

Volunteer Role Largely Absent in Provincial Long-Term Care Policy

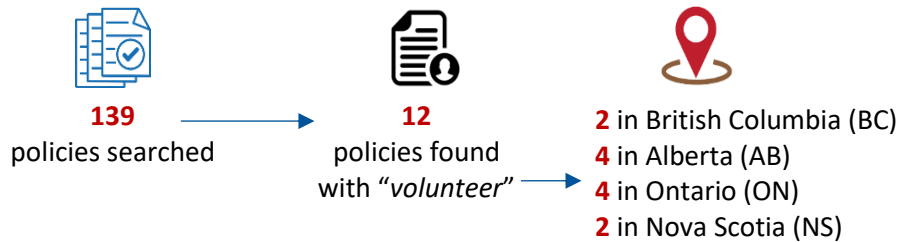
KEY FINDINGS

Volunteers play a unique and important role in providing relational care to residents in long-term care (LTC), but palliative care policies identify a lack of support for volunteer contributions.

The unique contributions volunteers provide should be acknowledged and supported in regulatory policy, but should not be over-regulated where the volunteer role becomes restrictive.

VOLUNTEERS SCARCE IN POLICY

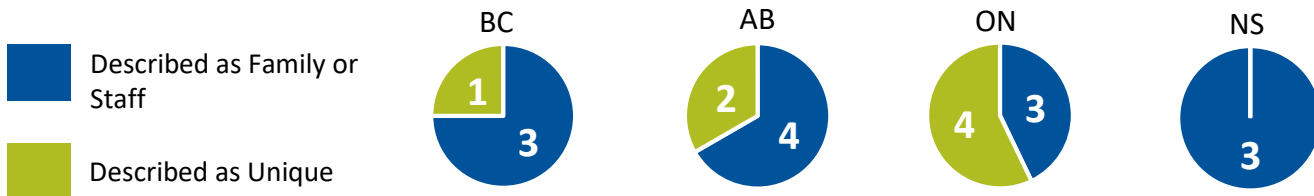
Volunteers are scarce in policy across all four jurisdictions (British Columbia, Alberta, Ontario, and Nova Scotia).



UNIQUE ROLE OF VOLUNTEERS NOT REFLECTED IN POLICY


Volunteers play unique roles, but this is not supported in current policy.


When volunteers *are* described in policy, their role is often described as *supplementary* to **staff and family** rather than as **unique caregivers** (apart from Ontario policy).




number of times volunteers were described alongside family/staff or having a unique role


PROVINCIAL APPROACHES TO SUPPORTING VOLUNTEERS AND AFFECTS ON RESIDENT QUALITY OF LIFE

NS  Subject to staff regulations, but perform different duties.
Receive training similar to- and mentorship from staff.

ON  Volunteer coordinator in every LTC home.
Invited to help revise mission statements and collaborate on resident and family councils.

Most common themes in all jurisdictions include **screening** practices, *limitations* on volunteer's **involvement** in residents' **personal affairs**, and **supporting interrelations** between volunteers, staff, and family.

AB  Physical environment designed for volunteers' comfort.
Receive similar training to staff.

BC  Play a collaborative and relational role in resident care through facilitating communication.

What This Research is About

As part of the larger SALTY project, *Stream 4 Examining Policy Context* sought to understand “how does provincial regulatory policy enable or inhibit quality of life for residents in late life living in LTC?”

How we Did it

Regulatory policies relevant to LTC and published prior to 2017 were analyzed in four Canadian jurisdictions: British Columbia, Alberta, Ontario, and Nova Scotia.

Policies were searched using the keyword “volunteer” to understand how volunteers are reflected in current LTC policies that may influence resident quality of life. Policies were examined through a **quality of life lens** conceptualized by Kane’s (2001) 11 quality of life domains: Autonomy/Choice; Dignity; Food/Enjoyment; Functional Competence; Individuality; Meaningful Activity; Physical Comfort; Privacy; Relationships; Safety, Security and Order; and Spiritual Well-Being.

Full Article:

Hande, MJ., Taylor, D., & Keefe, J. (2021). The role of volunteers in enhancing resident quality of life in long term care: Analyzing Policies that may enable or limit this role. *Canadian Journal on Aging*, 1-12.

<https://doi.org/10.1017/S0714980821000106>

Why This is Important

Provincial policy leads the development of standards for providing care in LTC.

Volunteers have the ability to fill the gaps in care and provide more relational aspects of care where staff may be overburdened.

How This Research Can be Used

Results can inform current and future policy development to better acknowledge and support that undervalued role of volunteers.

Supporting volunteers at a legislative level can enhance resident quality of life.

About SALTY



SALTY is a pan-Canadian research project funded (2016 – 2020) by grants from the Canadian Institutes of Health Research (CIHR) and various research partners. The project aims to provide evidence to enhance resident quality of life during late life in LTC by integrating different research disciplines and actively engaging end users in our research. For more information on the project contact or follow us at:



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