CHAPTER 15

BUILDING VOLUNTEER COLLABORATIVE LEADERSHIP: AN ACADEMIC COMMUNITY PARTNERSHIP INITIATIVE

Francis T. W. Fung and Iris K. N. Chan
Jockey Club End-of-Life Community Care Project, The University of Hong Kong

Vivian W. Q. Lou
Department of Social Work & Social Administration, The University of Hong Kong

End-of-life care (EoLC) should matter to everyone in today's global society. This chapter starts with the argument that volunteering can, and should, be an essential and integral part of EoLC. It then moves to a critical review of roles and models of EoLC volunteering in the US, Canada, the UK and Hong Kong. Grounded in literature and local experience, a Hong Kong-contextualised EoLC volunteer-partnered leadership model is outlined, including its objectives and basic elements of promotion, screening, capacity building and management strategies. Findings from an evaluation of the capacity building curriculum, and feedback from volunteers, suggest that the concept of the volunteer collaborative leadership (VCL) model is feasible and effective in the Hong Kong context, and thus deserving of wider implementation. It is anticipated that greater future social capacity could be reached if the numbers of competent volunteers are increased to partner patients and families for better EoLC, with enhanced respect, dignity and choices.

BACKGROUND

EoLC IS EVERYBODY'S BUSINESS

In the Chinese context, "good death" is one of the "five blessings" (五福) that every person wishes to achieve in his/her life (Confucius (Compiler), Anonymous & Palmer (Translator), 2014). Even though Hong Kong society has been influenced by both Eastern and Western culture in its history, it is still a mega-city deeply influenced by traditional Chinese cultural and religious philosophies, including Confucianism, Taoism and Buddhism (Cultural Atlas, n.d.). Based on a critical review and an empirical exploration of Chinese culture, Chan and his colleagues (Chan, Tse & Chan, 2006) argued that "good death" is associated with Chinese philosophical and religious thought, which is embedded in the daily lived experiences of individuals and families. This notion may have profound implications for end-of-life care (EoLC) for terminally ill patients and bereaved families; hence, it is unwise to suggest that providing care and support to people at their end of life (EoL) should be the sole responsibility of healthcare professionals. Culturally contextualised EoLC should be embraced by the patient, his/her family, neighbourhood and community.

EoLC is a crucial element of palliative care (PC). The primary purpose of EoLC is to improve a patient's quality of life (QoL) across physical, psychosocial, social and spiritual realms, while respecting their healthcare treatment decisions (World Health Organization, 2004). The literature indicates that EoLC is best provided holistically using a multidisciplinary team, which involves healthcare workers from different disciplines, including palliative doctors, a palliative nurses, paraprofessionals, social workers, pastors and healthcare workers (Health Service Executive, 2017). Studies in Hong Kong have consistently demonstrated that a cross-disciplinary team is key to achieving dignity and QoL for people at EoL (Ho et al., 2015). A review of good practices of EoLC further suggests that although professional care is a core and essential component of EoLC, complementary input from the neighbourhood and local community can improve EoLC and assist terminally ill people to achieve a "good death" (Gardiner & Barnes, 2016; Pesut et al., 2018). Including volunteers opens new windows for delivery of EoLC services. Not only would engagement of volunteers increase service impact on the lives of terminally ill patients, their families and friends, but this would also encourage a culture of volunteering in EoLC programmes, which in turn would promote the development of compassionate communities (Zaman, Whitelaw, Richards, Inbadas & Clark, 2018).

EoL VOLUNTEERING: A WORLDWIDE MOVEMENT

The rapid growth of ageing populations around the world poses challenges for better integration of EoLC into global and world region health priorities and also into national health systems (Worldwide Palliative Care Alliance [WPCA], 2014). One of the greatest challenges that societies are currently facing worldwide is that the demand for EoLC exceeds the supply (Grant, Brown, Leng, Bettega & Murray, 2011; Lynch, Kenney, Haley & Resnick, 2011; Morrison & Meler, 2015). The WPCA (2014) estimated that only 14% EoL patients needing PC actually receive it. In order to help readers reach a better understanding of, and make sound judgements about, EoLC, a review was conducted of EoLC policies and the use of volunteers in EoLC services in three developed countries (the US, Canada and UK; see **Table 15.1**). This overview shows that the effective use of volunteers in palliative or EoL care seems to be a cost-effective solution in addressing under-supply of EoL services. The volunteering movement, and standards of EoLC volunteer services, have been promoted by the governments and/or leading PC and hospice associations in these three countries. The volunteering movement supports people of different ages, gender, careers, education backgrounds, socio-economic status and races to participate in serving EoL patients and their families. Volunteers are commonly considered as "unpaid help provided in an organised manner to parties to whom the worker has no obligations" (Tilly & Tilly, 1994, p. 291). They play an important role in today's society in many sectors (transport, education, health, etc.), and more recently in EoLC programmes at residential homes and communities (Bone et al., 2017; Burbeck et al., 2014; Candy, France, Low & Sampson, 2015; Claxton-Oldfield, Gosselin, Schmidt-Chamberlain & Claxton-Oldfield, 2010; Herbst-Damm & Kulik, 2005; Institute of Development Studies, 2015).

Table 15.1 *EoLC Volunteering: A Review of the US, Canada and UK*

	US	CANADA	UK
Government involvement in PC and EoLC (Economist Intelligence Unit, 2015)	Presence of **well-defined government-led strategy** for development and promotion of national PC. Clear vision, specific milestones, mechanisms and guidelines on implementation are present.	Presence of **government-led strategy** for development and promotion of national PC. Broad vision and loosely defined milestones present, but limited mechanisms in place to achieve the milestones.	**Comprehensive strategy** for the development and promotion of national PC. Clear vision, specific milestones, action plan and strong mechanisms are present. Milestones are regularly reviewed and updated.
Community engagement in EoLC (Economist Intelligence Unit, 2015)	Public has a **somewhat good** understanding and awareness of PC services.	Public has **somewhat good** understanding and awareness of PC services.	Public has a **strong** understanding and awareness of PC services.
Volunteer involvement in EoLC	The US hospice movement was founded by volunteers. In 2011, around 450,000 volunteers provided 21 million hours of service to hospice care. Around half of these volunteers provided direct patient care (National Hospice and Palliative Care Organisation, 2017).	Around 35,000–40,000 volunteers were serving in hospice/PC programmes across Canada. In some parts of Canada, volunteers outnumber paid staff by 50:1. (Canadian Hospice Palliative Care Association, 2012)	Volunteering in the UK hospice sector started in 1960s. The estimated mean number of volunteers per hospice was 240 (Hospice UK, 2012). Most volunteers work in hospices, shops and in fundraising; some provide direct patient care, mainly in day care, bereavement and inpatient services (Burbeck et al., 2014).
Presence of organisation(s) promoting volunteer involvement in EoLC	The National Hospice and Palliative Care Organisation provide training on volunteer management. The government also requires using volunteers in hospices which participated in Medicare.	The Canadian Hospice Palliative Care Association provides guidelines on volunteer training and management, and provides support for volunteer programmes in PC.	Association of Voluntary Service Managers provides a network to managers for volunteers in PC. Hospice UK is an organisation representing hospice services involving PC volunteers
Regulations related to EoLC volunteer	As a Medicare condition of participation, hospices in the US are required to use volunteers to provide at least 5% of total patient care hours. A range of standards govern and provide direction for hospice volunteer programmes.	Volunteer engagement was emphasised in the national framework on PC, but concrete standards are not included. (Canadian Hospice Palliative Care Association, 2015).	Despite no concrete regulation over the use of volunteers in hospice/PC, volunteers often have a brief induction and occasional training (Woitha et al., 2014).

There is community-wide meaning when volunteers provide EoLC services, as patients, family caregivers, volunteers and the whole community can benefit (Claxton-Oldfield, 2015a; Walshe et al., 2016). The multidisciplinary service team of the John Hopkins Home Hospice in the US commented that "volunteers bring unique skills and approaches to working with patients and families and in their role as regular and friendly visitors can often provide needed caring beyond the scope of the other hospice team members' contributions" (Morss, Reder, McHale, Clayton & Silva, 2003, p. 295–296). Similarly, Anne Atkinson, the Volunteer & Community Engagement Lead in St Mary's Hospice in the UK, said: "Volunteers are our greatest resource. They bring skills, ideas and experiences. They are helpful, friendly and reliable. We couldn't function without them – they make our team complete" (St Mary's Hospice, n.d.).

Nowadays, there are many ways in which volunteers can lend their time and effort to EoLC. Literature on EoLC volunteers suggested three typical images or roles.

- The first image refers to "bridges". Trained volunteers can usually act as bridges to connect patients to hospitals, social care, financial support and the broader society, as well as facilitating better linkages between patients and their family and caregivers (Jack, Kirton, Birakurtaki & Merriman, 2011; Morris, Payne, Ockenden & Hill, 2017; Sévigny, Dumont, Cohen & Frappier, 2010).
- The second image is as associates of the healthcare support teams. Trained volunteers can work closely with multidisciplinary teams, which may include doctors, nurses, social workers, bereavement counsellors and nutritionists, to address patients' practical, psychological, physical, social, emotional and spiritual needs (Beasley et al., 2015; Claxton-Oldfield, 2015a; Gardiner & Barnes, 2016; Morris, Wilmot, Hill, Ockenden & Payne, 2012; Pesut et al., 2018). Volunteers can also work with family members after their relative's death to assist them with their bereavement care needs (Scott, Butler & Wilson, 2017).
- The third image relates to the "mobile healer" who contributes directly to patient support (Burbeck et al., 2016; National Hospice and Palliative Care Organisation, 2018). Volunteers have been reported as contributing to care delivered in a range of settings (e.g. in hospital or in a patient's home). They can also provide care services at different levels – primary (in the community), secondary (in care homes) and tertiary levels (in hospitals). They can complete multiple tasks simultaneously, such as supporting nursing care by assisting patients with meals and drinks, helping to organise events or outdoor trips for patients, or simply spending time with patients (Burbeck et al., 2014).

These three typical images of volunteers (bridges, support teams and mobile healers) highlight the multiple roles that a community of volunteers can provide to promote death with dignity and enhance the QoL of people nearing the final stage of life, including tailor-made client-based solutions.

In summary, the literature from these three countries with mature and well-established EoLC services suggests that EoLC volunteers make unique and inspiring contributions to their community and society, and can serve as an integral part of EoLC (Burbeck et al., 2014). Volunteers also bring locally contextualised experiences to provision of EoLC, and thus it is appropriate to briefly describe volunteer movements in EoLC in Hong Kong.

HONG KONG: BOTTOM-UP APPROACH TO EoLC VOLUNTEER DEVELOPMENT

In Hong Kong, volunteer contribution to EoLC dates from the 1950s. In the beginning (1950s to mid-1980s), missionaries mainly provided spiritual care to small numbers of patients in hospitals, bringing their faith background to EoLC (e.g. Our Lady of Maryknoll Hospital [聖母醫院]). At this time, the role of volunteers was not distinguished from that of religious groups. During the 1960s and 1970s, more professionals from hospital medical teams, such as doctors and nurses, became involved in volunteering to provide EoLC in their spare time, providing mostly spiritual care and informal services to EoLC patients in hospital intensive care units. A good example of this is the Nam Long Hospital (南朗醫院). This hospital introduced EoLC services in 1987, and since 1989, 30% beds included the provision of EoLC. Nam Long Hospital was closed in 2003. At that time, only a small number of patients with particular diseases were able to enjoy organised volunteer services, provided mostly by healthcare professionals during their free time.

EoLC volunteering in Hong Kong made significant progress from the mid-1980s to the mid-2000s as the number of organisations promoting the role of volunteers in EoLC increased dramatically. For instance, non-profit organisations (NPOs), such as the Society for the Promotion of Hospice Care (SPHC) and the Comfort Care Concern Group (CCCG), were established and provided community-based training programmes on EoLC. These organisations actively recruited participants to become volunteers as part of the first formalised group that provided EoLC volunteering in Hong Kong. In addition, these NPOs regularly organised specialised seminars and conferences on EoLC topics to increase public awareness of the range of concerns that arose at the end-stage of life. Similar initiatives also occurred in medical settings around the same time. Since 2007, the Hospital Authority (HA) and the Li Ka Shing Foundation launched the "Heart of Gold" Hospice Services Programme. Up to 2016, 800 volunteers were trained as "hospice service ambassadors" to provide volunteer services in the hospice centres of public hospitals (Hong Kong Special Administrative Region Government, 2016).

The years since 2010 are now regarded as the consolidation stage of volunteer activity in EoLC in Hong Kong. This has been prompted by the establishment of the Jockey Club End-of-Life Community Care Project (JCECC) in 2016. One of the aims of the JCECC Project is to improve terminally ill patients' quality of EoLC through collaboration between academic institutes and non-government organisations (NGOs), enhancing the capacity of service providers, recruiting volunteers and raising public awareness on EoLC. This has made a significant impact on EoLC volunteer services. Both 2016 and 2017 were milestone years in the EoLC volunteer movement in Hong Kong. Under the JCECC Project, four community partner organisations integrated volunteers into their community-based EoLC service models (St James' Settlement, Hope of Heaven Christian Services, S.K.H. Holy Carpenter Community Centre and the Hong Kong Society for Rehabilitation). In 2017, volunteers were recognised by the HA as key members in the delivery of PC services (HA, 2017); however, there is still no official government policy to support a top-down framework for service delivery. These initiatives, and subsequent collaborations among academics, hospitals, NPO and NGOs, have injected not only new resources into EoLC, but also provided innovative directions for volunteers.

JCECC EoLC VCL MODEL

The EoLC volunteer literature calls for context-specific evidence to support strategies that aim for widespread implementation of EoLC volunteer programmes (Hall, Brooke, Pendlebury & Jackson, 2017). The JCECC EoLC VCL model filled this gap by providing constructive integration of evidence-based and community-participatory processes. To build the model framework, an extended literature review was performed to identify:

- Roles and functions of EoLC volunteers;
- Desirable and undesirable personal factors for EoLC volunteers;
- Essential training topics;
- Associated factors in effective volunteer management and retention in EoLC volunteering among existing EoLC studies; and
- The theories that mostly applied to such studies.

In January 2016, the JCECC Project team searched scientific databases, including EBSCOhost research databases, ProQuest, PsycARTICLES, PubMed, ScienceDirect, Web of Science, Google Scholar, and the online databases of selected journals, including *Palliative Medicine, Journal of Palliative Care, Journal of Palliative Medicine, Palliative & Support Care, American Journal of Hospice & Palliative Care, BMC Palliative Care* and *BMJ Supportive & Palliative Care*. The search terms used comprised 'palliative care' OR 'hospice' OR 'end of life', AND 'volunteer*'. These were combined with other keywords including 'role*', 'function*', 'trait*', 'personalit*', 'recruit*', 'train*', 'education', 'manage*', 'retention', 'attrition' and 'motivation*'. The project team updated the literature review using the same searching strategy in June 2018. The only exclusion criterion were materials not written in English nor Chinese. They also reviewed government and policy reports, websites of relevant organisations in PC or EoLC volunteering, as well as training manuals for EoLC volunteers. Meanwhile, community stakeholders (service recipients, volunteers and volunteer leaders) were consulted throughout the process to inform model development.

FOUR CORE ELEMENTS

The JCECC EoLC VCL model applies four building blocks for successful EoLC volunteering. These building blocks were extracted from the literature. The four core elements included volunteer personal competences, motivation, knowledge and skills in EoLC, and a continuous capacity building process. The model also incorporated synergistic practice wisdoms relevant to Hong Kong contexts (see **Figure 15.1**).

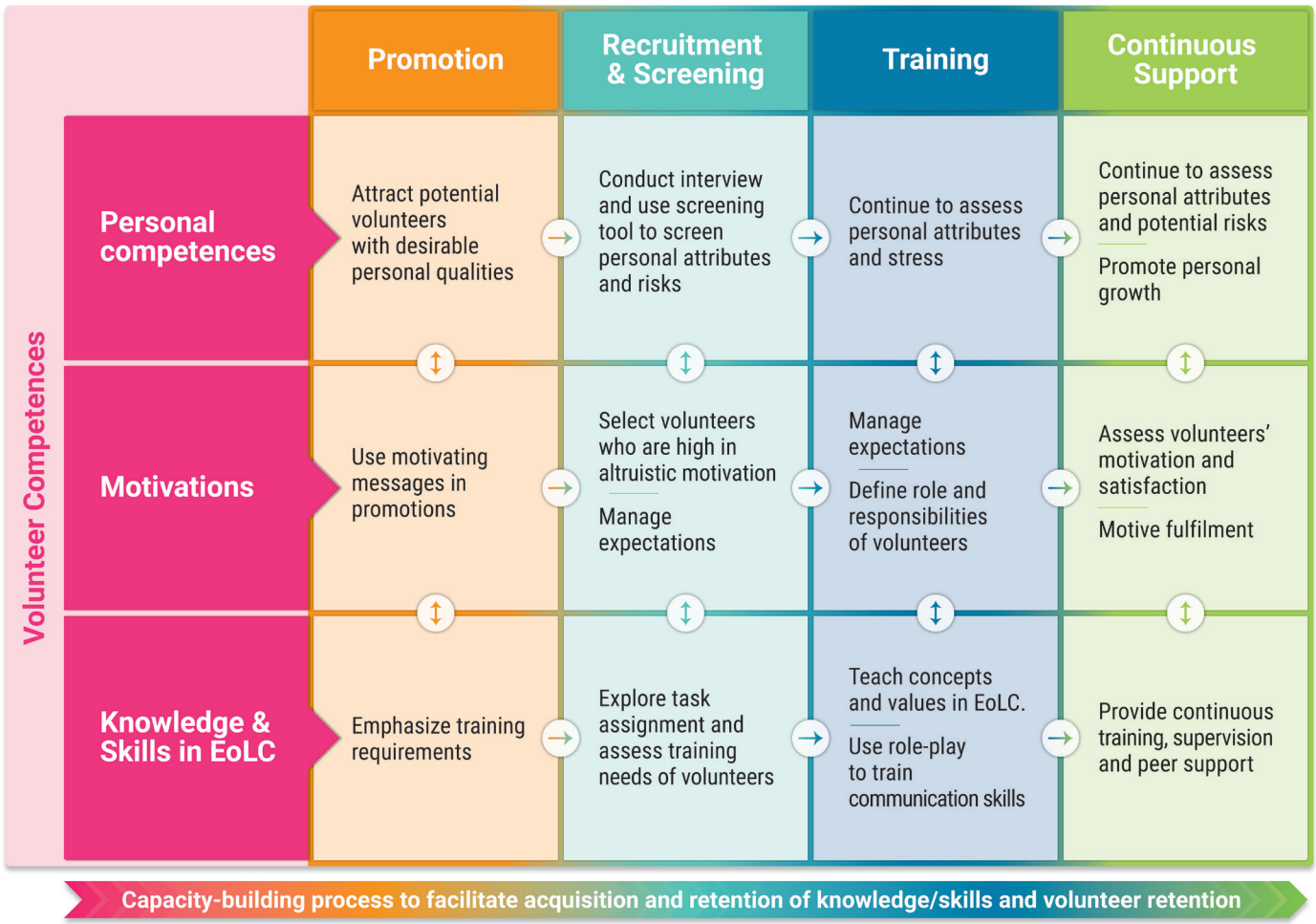

Figure 15.1
A Seamless Journey of Volunteer Collaborative Leadership under the EoLC

Competence refers to the ability of an individual to do a task or job properly. This usually requires individuals to apply knowledge and skills, and to display specific attributes. Studies have repeatedly suggested that emotional maturity and, in particular, personal qualities and motives are possessed by effective EoLC volunteers (Claxton-Oldfield & Banzen, 2010; Starnes & Wymer, 2000). The element "volunteer personal competences" refers to these desirable personal characteristics. Hence, a prudent screening procedure of potential volunteers must be in place to recruit volunteers with desirable attributes. According to volunteer competence theory, volunteers must then be equipped with competence in terms of knowledge and skills in EoLC before serving the community (Culp, McKee & Nestor, 2007). Thus, structured training is necessary to provide volunteers with a minimum level of competences in EoLC. Not surprisingly, a common challenge faced by many volunteer programmes is volunteer retention and sustainability. Scholars have argued that motives for volunteering are important predictors for satisfaction with volunteering experiences

and retention (Claxton-Oldfield, Claxton-Oldfield, Paulovic & Wasylkiw, 2012; Stukas, Hoye, Nicholson, Brown & Aisbett, 2016). Effective volunteer management strategies must be in place to provide continuous support to volunteers, and sustain their motivation to participate on an ongoing basis. The enactment of the four steps in the capacity building process to optimise personal competences, knowledge and skills in EoLC, as well as support the motivation of volunteers, are essential for successful and sustainable EoLC volunteering.

VOLUNTEER CAPACITY BUILDING

Guided by these building blocks, volunteer capacity building comprises four steps: promotion; recruitment and screening; training; and continuous support. This section describes how volunteer competences are built through these four steps.

Promotion. Raising public awareness on EoLC should be a prerequisite to volunteer recruitment in EoLC. Without widespread promotion of EoLC knowledge and the value of volunteers in EoLC in the community, EoLC volunteer events and training, which are mostly institutionalised, easily go unnoticed or are even misunderstood by the public. In view of these concerns, the JCECC Project had contributed to public education concerning EoLC via various means (see Chapter 14). Moreover, an online resource hub was developed under the JCECC Project to provide the public with basic knowledge on the values, contributions and roles of volunteers in EoLC (http://foss.hku.hk/jcecc/en/volunteer-objectives/). In the promotion stage, the core task related to personal competences is to attract potential volunteers with desirable personal qualities. Depending on the prescribed roles of volunteers in the service model, the personal features of desirable volunteers vary, and so do the promotional messages and effective channels of communication. In order to attract volunteers with desirable personal attributes, the JCECC Project partners described the qualities that they were seeking in volunteers in their promotional flyers. Partners also strategically conducted public seminars in collaboration with target groups (e.g. patient support groups, elderly centres, church groups, schools) from where they hoped to recruit volunteers.

Recruitment and screening. Interviewing and screening are pivotal steps in finding the right candidates to be volunteers, and involve finding those who can match their goals (or motives) to service objectives, screening out candidates who are at high-risk of not being able to provide appropriate volunteering services, and selecting those with appropriate personal attributes. It is thus important to find ways of identifying and encouraging potential volunteers to participate in EoLC. A short and easy-to-administrate 6-item standardised screening tool of risk factors has been developed, based on findings from the literature review (see **Table 15.2**). Completion of this assessment form has become a mandated part of the EoLC volunteer application procedure. Recruitment of volunteers who present with more than two of these risk factors are not recommended for immediate volunteer participation. NGO partners study the candidates' screening forms and arrange an interview with potentially suitable candidates. After being pilot-tested by the four partner organisations, this screening and selection procedure has been recommended for full implementation in future EoLC practice in Hong Kong.

Table 15.2 *Risk-Screening Tool for EoLC Volunteers*

RISK FACTORS
» Bereavement experience in the past two years
» Currently taking care of significant other(s) in EoL
» Presence of depressive symptoms
» Experiencing high stress in personal life
» Propensity to overcommit
» Rigidity and difficulty in considering other viewpoints

Note. For the full-assessment, please contact Dr Vivian Lou (wlou@hku.hk)

An interview guide has been developed to facilitate next-stage screening of desirable personal attributes and motives (see **Table 15.3**). Interviewers are expected to observe candidates' social- or person-skills during the interview. In particular, literature suggests that effective EoLC volunteers are often compassionate, flexible, open-minded, attentive and not overly anxious around death (Claxton-Oldfield & Banzen, 2010; Pesut, Hooper, Lehbauer & Dalhuisen, 2014; Starnes & Wymer Jr, 2000). Regarding the core task related to motivation, interviewers should identify volunteers who are high in altruistic motivation, which was suggested to be a core facilitating motive in volunteering (Claxton-Oldfield et al., 2012). Moreover, interviewers should identify potential volunteers' strengths, talents and preferences for specific tasks during the interview to facilitate future matching of volunteers with patients. They should also manage volunteers' expectations through communicating training requirements and service commitments, and explore volunteers' training needs. These have implications for both motivation as well as competence building.

Table 15.3 *Volunteer Interview Guideline*

	TASKS AND QUESTIONS INCLUDED
Beginning	» Welcome and explain the purpose of interview
Middle	» Invite the candidate to introduce oneself » Discuss motivation, values, knowledge and experiences » Explore and managing expectations
Ending	» Invite questions with clarification

Training. In this stage, the ultimate aim is to equip volunteers with core EoLC competencies, to serve EoL patients and their families. Unlike healthcare professionals providing EoLC, for whom national competence frameworks have been proposed to guide curriculum development, there is no worldwide representative competence framework specifically designed for volunteers. Most training manuals identified by the project team were developed by individual hospices or PC organisations, where training was contextualised to their settings. The most relevant to Hong Kong was the UK's End of Life Care Core Skills Education and Training Framework (Health Education England, Skills for Health & Skills for care, 2017). The Hong Kong volunteer competence framework has been built on this, by integrating it with common training topics in the existing volunteer training programme conducted by the project partners to produce a Hong Kong-specific volunteer competence building curriculum. Specifically, it aims to:

- Cultivate appropriate attitudes in terms of identification of EoLC values;
- Increase awareness of the roles and boundaries of volunteers in the multidisciplinary EoLC team;
- Acquire knowledge pertinent to the multifaceted physical–psychosocial–spiritual needs of patients and families in EoLC; and
- Facilitate the execution of appropriate skills, especially empathetic communication skills to serve families.

In order to maintain the motivation of volunteers, one of the strategies is to eliminate stressors faced by volunteers. This can be achieved by clearly defining the roles and responsibilities of volunteers, and assisting them to develop realistic expectations regarding service outcomes (Claxton-Oldfield, 2015b). Thus, the emphasis on roles and boundaries of volunteers in the core curriculum also serves the purpose of motivating volunteers.

The training curriculum consists of two parts: a centralised 16-hour JCECC Project core training, plus organisation-based training varying from 8 hours to over 30 hours. This arrangement is considered to be the best fit for different volunteer roles and responsibilities designated by the community partners (see **Table 15.4**). The JCECC Project centralised core curriculum covers eight competency domains on EoLC volunteering, delivered in four sessions (see **Table 15.5**):

1. Overarching values and knowledge in EoLC;
2. Volunteer roles and boundaries in EoLC;
3. Communication skills;
4. Psychosocial and spiritual care;
5. Symptom management, maintaining comfort and well-being of patients;
6. EoL decision-making;
7. Bereavement care; and
8. Self-care and self-reflection.

Table 15.4 *A Summary of the Volunteer Collaborations in Hong Kong by the Four Community Partners*

	ST JAMES' SETTLEMENT	HOPE OF HEAVEN CHRISTIAN SERVICES	S.K.H. HOLY CARPENTER COMMUNITY CENTRE	HONG KONG SOCIETY FOR REHABILITATION
Start of EoLC volunteer service	2016	2017	2004 (mainly focused on bereavement care before 2014)	2016
Local training (hours)	6 hours training + internship	6 hours training + internship	18 hours training + 20 hours internship	6 hours training + internship
Name of the service	Cheering@Home programme	Hospice Based Home Care programme	Hospice in Family Home Care Support Service programme	LET Go – Life Rainbow programme
Mission	Enjoy valuable and wonderful time at the EoL stage	Explore the meaning of life	Improve quality of life	Safeguard the dignity
Core roles of volunteers	Bring joy to patients and their families by home entertainment	Support the provision of spiritual care to patients and their families	Be a companion to patients and their family members	Emotional and social support to patients and their families
Service plan supervisors	Social workers and caregiving officer	Social workers	Social workers and nurse	Social workers and nurse
Service area	Hong Kong Island	Hong Kong Island, Kowloon, and Kowloon East	New Territories – Tuen Mun, Yuen Long and Tin Shui Wai districts	Hong Kong Island – Wan Chai & Eastern districts

Table 15.5 *Topics Taught in the Centralised Core Curriculum*

	TRAINING SESSIONS			
COMPETENCY DOMAINS	SESSION 1 PREPARATION	SESSION 2 PHYSICAL AND PSYCHOLOGICAL CARE	SESSION 3 SOCIAL AND SPIRITUAL CARE	SESSION 4 FAMILY CARE
Bereavement care	–	–	–	Y
Psychosocial and spiritual care	–	Y	Y	Y
Symptom management, maintaining comfort and well-being of patients	–	Y	–	–
EoL decision-making	–	Y	–	–
Overarching values and knowledge in EoLC	Y	–	–	–
Self-care and self-reflection	Y	–	–	–
Communication skills	Y	Y	Y	Y
Volunteer roles and boundaries in EoLC	Y	Y	Y	Y

The JCECC Project centralised core curriculum has three core features: balanced theory and practice; focus on volunteer roles and responsibilities; and intensive role-plays on challenging scenarios to enhance volunteers' confidence in communicating with EoL patients and their families. This is also reflected by the recurrence of competency domains of "volunteer roles and boundaries in EoLC" and "communication skills" throughout the four training sessions (see **Table 15.5**).

To determine the value of the training, a pre-post evaluation using a standardised questionnaire was conducted with 79 volunteers who completed the training. Volunteers were assessed on their sense of competence in the seven EoLC competency domains as well as personal well-being. The "self-care and self-reflection" domain was assessed using the Self-Competence Scale in Death Work (SC-DW) (Chan, Tin & Wong, 2015), and the six other domains were assessed with a multidimensional volunteer competency assessment

tool developed by the project team. The domains were rated using 10-point Likert scales. The domain on "volunteer roles and boundaries in EoLC" was not assessed. Personal well-being was assessed with the Flourish Scale (Diener et al., 2010; Tang, Duan, Wang & Liu, 2016). At post-training evaluation, participants reported significant improvements in all assessed domains of EoLC competences and personal well-being (see **Table 15.6**).

Table 15.6 ***Change of Volunteers' Perceived Competence and Life Meaning after Completing the Volunteer Core Training Course (N=79)***

ITEM	PRE MEAN (SD)	POST MEAN (SD)	PAIRED SAMPLE *t-test*	EFFECT SIZE d_{COHEN}
Volunteer EoLC competency				
Psychosocial and spiritual care[a]	6.23 (1.87)	7.86 (1.63)	7.31***	0.93
Overarching values and knowledge[a]	6.47 (2.03)	7.93 (1.12)	7.51***	0.89
Bereavement care[a]	6.47 (2.05)	7.84 (1.21)	7.03***	0.82
Symptom management, maintaining comfort and well-being of patients[a]	5.97 (2.16)	7.31 (1.43)	6.46***	0.73
EoL decision-making[a]	7.34 (2.17)	8.49 (1.25)	5.50***	0.65
Communication skills[a]	6.53 (1.87)	7.93 (2.64)	3.94***	0.61
Self-care and self-reflection[b]	64.53 (7.382)	66.07 (8.6)	2.021*	0.19
Personal well-being[c]	47.29 (5.38)	48.69 (5.63)	2.20**	0.25

Notes. [a] Measured on a 10-point Likert scale (1=not competent at all, 10= very competent). [b] Measured on a Self-Competence Scale in Death Work (SC-DW), with a scale score range between 16 and 80;
higher scores represent higher competences. [c] Measured on a Flourish Scale, with a scale score range between 8 and 56; higher scores represent better well-being. *p<0.05, **p<0.01 and ***p<0.001.

Continuous support. Effective volunteer management through continuous support is necessary to further promote competences among volunteers, as well as retain effective volunteers. The literature suggests that motive fulfilment and continuous competence enhancement should be embedded into management strategies to guide management activities and provide continuous support (Doyle, 2002; Ferreira, Proenca & Proenca, 2015). In particular, the literature suggests that fulfilling both altruistic and egoistic motives of volunteers tend to promote satisfaction and sustained engagement (Ferreira et al., 2015; Stukas et al., 2016). Thus, expectation management strategies should be designed and applied with the aim of balancing fulfilment of volunteers' personal motives (e.g. learning, self-enhancement and fulfilling social needs such as friendship) with their altruistic motives (including helping others).

The four partner organisations provide continuous support for volunteers so they can fulfil their role to the best of their ability, cope with the demands of the role by ensuring they do not feel isolated or exploited, and ensure that their contributions are recognised (Volunteer Scotland, 2013). Specifically, the partner organisations provide group or individual supervision to volunteers, organise regular volunteer sharing sessions to facilitate mutual support, collect opinions on further training needs, arrange booster training sessions and organise ceremonies to acknowledge volunteers' contributions. These strategies not only help to sustain volunteer motivation, but they also support continuous personal growth (i.e. personal competences) and enhancement of knowledge and skills in EoLC. Moreover, volunteers are stakeholders with whom the academic team engages in building the EoLC VCL model. The academic team participates in the volunteer sharing sessions and collects opinions from volunteers related to the training design and service coordination. Formal evaluation on volunteer retention, motivation and self-reported competence is also conducted by the academic team, six months after the volunteers complete the core training.

ORGANISATIONAL READINESS CHECKLIST

For any organisation, the EoLC VCL model could be a good choice to guide service planning and development. As a first step in establishing EoLC volunteer services, it is strongly recommended that a checklist is used to measure organisational readiness to incorporate volunteers. Sample checklist questions are provided in **Table 15.7**.

Table 15.7 ***Checklist Items for Organisations***

ITEM	
Planning stage	» Programme's mission and vision » Organisation readiness » Volunteers' positioning » Expected impact of volunteers' contribution
Implementation stage	» Volunteer policies » Role descriptions » Recruitment procedure » Capacity building content and means » Continuous support mechanisms
Review and evaluation stage	» Good practice consolidation » Handling malpractice and retention » Feedback and continuous improvement

SUMMARY

EoLC volunteers in the JCECC Project are supported by theoretical and practical training and also workplace-based skills consolidation. The EoLC VCL model described in this chapter contributed significantly to EoLC volunteering in Hong Kong by:

- Using an easy-to-administrative self-report risk-assessment tool;
- Including a two-stage training curriculum that enhances capacity in both core competences and contextualised skills; and
- Involving a motivation-oriented management mechanism.

The volunteer training programme has achieved its desired synergised impacts. These impacts have been experienced not only by the JCECC Project team, but also by the JCECC Project community partners and, more significantly, by the patients and families who have received the volunteers' input with grace and courage. Without the participation and feedback of a wide range of stakeholders, the model would not have reached its current form – one that deserves wider implementation and further development. The engagement of volunteers in EoLC can improve patient and family dignity and EoL choices. As EoLC care is provided to increasing numbers of people in Hong Kong, and more volunteers embrace this worthwhile activity, the Hong Kong community will become more compassionate and "life and death friendly", and will contribute towards celebrating life.

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