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**Literature search results**

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**Search details**

Volunteering and voluntary services in the NHS and public sector. 2013-2014

**Resources searched**

NICE Evidence; TRIP Database; Cochrane Library; CINAHL; HMIC, Health Business Elite, MEDLINE; Google Scholar

*Database search terms*: volunteer* OR voluntary OR “voluntary service”*

*Evidence search string(s)*: volunteer* OR voluntary OR “voluntary service”*

*Google search string(s)*: (volunteer OR volunteers OR volunteering OR voluntary) (NHS OR “public sector”)

**Guidelines and Policy**

**National Council for Voluntary Organisations (NCVO)**

2015 Manifesto: A bigger difference - realising the potential of voluntary organisations and volunteers, 2014

**Together for Short Lives**

Volunteering: vital to our future: how to make the most of volunteering in hospice and palliative care, 2014
## Evidence Reviews

**King’s Fund**  
Volunteering in acute trusts in England, 2013

**National Association for Voluntary and Community Action (NAVCA)**  
Influence of the voluntary sector on health plans, 2014  
Three research briefings exploring local charities and voluntary organisations attitudes and experiences of local health organisations.

**Royal Voluntary Service**  
Avoiding unhappy returns: radical reductions in readmissions, achieved with volunteers, 2013

**Together for Short Lives**  

## Published Research – Databases

**Journal of the American Geriatric Society**  
Care and Respect for Elders in Emergencies Program: A Preliminary Report of a Volunteer Approach to Enhance Care in the Emergency Department, January 2014  
Older adults who present to an emergency department (ED) generally have more complex medical conditions with complicated care needs and are at high risk for preventable adverse outcomes during their ED visit. The Care and Respect for Elders with Emergencies (CARE) volunteer initiative is a geriatric-focused volunteer program developed to help prevent avoidable complications such as falls, delirium and use of restraints, and functional decline in vulnerable elders in the ED. The CARE program consists of bedside volunteer interventions ranging from conversation to various short activities designed to engage and reorient high-risk, older, unaccompanied individuals in the ED. This article describes the development and characteristics of the CARE program, the services provided, the experiences of the elderly patients and their volunteers, and the growth of the program over time. CARE volunteers provide elders with the additional attention needed in an often chaotic, unfamiliar environment by enhancing their care, improving satisfaction, and preventing potential decline.

Hospice nurses offered guidance on working with volunteers.  
**Author(s)** Berry, Lisa  
**Citation:** Cancer Nursing Practice, 01 July 2014, vol./is. 13/6(9-9), 14754266  
**Publication Date:** 01 July 2014  
**Source:** CINAHL  
Available in fulltext from Cancer Nursing Practice at EBSCOhost

Supporting the growth of peer-professional workforces in healthcare settings: an evaluation of a targeted training approach for volunteer leaders of the STEPS Program.  
**Author(s)** Turner, Benjamin, Kennedy, Areti, Kendall, Melissa, Muenchberger, Heidi  
**Citation:** Disability & Rehabilitation, 01 July 2014, vol./is. 36/14(1219-1226), 09638288  
**Publication Date:** 01 July 2014  
**Abstract:** Purpose: To examine the effectiveness of a targeted training approach to foster and support a peer-professional workforce in the delivery of a community rehabilitation program for adults with acquired brain injury (ABI) and their families. Method: A prospective longitudinal design was used to evaluate the effectiveness
of a targeted two-day training forum for peer (n = 25) and professional (n = 15) leaders of the Skills to Enable People and Communities Program. Leaders completed a set of questionnaires (General Self-Efficacy Scale - GSES, Rosenberg Self-Esteem Scale, Volunteer Motivation Inventory - VMI and Community Involvement Scale - CIS) both prior to and immediately following the forum. Data analysis entailed paired sample t-test to explore changes in scores over time, and independent sample t-tests for comparisons between the two participant groups. Results: The results indicated a significant increase in scores over time for the GSES (p = 0.047). Improvements in leaders’ volunteer motivations and community involvement were also observed between the two time intervals. The between group comparisons highlighted that the peer leader group scored significantly higher than the professional leader group on the CIS and several domains of the VMI at both time intervals. Conclusion: The study provides an enhanced understanding of the utility of innovative workforce solutions for community rehabilitation after ABI; and further highlights the benefits of targeted training approaches to support the development of such workforce configurations.

**Source:** CINAHL

**Introducing on-ward volunteers to work with patients with dementia.**

**Author(s)** McDonnell, Ann, McKeown, Jane, Keen, Carol, Palfreyman, Judith, Bennett, Nicola

**Citation:** Nursing Older People, 01 May 2014, vol./is. 26/4(28-33), 14720795

**Publication Date:** 01 May 2014

**Abstract:** This article reports on an evaluation of the effect of an on-ward volunteer service in an acute orthopaedic ward with a number of dementia patients. A mixed-methods evaluation was undertaken in 2012. This included interviews with individuals who have strategic, management, operational and clinical roles in the voluntary organisation and the NHS trust, focus group discussions with volunteers, non-participant observations of practice and focused conversations with ward staff. The service had a positive effect on patient experience. Patients were engaged through a variety of activities and enjoyed the volunteers’ presence. Staff valued the initiative because they could see the difference that it made to patients and their own working lives. The lessons learned from the evaluation can inform the development of similar initiatives elsewhere and are relevant, given the emphasis in healthcare policy to improve patient experience.

**Source:** CINAHL

Available in fulltext from Nursing Older People at EBSCOhost

**Rewarding altruism: Addressing the issue of payments for volunteers in public health initiatives.**

**Author(s)** South, Jane, Purcell, Martin E., Branney, Peter, Gamsu, Mark, White, Judy

**Citation:** Social Science & Medicine, 01 March 2014, vol./is. 104/(80-87), 02779536

**Publication Date:** 01 March 2014

**Abstract:** Lay involvement in public health programmes occurs through formalised lay health worker (LHW) and other volunteer roles. Whether such participation should be supported, or indeed rewarded, by payment is a critical question. With reference to policy in England, UK, this paper argues how framing citizen involvement in health only as time freely given does not account for the complexities of practice, nor intrinsic motivations. The paper reports results on payment drawn from a study of approaches to support lay people in public health roles, conducted in England, 2007–9. The first phase of the study comprised a scoping review of 224 publications, three public hearings and a register of projects. Findings revealed the diversity of approaches to payment, but also the contested nature of the topic. The second phase investigated programme support matters in five case studies of public health projects, which were selected primarily to reflect
role types. All five projects involved volunteers, with two utilizing forms of payment to support engagement. Interviews were conducted with a sample of project staff, LHWs (paid and unpaid), external partners and service users. Drawing on both lay and professional perspectives, the paper explores how payment relates to social context as well as various motivations for giving, receiving or declining financial support. The findings show that personal costs are not always absorbed, and that there is a potential conflict between financial support, whether sessional payment or expenses, and welfare benefits. In identifying some of the advantages and disadvantages of payment, the paper highlights the complexity of an issue often addressed only superficially. It concludes that, in order to support citizen involvement, fairness and value should be considered alongside pragmatic matters of programme management; however policy conflicts need to be resolved to ensure that employment and welfare rights are maintained.

Source: CINAHL

A proposal for a spiritual care assessment toolkit for religious volunteers and volunteer service users.
Author(s) Liu YJ
Citation: Journal of Religion & Health, October 2014, vol./is. 53/5(1414-26), 0022-4197;1573-6571 (2014 Oct)
Publication Date: October 2014
Abstract: Based on the idea that volunteer services in healthcare settings should focus on the service users' best interests and providing holistic care for the body, mind, and spirit, the aim of this study was to propose an assessment toolkit for assessing the effectiveness of religious volunteers and improving their service. By analyzing and categorizing the results of previous studies, we incorporated effective care goals and methods in the proposed religious and spiritual care assessment toolkit. Two versions of the toolkit were created. The service users' version comprises 10 questions grouped into the following five dimensions: "physical care," "psychological and emotional support," "social relationships," "religious and spiritual care," and "hope restoration." Each question could either be answered with "yes" or "no". The volunteers' version contains 14 specific care goals and 31 care methods, in addition to the 10 care dimensions in the residents' version. A small sample of 25 experts was asked to judge the usefulness of each of the toolkit items for evaluating volunteers' effectiveness. Although some experts questioned the volunteer's capacity, however, to improve the spiritual care capacity and effectiveness provided by volunteers is the main purpose of developing this assessment toolkit. The toolkit developed in this study may not be applicable to other countries, and only addressed patients' general spiritual needs. Volunteers should receive special training in caring for people with special needs.

Source: Medline

Patients recovering from abdominal surgery who walked with volunteers had improved postoperative recovery profiles during their hospitalization.
Author(s) Le H, Khankhanian P, Joshi N, Maa J, Crevensten H
Citation: World Journal of Surgery, August 2014, vol./is. 38/8(1961-5), 0364-2313;1432-2323 (2014 Aug)
Publication Date: August 2014
Abstract: BACKGROUND: Early walking as part of a perioperative care program benefits patients who have had surgery. However, the impact of early walking by itself on the mental and physical recovery of postoperative patients has not been examined. METHODS: We established a program called walking to recovery (WTR) in which college volunteers provided walking assistance to patients recovering after abdominal surgery. Patients who participated in the program were compared with patients who did not. The postoperative recovery profile survey (PRP-17) was administered on day of discharge to 15 participants and 15 non-participants. Medical records were reviewed to obtain indication for surgery, type of surgery,
length of hospital stay, and postoperative complications. At 1 month post-discharge, a short form (SF)-12v2 questionnaire was administered by telephone to assess postoperative quality of life as defined by mental and physical level of function and measured with the mental component score (MCS) and the physical component score (PCS).

RESULTS: The average age of participants and non-participants was similar (48.9 + 9.8 vs. 51.4 + 8.7 years; p = 0.28). When the two groups were approximately matched by type and severity of surgery, participants had lower PRP-17 composite scores (9.9 vs. 12.5, p = 0.003) and higher indicator sums (9.8 vs. 8.4, p = 0.04) than non-participants, both of which indicate better postoperative recovery in participants. The mean immobilization score was significantly lower in participants (0.3 vs. 0.8, p = 0.04). Postoperative length of stay and MCS did not differ between the two groups, but in participants there was a trend for higher scores in the PCS.

CONCLUSIONS: Walking with volunteers was associated with a better PRP during the hospitalization period but not at 1 month follow-up. The WTR program is a sustainable, cost-effective model program for other hospitals to emulate as part of the standard of care of postoperative patients.

Source: Medline

Volunteers in specialist palliative care: a survey of adult services in the United Kingdom.

Author(s) Burbeck R, Low J, Sampson EL, Bravery R, Hill M, Morris S, Ockenden N, Payne S, Candy B

Citation: Journal of Palliative Medicine, May 2014, vol./is. 17/5(568-74), 1557-7740:1557-7740 (2014 May)

Publication Date: May 2014

Abstract: BACKGROUND: Worldwide, the demand for specialist palliative care is increasing but funding is limited. The role of volunteers is underresearched, although their contribution reduces costs significantly. Understanding what volunteers do is vital to ensure services develop appropriately to meet the challenges faced by providers of palliative care.OBJECTIVE: The study's objective is to describe current involvement of volunteers with direct patient/family contact in U.K. specialist palliative care.DESIGN: An online survey was sent to 290 U.K. adult hospices and specialist palliative care services involving volunteers covering service characteristics, involvement and numbers of volunteers, settings in which they are involved, extent of involvement in care services, specific activities undertaken in each setting, and use of professional skills.RESULTS: The survey had a 67% response rate. Volunteers were most commonly involved in day care and bereavement services. They entirely ran some complementary therapy, beauty therapy/hairdressing, and pastoral/faith-based care services, and were involved in a wide range of activities, including sitting with dying patients.CONCLUSIONS: This comprehensive survey of volunteer activity in U.K. specialist palliative care provides an up-to-date picture of volunteer involvement in direct contact with patients and their families, such as providing emotional care, and the extent of their involvement in day and bereavement services. Further research could focus on exploring their involvement in bereavement care.

Source: Medline

Promoting volunteer capacity in hospice palliative care: a narrative review.

Author(s) Pesut B, Hooper B, Lehbauer S, Dalhuisen M

Citation: American Journal of Hospice & Palliative Medicine, February 2014, vol./is. 31/1(69-78), 1049-9091;1938-2715 (2014 Feb)

Publication Date: February 2014

Abstract: Hospice volunteers play an essential role in the primary care network for end of life. The purpose of this review was to examine the evidence on hospice volunteers published between 2002 and July 2012. An electronic search of PubMed, CINAHL and PsychINFO using controlled vocabulary, and a reference scan, yielded 54 studies focusing on hospice volunteers. Studies were primarily...
Understanding the role of the volunteer in specialist palliative care: a systematic review and thematic synthesis of qualitative studies.

**Author(s)** Burbeck R, Candy B, Low J, Rees R

**Citation:** BMC Palliative Care, 2014, vol./is. 13/1(3), 1472-684X;1472-684X (2014)

**Publication Date:** 2014

**Abstract:** BACKGROUND: Volunteers make a major contribution to palliative patient care, and qualitative studies have been undertaken to explore their involvement. With the aim of making connections between existing studies to derive enhanced meanings, we undertook a systematic review of these qualitative studies including synthesising the findings. We sought to uncover how the role of volunteers with direct contact with patients in specialist palliative care is understood by volunteers, patients, their families, and staff.

**METHODS:** We searched for relevant literature that explored the role of the volunteer including electronic citation databases and reference lists of included studies, and also undertook handsearches of selected journals to find studies which met inclusion criteria. We quality appraised included studies, and synthesised study findings using a novel synthesis method, thematic synthesis.

**RESULTS:** We found 12 relevant studies undertaken in both inpatient and home-care settings, with volunteers, volunteer coordinators, patients and families. Studies explored the role of general volunteers as opposed to those offering any professional skills. Three theme clusters were found: the distinctness of the volunteer role, the characteristics of the role, and the volunteer experience of the role. The first answers the question, is there a separate volunteer role? We found that to some extent the role was distinctive. The volunteer may act as a mediator between the patient and the staff. However, we also found some contradictions. Volunteers may take on temporary surrogate family-type relationship roles. They may also take on some of the characteristics of a paid professional. The second cluster helps to describe the essence of the role. Here, we found that the dominant feature was that the role is social in nature. The third helps to explain aspects of the role from the point of view of volunteers themselves. It highlighted that the role is seen by volunteers as flexible, informal and sometimes peripheral. These characteristics some volunteers find stressful.

**CONCLUSIONS:** This paper demonstrates how qualitative research can be synthesised systematically, extending methodological techniques to help answer difficult research questions. It provides information that may help managers and service planners to support volunteers appropriately.

**Source:** Medline

Available in fulltext at [BMC Palliative Care](https://www.ncbi.nlm.nih.gov/pubmed/); Collection notes: On first login to a ProQuest journal you will need to select ‘Athens (OpenAthens Federation)’ from Select Region, and then ‘NHS England’ from Choose your Library.
Feature: Volunteering and managing change in the health sector.

Author(s)
Citation: Perspectives in Public Health, 01 September 2013, vol./is. 133/5(240-241), 17579147
Publication Date: 01 September 2013
Source: CINAHL
Available in fulltext at Perspectives in Public Health; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

Report appraises the contribution of volunteers.
Author(s) Triggle, Nick
Citation: Nursing Management - UK, 01 May 2013, vol./is. 20/2(6-7), 13545760
Publication Date: 01 May 2013
Source: CINAHL
Available in fulltext at Nursing Management; Harrow-on-the-Hill; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
Available in fulltext from Nursing Management - UK at EBSCOhost

A narrative literature review of the contribution of volunteers in end-of-life care services.
Author(s) Morris, Sara, Wilmot, Amanda, Hill, Matthew, Ockenden, Nick, Payne, Sheila
Citation: Palliative Medicine, 01 May 2013, vol./is. 27/5(428-436), 02692163
Publication Date: 01 May 2013
Source: CINAHL
Available in fulltext from Palliative Medicine at EBSCOhost
Available in fulltext at Palliative Medicine; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
Available in fulltext from Palliative Medicine at EBSCOhost

Harnessing volunteer skills in health settings.
Author(s) Halford, Kathryn, Fraser, Jill
Citation: Nursing Times, 02 April 2013, vol./is. 109/13(14-15), 09547762
Publication Date: 02 April 2013
Abstract: Increasing pressure on time and resources is well recognised by those working in acute hospitals. This article explores Kissing it Better, a project set up to harness the time, skills and commitment of the local community, that had positive results for everyone involved.
Source: CINAHL
Available in fulltext at Nursing Times: NT; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
Available in fulltext from Nursing Times at the ULHT Library and Knowledge Services’ eJournal collection

Utilization of trained volunteers decreases 30-day readmissions for heart failure.
BACKGROUND: This study evaluated the effectiveness of using trained volunteer staff in reducing 30-day readmissions of congestive heart failure (CHF) patients.

METHODS: From June 2010 to December 2010, 137 patients (mean age 73 years) hospitalized for CHF were randomly assigned to either: an interventional arm (arm A) receiving dietary and pharmacologic education by a trained volunteer, follow-up telephone calls within 48 hours, and a month of weekly calls; or a control arm (arm B) receiving standard care. Primary outcomes were 30-day readmission rates for CHF and worsening New York Heart Association (NYHA) functional classification; composite and all-cause mortality were secondary outcomes.

RESULTS: Arm A patients had decreased 30-day readmissions (7% vs 19%; P < .05) with a relative risk reduction (RRR) of 63% and an absolute risk reduction (ARR) of 12%. The composite outcome of 30-day readmission, worsening NYHA functional class, and death was decreased in the arm A (24% vs 49%; P < .05; RRR 51%, ARR 25%). Standard-care treatment and hypertension, age >65 years and hypertension, and cigarette smoking were predictors of increased risk for readmissions, worsening NYHA functional class, and all-cause mortality, respectively, in the multivariable analysis.

CONCLUSIONS: Utilizing trained volunteer staff to improve patient education and engagement might be an efficient and low-cost intervention to reduce CHF readmissions. Copyright 2013 Elsevier Inc. All rights reserved.

Source: Medline

A study of the motivations of British hospice volunteers.

Author(s) Claxton-Oldfield S, Claxton-Oldfield J, Paulovic S, Wasyliw L

Citation: American Journal of Hospice & Palliative Medicine, September 2013, vol./is. 30/6(579-86), 1049-9091;1938-2715 (2013 Sep)

Abstract: In all, 162 British hospice volunteers completed the Inventory of Motivations for Hospice Palliative Care Volunteerism (IMHPCV) of Claxton-Oldfield, Wasylkiw, Mark, and Claxton-Oldfield.(1) The IMHPCV taps into 5 different categories of motives for becoming a hospice palliative care volunteer: altruism, civic responsibility, leisure, self-promotion, and personal gain. Altruistic motives were the most influential reasons for choosing to join hospice; personal gain motives were the least influential reasons for becoming a hospice volunteer. Altruistic motives were found to be a significant predictor of volunteers’ length of service to the hospice. Compared to previously collected data from a sample of Canadian hospice palliative care volunteers, the current study's sample of British hospice volunteers scored significantly different on 2 of the 5 categories of motives on the IMHPCV.

Source: Medline

An evaluation of the Department of Health’s Health and Social Care Volunteering Fund: final report

Author(s) South, Jane, Giuntoli, Gianfranco, Cross, Ruth

Publication Date: 2013

This report presents findings from an evaluation of the HSCVF with a specific focus on the 2010/2011 national and local projects, conducted by a team from the Institute for Health & Wellbeing at Leeds Metropolitan University. It presents evidence on the extent to which, how and in what ways the HSCVF programme has built organisational and community capacity across the national and local HSCVF projects, as well as on the health and social outcomes that resulted

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