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# An Educational Intervention for Hospice Volunteers

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# An Educational Intervention for Hospice Volunteers

## **Abstract**

**Background and Significance:** The House of John is a two-bed comfort care home located in rural, upstate NY and is staffed, in part, by a pool of adult volunteers. This researcher is an active member of that volunteer group. Volunteers are required to complete an eight week training course before they can begin caring for residents and fulfilling their volunteer hours. An estimated 60% of the active volunteers participated in their initial hospice volunteer training more than 5 years ago and have had little or no continuing or ongoing education since that time. In February of 2009, the newly organized Interpersonal Relations Committee of the House of John conducted a needs-assessment of the volunteer pool, at the request of the Board of Directors. The results indicated that refresher training classes on various topics relating to care of the dying were desired by the volunteers. **Purpose:** While caring for residents at the House of John, the researcher has witnessed the reluctance of some volunteers to provide direct patient care, including administration of medications. Therefore, this project was undertaken to increase the knowledge base and confidence of veteran hospice volunteers at a comfort care home, by providing continuing education in the form of refresher classes. **Methods:** The educational interventions consisted of three refresher classes, provided between June 2010 and June 2011, and were offered to all active volunteers at the House of John. Topics of the classes included pain and anxiety control and medication administration, hands-on care, and the dying process and were presented in a group format. Participants were asked to complete a program evaluation at the end of each educational intervention to assess the effectiveness of the training. **Results:** Forty-four volunteers participated in the three classes with 41 completing an evaluation. 88% of volunteers completing a refresher class evaluation strongly agreed that the information provided will be useful to them as a hospice volunteer and 80% strongly agreed that their confidence level as a hospice volunteer would improve after participating in the training. **Implications for Practice:** This project was successful in meeting the continuing education needs of a group of experienced hospice volunteers at a small comfort care home, increases the body of knowledge related to hospice volunteer training, and reinforces the need for ongoing training for volunteers that provide care to individuals at end-of-life.

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*Abstract*

**Background and Significance:** The House of John is a two-bed comfort care home located in rural, upstate NY and is staffed, in part, by a pool of adult volunteers. This researcher is an active member of that volunteer group. Volunteers are required to complete an eight week training course before they can begin caring for residents and fulfilling their volunteer hours. An estimated 60% of the active volunteers participated in their initial hospice volunteer training more than 5 years ago and have had little or no continuing or ongoing education since that time. In February of 2009, the newly organized Interpersonal Relations Committee of the House of John conducted a needs-assessment of the volunteer pool, at the request of the Board of Directors. The results indicated that refresher training classes on various topics relating to care of the dying were desired by the volunteers.

**Purpose:** While caring for residents at the House of John, the researcher has witnessed the reluctance of some volunteers to provide direct patient care, including administration of medications. Therefore, this project was undertaken to increase the knowledge base and confidence of veteran hospice volunteers at a comfort care home, by providing continuing education in the form of refresher classes.

**Methods:** The educational interventions consisted of three refresher classes, provided between June 2010 and June 2011, and were offered to all active volunteers at the House of John. Topics of the classes included pain and anxiety control and medication administration, hands-on care, and the dying process and were presented in a group format. Participants were asked to complete a program evaluation at the end of each educational intervention to assess the effectiveness of the training.

**Results:** Forty-four volunteers participated in the three classes with 41 completing an evaluation. 88% of volunteers completing a refresher class evaluation strongly agreed that the information provided will be useful to them as a hospice volunteer and 80% strongly agreed that their confidence level as a hospice volunteer would improve after participating in the training.

**Implications for Practice:** This project was successful in meeting the continuing education needs of a group of experienced hospice volunteers at a small comfort care home, increases the body of knowledge related to hospice volunteer training, and reinforces the need for ongoing training for volunteers that provide care to individuals at end-of-life.

## Chapter I

*Introduction*

A comfort care home is a home for the dying that provides care to individuals on hospice. Hospice care can be given in a person's home, in a hospital or nursing home, in a hospice facility, or in a comfort care home. In New York State, to be called a hospice facility, the facility must have a minimum of three and a maximum of eight beds and be certified by the Department of Health and follow its regulations. Services offered by a certified hospice facility can be reimbursed by Medicare and other insurance payors (C. Jensen, personal communication, September 22, 2009). In contrast, a comfort care home provides palliative care in a two-bed, non-certified, private home and bridges a gap between dying in an institution and dying at home. It offers an individual the opportunity to die in a home-like setting and takes the burden of care off of the family, freeing them of the responsibility of physical care of their loved one and enabling them to make the most of the time left (C. Jensen, personal communication, September 22, 2009).

The House of John (HOJ) is one of 18 comfort care homes in the Greater Rochester Area of upstate New York, and the surrounding region (Compassion and Support at the End of Life, 2011). It opened its doors in 1993 and is a not-for-profit home for the terminally ill located in the rural village of Clifton Springs, New York. It has a paid staff of four, which includes an executive director who is a R.N., a care coordinator, and nighttime aide staff. It also has a pool of trained volunteers that perform a variety of tasks including direct resident care (16 hours per day), family support, routine household tasks, and fundraising.

The House of John can accommodate two residents, and their families, at a time. It is open to those of all faiths and is completely free of charge for the resident and his/her family; it does not receive any type of health insurance payment or reimbursement, including Medicare or Medicaid. Referrals for admission are made by physicians, nurses, social workers, clergy, and home care agencies and residents are accepted based on the level of care needed and bed-availability. Individuals and/or family members may also self-refer by contacting and then interviewing with the Director of The House of John independently. The population served by the House of John is primarily adult cancer patients with a prognosis of three months or less. Other terminal illnesses such as end stage heart disease, lung disease, Alzheimer's disease, kidney failure, and "failure to thrive" in the elderly are also seen (C. Jensen, personal communication, September 22, 2009).

### *Background*

According to the Hospice Foundation of America (2011), there are currently over 460,000 hospice volunteers in the United States. These volunteers are part of a multidisciplinary team that provides care for the dying and their families. The hospice philosophy is one of providing care, not a cure, to individuals with a terminal illness that are nearing life's end. Care is focused on symptom management, including pain control, with the goal of assisting the dying to live the remainder of their life with quality, comfort, and dignity (National Hospice and Palliative Care Organization, 2011).

Individuals often get involved in volunteering for hospice in an effort to help others, for personal gratification, to be of service to their community, to learn more about death and dying or because of personal experiences after the loss of someone close to them (Hospice Foundation

of America, 2011; Planalp & Trost, 2009). “Volunteers play a valuable and essential role in hospice care, and volunteer training is the foundation for a strong and dedicated volunteer program” (Wilson, 2000, p.107). Initial or orientation training programs for hospice volunteers generally include information about the philosophy of hospice, death and dying, role of the volunteer, communication skills, and coping skills (Wilson, 2000; Wittenberg-Lyles, Schneider, and Oliver, 2010). There is little information available in the literature about continuing education or refresher classes for hospice volunteers.

The group of volunteers at The House of John is made up of adults who have completed an eight week volunteer training course and have spent time “shadowing” an experienced volunteer. The volunteer training course is offered twice a year through cooperation of four local agencies that provide care for the dying: Compassionate Care, House of John, Ontario-Yates Hospice & Palliative Care, and the local Veteran's Administration. The group meets one night a week for three hours and individual classes are taught by different representatives from the four collaborating agencies. Topics covered in the training include: an introduction to hospice, communication skills and personal mortality, advanced disease and palliative care, family dynamics, grief, spirituality, caring for yourself as a volunteer, and care of veterans (C. Jensen, personal communication, September 22, 2011). Because the House of John is not a certified hospice facility and does not receive Medicare or Medicaid reimbursement, there are not mandatory education requirements or guidelines for the volunteer staff.

The volunteer pool consists of people from many walks of life and differing levels of education, some who have had previous healthcare experience and some with little or no prior care-giving skills; there are teachers, administrators, nurses (both active and retired), a dental

hygienist, a construction worker, and an attorney, to name a few. Volunteers are asked to make a commitment of at least four hours per month. Many volunteers provide direct resident care which may include bathing and other personal care, feeding, administering medications, and providing emotional support to the resident and family. There are also volunteers who cook, clean, provide lawn/garden care, or help with other types of upkeep at the house, but do not provide direct resident care. A number of the volunteers have been providing end-of-life care at HOJ for many years; an estimated 60% of the volunteers took the initial training course longer than 5 years ago (C. Jensen, personal communication, September 22, 2011).

In February of 2009, the volunteer pool at The House of John was surveyed, by the Interpersonal Relations Committee at HOJ, about their volunteer experience. The results of this survey served as a needs-assessment and indicated that the volunteers would like education/refresher training on various topics relating to hands-on, physical care of the dying, including advanced disease and death (signs of impending death), pain and anxiety control, and medication administration. These findings parallel those of Scott and Caldwell (1996), who reported that evaluation of the ongoing training needs of hospice volunteers offer insight into ways to enhance training and retention.

### *Nursing Theory*

The goal of the House of John is to provide loving, comfort care to individuals that are terminally ill, and their families, in a home like environment. The focus of care is holistic in philosophy with emotional, social, and spiritual needs, as well as physical needs, being addressed. Quality of life is stressed and so pain and symptom control, dignity, and peace at end of life are the main goals of the staff and volunteer caregivers (C. Jensen, personal

communication, September 22, 2009). Dr. Jean Watson's theory of human caring meshes nicely with end of life care. Some of her "carative" factors include development of a human caring, trusting relationship; acceptance of the expression of positive and negative feelings; instillation of faith-hope; and provision of a supportive and protective mental, physical, social, and spiritual environment (Watson, 2006). All of these factors are goals in palliative care and incorporated in the care given by the program director and caregivers at the House of John.

### *Education Theory*

The purpose of this project was to increase the knowledge base and confidence of hospice volunteers at a comfort care home, by providing continuing education in the form of refresher classes. All volunteers that provide direct resident care were invited to attend three different refresher training classes over the course of one year. Each attendee was asked to complete a seven question evaluation after each training session and to rate the usefulness of the information provided, as well as any affect on the attendee's confidence, using a 4-point Likert scale.

As all volunteers at the House of John are adults, principles of adult learning were used in the planning, implementing, and the evaluation of the project. Knowles' theory of andragogy assumes the following regarding adult learners: they are independent, self-directed; the previous experience of the learner provides a valuable resource; readiness to learn often correlates with the need to manage a new task or role and therefore the need for knowledge becomes immediate and problem-centered (Bastable, 2008). Group discussion was chosen as the method of instruction for several reasons. It is both learner and subject centered and allows for learning in the cognitive as well as the affective learning domains. Group learning is efficient, from a time

perspective, reaching a greater number of learners at one time, compared to individual instruction (Bastable).

Three refresher training classes were offered to all of the hospice volunteers and attendance to any or all of the training was voluntary. This directly relates to Knowles' theory that the adult learner is self-directed and seeks knowledge as the need arises, depending on life circumstances. There was a discussion period at the end of each training class, allowing participants to ask questions or discuss topics of concern or interest. Several volunteers shared personal life experiences during the discussions.

## Chapter II

*Literature Review*

To date, little information is available in the literature detailing the ongoing information needs of hospice volunteers and the effect of periodic refresher training on volunteer confidence. Much of the literature available is focused on the emotional needs of the caregiver, rather than the practical, skill-related needs necessary to provide quality care. In June of 2011, a review of the literature regarding hospice volunteer education was completed using the following databases: Academic Search Complete, CINAHL, Health and Psychosocial Instruments, Ovid, and Medline. Search terms used include: caregiver, caregiver confidence, caregiver self-efficacy, care home, education, end-of-life, hospice, palliative care, training, and voluntary workers. Much of the research found was specific to “family” and “informal” caregivers who provide care for family members with cancer. As noted previously, the majority of residents at the House of John have a terminal cancer diagnosis. Families care for their loved-one at the House of John when possible, however the staff and volunteers at The House become primary caregivers when family is unable or when the resident has no family. Several studies reviewed were focused on end-of-life care given at home, however no research was available specific to hospice care given by volunteers in a comfort care home. Part of the philosophy of the House of John is that the House becomes the resident's surrogate “home”. For these reasons, studies that focused on both family and informal caregivers providing home palliative care were included in the literature review. Studies regarding initial training of volunteers for a hospice program are readily available and were used here; however specific information related to continuing education or refresher classes for hospice volunteers is lacking.

It is well established that the role of volunteers is essential in comprehensive end-of-life care (Werner, Chard, Hawkins, & Marshall, 1982; Scott & Caldwell, 1996; Wilson, 2000; Claxton-Oldfield, Crain, & Claxton-Oldfield, 2007; Wittenberg-Lyles, Schneider, & Oliver, 2010). Medicare, in fact, currently requires hospice facilities to use volunteers in hospice care and has mandatory requirements with regards to recruitment, training, orientation, and retention of these volunteers (Wittenberg-Lyles, Schneider, & Oliver). According to the Centers for Medicare and Medicaid Services concerning hospice volunteers, "Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff" (Part II- Interpretative Guidelines, section L 647, para. 418.78e).

Little research is found regarding the specific curriculum used to train volunteer hospice caregivers. Werner, Chard, Hawkins, and Marshall (1982) describe, in detail, a hospice volunteer program used in rural Michigan nearly thirty years ago. The paper includes goals of the training, educational methods used, and information taught in each of the six sessions offered. The authors also note that trainees continue with a monthly in-service after the completion of the initial training program. They report a less than 10% attrition rate of completing the program. This specific training program, including ongoing education for hospice volunteers, continues today.

In Pennsylvania in the mid-1990s, a Family Caregiver Cancer Education Program (FCCEP) was implemented to provide support and education to family caregivers, caring for persons with cancer at home (Pasacreta, Barg, Nuamah & McCorkle, 2000). The program was six hours long, given in three 2-hour long sessions, and focused on basic medical information such as medication administration, symptom management, and technical competence, as well as

communication, emotional reactions, and financial and insurance issues. Participants (n=187) completed study questionnaires prior to and four months after the educational intervention. The two instruments used were the Caregiver Reactions Inventory and the Caregiver Demands Scale. The authors report that 54% of caregivers indicated feeling well informed about giving care to a cancer patient at the 4-month assessment time-period, which is increased from 20% of participants at baseline. Half of participants also reported feeling confident giving care four months after the program, compared to 16% feeling confident prior to the educational intervention.

Harding, Leam, Pearce, Taylor, and Higginson (2002) report on a short term educational intervention given to informal caregivers (n=21) of patients in a home palliative care program in London, England. Six weekly, 90 minute sessions were provided with the goal of decreasing anxiety of caregivers that is associated with lack of knowledge. Each session was taught by a different speaker and the speakers were experts from several disciplines and included an aromatherapist, clinical nurse specialist, dietician, occupational therapist, and welfare rights specialist. A post-intervention interview was obtained and addressed content, information, and benefits gained, as well as reasons for attending, format, and participation. Though the most valuable benefit of attending the educational sessions was reported as meeting other caregivers with similar experiences, participants specifically recalled gaining information about bathing, changing bandages, diet, weakness, side effects of medications, and information about their patient's illness.

Osse, Vernooij-Dassen, Schade, and Grol (2006), from the Netherlands, studied informal caregivers of patients with advanced cancer being cared for at home (n=76). The goal of their research was to determine the problems that such caregivers experience. Participants completed

a 67-item checklist of potential problems of caregivers as well as a 9 item questionnaire concerning informational needs. Coping with the care-giving situation was the most frequently noted problem given by respondents. However, more than half of respondents indicated the need for more information; approximately one in four reported needing knowledge concerning providing competent care, especially with regards to pain control and physical signs to be aware of. The authors support the need for interventions that improve caregiver competence to perform patient care, which would ultimately positively impact patients' symptom control.

Hudson et al. (2008), in a study of family caregivers in home-based palliative care, also found that caregivers report a need for information. This study reported that group caregiver education programs met informational needs and significantly increased caregiver feelings of preparedness and competence. Scott and Caldwell (1996) found that refresher training programs for hospice volunteers helped maintain the proficiency and confidence of the volunteers. A majority of the literature reviewed discussed initial information needs of caregivers but did not report on continuing education needs.

In a review of family caregiver interventions, Caress, Chalmers, and Luker (2009) report that caregivers of family members with advanced cancer have a variety of practical information needs and that more research is needed to develop interventions on practical skills and evaluate the effectiveness of the interventions. In a systematic review by Bee, Barnes, & Luker (2008) unmet practical needs of home-based end-of-life caregivers were identified and included, but were not limited to, medication and pain management, physical symptoms and comfort, personal hygiene and elimination, and positioning. The authors report that other reviews of home palliative care services related to patient and carers experiences are available, however none have focused on the practical, skills needs of caregivers. Many studies focused on caregiver needs

center around the emotional and psychological needs of those caring for individuals at end-of-life, and not the practical skills necessary to provide quality care.

Scott and Caldwell (1996) conducted a survey of hospice volunteers to determine the reasons they were involved in hospice and their perceptions of the training they received. Ongoing refresher training was the second need identified, with close to 30% of respondents indicating this need. Suggestions made by respondents included ongoing, up-to-date training and an annual update of information presented during the initial training course. The desire for a volunteer support group was the first need reported.

A recent online survey of U.S. Hospice volunteers was conducted with the goal of learning more about current hospice volunteer training programs (Wittenberg-Lyles, Schneider, & Oliver, 2010). A 55 item questionnaire was completed by 59 participants, all of whom were volunteer coordinators. Information was gathered about volunteer activities including hours spent volunteering and years of hospice service, volunteer training curriculum, and training topics. Communication was ranked as the most important training topic reported, out of 24 predetermined topics, with physiology of and care for the actively dying and practical bedside care ranked at 4.4 out of 5 and 4.0 out of 5, respectively.

The studies noted indicate that some research examining education/knowledge needs of family and informal caregivers has been conducted, but specific information regarding practical information and skills necessary to provide care to the dying is limited. Even less is known about the affect of continuing education on the confidence level of caregivers, related to their ability to provide care. The results of this project add to the knowledge base currently available in this area of research and respond to the needs of the volunteers at the House of John.

## Chapter III

*Methods*

The goal of the project was to meet the education needs and increase the confidence of volunteers as they care for residents at end-of-life. To that end, the volunteer pool at the House of John was provided three (one to two hour long) group education/training sessions over the course of one year (June 2010-June 2011). A flyer detailing the information to be covered during each training session was emailed or mailed (to those without email) to all volunteers (n=68) who provide resident care, a few weeks prior to the scheduled class, as well as posted in several areas at The House, including the volunteer office. A letter explaining the project and encouraging participation accompanied the flyer emailed/mailed to each volunteer prior to the first training session. Participation in these educational sessions was voluntary.

Each refresher class consisted of a lecture with a slide presentation, printed handouts for each participant, and a question and answer period following the presentation. The topics to be covered during each educational session were derived after discussion and collaboration with the House of John director and the chair of the Interpersonal Relations Committee and directly related to areas of interest noted in the needs assessment. All educational materials used were reviewed with and approved by the Director and the chairperson of the Interpersonal Relations Committee prior to use. These materials are being kept on file at The House for future reference and in a notebook in the volunteer office as a resource. Approval, in the form of a letter of agreement, from the Director of the House of John and the President of the Board of Directors was obtained in advance (see Appendix A); all volunteers are 18 years of age or older. The

project was also approved by the Institutional Review Board (IRB) at St. John Fisher College in January 2010 (see Appendix B).

Volunteers who participated in the educational sessions were asked to complete an educational training evaluation (see Appendix C) at the conclusion of each class; completion of the program evaluation questionnaire served as consent to participate in the project. The evaluation questionnaire was completed anonymously and responses were used to evaluate the usefulness of the educational intervention and the effect of the training on the volunteers' confidence.

The first refresher training class was held in June 2010 in a meeting room at The House and was attended by 18 volunteers (16 females, 2 males). The focus of information given during this refresher was assessing and controlling pain and anxiety at end of life and giving and documenting medications. Samples of routine and PRN medication sheets, oral syringes, a transdermal medication patch, and a mortar and pestle were available for participants to handle and become more familiar with during the training session.

The second hospice volunteer refresher training class, "Hands-on Care", was given in August 2010 in the meeting room at HOJ with 14 attendees (12 females, 2 males). Information provided to the group during this class included a review of medication administration, bathing, hair care, shaving, mouth care, pressure ulcers and skin care, turning/positioning, emptying catheter bags, oxygen administration, infection prevention, resident safety, and confidentiality. A demonstration of the use of several common personal care supplies used at The House was given and included: waterless shampoo caps, mouth swabs, catheter bags, nasal cannula tubing, and an

oxygen concentrator and the volunteers were given an opportunity and encouraged to handle the supplies, including the oxygen concentrator.

The third and final refresher class was given in June 2011 with the topic “The Dying Process”. This training session was attended by 12 volunteers (11 females, 1 male) and was held in a large meeting room in the Fellowship Hall at a local church. The information provided during this class included emotional/spiritual and physical signs that death is nearing, signs of active dying, signs that death has occurred, what to do when a resident dies, and how to clean the resident room after a death. A 30 minute long discussion ensued at the completion of the presentation with several volunteers asking questions of the group and/or sharing personal stories.

## Chapter IV

*Results*

In total, for all three refresher training classes, 204 flyers were distributed to the pool of hospice volunteers at The House of John. Forty-four volunteers participated in the three classes with 41 completing an evaluation (n=41). This represents 21.5% of potential participants. The “Pain & Anxiety Control/Medication Administration” training, the first class offered, had the highest attendance rate with 18 volunteers present.

Eighty percent of all participants answering the first training evaluation question strongly agreed that the written information provided during the refresher training classes was easy to read and understand, while 20% agreed; one participant did not respond to this question. With regards to the content being appropriate and helpful, 82.9% strongly agreed and 17.1% agreed.

The third and fourth training evaluation questions were related to the length of the training classes and the size of the groups. Nearly 77% of participants responding strongly agreed that the length of time of the training was appropriate; 18% agreed, 5.1% disagreed, and 2 respondents left this question blank. Seventy-eight percent of participants strongly agreed that the group size was appropriate and 22% agreed. Question five evaluated the clarity of the instruction; 92.7% strongly agreed that the information was presented clearly while 7.3% agreed.

The last two questions assessed the usefulness of the refresher classes and the effect of knowledge gained on volunteer confidence; 87.8% of the hospice volunteers strongly agreed that the information provided would be useful when they volunteer, 9.8% agreed, 2.4% disagreed. One participant disagreed that he/she would be able to use the information provided in the *hands-on care* training when volunteering, but did not provide a comment or clarification. There

were forty responses to the final training evaluation question, "knowledge gained during this training will improve my confidence as a hospice volunteer"; 82.5% strongly agreed and 17.1% agreed. One respondent from the *pain control/medication administration class*, the first refresher training offered, did not answer this question.

Upon review of outcomes and comments from all evaluations received, two participants disagreed that the length of time of the training was appropriate. From the *pain control/medication administration class*, one volunteer disagreed and commented, "expect that more discussion could have evolved with more time"; another comment regarding length of time for this class was "very comfortable". One respondent from the *hands-on care class* disagreed about the length of time of the class commenting, "too short". Other comments received in relation to the length of the *hands-on care class* were: "not too long or short-enough to cover everything & ?'s" and "I missed the 1st part". The length of time scheduled for each class was two hours, however none of the classes lasted the entire time allotted.

A few comments regarding the size of the groups were noted. Comments from the first and most largely attended class indicated that the group size was too large while comments from the *dying process class*, the smallest group, noted regret that so few volunteers attended ("sorry more were not able to attend").

One common thread throughout the comments written on the refresher training evaluations was that the information provided would be helpful to the hospice volunteers; "this did help very much as I've always been hesitant to give meds when volunteering", "very clear and helpful", "very helpful", and "It is very helpful to hear the comments & observations of other volunteers based on their experiences with residents".

Overall, when educational training evaluations from all three classes were analyzed, nearly 88% of all volunteers participating strongly agreed that the information provided will be useful to them as a hospice volunteer and 82.5% strongly agreed that their confidence level as a hospice volunteer would improve after participating in the training. Table 1 briefly summarizes attendance and evaluation outcomes for each of the three refresher training classes. See Appendix D for a detailed summary of evaluation outcomes for each individual refresher training class.

Table 1 Attendance and Refresher Class Evaluation Outcomes Summary

<b>Title of Training</b>	<b># of Flyers Mailed/Volunteers</b>	<b># of Attendees</b>	<b># of Completed</b>	<b># Found information</b>	<b># Feel Confidence</b>
Pain & Anxiety Control at end of life/Medication Administration	68	18	17	14 82.3% Strongly agree	12 75% Strongly agree
Giving Hands-On Care to the Dying	68	14	13	11 84.6% Strongly agree	10 76.9% Strongly agree
The Dying Process	68	12	11	11 100% Strongly agree	11 100% Strongly agree
<b>Totals</b>	<b>204</b> potential participants	44 22% attendanc e	<b>41</b> 93% completed evaluations	<b>36</b> <b>87.8%</b>	<b>33</b> <b>82.5%</b>

## Chapter V

*Discussion*

The purpose of this project was to provide refresher training to a group of hospice volunteers with the intention of increasing their knowledge base and confidence level as caregivers. The goal of the project was met as the majority of hospice volunteers participating in the refresher training found the information provided in the classes useful to their practice (87.8%) and felt that the training increased their confidence (82.5%) as hospice volunteers.

By voluntarily participating in the refresher training classes and the discussions that followed, both Knowles' education theory and Dr. Watson's theory of caring were supported. The volunteers chose to increase their knowledge base by attending the classes; some chose to share their past experiences, which became a resource for other attendees. This self-directed behavior better prepared participants to provide supportive and protective holistic care to the residents at the House of John and therefore better manage their role as hospice volunteers.

Attendance at the refresher training was lower than anticipated, with the first class having the highest participation rate. Thirty five volunteers completed the initial Volunteer Questionnaire (February 2009) used as the needs assessment and the topics of the refresher classes were chosen in direct response to needs identified by volunteers on the questionnaire. For those reasons, it was the expectation of the presenter that the number of volunteer participants in the refresher training classes would more closely echo the number completing the questionnaire. The low attendance rate could be due to several factors. The training was held during the summer, at the suggestion of the director, as several members of the volunteer pool are away during the winter months and would therefore be unable to attend. However, the summer months are often hectic

and numerous responses to the flyer indicated that the volunteers had previous engagements or would be out of town. Classes were held in the early evening providing an opportunity for those that work during the day to participate. After the first training session, the investigator received several email messages requesting the class to be held a second time, during the day, for those that could not attend the first evening session. A second “Pain & Anxiety Control/Medications” training was scheduled, announced, and provided in a morning session. Two volunteers attended this morning session and due to the low attendance at this time of day, the remaining classes were held in the evening only.

With regards to the information provided in the refresher training classes, all respondents agreed that the presentation handouts were easy to read and understand and contained appropriate content and more than 87% agreed that the information presented would be useful to them as hospice volunteers. This supports the results of a systematic review of caregivers’ needs by Bee, Barnes, & Luker in which several authors “advocate a greater use of written materials” (2008, p. 1389).

The length of each training session and the size of the group were carefully considered while planning the intervention. While reviewing the literature about caregiver training, studies specifying length of training reported classes lasting from one to six hours, with the majority lasting one to one and a half hours long. Keeping this in mind and allowing adequate time for questions and group discussion, the refresher training sessions provided for this project were scheduled for two hour blocks of time. There were a few comments and some disagreement regarding the length of the refresher classes, and though the vast majority of participants agreed that the length of the classes were appropriate, 5% of respondents disagreed, indicating class time was not long enough. Questions and discussion were encouraged during and at the end of

each presentation; each session was wrapped up when all questions had been answered to the satisfaction of the participants. It is conceivable that respondents disagreeing with the length of class time chose not to ask any questions they had, leaving them feeling dissatisfied. Further discussion may have ensued if the instructor had prepared questions to present to the group. This would also have served to evaluate learning that had taken place.

Group size was also a consideration during project planning. Small groups were desired, to facilitate discussion and active learning and although no maximum number of group members was designated, each group had less than twenty participants. The meeting room used for the first (June 2010) and second (August 2010) training was small and quite warm. Two comments regarding the size of the group (“too large”) were noted on the evaluations from the first training. No additional information was given but this could indicate that the meeting room was too small or crowded for the number of attendees or that participation should have been limited to a smaller number of volunteers per session. Due to scheduling conflicts, a different site for the second training was unavailable and it was therefore held in the same meeting room as the first class. This may have influenced the lower attendance rate at the second class. The final class, offered in June 2011, was held in a large, air-conditioned meeting room at a different site, located less than 0.5 mile from HOJ, and advertised as such on the flyers, in hopes of drawing a larger attendance. Unfortunately, this was not the case as the third class was the most sparsely attended.

The goal of this project was to increase the knowledge and confidence of hospice volunteers, the focus of the final two questions on the educational training evaluations. One volunteer disagreed that the information from the *hands-on care* session would be useful; however no comment or clarification was included, leaving only speculation. There could be several

explanations for this response. Perhaps the volunteer did not learn any new information from the training class or the volunteer may have significant caregiving experience and therefore did not find the information presented useful. The respondent could be a newly trained volunteer who recently took the volunteer training course in which this information may have been covered.

Educational training evaluations were completed immediately following each training session. All respondents agreed that the knowledge gained during this training would improve their confidence as a hospice volunteer. Re-evaluating the confidence level of volunteers that participated in the refresher training, at an additional time point after completion of the classes, would indicate whether this increased confidence level had a long-lasting effect. It is interesting to point out that one volunteer left the evaluation question from the *pain control/medication administration* class regarding improvement of volunteer confidence (question 7) blank but commented "nice to have this information re-enforced". This may be due to the fact that this volunteer does not feel he/she needs more confidence in this area of providing care or that despite the training, does not feel confident enough to administer medications. This response could also represent response bias.

### *Limitations*

There were several limitations identified regarding the project. Sample size was small and demographic information about the participants was not collected; therefore the results of this project cannot be generalized. Several of the volunteers that attended the refresher classes have a nursing background. Knowledge of the occupational history of all participants would have been helpful to compare results from this project with those from previous studies. Statistics related to number of years as a hospice volunteer would have been useful in determining education needs

related to time since initial volunteer training. Finally, the researcher is a member of the volunteer pool at the HOJ and is therefore familiar with several of the refresher training participants. Although the refresher training class evaluations were completed anonymously, any connection between the respondents and researcher could potentiate response bias.

### *Conclusion and Recommendations*

The hospice volunteer refresher training sessions described in this project provided practical information that increased the knowledge base and confidence of those attending. One recommendation is that ongoing educational training for the volunteers at the House of John be offered on a bi-monthly or quarterly basis, increasing the opportunity to attend for those volunteers that are away in the winter months. Training related to more technical skills, such as giving medications, administering oxygen, and documenting care should be offered annually. Volunteers could offer suggestions for future topics to be addressed on the training evaluation form.

This research, however small in number, contributed to the limited body of knowledge regarding hospice volunteer training. More rigorous studies, with larger numbers of care-givers, are needed and should include demographic information of the participants. Studies with a pre-test, post-test format would help quantify knowledge gained. An instrument that measures the confidence of hospice caregivers would be very helpful in evaluating the effectiveness of the training sessions, especially if given prior to and following the training.

## Appendix A

## Letter of Agreement

1

LETTER OF AGREEMENT  
FOR MASTER'S PROJECT

This letter represents a memorandum of agreement between the House of John and Susan Conrey, a Master's student at the Wegmans School of Nursing at St. John Fisher College. This agreement gives permission for and commits to supporting the development of a volunteer refresher training and/or a volunteer support group to be conducted by Susan Conrey in partial fulfillment of the requirement for Master's Degree in Nursing.

Susan, working closely with the Interpersonal Relations Committee of the House of John, will utilize the results from the "Volunteer Questionnaire" to plan and implement a volunteer training class and /or establish an ongoing support group for volunteers of the House of John. The results of the "Volunteer Questionnaire" from February 2009 will be reviewed to ascertain areas of greatest need.

This project will obtain Institutional Review Board approval from St. John Fisher College and from the House of John Director and/or the President of the Board of Directors. All data and information will be held in strict confidence.

The signatures below indicate the agreement between both parties to conduct the project and grants Susan Conrey access to the study site and participants.

Carol Jensen  
Director

10-2-09  
(date)

Susan Conrey  
Student

10/4/09  
(date)

Appendix B

SJFC IRB Approval letter



January 26, 2010

File No: 1058-012110-03

Susan Conrey  
1786 Lester Road  
Phelps, NY 14532

Dear Ms. Conrey:

Thank you for submitting your research proposal to the Institutional Review Board.

I am pleased to inform you that the Board has approved your Expedited Review project, "An Educational Intervention for Hospice Volunteers."

Following federal guidelines, research related records should be maintained in a secure area for three years following the completion of the project at which time they may be destroyed.

Should you have any questions about this process or your responsibilities, please contact me at 385-5262 or by e-mail to [emerges@sjfc.edu](mailto:emerges@sjfc.edu), or if unable to reach me, please contact the IRB Administrator, Jamie Mosca, at 385-8318, e-mail [jmosca@sjfc.edu](mailto:jmosca@sjfc.edu).

Sincerely,



Eileen M. Merges, Ph.D.  
Chair, Institutional Review Board

EM:jlm

Copy: OAA IRB  
IRB: Approve expedited.doc

*Appendix C*

Educational Training Evaluation example

Hospice Volunteer Educational Training Evaluation

Title of training: \_\_\_\_\_

Date: \_\_\_\_\_

**Feedback is important to help improve the training sessions!**

Please place an "X" for the most appropriate rating after each statement below.

Feel free to add any additional comments/suggestions in the space provided.

Completion of this survey serves as consent to participate in the Master's Project noted previously.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1. The written information provided was easy to read and understand.					
comments:					
2. The content was appropriate and helpful.					
comments:					
3. The length of time of the training was appropriate.					
comments:					
4. The size of the group was appropriate.					
comments:					
5. The instructor presented the material clearly.					
comments:					
6. I will be able to use the information provided when I volunteer.					
comments:					
7. The knowledge gained during this training will improve my confidence as a hospice volunteer.					
comments					

## Appendix D

## Summary of Educational Training Evaluations

A total of 44 hospice volunteers attended the 3 refresher classes; 41 evaluations were completed. n=41

		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Left Blank	Conclusion
1. The written information provided was easy to read and understand.	Medication: Hands on: Dying:	12 10 10	4 3 1				1 0 0	<b>80% strongly agree</b> 20% agree 1 did not answer
Comments:								
2. The content was appropriate and helpful.	Med: Hands on: Dying:	14 10 10	3 3 1					<b>82.9% strongly agree</b> 17.1% agree
Comments:								
3. The length of time of the training was appropriate.	Med: Hands on: Dying:	12 10 8	4 1 2	1 1 0			0 1 1	<b>76.9% strongly agree</b> 18.0% agree 5.1% disagree 2 did not answer
Comments:								
4. The size of the group was appropriate.	Med: Hands on: Dying:	13 10 9	4 3 2					<b>78% strongly agree</b> 22% agree
Comments:								
5. The instructor presented the material clearly.	Med: Hands on: Dying:	15 12 11	2 1 0					<b>92.7% strongly agree</b> 7.3% agree
Comments:								
6. I will be able to use the information provided when I volunteer.	Med: Hands on: Dying:	14 11 11	3 1 0	0 1 0				<b>87.8% strongly agree</b> 9.8% agree 2.4% disagreed
Comments:								
7. The knowledge gained during this training will improve my confidence as a hospice volunteer.	Med: Hands on: Dying:	12 10 11	4 3 0				1 0 0	<b>82.5% strongly agree</b> 17.5% agree 1 did not answer

## References

Bastable, S. B. (2008). *Nurse as educator: Principles of teaching and learning for nursing practice*. Sudbury, MA: Jones and Bartlett.

Bee, P., Barnes, P., & Luker, K. (2009). A systematic review of informal caregivers' needs in providing home-based end-of-life care to people with cancer. *Journal of Clinical Nursing, 18*(10), 1379-1393. doi:10.1111/j.1365-2702.2008.02405.x

Caress, A., Chalmers, K., & Luker, K. (2009). A narrative review of interventions to support family carers who provide physical care to family members with cancer. *International Journal of Nursing Studies, 46*(11), 1516-1527. doi:10.1016/j.ijnurstu.2009.03.008

Centers for Medicare and Medicaid Services State Operations Manual (2010). *Guidance to surveyors: Hospice* (Appendix M). Retrieved from:

[http://www.cms.gov/manuals/downloads/som107ap\\_m\\_hospice.pdf](http://www.cms.gov/manuals/downloads/som107ap_m_hospice.pdf)

Claxton-Oldfield, S., Crain, M., & Claxton-Oldfield, J. (2007). Death anxiety and death competency: The impact of a palliative care volunteer training program. *American Journal of Hospice & Palliative Medicine, 23*(6), 464-468.

doi:10.1177/1049909106294882

Compassion and Support at the End of Life (2011) retrieved from

[http://www.compassionandsupport.org/index.php/for\\_patients\\_families/hospice/homes\\_f\\_or\\_the\\_dying](http://www.compassionandsupport.org/index.php/for_patients_families/hospice/homes_f_or_the_dying)

Harding, R., Leam, C., Pearce, A., Taylor, E., & Higginson, I. J. (2002). A multi-professional short-term group intervention for informal caregivers of patients using a home palliative care service. *Journal of Palliative Care*, 18(4), 275-281. Retrieved from <https://pluma.sjfc.edu/docview/214200388?accountid=27700>

Hospice Foundation of America (2011). Volunteering and Hospice: Be a hospice volunteer.

Retrieved from [http://www.hospicefoundation.org/pages/page.asp?page\\_id=53134](http://www.hospicefoundation.org/pages/page.asp?page_id=53134)

Hudson, P. P., Quinn, K. K., Kristjanson, L. L., Thomas, T. T., Braithwaite, M. M., Fisher, J. J., & Cockayne, M. M. (2008). Evaluation of a psycho-educational group programme for family caregivers in home-based palliative care. *Palliative Medicine*, 22(3), 270-280.

Retrieved from

<http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=7&hid=112&sid=d3346668-1193-4161-8fa7-1f6055bcde58%40sessionmgr111>

National Hospice and Palliative Care Organization (2011). *Caring Connections*. Retrieved from

<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3354>

Osse, B., Vernooij-Dassen, M., Schade, E., & Grol, R. (2006). Problems experienced by the informal caregivers of cancer patients and their need for support. *Cancer Nursing*, 29(5), 378-390. Retrieved from [http://ovidsp.tx.ovid.com.pluma.sjfc.edu/sp-3.4.2a/ovidweb.cgi?&S=JKBMFPKMBDDDBHAINCBLIGIBINIEAA00&Link+Set=S.sh.15|2|sl\\_10](http://ovidsp.tx.ovid.com.pluma.sjfc.edu/sp-3.4.2a/ovidweb.cgi?&S=JKBMFPKMBDDDBHAINCBLIGIBINIEAA00&Link+Set=S.sh.15|2|sl_10)

- Pasacreta, J. V., Barg, F., Nuamah, I., & McCorkle, R. (2000). Participant characteristics before and 4 months after attendance at a family caregiver cancer education program. *Cancer Nursing, 23*(4), 295-303. Retrieved from [http://ovidsp.tx.ovid.com.pluma.sjfc.edu/sp-3.4.2a/ovidweb.cgi?&S=PEJLFPIMONDDDBHPMNCBLAFLBIFAOAA00&Link+Set=S.sh.369|sl\\_10](http://ovidsp.tx.ovid.com.pluma.sjfc.edu/sp-3.4.2a/ovidweb.cgi?&S=PEJLFPIMONDDDBHPMNCBLAFLBIFAOAA00&Link+Set=S.sh.369|sl_10)
- Planalp, S., & Trost, M. (2009). Reasons for starting and continuing to volunteer for hospice. *American Journal of Hospice & Palliative Medicine, 26*(4), 288-294. doi:10.1177/1049909109333929
- Scott, J. P. & Caldwell, J. (1996). Needs and program strengths: Perceptions of hospice volunteers. *The Hospice Journal, 11*(1), 19-30.
- Watson, J. (2006). *Dr. Jean Watson's theory of human caring*. Retrieved April 21, 2007 from University of Colorado at Denver and Health Sciences Center School of Nursing Web site: <http://www2.uchsc.edu/son/caring/content/default.asp>
- Werner, P. T., Chard, P. S., Hawkins, C., & Marshall, T. (1982). The selection and training of volunteers for a rural home-based hospice program. *Patient Counselling and Health Education, 3*(4), 124-131. doi:10.1016/S0738-3991(82)80002-5
- Wilson, P. E. (2000). Hospice volunteer training: making the experience more meaningful. *American Journal of Hospice & Palliative Care, 17*(2), 107-110. doi:10.1177/104990910001700210
- Wittenberg-Lyles, E., Schneider, G., & Oliver, D. (2010). Results from the National Hospice Volunteer Training Survey. *Journal of Palliative Medicine, 13*(3), 261-265. doi:10.1089/jpm.2009.0240