

Volunteers in Palliative Care: A Conceptualization

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Introduction

Palliative care volunteers have been shown to make a positive influence in the lives of critically ill patients and their families by improving their quality of life. Furthermore, palliative patients who received volunteer visits lived longer than those who did not. However, it is recommended that volunteers be educated and encouraged in their volunteer activities, in accordance with the participants' wishes. When compared to paid staff members, the volunteer's role in palliative care is distinct [1]. Complementing volunteers are useful since they can help with practical activities. A volunteer who performs a task that no one else on the patient's care team is undertaking is referred to as a "independent volunteer." Because the volunteer can sometimes even replace a family member, the volunteer position is commonly referred to as surrogacy. One of the most important volunteer roles in palliative care is to provide emotional and practical assistance as well as companionship, which is tied to the idea that the volunteer may become the patient's companion. However, the tasks that a volunteer undertakes may vary, especially because some duties are frequently reliant on what the patient and his or her family members demand [2,3]. In this way, the volunteer acts as a unique link between the patient, the family, and the staff. As a result, a volunteer coordinator is essential for volunteer training and assistance. As a result, a volunteer coordinator is essential for volunteer training and assistance. It is vital that volunteers want to continue serving their community, especially because volunteer shortages are projected in the future.

Methods

The purpose of this study was to document the lived experiences of a group of trained and supported volunteers who worked in palliative care at community health care institutions.

Study Group: Volunteers who assist critically sick or dying patients in a municipality's health care system. A few steps must be followed as a requirement.

- 1) Individuals who were currently serving as volunteers and needed to interact with people in the palliative phase of a serious illness (who were either living in their own homes or in a nursing home), and/or
- 2) Volunteer groups capable of holding a 2-hour group session every other week for seriously ill individuals with cancer, and
- 3) Volunteers who were not affiliated with any organization, such as the Red Crescent.

Data Collection: The informants were asked to share their stories of volunteering with terminally ill persons. They were encouraged to talk about both a positive and negative volunteer experience while doing so. Follow-up inquiries like "Can you tell me more about that?" will help you get more detailed descriptions. "Can you elaborate?" and "What did that mean to you?" were the questions. The interviews lasted up to 50 minutes and were taped and transcribed verbatim.

Analysis: The interviews were analysed using phenomenological scientific reduction, which meant the researcher's comprehension of the phenomena was narrowed. The analysis followed the phases below, using Giorgi's descriptive phenomenological research technique:

- 1) Get a general picture of what's going on by reading the complete interview transcript.
- 2) Decide on the meaning units. After re-reading the interview transcript, the description was broken down into places where there was a shift in meaning. This was done to make it simpler to understand the descriptions.
- 3) Convert the informants' everyday attitudes into medical language. By going back to the beginning of the interview text, each meaning unit that was first provided in the informant's own words was transformed using a phenomenological approach of free emerging from culture.
- 4) Make a wide outline. A wide framework was provided to the phenomenon of "becoming a trained and supported volunteer in palliative care." Meaning units and common traits in situational structures were changed into the foundation for building this comprehensive experience structure [4, 5].

Result

It was a great and meaningful experience to volunteer in palliative care. It was a joy to be able to help people in need, and it was well worth it. It was critical for the volunteer to be available to the sick individuals and to accompany them through their many physical and psychological states, which required the volunteer to encounter and deal with unpleasant situations. Volunteers, on the other hand, stressed the importance of having education and life experience, as well as a defined job, as well as being mentored.

Conclusion

The study discovered that trained and supported volunteers among critically ill or dying people play an independent and crucial role in the palliative care team in the community healthcare system. Volunteer training and assistance are best left to a palliative care coordinator.

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Not applicable.

Conflict of Interest

Author declares no conflict of interest.

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