed, included the use of volunteers to prevent patient falls, reduce the length of stay, reduce the use of psychotropic and anti-psychotic medications. This study also included the benefit of reducing costs to the hospital from reduction of length of stay and decrease in workload for staff by freeing up their time.^{28,32} It was difficult to find similar studies using volunteers to prevent falls and increase patients' safety outside of dementia care, the use of 'sitters' or 'specials' as a paid position was the closest comparison for falls prevention in the hospital setting, but it was not always ideal as a person with dementia's dignity and wellbeing was not taken into consideration.^{30,44,45}

The type of engagement activities the volunteers performed varied among the appraised studies from social interaction, diversional activities such as singing, reading, conversation^{4,30,35,37} to giving hand massages and assisting the staff walking patients.²⁸ The use of volunteers to individualise engagement activities for dementia patients was found to improve the patient's enjoyment, this was closely linked to a person-centred care approach within the setting.³² Best practice is to use the person-centred care approach for care of patients with dementia, but unfortunately this approach is not readily utilised in the hospital setting as staff lack time to spend meaningful time with the patient, the environment is not correctly designed and staff lack education on dementia care.⁴⁵ In most hospitals the person who looks after or 'specials' the person with dementia is more of a baby sitter, and used to prevent harm to the patient, rather than using them to deliver individualised one-on-one care.⁴⁵ Programs which had a larger scope of involvement for the volunteers and a focus on quality care rather than preventative care reported an improved satisfaction of not only the volunteers but staff, patients and families.²⁸

Understanding roles

The variances of training and support given to the volunteers in the reviewed studies would have added to the confusion of the volunteer role and in particular highlighted the need to ensure a correct explanation is given to all parties prior to the introduction of the role.⁷ Roberts et al.⁴⁰ who studied volunteer involvement in feeding patients in a surgical ward, included regular and ongoing training which covered the volunteers and nursing team role description, orientation to the ward environment, theory on nutrition and feeding problems. Studies show that training and role description of volunteers is not only vital for the success for the volunteer program, but for the reduction of emotional distress, potential burnout and drop out of the volunteers.^{7,40,46} Surf Life Saving Queensland⁴⁷ volunteer programs are an example of an organisation which uses volunteers to patrol and rescue swimmers. A focus on clear role definition has enabled a standardised training program throughout the organisation to help retain their volunteers.⁴⁷ Volunteer programs should include the role description and instructions on how to perform their required skills or activities.^{7,38,48} The inclusion of a clear role description of the volunteer should reduce the confusion by staff, volunteers and family of what their job is within the program.^{1,7,30} Support in the form of debriefing sessions where the volunteers can express their thoughts and feelings is beneficial in reducing burnout and meeting their unmet needs.^{7,46}

Recommendations

Results from this integrative review highlighted the need to tailor volunteer education and support to ensure motivation and needs were met to recruit, educate and retain the volunteers. These volunteer programs need an improved education program including a clearer role description, debriefing or support and knowledge on dementia care.

Limitations

There were a few limitations to this integrative review including a lack of available literature that focused primary on dementia care within a hospital setting and therefore to gain a richer understanding of the volunteer role, needs and motivations the search was expanded to include all health care areas in dementia care. The differences in setting and context limited the ability to compare outcomes, however the included articles presented a diverse range of settings to provide a general understanding.

Conclusion

Current research has identified that volunteering in the dementia care setting has benefits for the patients, staff, and facilities. These improvements included a significant increase in food intake including calories, protein and energy for patients with dementia. Volunteer motivations and needs were identified by the literature search to assist in the recruitment and retention of volunteers. Motivations to volunteer included self-interest, wanting to help others and interest in health care and needs of the volunteers included a support and training. The need for clear description of the role is required to reduce confusion of the volunteer role for all stakeholders in the volunteer dementia program.

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Supplementary materials

Supplementary material associated with this article can be found in the online version at doi:[10.1016/j.gerinurse.2019.03.010](https://doi.org/10.1016/j.gerinurse.2019.03.010).

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