

Do volunteers in the Emergency Department Improve Satisfaction? A Rapid Review

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Executive Summary

Background

The Emergency Department (ED) Workforce Working Party, has requested that the Centre for Clinical Effectiveness conduct a review of literature on the use of volunteers in the Emergency Department. The review will inform the improvement work which the Working Party currently drives, that involves the use of volunteers in the ED.

Objective

The objective of the review is to provide evidence about the impact of using volunteers in the Emergency Department to improve staff and patient experience.

Findings

- There is a paucity of evidence (peer reviewed or grey) evaluating volunteers in the emergency department for any metric, including satisfaction.

Peer-reviewed literature

- Only one item of peer-reviewed evidence was identified and this was a conference abstract¹. This study showed that volunteers led to an increase in patient satisfaction when compared to the control group for volunteers or pamphlets. There was no difference in patient satisfaction between pamphlets and volunteers.

Grey Literature

In 2011, King's College Hospital (UK) recruited 500+ new volunteers. They saw improvements to patient experience in those areas where volunteers had been involved in providing care. The lessons to be learnt are:

- Change did not come for free, but it cost relatively little to transform what was already in place. A project manager was recruited, an online recruitment system was developed, a volunteer training program was developed, and materials were made publically available.
- Organisations need to think about what volunteers are well placed to do, and what they can gain from their volunteering.
- Think about who in the local community could benefit from volunteering opportunities.
- Provide adequate training and joint inductions with paid staff.
- Include volunteers in governance in addition to service delivery.
- Calculating and communicating the value added by volunteers helps to change mindsets and secure continued investment.

In Sheffield (UK), a Community Health Champions programme was developed to support volunteers to improve the health and wellbeing of deprived communities through peer-to-peer wellbeing projects that focus on mental health, behaviour change and a range of other areas. The following factors were critical to the success of the programme:

- Recruitment of committed and compassionate people
- Connecting volunteers with professionals inside and outside the NHS
- Investing time and resources in quality assurance:
- Making the 'right offer' to volunteers
- Clearly defining the boundaries of volunteering
- Investing in a highly skilled volunteer coordinator

Conclusions

There is a paucity of evidence supporting the use of volunteers to improve patient satisfaction in the ED. Healthcare services in the UK have successfully (anecdotal) used volunteers in the ED to improve satisfaction through adequate volunteer training, well-selected and well-placed volunteers, clear role boundaries, the employment of a volunteer coordinator, and the calculation and communication of the value-added of volunteers in the ED.

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Search strategy

Inclusion/Exclusion Criteria

Table 1. Inclusion/Exclusion criteria

Population	Include: Volunteers Exclude: Paid personnel
Interventions	Include: All volunteer initiatives and programs
Outcomes	Include: <ul style="list-style-type: none">• Patient experience• Staff experience• Other outcomes as reported by literature
Context	Include: Hospitals emergency department Exclude: Any other external emergency services
Types of evidence	Include: Grey literature; peer reviewed literature
Limits	Date: 2013 - up to current Language: Publications in English
Databases	Peer-reviewed literature: PubMed, TRIP Grey literature: Google, The King's Fund, Beryl Institute

Search strategy

The following table represents the search strategy employed (Table 2).

Table 2. Search resources, terms and results

Resource	Search terms	Results
TRIP	emergency AND volunteer	8 results.
Pubmed	(emergency [MeSH Terms] AND Volunteer)	163 results.
Google	"emergency department volunteer"	309 results.

Study Selection

Papers identified were screened using inclusion and exclusion criteria established *a priori*. Searches of TRIP and Pubmed were screened by one reviewer (CJ) and the internet (using Google) was screened by one reviewer (FC). Literature was included based on the above criteria.

Quality Appraisal

Results

Summary of Findings

A total of 480 results were found (Table 2). Of which only one resource explored satisfaction levels¹. Two other resources were identified as relevant to this report^{2,3}, albeit without comment on satisfaction.

Peer-reviewed literature

We found only one abstract that met the inclusion criteria¹. In this study, three groups were evaluated: 1) Patients exposed to trained volunteers; 2) Patients given written materials explaining emergency department processes, and; 3) A control group with no interventions.

Volunteers could best help patients in four ways:

1. Volunteers provide patients with a realistic timeline of their stay in the emergency department and, to that end, we encouraged volunteers to get accurate length of stay information by asking hospital staff on the patient's behalf.
2. Volunteers perform a comfort measure for the patient such as providing a warm blanket or a glass of water (if appropriate) for the patient.
3. Volunteers provide assurance that the patient had not been forgotten by the nurses or doctors in between visits from the medical providers.
4. Volunteers were to give frequent check-ups to see how the patient was feeling and see if they had questions. Emergency department volunteers who agreed to participate in the study were trained on these interventions as well as core behaviors: smiling, introducing themselves, listening to the patient and empathizing with the patient.

Volunteers led to an increase in patient satisfaction when compared to the control group for volunteers or pamphlets. There was no difference in patient satisfaction between pamphlets and volunteers.

Other peer-reviewed literature

One study³ used volunteers to provide assistance to patients over 65 years of age however, they did not measure patient satisfaction. The program was developed to target all adults aged 65 and older who present to the ED with an acute medical complaint, with particular attention to those who are unaccompanied in the ED. Volunteers receive specialised training in geriatric and ED issues, including the use of conversation, anxiety-reducing techniques, and various memory- and cognition-stimulating interventions to prevent or slow the onset of delirium, in their work with vulnerable elderly adults in the ED.

The volunteer provides them with an appropriate activity, which offers cognitive, tactile, audio, or visual stimulation with the goal of keeping the individual engaged and oriented. Conversation and other interventions are designed to reduce anxiety and enhance comfort. The individual is given the option to participate in one or more of the activities with the volunteer.

Learnings from grey literature²

Kings College (UK)

During 2011, King's College Hospital recruited more than 500 new volunteers and saw measurable improvements to patient experience scores in those areas where volunteers had been involved in providing care. A number of lessons can be learnt from the success of this program.

- **Change did not come for free, but it cost relatively little to transform what was already in place.** King's was awarded a grant of £100,000 to improve patient experience through use of volunteers. This was used to recruit a project manager to the programme, to develop an online recruitment system, a volunteer training programme, and publicity materials.
- **Organisations need to think about what volunteers are well placed to do, and what they can gain from their volunteering.** King's completed a systematic review of what gaps needed to be filled in services and what volunteers could do to fill them. They then developed a high quality assessment process for new volunteers involving an online recruitment system, application forms, and group and individual interviews.
- **Think about who in the local community could benefit from volunteering opportunities.** King's used local events such as 'fresher fairs' to recruit volunteers representative of the local population, resulting in large numbers of young people and people from minority ethnic groups joining the programme.
- **Provide adequate training and joint inductions with paid staff.** King's developed a training programme shaped by volunteer feedback, which included modules led by volunteers themselves, and an induction delivered to staff and volunteers together.

- **Include volunteers in governance in addition to service delivery.** King's created opportunities for volunteers to engage strategically with the organisation, for example through representation on the Patient Experience Committee.
- **Calculating and communicating the value added by volunteers helps to change mindsets and secure continued investment.** King's calculated the financial value of volunteers' time relative to the amount of resource put in, and compared improvements in patient experience scores in departments with and without volunteers.

Learnings from Sheffield Community Health Champions (UK)

The Community Health Champions programme supports volunteers to improve the health and wellbeing of deprived communities through peer-to-peer wellbeing projects that focus on mental health, behaviour change and a range of other areas. The programme is overseen by Altogether Better and works in a number of locations across the Yorkshire and Humber region.

In Sheffield the programme is delivered by the Sheffield Wellbeing Consortium, made up of more than 70 local voluntary sector organisations who act as 'hosts' for health champions. Since 2008 it has recruited more than 300 volunteers who have worked with at least 14,000 community members. The scheme is designed to be of benefit both to health champions themselves and to the communities they work with. Many health champions have moved into paid employment after completing 100 or more hours of volunteering. A number of factors have been identified by those involved as being critical to the success of the programme.

- **Recruitment of committed and compassionate people:** The main focus in recruitment is finding people who have sufficient interest, motivation and time to become a health champion. The recruitment process is highly flexible with a very broad person specification.
- **Connecting volunteers with professionals inside and outside the NHS:** Health champions can be supported to become paid 'health trainers' employed by the NHS or voluntary organisations, running clinics from GPs surgeries and elsewhere. Health trainers provide a bridge between volunteers and paid professionals, and help establish greater trust between the groups.
- **Investing time and resources in quality assurance:** All new health champions are initially shadowed by a member of the host organisation. Host organisations are monitored by their commissioners and receive monthly visits by the health champions programme co-ordinator to assess the impact the projects are having on communities and identify any additional training needs or difficulties.

Learning from Age UK Cheshire (UK)

Age UK Cheshire works with 100 staff and 400 volunteers each week to provide a range of services to older people across Cheshire. It has demonstrated improvements against a number of outcomes as a result of working with volunteers, including reduced referrals back into the care system.

Age UK Cheshire is contracted by the two unitary authorities in Cheshire to help older people access and use direct payments, and to help people who pay for their social care (self-funders) through a support brokerage service. Volunteers provide advocacy services, assist with personal finance, and support older people and their families in relation to the use of self-directed support. They also help people to implement personal support plans, and when appropriate to increase personal support networks. The model has been successful for a number of reasons, including:

- **Making the 'right offer' to volunteers** has been important for matching potential volunteers to roles. Many of the volunteers have legal backgrounds, are highly skilled and are looking for challenges through their volunteering, so the offer has to be attractive to the volunteer and make the most of the skills they bring.
- **Clearly defining the boundaries of volunteering** is particularly important given that volunteers often support people in pressurised and sensitive situations. Extensive training, for example in mental health legislation, helps with this boundary setting.
- **Investing in a highly skilled volunteer co-ordinator** has also been critical. This co-ordinator plays a key role in assessing the boundaries of volunteering at regular intervals, matching the right volunteer to the right role, and redirecting them on to something else if their skills do not match the requirements of a particular role.

Conclusions

While there is evidence globally that volunteers are commonly used in emergency departments, there is a paucity of evidence empirically supporting the use of volunteers to improve patient satisfaction.

References

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