THE MISSING PIECE - 'THE VALUE OF PALLIATIVE CARE VOLUNTEERS'

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KEYWORDS

Qualitative Analysis, Palliative Care Volunteers, Evidence based

EXECUTIVE SUMMARY (100 words maximum)

A qualitative analysis investigating the value of palliative care volunteer visits with palliative patients was created using real life narrative. Data included feedback and notes provided to the Palliative Care Volunteer Coordinator from weekly volunteer visits with the patients. Data timeline was from introduction of volunteer to patient… to death of patient. All data was de-identified. Keywords relating to emotional and social aspects of care were used to capture a qualitative analysis that was predominantly non-medical. Volunteer patient relationships are unique in nature, providing opportunity to relieve existential distress for the patient in a safe environment.

INTRODUCTION

Holistic care for palliative patients means treating the whole person. It recognises that health is influenced by multiple interconnected aspects of life. Key components include physical comfort, emotional and psychological support, social wellbeing, spiritual well-being, patient autonomy and dignity, communication and coordination, family and caregiver support, quality of life. Six of the eight key components fall within the realm of the palliative care volunteer. The evidence presented today will demonstrate how, why and when palliative care volunteers value-add to patients receiving palliative care. Holistic care is improved with the inclusion of palliative care volunteers.

HIGHLIGHTS

Core findings were identified by focusing on frequently occurring or significant keywords highlighting important themes for palliative patients receiving volunteer visits.

- Cognitive Engagement (think, reminiscing, discussed)
- Emotional Expression (feel, concerns, worries, tired)
- Social Connection (talk, said, communicated)
- Active Listening and Presence (listen, observe)
- Guided Interaction (Prompt, discussed)

METHODOLOGY/ PROCESS

1. Research Design

Case Study – in-depth analysis of a specific case.

Narrative Analysis – analyses stories and personal accounts.

The overall qualitative approach fits the quest for qualitative analysis because palliative care volunteers provide feedback to the Palliative Care Volunteer Coordinator following each visit with their assigned patient. The feedback encompasses the soft skills for which palliative care volunteers are chosen (i.e. Those personal attributes that enable someone to interact effectively and harmoniously with other people).

2. Data Collection Methods

Collection of qualitative data was obtained by volunteers and provided to the Palliative Care Volunteer Coordinator immediately following the volunteer visit with their patient to whom they had been allocated. Volunteers usually visited with the patient for one hour per week.

3. Sampling Strategy

Participants were chosen from archive files where the patient has been deceased for 5 years. The time of volunteer engagement varied from several months to over a year.

4. Data Analysis Method

Evidence based qualitative analysis was used to provide insights for the value of volunteer visits with the palliative patient. Data used is firsthand information provided by the volunteer to the volunteer coordinator summarising their visit with the patient and sometimes their carer and/or family members. Themes identified are feelings, conversations, emotions and sometimes pain or medical issues. Volunteers are strictly non-medical but will note any observations and relay medical information to the volunteer coordinator who will then inform the specialist palliative care team.

Qualitative analysis may be presented as thematic analysis, content analysis, discourse analysis and/or narrative analysis.

Analysis can be suitable for a clinical reflective report in a palliative care setting, and/or with explicit theoretical integration.

5. Coding Process

Selective coding was used to identify core themes. Keywords relating to soft skills were targeted specifically to analyse qualitative themes that highlighted the value of volunteer visits with the patient.

6. **Ensuring Trustworthiness -** Qualitative studies ensure validity using:

Credibility (accurate representation)

Transferability (applicability to other contexts)

Dependability (consistency)

Confirmability (neutrality)

Original, unaltered notes have been de-identified.

7. Ethical Considerations

Informed consent – patient gives consent for palliative care volunteer to visit.

Confidentiality – confidentiality is ensured in mandatory training for palliative care volunteers.

Ethical approval – see NSW Health AI Framework

Data protection – data fully de-identified for patient/carer/family members and volunteers prior to use.

RESULTS/ OUTCOMES

Qualitative analysis reveals a coherent narrative trajectory characterised by life review, negotiation of autonomy, anticipatory preparation for death, progressive physical decline and relational anchoring within family. Palliative care volunteer visits are valued for the time specifically dedicated to be fully present, to listen, and to accept unconditionally the words of the palliative patient. The qualitative analysis demonstrates the essential role volunteers play in providing person and family centred holistic care.

CONCLUSION

The quality of life for palliative patients and carers is enhanced by high quality palliative care volunteer services.