Can hospital volunteers contribute in improving patient experience and care within the Emergency Department?

1. Introduction:

Emergency Departments in the United Kingdom are facing increasing demands and economic pressures (Care Quality Commission 2016, NHS England 2018). These pressures along with staff shortages can lead to substandard care. In some instances, aspects of fundamental patient care, such as emotional support and provision of nutrition, have been reported by patients to be poor in emergency departments (Care Quality Commission 2017).

The psychological and emotional aspects of patient care are essential parts of holistic care and patient experience (The Institute of Medicine 2001, Gerteis et al. 1993, NICE 2012a, (NHS England 2012, Paparella 2016). In the Care Quality Commission (CQC) survey for in-patients (2019) 28% of patients stated that they were unable to find a staff member to talk about their worries and fears. A Royal College of Nursing (2012) report found that 78% of nurses stated that on their last shift, they were unable to adequately comfort patients due to a lack of time. Furthermore the CQC, Accident and Emergency survey (CQC 2017) found that of those patients who were feeling distressed only 48% felt that a member of staff definitely reassured them and only 57% said that a doctor or nurse discussed their fears and anxieties about treatment and their condition. There is therefore a need to improve this aspect of care. This study investigates whether volunteers can help improve patient experience by providing emotional support to patients in the emergency department.

The nutritional aspect of patient care is a vital part of patient-centred care and experience. Patients should be supported in meeting their individual nutrition and hydration needs. Furthermore NICE (2012b) reiterates the importance of nutritional support in ensuring the best health outcomes as it is a cause and effect of ill-health. With rising numbers of hospital emergency admissions and a lack of hospital capacity to meet these demands, patients remain in emergency departments for greater lengths of time (NHS England 2018). It is therefore essential that there is adequate provision for nutrition and hydration in emergency departments. Yet the CQC survey (2017) found that when patients were asked if they had access to food and drink, only 56% said they could access suitable nutrition and 24% stated that they were unable to get any food or drink. It is therefore necessary that this part of patient care is improved in emergency departments. This study explores whether volunteers can contribute in providing better nutritional support for patients.

Hospital volunteers are generally received well by staff and patients. Although evidence is limited, volunteers have been shown to improve patient hospital experience in relation to psychosocial care (Mundle 2013, Koivula and Karttunen 2014, Steunenberg et al. 2016, Babudu et al. 2016, O’Sullivan et al. 2016). There is also evidence indicating improved patient satisfaction with the introduction of volunteer schemes in emergency departments. However supporting evidence is either outdated or poor (Johnson et al. 1993, Quinn 2009, Munn and Takeno 1996, Wolford 1995, Samaddar et al. 2018, Sanon et al. 2014).

Hospital volunteers have been shown to help in meeting patients’ nutritional needs by assisting patients at mealtimes (Howson et al. 2017, Green et al. 2011, Tassone et al. 2015). Studies have shown volunteers to be helpful in providing dietary intake for patients; some in relation to protein and energy intake (Huang et al. 2015, Manning et al. 2012, Roberts et al. 2014, Walton et al. 2008, Wright 2008 and Wong et al. 2008) and others in relation to amount of food consumed (Gilbert et al. 2013, Robinson et al. 2002). Staff were shown to value volunteers as patients’ psychosocial and nutritional needs were met and nursing time dedicated to clinical tasks (Babudu et al. 2016, Brown and Jones 2009, Buys et al. 2013, Manning et al. 2012, Munn and Takeno 1996, Quinn 2009, Roberts et al. 2014, Robison et al. 2014, Steunenberg et al. 2016, Sneddon and Best 2011, Probhu et al. 2008, O’Sullivan et al. 2016, Walton et al. 2008, Wolford 1995). Due to the lack of literature for volunteers in emergency departments, this research was undertaken in assessing the effectiveness of hospital volunteers in emergency departments.

2. Methods:

2.1 Study Design:

This was a single-centre, cross-sectional study at a major 24-hour UK Emergency Department. In this emergency department volunteers were placed in clinical areas, ‘Majors-Chairs’ and ‘Majors-Trolleys’. Patients in ‘Majors-Trolleys’ are non-ambulatory patients and patients in ‘Majors-Chairs’ ambulatory patients requiring blood investigations or enhanced observation.

Hospital volunteers undertook a training program. The volunteer role was clearly outlined to both volunteers and clinical staff. Responsibilities include offering drinks, ordering meals, reassuring patients and further helping make patients comfortable by fetching blankets and providing pillows. Volunteers however do not assist in tasks such as toileting or mobilising patients.

Patient questionnaires were distributed and data collected on days when the volunteer scheme was operating. Comparative data were collected when volunteers were not in the department. Days when the volunteer scheme was running and not, were interspersed throughout the months from November 2018 to February 2019.

The study received ethical approval from IRAS (Integrated Research Application System 2018, Project ID 241680), ERGO II (Ethics and Research Governance Online, Submission ID 40148) (University of Southampton 2018) and trust research governance committees. All participants were informed of the purpose of the questionnaire and required to give informed consent. Participating respondents were assured of confidentiality and anonymity of all data collected.

2.2 Participants:

Participants attending the Emergency Department responded to a questionnaire between November 2018 and February 2019. Data were collected on 26 separate days.

Those in the department for less than 30 minutes, anyone under the age of 16, patients in high acuity areas such as, Resuscitation and individuals that lacked capacity due to issues in gaining informed consent were excluded. Patients approaching end of life and their relatives were excluded as this may have been inappropriate.

The patient admission screen was monitored. All patients arriving in departmental areas, Majors-Trolleys and Majors-Chairs, whilst the volunteer scheme was running, were given a questionnaire. Patients were requested to complete the questionnaire once discharged from the Emergency Department or just before being moved to a ward in ensuring that responses were based on patients’ full experience in the department. Patients were asked to return questionnaires to a staff member or in the return box. This same procedure was followed for collecting comparative data when volunteers were not in the department.

2.3 Outcomes:

Patient questionnaires (appendix 1) were based on the CQC Accident and Emergency survey (CQC 2017) and included The Friends & Family Test (FFT) (NHS England 2015). As summarised in the Emergency Department Survey Development Report (Picker Institute Europe 2016) the 2016 CQC questionnaire follows best practice guidelines and question changes from the previous survey were cognitively tested. Patients were given the option to add comments. The following demographic factors were collected: age, sex, presence of mental health condition and area within department.

Participants were asked to answer questions in relation to emotional distress, access to food and drink and experience of volunteers. Patients were lastly asked to complete The FFT (NHS England 2015) for assessing overall satisfaction with the Emergency Department service.

**Table 1. Patient Questions**

|  |  |
| --- | --- |
| **Question** | **Responses** |
| 1. If you were feeling distressed in the Emergency Department did a member of staff comfort or reassure you? | Yes, definitely  Yes, to some extent  No  I was not distressed  Unsure/Cannot remember |
| 1. If yes, who provided comfort or reassurance? | Nurse/Healthcare assistant  Doctor  Hospital Volunteer  Other |
| 1. Were you able to get food and drink while you were in the Emergency Department? | Yes  No  I was told not to eat or drink  I did not know if I was allowed to eat or drink  I did not want to eat or drink |
| 1. Did a member of staff offer you food or drink? | Yes  No |
| 1. If yes, who provided the food or drink? Please tick all that are relevant | Nurse/Healthcare assistant  Hospital  Volunteer  Other |
| 1. . If you had contact with a hospital volunteer, did they impact positively on your experience in the Emergency Department? | Yes, definitely  Yes, to some extent  No  Unsure/cannot remember  Not applicable |

2.4 Sample Size:

Sample size calculations were based on the key questions, Q5 and Q7 (Table 1). Since the scores for the Emergency Department Trust in which the data were collected were banded as ‘about the same’ compared with most other trusts, national data estimates from the Emergency Department Survey, 2016 were used: 48% of those who felt distressed said a member of staff definitely helped to reassure them; 56% of those who wanted something to eat or drink, said they were able to get something suitable. Calculations were based on improving the satisfaction rates of 48% and 56% by 20-25%; respectively, sample sizes of between 82 and 52 and between 76 and 48 patients in each group would be required for a one-tailed significance level of 0.05 and power of 0.80.

2.5 Statistical Analysis:

All data, including demographics and questionnaire responses, were entered on a database. Data were cleaned, checking for valid responses such as more than one box checked when only one is required, and missing data recorded as appropriate. All data were analysed using SPSS for Windows (version 24).

Demographics of the patients were described using means and standard deviations or counts and percentages, as appropriate. Questionnaire data have been reported as counts and percentages for each response categorisation.

Comparisons between the characteristics of the two groups of patients, those attending when the volunteer scheme was running and those when it was not, were made using Fisher’s exact test and t-test as appropriate. For patient experience responses percentage rate differences (%RD) were calculated as the percentage improvement in satisfaction rates in patients when the volunteer scheme was operating compared with patients when there were no volunteers; 95% confidence intervals (95% CI) and p-values were computed. The statistical level of significance was set at p < 0.05.

For the key questions, Q5 and Q7 (Table 1) the scoring method in the CQC Survey Statistical Release (CQC 2017) was implemented. For Q5 the responses were dichotomised as 'Yes definitely' versus the remaining responses. Patients who were not distressed were excluded. For Q7, responses were scored as 'Yes' versus the rest; patients who did not want to eat or drink were excluded. For Q10 (Table 1) responses were dichotomised as 'Yes definitely' versus the remaining responses.

For the question relating to recommending the department to friends and family if they needed similar care or treatment, the scale was dichotomised as 'Extremely likely' or 'Likely' vs the remaining responses ('Neither likely nor unlikely', 'Unlikely', 'Extremely unlikely').

Subgroup analyses were done for characteristic factors that differed significantly between the patient groups. Any significant results for patient experiences were analysed further in separate subgroups stratified by the differing factor.

3. Results:

Of the 241 questionnaires distributed, 203 were returned giving a response rate of 84.2%. Of the returned questionnaires, 151 patients were in the group in which the volunteer scheme was operating and 52 patients in the group attending the department when there was no volunteer scheme; 89 (43.8%) felt ‘distressed’; 163 (80.3%) wanted food or drink. Of the patients present while the volunteer scheme was running 77/138 (55.8%) reported having contact with a volunteer. Data reporting contact with a volunteer were missing in 13 cases.

Patient demographics and characteristics were similar between the two groups (Table 2). The only significant difference was for arrival time: patients present when the volunteer scheme was running arrived after noon less often than patients when there were no volunteers (69/142 vs 36/52, p=0.014).

**Table 2. Characteristics of patients.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **All participants** | | **Volunteer scheme** | | **No volunteer scheme** | |  |
|  | Total | n (%) 1 | Total | n (%) 1 | Total | n (%) 1 | p 2 |
|  |  |  |  |  |  |  |  |
| Age (years) | 199 | 59.79 (23.50) | 148 | 59.53 (23.72) | 51 | 60.53 (23.06) | 0.79 |
| Male | 203 | 94 (46.31) | 151 | 67 (44.37) | 52 | 27 (51.92) | 0.42 |
| Area (Majors-Trolleys) | 202 | 101 (50.00) | 150 | 72 (48.00) | 52 | 29 (55.77) | 0.42 |
| Treated mental health | 201 | 25 (12.44) | 149 | 16 (10.74) | 52 | 9 (17.31) | 0.23 |
| Day of week (weekend) | 203 | 23 (11.33) | 151 | 15 (9.93) | 52 | 8 (15.38) | 0.31 |
| Arrival time>12:00 | 194 | 105 (54.12) | 142 | 69 (48.59) | 52 | 36 (69.23) | 0.014 |
| Distressed | 203 | 89 (43.84) | 151 | 68 (45.03) | 52 | 21 (40.38) | 0.63 |
| Wanted food or drink | 203 | 163 (80.30) | 151 | 124 (82.12) | 52 | 39 (75.00) | 0.31 |
|  |  |  |  |  |  |  |  |

1 mean (standard deviation) given for age.

2 t-test for age, Fisher's exact test otherwise.

Number of cases with missing data: age 4, area 1, treated mental health 2, arrival time 9.

Patients attending the department when the volunteer scheme was running, reported getting something to eat and drink significantly more often (Table 3), compared with when there were no volunteers (96/124 vs 20/39, %RD 26, 95% CI 10-42, p=0.002). A member of staff offered patients something to eat and drink significantly more frequently in patients present when the volunteer scheme was operating compared with when there was no volunteer scheme (96/146 vs 19/52, %RD 29, 95% CI 14-45, p<0.001). There were 40/96 (41.7%) patients who reported being offered food and drink by a volunteer. When the volunteer scheme was running nurses or healthcare assistants offered patients food and drink less often than when a volunteer was not in the department (48/96 vs 14/19, %RD -24, 95% CI -48-1, p=0.058) although this difference did not quite reach statistical significance.

For emotional support, of patients who felt distressed, more reported being definitely comforted by a staff member in the group of patients in the department while the volunteer scheme was running (Table 3), however this difference was not significant (49/68 vs 14/21, %RD 5, 95% CI -17-28, p=0.63). Patients were primarily comforted by nurses or healthcare assistants and doctors; 43 (87.8%) reported being definitely comforted by a nurse or healthcare assistant and 23 (46.9%) by a doctor as opposed to only 8 (16.3%) by a hospital volunteer. Significantly more patients reported definitely being comforted by a nurse or healthcare assistant when the volunteer scheme was running than when the scheme was not running (43/49 vs 9/14, %RD 23, 95% CI 1-46, p=0.041).

**Table 3. Questionnaire responses compared between patient groups.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Volunteer scheme** | **No volunteer scheme** | **Rate Difference (%) 1** | |
|  | n / total (%) | n / total (%) | %RD (95% CI) | p |
|  |  |  |  |  |
| Definitely comforted | 49 / 68 (72.1%) | 14 / 21 (66.7%) | 5 (-17 - 28) | 0.63 |
| Definitely comforted by nurse/HCA | 43 / 49 (87.8%) | 9 / 14 (64.3%) | 23 (1 - 46) | 0.041 |
| Definitely comforted by doctor | 23 / 49 (46.9%) | 6 / 14 (42.9%) | 4 (-26 - 34) | 0.79 |
| Definitely comforted by other | 1 / 49 (2.0%) | 1 / 14 (7.1%) | -5 (-16 - 5) | 0.34 |
|  |  |  |  |  |
| Able to get food or drink 2 | 96 / 124 (77.4%) | 20 / 39 (51.3%) | 26 (10 - 42) | 0.002 |
| Offered food or drink by staff | 96 / 146 (65.8%) | 19 / 52 (36.5%) | 29 (14 - 45) | <0.001 |
| Offered by nurse/HCA | 48 / 96 (50.0%) | 14 / 19 (73.7%) | -24 (-48 - 1) | 0.058 |
| Offered by doctor | 4 / 96 (4.2%) | 2 / 19 (10.5%) | -6 (-17 - 5) | 0.25 |
| Offered by other | 6 / 96 (6.3%) | 3 / 19 (15.8%) | -10 (-23 - 4) | 0.16 |

1 positive % rate difference indicates percentage greater for volunteer scheme than for none.

2 participants who did not want food or drink were excluded.

Number of cases with missing data: who definitely comforted 4, who offered food or drink 11.

As there was a significant difference in arrival times between patients when the volunteer scheme was running compared with when it was not, additional subgroup analyses, stratified into subgroups before and after the arrival time of 12:00, were carried out to investigate whether patient arrival time had influenced the significant results for patient experiences of nutritional support (Table 4). Arrival time was dichotomised around 12:00 as the scheme only ran during the daytime and it was similar to the median arrival time of 12:15. The subgroup analyses found that the significant effect of the volunteer scheme was in patients arriving after 12:00 with no significance difference between the two patient groups before 12:00. In the subgroup with arrival times after 12:00, patients present while the volunteer scheme was running, compared with patients when the scheme was not, reported being able to get food and drink more often (37/53 vs 8/26, %RD 39, 95% CI 16-62, p=0.001) and also being offered food and drink by a member of staff more often (41/67 vs 6/36, %RD 45, 95% CI24-65, p<0.001).

**Table 4. Subgroup analyses for patient experiences of support for nutritional needs compared between patient groups stratified by arrival time.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Volunteer scheme** | **No volunteer scheme** | **Rate Difference (%) 1** | |
|  | n / total (%) | n / total (%) | %RD (95% CI) | p |
| **ARRIVAL TIME≤12:00** |  |  |  |  |
| Able to get food or drink 2 | 54 / 64 (84.4%) | 12 / 13 (92.3%) | -8 (-29 - 13) | 0.46 |
| Offered food or drink by staff | 52 / 70 (74.3%) | 13 / 16 (81.3%) | -7 (-30 - 16) | 0.56 |
| **ARRIVAL TIME>12:00** |  |  |  |  |
| Able to get food or drink 2 | 37 / 53 (69.8%) | 8 / 26 (30.8%) | 39 (16 - 62) | 0.001 |
| Offered food or drink by staff | 41 / 67 (61.2%) | 6 / 36 (16.7%) | 45 (24 - 65) | <0.001 |

1 positive % rate difference indicates percentage greater for volunteer scheme than for none.

2 participants who did not want food or drink were excluded.

Number of cases with missing arrival time 9.

The majority of patients had a positive experience of volunteers; 57/77 (74.0%) reported that volunteers definitely impacted positively on their experience in the Emergency Department. In response to The FFT (NHS England 2015), more than 95% of patients responded that they would be ‘extremely likely’ to recommend the Emergency Department to friends and family if they needed similar care or treatment in both groups, when the volunteer scheme was running and not (137/143 vs 47/49, %RD 0, 95% CI -7-6, p=0.97).

4. Discussion:

This study is the first to assess the effectiveness of hospital volunteers in an emergency department through the evaluation of patient experience. Hospital volunteers were shown to be significantly effective in meeting patients’ nutritional needs. Patients in the department when the volunteer scheme was running, reported obtaining food and drink and being offered something to eat and drink by a staff member more often, compared with patients when the volunteer scheme was not running. It should be noted that some patients were able to get food and drink through other means such as vending machines and therefore may not have been offered food and drink by a staff member. Of the clinical staff, it was mainly nurses and healthcare assistants who offered patients food and drink. Although there was some overlap with nurses or healthcare assistants and hospital volunteers offering nutritional support, volunteers often provided nutrition to patients independently of other staff members. The results for emotional support are less conclusive and volunteers were not shown to be significantly effective in providing emotional support to patients. Of patients who felt distressed, more reported being definitely comforted by a member of staff while the volunteer scheme was running, however this difference was not significant. Moreover, patients were primarily comforted by nurses or healthcare assistants and doctors as opposed to hospital volunteers.

In common with existing research, mainly based in in-hospital settings, this study found that volunteers provide a valuable contribution in meeting the nutritional needs of patients (Howson et al. 2017, Green et al. 2011, Tassone et al. 2015). The role of the volunteers in existing studies is primarily as ‘meal-time assistants’, supporting patients with their nutritional intake by helping cut up food or feed patients. Volunteers have been shown to be helpful in providing dietary intake for patients (Gilbert et al. 2013, Huang et al. 2015, Manning et al. 2012, Roberts et al. 2014, Robinson et al. 2002, Walton et al. 2008, Wong et al. 2008 and Wright 2008). Although it was beyond the scope of this study to investigate whether patients’ dietary intake was improved, volunteers were shown to be effective in sourcing and providing nutrition for patients. This is an aspect of nutritional support not investigated in any other study and especially relevant to emergency departments where food and drink is not routinely provided at structured mealtimes.

The volunteer scheme in providing nutritional support was shown to be significantly effective for patients arriving after 12:00 with no significance difference between the two patient groups before 12:00. Without additional research into the number of patient attendances, the acuity of patients and staffing levels, it is difficult to ascertain the true reason for this finding. However a potential reason could be that the Emergency Department may have been busier in the afternoon, compared with the morning. This could mean that there is a greater need for volunteers in helping nursing staff to provide nutritional support at busier times. It would be useful to undertake further research in exploring the association between time of day and demands in the department so that volunteer scheme can be optimised.

Studies have shown how volunteers were seen to be beneficial in relieving nursing workload by helping patients with nutrition. In some studies nurses reported having more time to support patients at mealtimes and assist patients with complex needs, such as dysphagia, when volunteers were helping (Brown and Jones 2009, Buys et al. 2013, Roberts et al. 2014, Robison et al. 2014, Walton et al. 2008). Mealtime assistants were found to be helpful in preparing patients for meals, by opening packaging and providing cutlery (Brown and Jones 2009, Manning et al. 2012, Roberts et al. 2014, Robison et al. 2014, Sneddon and Best 2011, Walton et al. 2008).These findings are supported by this emergency department study, as when the volunteer scheme was running nurses or healthcare assistants offered patients food and drink less often than when there was no volunteer in the department. Moreover volunteers contributed to patients’ nutritional needs, independently of other staff members. This would imply that hospital volunteers not only add to staff capacity in providing nutritional support for patients but also partially relieve this aspect of care from nursing staff.

Existing research has also shown that volunteers have an impact on the amount of time nurses spend on other non-clinical tasks, such as talking with and comforting patients. One hospital’s volunteer service evaluation found that when volunteers were present, nurses spent less time on tasks that did not require a trained nurse (Babudu et al. 2016). This allowed nurses to focus time on clinical duties. In other literature nurses reported that volunteers were able to provide patients with extra attention that they were unable to give due to clinical duties (Charalambous 2014, Ervin and Moore 2014, Fitzsimons et al. 2014, Halford and Fraser 2013, Ross 2018 and Steunenberg et al. 2016). Although beyond the scope of this study to explore the impact of the volunteer scheme on clinical nursing duties; it was found that more patients in the department while the volunteer scheme was running reported definitely being comforted by a nurse or healthcare assistant than when the volunteer scheme was not running. A possible explanation, to be explored in future research, could be related to volunteer impact on staff capacity. As volunteers were providing a significant contribution in nutritional support for patients, nurses may have had more time to dedicate to providing comfort to patients. Investigating the impact of hospital volunteers on nursing workload could be further examined by a staff questionnaire to gain insight into nursing perspectives.

In this study, the majority of patients reported that volunteers definitely impacted positively on their experience in the Emergency Department. Previous studies have demonstrated how volunteers can positively impact on patient experience by providing emotional support and offering company to patients (Babudu et al. 2016, Ross 2018, Steunenberg et al. 2016). An evaluation report by NESTA (Babudu et al. 2016) of hospital volunteer schemes reported a significant improvement in patient mood, in relation to social engagement, when the volunteer schemes were running. There was however no significant improvement in terms of levels of patient distress. The lack of improvement on patient distress was similar to the findings in this study. Although more patients reported being definitely comforted by a member of staff in the group of patients in the department while the volunteer scheme was running, this difference was not significant. Furthermore patients were primarily comforted by nurses or healthcare assistants and doctors as opposed to hospital volunteers. It is difficult to ascertain the reason for this finding; however one explanation could be difficulty in volunteers establishing rapport with patients. Often patients had contact with volunteers in the Majors-Chairs waiting room which is a public area where patients might not want to have personal conversations. This may have hindered volunteers’ abilities to establish rapport with patients. Patients reported receiving emotional support more from clinical staff. This could have been because patients built more meaningful rapport with these staff members, as opposed to volunteers, due to engaging in more personal conversations in private. Additional research would need to be undertaken in exploring this further.

The majority of patients responded that they would recommend the Emergency Department to friends and family if they needed similar care or treatment in both the group when the volunteer scheme was running and not. There was no difference in the overall satisfaction between the group of patients present at the same time as the volunteer scheme and not. However questions have been raised in relation to the validity of the FFT (Cornwell 2012, NHS England 2014b). Patients are likely to go to their closest Emergency Department and recommend their family also do the same in an emergency. It is most likely to be the location and services of the department that determine patient attendances to Emergency Departments (NHS England 2014b). Prior negative experience would be unlikely to take precedence over receiving critical, urgent medical care. This would suggest that this question does not add much in assessing the impact of volunteers on patient satisfaction.

5. Limitations:

The study was observational and participants were not randomised into the two patient groups, which could be a potential source of bias. Therefore one cannot reliably attribute the differences found between patient groups to be directly due to the presence of the volunteer scheme. However the characteristics of the two patient groups appear similar and the statistical association, especially in relation to nutritional support, is substantial and highly significant.

Patients suffering with dementia or delirium were excluded from the study due to issues of consent. There is some evidence to support the effectiveness of hospital volunteers on improving mood and distress for patients with dementia (Babudu et al. 2016, McDonnell et al. 2014, van der Ploeg et al. 2012).These patients could have been emotionally distressed and comforted by volunteers but were not included in this study. Additionally it is likely that this group of patients may have needed assistance with eating and drinking and might have received assistance from volunteers.

6. Conclusion:

In conclusion volunteers have been shown to provide a significant contribution in meeting the nutritional needs of patients in emergency departments by sourcing and providing food and drink for patients. Hospital volunteers added to staff capacity in providing nutritional support for patients, partially relieving this aspect of patient care from nursing staff. This study did not show volunteers to be significantly effective in providing comfort to patients who reported being distressed. It was primarily nurses, healthcare assistants and doctors that provided emotional support to these patients. Additional research would need to be undertaken to fully understand the reasons for these findings.

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References:

Babudu P, Spath R, Trevithick E (2016) Measuring the Impact of Helping in Hospitals. United Kingdom: The Social Innovation Partnership. Available from: https://www.nesta.org.uk/sites/default/files/helping\_in\_hospitals\_evaluation\_report.pdf [Accessed 13 February 2018]

Belcher M and Jones L (2009) Graduate nurses’ experiences of developing trust in the nurse–patient relationship. *Contemporary Nurse*, 31(2): 142-152

Brown H and Jones L (2009) The role of dining companions in supporting nursing care. *Nursing Standard* 23:40–6

Buys D, Flood K, Real K, Chang M and Locher J (2013) Mealtime Assistance for Hospitalized Older Adults: A Report on the SPOONS Volunteer Program. *Journal of Gerontological Nursing* 39(9): 18-22

Care Quality Commission (2016) The State of Care in NHS Acute Hospitals: 2014 to 2016. United Kingdom: Care Quality Commission. Available from: http://www.cqc.org.uk/sites/default/files/20170302b\_stateofhospitals\_web.pdf [Accessed 13 February 2018]

Care Quality Commission (2017) 2016 Emergency Department Survey. United Kingdom: Care Quality Commission. Available from: http://www.cqc.org.uk/sites/default/files/20171017\_ED16\_statistical\_release.pdf [Accessed 13 February 2018]

Care Quality Commission (2019) 2018 Adult Inpatient Survey. United Kingdom: Care Quality Commission. Available from: https://www.cqc.org.uk/sites/default/files/20190620\_ip18\_statisticalrelease.pdf [Accessed 19 September 2019]

Charalambous L (2014) The value of volunteers on older people’s acute wards. *Nursing Times* 110 (43):12–14

Cornwell J (2012) *The friends and family test: will hospitals raise their game?* [online] The King's Fund. Available at: https://www.kingsfund.org.uk/blog/2012/06/friends-and-family-test-will-hospitals-raise-their-game [Accessed 20 July 2019]

Committee on Quality of Health Care in America, Institute of Medicine (2001) *Crossing the quality chasm: a new health system for the 21st century.* Washington, D.C: National Academy Press.

Ervin K, Moore S (2014) Rural nurses’ perceptions of a volunteer program in an acute setting: volunteers delivering person-centred care for patients with dementia and delirium. *Open Journal of Nursing* (4)1:27–33

Fitzsimons B, Goodrich J, Bennett L, Buck D (2014) Evaluation of King’s College Hospital Volunteering service. London: King’s College Hospital. Available from: https://media.nesta.org.uk/documents/kings\_fund\_evaluation\_of\_kch\_impact\_volunteering.pdf [Accessed on 29 July 2019]

Galea A, Naylor C, Buck D and Weaks L (2013) Volunteering in acute trusts in England Understanding the scale and impact. London: The King’s Fund. Available from: https://www.kingsfund.org.uk/sites/default/files/field/field\_publication\_file/volunteering-in-acute-trusts-in-england-kingsfund-nov13.pdf [Accessed 20 July 2019]

Gerteis M, Edgman-Levitan S, Daley J, Delbanco T. (1993) Through the patient’s eyes: understanding and promoting patient-centered care. San Fransisco: Jossey-Bass.

Gilbert J, Appleton A, Jerrim J, Beard C, Russell-Jones D (2013) Assisted feeding for elderly inpatients. Clinical Medicine Journal of the Royal College of Physicians. London: 13:324

Green S, Martin H, Roberts, H, Sayer, A (2011) A systematic review of the use of volunteers to improve mealtime care of adult patients or residents in institutional settings. *Journal of Clinical Nursing*, 20(13-14) 1810-1823

Halford K, Fraser J (2013) Harnessing volunteer skills in health settings *Nursing Times* (109)13:14–15

Halldorsdottir S (2008) The dynamics of the nurse-patient relationship: introduction of a synthesized theory from the patient’s perspective. *Scandinavian Journal of Caring Sciences*, 22(4): 643-652

Howson, F, Sayer, A and Roberts, H (2017) The Impact Of Trained Volunteer Mealtime Assistants On Dietary Intake And Satisfaction With Mealtime Care In Adult Hospital Inpatients: A Systematic Review. *Age and Ageing* 46(suppl\_1) i35-i38

Huang C, Dutkowski K, Fuller A and Walton, K (2015). Evaluation of a pilot volunteer feeding assistance program: Influences on the dietary intakes of elderly hospitalised patients and lessons learnt. *The journal of nutrition, health & aging* 19(2): 206-210

Integrated Research Application System (2018) Available from: https://www.myresearchproject.org.uk/ [Accessed 13 February 2018]

Johnson MF, Heinzerling SB, Mattison K, McGurn J, Rock P and Smith-McMahon D (1993). Emergency department Volunteer Liason Family Communication Program 19(1):34-7

Koivula U and Karttunen S (2014). Volunteers in a hospital-opportunity or threat? Exploratory study from Finland. *Journal of Health Organization and Management* 28(5): 674-695

Manning F, Harris K, Duncan R, Walton K, Bracks J, Larby L, Vari L, Jukkola K, Bell J, Chan M, Batterham M (2012) Additional feeding assistance improves the energy and protein intakes of hospitalised elderly patients. A health services evaluation. Appetite 59:471–7

McDonnell A, McKeown J, Keen C, Palfreyman J and Bennett N (2014) Introducing on-ward volunteers to work with patients with dementia. *Nursing older people*: *26*(4)

Mundle C, Naylor C, Weaks L and Buck D (2013) Volunteering in health and care in England. United Kingdom: The King’s Fund. Available from: https://www.kingsfund.org.uk/sites/default/files/field/field\_publication\_file/volunteering-in-health-and-social-care-kingsfund-mar13.pdf [Accessed 13 February 2018]

Munn A and Takeno J (1996) Volunteer and patient advocates in the emergency department. *Journal of Emergency Nursing* 22(5) 427-428.

NHS England (2012) NHS Experience Framework. United Kingdom: NHS National Quality Board. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/215159/dh\_132788.pdf [Accessed 20 July 2019]

# NHS England (2014b) Review of the Friends and Family Test. United Kingdom: NHS England. Available from: https://www.england.nhs.uk/wp-content/uploads/2014/07/fft-rev1.pdf [Accessed 20 July 2019]

NHS England (2015) The Friends and Family Test. United Kingdom: NHS England. Available from: https://www.england.nhs.uk/wp-content/uploads/2015/07/fft-guidance-160615.pdf [Accessed 13 February 2018]

NHS England (2018) Hospital Accident and Emergency Activity, 2017-18. United Kingdom: NHS England. Available from: https://files.digital.nhs.uk/D3/CCB4FE/AE1718\_%20Annual%20Summary.pdf [Accessed 20 July 2019]

NICE (2012a) Patient experience in adult NHS services: improving the experience of care for people using adult NHS services. United Kingdom: National Clinical Guideline Centre. Available from: https://www.nice.org.uk/guidance/cg138/evidence/full-guideline-pdf-185142637 [Accessed 20 July 2019]

NICE (2012b) Nutrition Support in Adults. United Kingdom: National Clinical Guideline Centre. Available from: https://www.nice.org.uk/guidance/qs24/chapter/Introduction-and-overview [Accessed 20 July 2019]

O’Sullivan D, Griffin J, O’Sullivan B, Lynch D, Mannix M and Timmons S (2016) Attitudes of Staff, Patients and Family Members toward Hospital Volunteers. *The International Journal of Aging and Society* 6(4) 73-80

Paparella P (2016) Person-centred care in Europe: a cross-country comparison of health system performance, strategies and structures. Oxford: Picker Institute Europe. Available from: https://www.picker.org/wp-content/uploads/2016/02/12-02-16-Policy-briefing-on-patient-centred-care-in-Europe.pdf [Accessed on 20 July 2019]

Picker Institute Europe (2016) Survey Development Report for The Emergency Department Survey 2016. Oxford: Picker Institute Europe. Available from: http://www.nhssurveys.org/Filestore/AE2016/20160930\_Emergency\_Department\_Survey\_Development\_Report.pdf [Accessed 13 February 2018]

Quinn P (2009) The Evolving Role of the Patient Advocate In the Emergency Department: The Experience of One Community Hospital. *Journal of Emergency Nursing* 35(1): 48-49

Probhu V R, Hanley A, and Kearney S (2008) Evaluation of a hospital volunteer program in rural Australia. *Australian Health Review* 32(2): 265-270

Roberts HC, De Wet S, Porter K, Rood G, Diaper N, Robison J, Pilgrim L. A, Elia M, Jackson A. A, Cooper C, Sayer Aihie A, Robinson S (2014) The feasibility and acceptability of training volunteer mealtime assistants to help older acute hospital inpatients: the Southampton Mealtime Assistance Study. *Journal of Clinical Nursing* 23:3240–9

Robinson S, Clump D, Weitzel T, Henderson L, Lee K, Schwartz C, Egizii P and Metz, L (2002) The Memorial Meal Mates: a program to improve nutrition in hospitalized older adults. *Geriatric Nursing* *23*(6): 332-335

Robison J, Pilgrim A, Rood G, Diaper N, Elia M, Jackson, A, Cooper C, Aihie Sayer A, Robinson S and Roberts H (2014) Can trained volunteers make a difference at mealtimes for older people in hospital? A qualitative study of the views and experience of nurses, patient, relatives and volunteers in the Southampton Mealtime Assistance Study. *International Journal of Older People Nursing* 10(2): 136-145

Ross, S (2018) The role of volunteers in the NHS Views from the front line. United Kingdom: The King’ Fund. Available from: https://www.kingsfund.org.uk/sites/default/files/2018-12/Role\_volunteers\_NHS\_December\_2018.pdf [Accessed 29 July 2019]

Royal College of Nursing (2012) Safe Staffing for Older People’s Wards. London: Royal College of Nursing https://www.rcn.org.uk/-/media/royal-college-of-nursing/.../2012/.../pub-004234.pdf [Accessed 20 July 2019]

Samaddar, K., Samaddar, R., Heller, P. and Celaya, M. (2018) Emergency department volunteers: Defining the position and its effect on the patient experience. *The American Journal of Emergency Medicine*, 36(8): 1513

Sanon M, Baumlin Km Kaplan S and Grudzen C (2014) Care and Respect for Elders in Emergencies Program A Preliminary Report of a Volunteer Approach to Enhance Care in the Emergency Department, *Journal of the American Geriatrics Society* 62(2): 365-370

Sneddon J and Best C (2011) Introduction of mealtime volunteers in a district general hospital. *Nursing Standard*. 26(15-17): 37-40

Steunenberg B, van der Mast R, Strijbos M, Inouye S and Schuurmans M (2016). How trained volunteers can improve the quality of hospital care for older patients. A qualitative evaluation within the Hospital Elder Life Programme (HELP). *Geriatric Nursing* 37(6): 458-463

Tassone, E., Tovey, J., Paciepnik, J., Keeton, I., Khoo, A., Van Veenendaal, N. and Porter, J. (2015) Should we implement mealtime assistance in the hospital setting? A systematic literature review with meta-analyses. *Journal of Clinical Nursing*, 24(19-20): 2710-2721

University of Southampton (2018) ERGO: Ethics and Research Governance Online. Available from: https://www.ergo.soton.ac.uk/ [Accessed 13 February 2018]

van der Ploeg E.S, Mbakile T, Genovesi S and O'Connor D.W (2012) The potential of volunteers to implement non-pharmacological interventions to reduce agitation associated with dementia in nursing home residents. *International psychogeriatrics* *24*(11): 1790-1797.

Walton K, Williams P, Bracks J, Zhang Q, Pond L, Smoothy R, Tapsell L, Batterham M, Vari L (2008) A volunteer feeding assistance program can improve dietary intakes of elderly patients--a pilot study. Appetite 51:244–8

Wolford S (1995) Emergency department patient liaison volunteers: A cost containment and visitor satisfaction strategy. *Journal of Emergency Nursing* 21(1): 17-21

Wong A, Burford S, Wyles CL, Mundy H, Sainsbury R (2008) Evaluation of strategies to improve nutrition in people with dementia in an assessment unit. Journal of Nutrition, Health and Aging 12:309–12

Wright L, Cotter D, Hickson M (2008) The effectiveness of targeted feeding assistance to improve the nutritional intake of elderly dysphagic patients in hospital. Journal of Human Nutrition and Dietetics 21:555–62

Workman S (2013) The importance of establishing a rapport with patients. *BMJ* 347(sep25 1): f5745-f5745