

Title: What are the effect of volunteers on the care and experience of people with dementia in acute hospitals? A metasynthesis.

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Funding Statement

Impact Statement

It is widely believed that volunteers on acute hospital wards help to enhance the care of the patients with dementia by providing meaningful, individualised company and occupation, thereby reducing distress and agitation, which in turn also benefits hospital staff. However, there is a paucity of evidence to support the use of this strategy.

This review is urgently needed to explore the evidence base to evaluate this as an intervention. A worrying lack of research into the impact of volunteers for people with dementia in acute hospitals has been identified, highlighting the need to understand the potential benefits and evidence of the effect of the volunteer role in more depth.

Research is needed to demonstrate the effects of volunteer on outcomes for people with dementia, and to better understand the factors that could influence success.

ABSTRACT

Aims (of the paper), Background, Design, Data Sources (include search dates), Review Methods, Results, Conclusion

Aims: To identify and evaluate the current evidence on the impact of using volunteers for the care and experience for people with dementia in acute hospitals. To understand the factors affecting the success of volunteer schemes for people with dementia in acute hospitals

Background: People with dementia make up a significant proportion of all hospital in-patients, and hospitalisation may have a negative effect on their health and wellbeing. A person-centred approach underpins best quality care for people with dementia, but there are major challenges in implementing this in acute hospitals where staff time is focused on medical tasks and there is limited budget for additional support staff. It is widely believed that volunteers may be useful to provide the social, activity-based, one-to-one input for people with dementia in the acute hospital environment, however the evidence to support this has for this has not been identified or evaluated.

Design: meta-synthesis of the research literature.

Data Sources: EMBASE, CINAHL, MedLine, PsychInfo, BNI and Global Health searched for articles related to dementia, hospitals and volunteers.

Review Methods: Themes were identified from included papers together with factors associated with successful initiatives.

Results: Two papers reporting findings from small single-site studies were identified. Data was extracted and analysed by thematic synthesis. Themes presented: Volunteers provide a service that benefits patients with dementia; Volunteers provide a different service; The volunteer's role within the team; Volunteer support and training;

Conclusions: There is a worrying lack of evidence to support the widespread use of volunteers for people with dementia in acute hospitals. Two small single site studies do suggest that volunteers for people with dementia in acute hospitals can have potential benefits for patients, staff and the volunteers themselves. Results also suggest that volunteers may offer a different type of service to that provided by hospital employees, and show potential for this initiative to be an effective and low-cost resource to enhance the quality of person-centred care in acute hospitals. However, further, larger-scale research is urgently needed to properly evaluate the impact of volunteers in supporting people with dementia in the acute hospital setting.

Implications for Practice: Interventions need to be considered carefully in the context of providing evidence based care. This review shows that while the evidence suggests that volunteers may have potential to enhance the care and experience of people with dementia in acute hospitals; more large-scale robust research is required.

Keywords: Hospital, Dementia, Volunteer, Person-Centred Care, Systematic Review, Evidence-Based Practice

SUMMARY STATEMENT

- **Why is this research or review needed?** It is widely believed that volunteers can enhance the care and experience of people with dementia in acute hospitals. This is already a widespread initiative in practice; however the evidence for this has not been systematically reviewed or evaluated.
- **What are the key findings?** Two small single site studies were identified, both showing that Volunteers have the potential to provide a service that is different to the care delivered by paid hospital staff, is person-centred, and could benefit people with dementia in acute hospitals as well as the staff and the volunteers themselves. Further larger-scale research is urgently needed to explore the effect of volunteers for people with dementia in more depth to provide a more robust evidence base for this already widespread intervention.
- **How should the findings be used to influence policy/practice/research/education:** Further research urgently needs to be undertaken to fully understand the impact of volunteer initiatives. Volunteer initiatives in the future could then be based on more robust evidence which would better inform the structure, implementation and management of the schemes, in order to derive the optimum benefit for the people with dementia, their carers and the hospital staff.

INTRODUCTION

There are 850,000 people living with dementia in the UK today (Alzheimer's Society 2014), with projections for this to rise to over one million by 2025, and to exceed 2 million by 2050 (Lewis et al., 2014). This has a major impact on health services, and current estimates suggest that one quarter of all hospital beds are occupied by people with dementia (Alzheimer's Society 2009) with particularly high rates in acute medicine and geriatric beds (Sampson et al., 2009; Pendlebury et al., 2015).

People with dementia will stay in hospital for longer and are more likely to have unplanned readmissions than other patients with the same conditions (Care Quality Commission 2013). Nearly 50% of carers said that being in hospital had a significant negative effect on the person with dementia's general physical health and their dementia symptoms, including becoming more confused and less independent (Alzheimer's Society 2009; Pendlebury et al., 2015). These findings also suggest that the longer people with dementia were in hospital, the worse the negative effects; including weight loss, incontinence, exhaustion, pressure sores, bruising, reduced mobility, loss of communication skills and depression.

Ten years ago, the UK National Institute for Health and Clinical Excellence (NICE) published 'Caring for people with dementia in health and social care' guidelines (2006) strongly endorsing the principles of person-centred care as the basis of good practice in dementia care; and referring to Kitwood's (1997) seminal work on the vital importance of ensuring each person with dementia is enabled to maintain their personhood despite declining cognitive and social functions. The challenge has been, and still is, how to implement this approach to care into acute hospital environments. The reality for many hospitals is that there are organisational pressures to meet financial and productivity targets, which can sometimes be at odds with a focus on quality of care (Francis 2013).

It is generally accepted that the acute hospital environment is not the optimal environment for a person with dementia (Houghton et al., 2016). While there is a commitment to delivery care in place as much as possible, some situations call for admission into the acute hospital environment. Thus, it is vital to identify strategies and interventions to enhance the care and experience of this significant and vulnerable population of hospital patients in order to enable them to receive the best hospital care whilst retaining their level of functioning, respecting dignity, ensuring safety and promoting wellbeing. Acute hospital patients with dementia need to benefit from the acute care they need, without the risk of harm or deterioration in their wellbeing, in order to give them the best chance of a successful discharge and lasting positive effects from hospital treatment. In particular there is a need for further research into interventions that could improve the quality of person-centred care for patients with dementia while receiving treatment in acute hospitals (Houghton et al., 2016).

With limited fiscal and human resources being real and serious issues in acute hospitals internationally, there has been a need to explore alternative and innovative ways to enhance the quality of care provided to people with dementia, and to consider new ways this could be delivered, including providing resources outside the existing health care team. In recent years there has been a sharp increase in the use of volunteers to provide one-to-one interaction, social and cognitive stimulation, and company and even to assist with some aspects of care such as nutrition, hydration and mobility (refs needed). It is widely believed that volunteers can enhance the care and the experience of people with dementia during an acute hospital admission (refs needed), however there has been no review of the evidence base to support this intervention.

THE REVIEW

Aims

In the absence of previous reviews we therefore undertook this systematic review of the literature seeks to answer the question: What is the effect of volunteers on the care and experience of with people with dementia in acute hospitals? The review will also seek factors connected with the set up and success of the identified programmes, in particular aspects around the recruitment, training and support of volunteers.

Design

Systematic Review

Search Methods

The following databases were searched: EMBASE, CINAHL, MedLine, PsychInfo, BNI and Global Health. The search terms were created in order to identify literature focusing on using volunteers as an intervention for people with dementia in acute hospitals. The search terms used covered Dementia AND Volunteer AND Hospital and are shown in Table 1. Search terms were used to generate index terms specific to each database and these were added into the search. Duplicates were excluded and inclusion and exclusion criteria were applied, as detailed by the PRISMA flow chart (see figure 1). Relevant conference presentations and posters where only abstracts were available were excluded.

****insert table 1****

Search Outcome

The database search produced 585 articles. Articles were included according to the methods detailed above. Xxx Two articles were identified for inclusion in the review (see figure 1).

****insert figure 1****

Quality appraisal

Two papers were quality appraised using CASP appraisal guidelines (CASP 1998). Both papers focused on small, single-site studies. Selection bias was identified in both papers: McDonnell et al. (2014) chose to only select patients with cognitive impairment or dementia, who were also displaying behavioural disturbance (e.g. agitation or wandering). How behavioural disturbance was measured or defined in order to identify potential participants was not reported. Wong Shee et al., (2014) selected participants on the guidance of the Dementia Nurse Specialist, again with no measure or definition for how potential participants were identified.

Data abstraction

Information on the two schemes was extracted from the introduction and methods section of the two papers to be presented in Table 2. Data for thematic synthesis was extracted from the results section of the two papers.

Synthesis

Data from the included papers were extracted and analysed in a thematic synthesis, guided by the methods from Thomas and Harden (2008), including coding, developing descriptive themes and generating analytical themes.

RESULTS

The themes identified following thematic synthesis were as follows:

Volunteers provide a service that benefits patients with dementia

Patients benefitted from the volunteers being on the ward – volunteer-led activities were valued by the patients, and the nurses perceived the benefit to patients (Wong Shee et al., 2014). McDonnell et al. (2014) noted that patients' wellbeing was enhanced by having someone to talk to and be listened to, they were less withdrawn and depressed; and stakeholders were able to recognise the potential the intervention had to improve patient experience. Staff perceived that agitation and restlessness were reduced by volunteers spending time with patients (Wong Shee et al., 2014), because they were able occupy them appropriately (McDonnell et al., 2014). At the end here, need to make a comment about actual outcomes... if there were no measures showing benefits this needs to be stated.

Volunteers provide a different service

McDonnell et al. (2014) reported that volunteer interventions were highly valued by ward staff, and their active presence with patients meant that nurses were freed up to do tasks that only qualified staff could do, such as administering medications. Staff also appreciated volunteers for being able to spend time with patients who were anxious or distressed; patients to whom they would otherwise have to give an increased amount of time and attention to, thereby limiting time spent with the rest of the patients on the ward. Staff felt more able to concentrate on their tasks, knowing that volunteers were attending to patients on the ward, recognising them as 'additional pair of eyes in the ward area' (McDonnell et al., 2014 p.31). Staff recognised that volunteers were able to offer the one-to-one support that people with cognitive impairment needed, thereby providing company and enjoyment for the patients, and this in turn resulting in raised level of work satisfaction for staff (Wong Shee et al., 2014). Volunteers were able to provide individualised input to meet the specific needs and preferences of patients, rather than everyone doing the same thing e.g. music, dancing, artwork, games, based on what the individual wanted to do that day (McDonnell et al. 2014). McDonnell et al. (2014) also reported the views of a carer, who was grateful that the volunteers on the ward had been able to spend time making a 'meaningful connection' (p.302) with her husband, and felt that this was down to the time the volunteers had available to listen and talk.

Furthermore, McDonnell et al. (2014) noted that staff had particular motivations and needs behind their communication with patients, whereas the volunteers were communicating for the enjoyment and benefit of the patients. Thus, the staff felt that employing additional staff members to provide the service offered by the volunteers may not have achieved the same success.

The volunteer's role within the team

Some difficulties between staff and volunteers in the initial and development stages of the projects were noted in both papers; volunteers were not always welcomed (McDonnell et al., 2014) and volunteers felt frustrated by nurses responses to their requests for help for patients (Wong Shee et al., 2014). Volunteers felt connected to each other and the research team, but to a lesser extent with the nursing team (Wong Shee et al., 2014). However, difficulties in both programmes seemed to alleviate over the course of the projects. McDonnell et al. (2014) reported that structures such as a rota and a sign in sheet helped nurses to know when volunteers were coming, and these eased tensions about the uncertainty of the volunteer attendance.

Some of the tasks suggested for the volunteers by the nurses revealed that the nurses did not fully understand the role of volunteers on the ward (Wong Shee et al., 2014). Communication improved as the service became established, and as volunteers and staff developed better understandings of each other's roles (McDonnell et al., 2014). Wong Shee et al. (2014) found that staff were concerned about the differentiation between volunteers and staff, and there were concerns about the access to patient's personal information and medical history. Volunteers felt they would benefit from knowing more about patient's functional level, ability to do activities etc. and wanted feedback on changes to their condition. In the McDonnell et al. (2014) study, once the roles had been established and settled the staff felt there was no overlap in roles and volunteers had no negative effects on staff activities and duties. Wong Shee et al. (2014) and McDonnell et al. (2014) both excluded assistance with feeding from the volunteer's activities; however, this was highlighted by both authors in the feedback from staff as something they felt the volunteers could help with and be of benefit to patients.

Volunteer support and training

Both papers indicated that specific training was given to the volunteers (see table 2). Volunteers developed new skills in communication and felt pleased to be making a meaningful contribution which was appreciated, and also helped others (Wong Shee et al., 2014). Adequate training and support for the volunteers was important for retention (McDonnell et al., 2014); in particular, the volunteers recognised the importance for training on communication strategies for interacting effectively with people experiencing cognitive impairment (Wong Shee et al., 2014). McDonnell et al. (2014) engaged a Dementia Nurse Specialist, who was seen as crucial to the success of the initiative and she gave on-going support to the volunteers as needed. Wong Shee et al., (2014) found that volunteers wanted more staff involvement in their training in order to foster better working relationships and teamwork.

McDonnell et al. (2014) highlighted the need for support at strategic and senior levels in the trust in order to sustain the intervention, as well as ward-level commitment and leadership. Drive as well as vision, both in the leadership and the team on the ground, were identified as important to ensure the success of the initiative.

DISCUSSION

The small number of papers identified demonstrates the paucity of evidence related to the use of volunteers in this context. Though the findings of both papers suggest volunteers could be a valuable, feasible and low-cost intervention to enhance the care of people with dementia in acute hospitals, the evidence itself is weak and there are many avenues that require further systematic investigation. The current lack of evidence is worrying in relation to the extent that this initiative is widely promoted and already embedded in practice as an intervention to improve care and experience for people with dementia in acute hospitals (refs needed).

Proponents argue that volunteers have the time and one-to-one contact with patients in order to deliver person centred social and occupational interventions which can make a real and positive impact on wellbeing (refs needed). Volunteers are already involved in all areas of health care, supporting the 'creation of people-centred and relationship-based services, and improved patient and service user experience' (Department of Health 2011 p.12). Naylor et al. (2013) summarise research from a variety of settings (including palliative care, adult mental health, community

nutrition, long-term care) highlighting the benefits of volunteering to care recipients, health and social care organisations, as well as to volunteers themselves and the wider community. These benefits included improved self-esteem, wellbeing, health behaviours, clinical outcomes as well as and lower levels of social exclusion, isolation and loneliness; enhanced wellbeing and social engagement, services more responsive to local needs, engaging 'hard-to-reach' communities more effectively, filling gaps in provision and facilitating improvements in professional–patient relationships and interactions, and improved social cohesion (Naylor et al 2013). However, Naylor also suggests xxxx

Whilst volunteers may be evidenced to enhance the care of hospital inpatients in other settings, people with dementia require specialist care, and hospitals should be providing the specific mental and physical needs of people with dementia (NICE 2006). This review has demonstrated that there is no evidence to show volunteers are either competent or the best way to provide this kind of care for people with dementia.

Nurses did perceive a benefit for their patients with dementia who were engaged with volunteers, and therefore their level of work satisfaction increased. Whilst the review highlighted the issue of interventions being delivered by volunteers initially causing feelings of apprehension and some tension and uncertainty within the teams, once roles, boundaries and teamwork were established these issues were resolved and the nurses felt the patients were receiving better care as a result of the volunteer input. In turn this increases work satisfaction for staff. A review of factors associated with general acute hospital nurses' job satisfaction (Lu et al 2012) highlights the link between job satisfaction and nursing turnover, also emphasising that nursing shortage and turnover is a global issue of concern. Aiken et al. (2012) suggest retention of nurses and an improvement in work environment as promising strategies to improve hospital care, safety and quality, at a relatively low cost. Having a better understanding of the impact on staff of volunteer initiatives for people with dementia could therefore be useful in the retention of staff, which would in turn impact on the quality of care. However, xxxx

The challenges of implementing person centred care in acute hospitals goes beyond issues of time and availability of staff, but can be partly explained by a lack of understanding of the approach (Clissett et al., 2013). Acute hospital staff approaches to care are routinely focused on physical care, rather than person-centred (Houghton et al., 2016). Volunteers may have provided a different kind of service that could not have been provided by the nurses or other staff members, which may have been in part because of they weren't bound by the same time constraints, but it could also have been due to the nature of their relationship and approach to the patients. Bowers (1990) found that family carers did not describe their caregiving in terms of tasks, but in terms of concerns and purpose. Handy and Srinivasan's (2004) review of volunteer schemes in Canadian hospitals identified that hospital staff members considered volunteers as important resources in providing the personal touch for patients and their families. It could be that volunteers have a different approach to supporting patients because of a different theoretical or philosophical framework towards the interactions and also the opportunity to spend more one-to-one time with patients, therefore being better able to establish an authentic relationship with an individual patient. The nature of the relationship between the volunteers and people with dementia needs to be explored in more depth to fully understand the dynamics, motivations, interactions and learn from the aspects of these relationships that are believed to provide additional benefit to people with dementia in the acute care environment.

There are also potentially significant beneficial effects for the volunteers themselves both in terms of their own development and education as well as their self-worth, confidence building and sense of contributing to the benefit of others. As with the benefits of promoting work satisfaction for

nurses, if the volunteers benefit from the scheme and enjoy participating then one would expect continued participation, making such programmes feasible and sustainable. Naylor et al. (2013) reference the successful 'Dementia Friends' initiative led by the Alzheimer's Society with volunteers being a central driver to promotion and cascading of the concept and training. There are now over a million dementia friends (Alzheimer's Society 2015). The success of programmes such as these suggests the availability and willingness of volunteers to engage in the improvement of dementia care. More in-depth research on the effect of volunteering for the volunteers would inform a better understanding of the impact of these schemes on the volunteers themselves, identifying the benefits as well as the areas needed for support and training to ensure the successful retention of volunteers on the schemes and to maximise the potential benefits of the scheme to everyone involved.

Support and careful implementation of volunteer schemes is necessary in order to ensure their success. Initial problems around the role identification, working patterns, responsibilities etc. could be resolved by training and information for ward staff. Use of a volunteer coordinator or identified specialist nurse, as in McDonnell et al. (2014) will likely provide a sense of coordination and provide support to all involved in the programme. Studies on volunteers for people with dementia in nursing homes also strongly advocate the need of a volunteer coordinator (Damianakis et al., 2007, Van der Ploeg et al., 2014,). Damianakis et al. (2007) noted that a structured model was needed to ensure the volunteers were distributed equally amongst the residents. Van der Ploeg et al. (2014) observed that residents with more advanced dementia and associated behavioural symptoms were often overlooked, despite being the resident group that would perhaps benefit the most from the non-pharmacological interventions that the volunteers were implementing, and that volunteers mostly assisted with activities which pursued their own interests rather than those of residents. A volunteer coordinator might also be useful in ensuring that volunteers spend time equally with all patients, or in diverting them to patients in the greatest need. McDonnell et al. (2014) suggested a rota and sign in sheet. Charalambous (2014) incorporated a volunteer noticeboard and closed Facebook group to provide a sense of connectedness, support and inclusion.

Support from the highest levels of the hospital organisation was highlighted as important. The value domain of the Brooker et al. (2007) VIP Framework is presented as one of the four guiding principles of person-centred care. The principle details the need to value and promote the rights of the individual, indicated in part by the organisational values, values and management ethos. This element should be considered when designing and planning volunteer initiatives.

Volunteers could have a potential role in assisting with nutrition (refs needed). Studies in which volunteers have assisted older people in hospital with nutrition, but not specifically studied people with dementia, have been very positive (Wong et al., 2008, McMahon et al., 2013, Robison et al., 2015) and encouragingly there was again a positive effect also on staff morale noted (Robison et al., 2015). This aspect of care and support would be worth pursuing in future research, as part of volunteer initiatives for people with dementia in acute hospitals.

Limitations

With only two small, single site studies meeting inclusion criteria, this review has highlighted the lack of larger-scale, robust research on volunteers for people with dementia in acute hospitals despite the fact that dementia volunteers are already widespread in the sector. There is therefore an urgent need for further work to evaluate the efficacy of volunteers and to optimise the potential of this promising intervention to enhance the care and experience for people with dementia in acute hospitals.

FUTURE RESEARCH

These two qualitative papers give positive indications that the use of volunteers represent a promising intervention; however, robust clinical studies are needed to provide evidence of the effect on patient care, outcomes, and patient safety measures such as falls and pressure injury. In addition, the concerns, views and experiences of the person with dementia and their carers needs to be better understood. The dynamics of the relationship between volunteers and patients requires further research to explore the suggested concept that they provide a different service to healthcare professionals, to identify if there is anything we could learn and incorporate into our nursing practice from this research.

The paper highlighted the difficulties of implementing the initiatives and the initial problems around introducing volunteers into the nursing teams. Research needs to be conducted to understand the views and perspective of the nursing staff and other hospital stakeholders, and to gather their suggestions for how volunteers can be successfully introduced to the ward, what needs to be in place in order for these initiatives to be positive, effective and sustainable. Further research with patients, carers and staff could also identify what types of activities the volunteers could engage in with patients with dementia, in order to achieve maximum benefit for both patients, carers and staff.

CONCLUSION

There is a worrying lack of robust evidence to support the widespread use of volunteers for people with dementia in acute hospitals. People with dementia need specialist care, and whether volunteers are the best placed to provide this input to patients needs to be researched further.

This review suggests there could be multiple potential benefits to implementing volunteer initiatives for people with dementia in acute hospitals for patients and carers, staff and volunteers themselves. Volunteers could provide a different type of service, having different motivations and reasons for engaging with the patients and the ability to spend extended period of time with patients who are restless or agitated.

Training and support is important to develop and sustain these initiatives. Support from specialist dementia nurses, ward-level management as well as senior and strategic level support will all help to ensure the success of a volunteer initiative. Volunteers have the potential to enrich the quality of care in acute hospitals, and therefore enhancing the wellbeing of people with dementia in hospitals. As a relatively low cost service this needs to be explored further in terms of the impact on patient outcomes, nursing outcomes and patient safety. Research needs to identify the type of tasks that volunteers can engage in with patients in order to get maximum benefit for the patients, carers and staff. The views of people with dementia and their carers should also be explored to understand their perspective on this new approach to care.

In the rush to implement strategies to meet the ever present and increasing needs of people with dementia in acute hospitals, it is important to carefully consider the evidence base behind current and proposed interventions, in order to meet the challenges of not only providing the best care for people with dementia, but also adhering to our goal of evidenced-based care for all.

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Figure 1: PRISMA Flow Chart

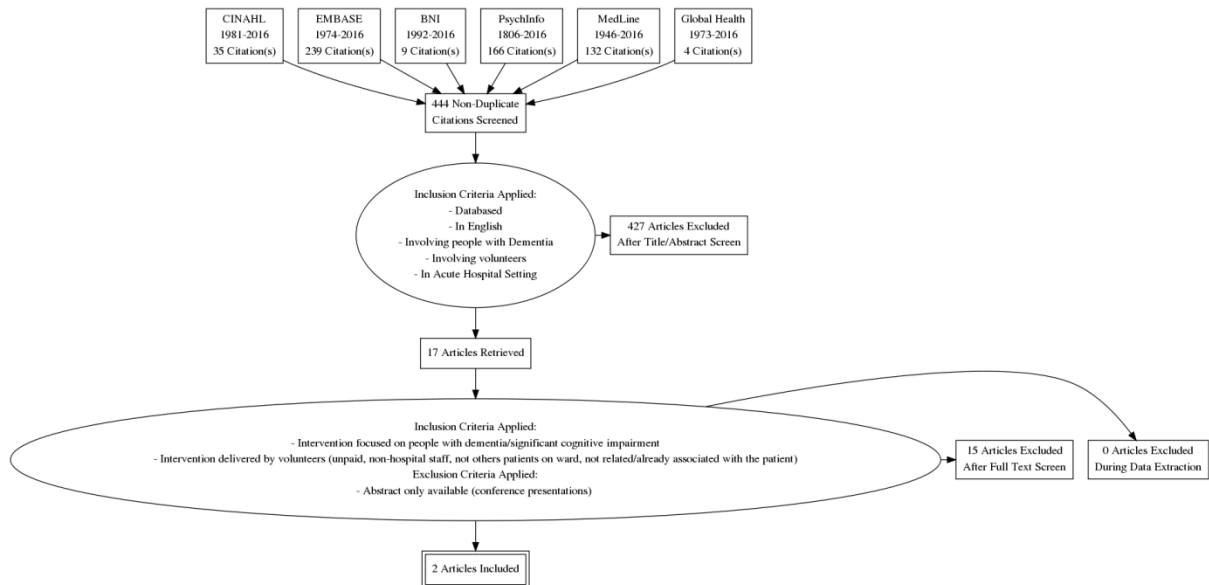


Table 1: Search terms

Search terms		
DEMENTIA:	VOLUNTEER:	HOSPITAL:
dementia*	volunteer*	Hospital*
psychogeriatric*	(lay adj3 (people OR person*))	Inpatient*
geropsychiatric*	(buddy OR buddies)	Ward*
psycho-geriatric*	apprentic*	
gero-psychiatric*	honorary*	
alzheimer*		
"lewy bod*"		
DLB		
Pick*		
(cognitiv* adj5 impair*)		

Table 2: Overview of two volunteer programmes

	Wong Shee et al. (2014) Feasibility and acceptability of a volunteer-mediated diversional therapy program for older patients with cognitive impairment	McDonnell et al. (2014) Introducing on-ward volunteers to work with patients with dementia
Setting	Sheffield, UK on-ward volunteer service in an acute orthopaedic ward with a number of dementia patients	Australia 30-bed inpatient rehabilitation unit in a large regional health service in Australia
Volunteers	Recruited by media, programme promotion and the existing volunteer coordinator links 10 recruited, 2 withdrew during the study	Recruited by Royal Voluntary Service (RVS) 28 volunteers during 12 month period. Mean number of volunteers each month: 12 Mean hours: 64.5 per month
Intervention	Diversional Therapy Programme Volunteers were guided by individual tailored plans created by therapists. Nursing staff and researcher selected patients who were appropriate, available and willing. Volunteers worked one to one with inpatients	12 month pilot project Befriending, diversional therapy, companionship and supporting family carers and providing respite time. Dementia Nurse Specialist guided volunteers on which patients to work with.
Volunteer Training	Hospital Induction (4 hours) Diversional therapy program training (2 hours) Supervised patient sessions (2x 1 hour)	Training provided by RVS (content not specified)
Patients	The Dementia Nurse Specialist guided volunteers on which patients to work with	Patients admitted to the sub-acute ward were included in the study if they had a cognitive impairment, defined as a Mini Mental State Examination (MMSE) score <25 or a diagnosis of dementia, and had exhibited behavioural disturbance (e.g. agitation or wandering)
Outcome Measures	Demographic data on volunteers (age, gender) Demographic and medical data on patients (age, gender, diagnosis, cognitive status (MMSE), fall risk score) Diversional therapy activity data 1:1 interviews with patients and carers at time of discharge 1:1 interviews with volunteers at end of programme Focus group with 7 members of nursing staff at end of programme	Interviews with 7 stakeholders (management, operational, clinical) Focus groups with volunteers (convenience sample) 10 volunteers across 3 groups. Observations of practice (18 volunteer visits observed, 11 different volunteers) Focused conversations with ward staff (purposive sample) 6 members of staff.