SPECIAL REPORT

Running a Volunteer Program for Palliative Care in a Chinese Hospital: Our Practice and Experience

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Abstract The establishment and development of volunteer team are very important in the whole process of palliative care. The concept and practice of palliative care have been developed in Peking Union Medical College Hospital (PUMCH) since the end of 2012. Great progress has been made in different aspects. Volunteers play an extremely important role in the development of palliative care in PUMCH. The whole work began with the establishment of volunteer teams. This article introduces the process of the establishment and development of palliative care volunteer team in PUMCH, aiming to provide practical references for hospitals in mainland China to develop their own palliative care volunteer team.

VOLUNTEER refers to any person who volunteers to contribute his/her time and energy to improve social services and promote social progress without any material reward. The four characteristics of volunteering are volunteerism, gratuitous, public welfare and organization.¹

After the reform and opening up, some coastal cities in China began to explore the mode of voluntary service and voluntary service organizations were established. 2008 is known as the first year of Chinese volunteers. The active contribution of volunteers

in Wenchuan earthquake rescue as well as in Beijing Olympic Games marks a new era of volunteer service in China.²

End-of-life care (EOLC) usually is performed as a teamwork by multidisciplinary professionals including physicians, nurses, social workers, pharmacists, and volunteers. Volunteers are always an indispensable part of the team working.³ Volunteers can help patients in daily care, such as feeding, clothing, bathing, accompanying, and entertainment, etc. They can also do supportive work such as raising money, cleaning room, counseling and educating.⁴ These caring activities does not require expertise from clinicians and nurses, but need input of time and manpower. Besides, they are also very important in supporting patient's family, such as providing opportunities for family member to respite.⁵ Importantly, through service that make a dying person's life better, volunteers achieve self-growing and better understanding about what is really important in a person's life.⁵

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As the development of EOLC has been slow and lack in scale in mainland China, volunteers activities in EOLC are also small and underdeveloped. More and more Chinese are willing to participate in the voluntary service of end of life care.⁶ In some part of China, volunteers have chances to participate in this area.^{7,8} A volunteer who accompanied the elderly people in Beijing Songtang Hospital—an institution specializing in caring end of life patients tell his own story.⁹ The Li Ka Shing Foundation's hospice program, which aims to provide free analgesics for poor, painful end stage cancer patients have volunteers engaged in their work for more than 17 years.¹⁰

In recent years, with the vigorous development of hospice and palliative care (HPC) in mainland China, the hospice volunteer service has sprouted and developed greatly.¹¹ The purpose of this article is to give an overview of building a volunteer program in a Chinese tertiary hospital regarding team construction, maintenance and promotion, etc., aiming to provide a practical reference for the development of volunteering in the field of palliative care.

Origin and the launching

In November 2012, with the assistance from the Hospice Foundation of Taiwan China, a Beijing medical and nursing delegation led by Dr. Xiaohong Ning, an oncologist at Peking Union Medical College hospital (PUMCH), went to Chinese Taiwan to study HPC. Afterward, a volunteer team particularly for HPC was established at the end of 2012 with help from the Super Course Association of Peking Union Medical College (PUMC). Here in after referred to as the hospice and palliative care volunteer team (HPCVT) in this article. The main reason for building a volunteer team was that medical staff in a large hospital like PUMCH were generally busy with clinical workload and did not have enough time to "accompany". On the other hand, our medical staff did not have enough awareness, attention and manpower on humanistic care for patients' families.

Recruitment

The volunteers were initially recruited from undergraduates majored in clinical medicine at PUMC, and then extended to nursing school students, postgraduates, hospital staff, their children or close relatives, and some social groups that share the same value.

Student volunteer recruitment is led by peer lead-

ers, supervised by mentors. The recruitment of new volunteers is performed at the beginning of each semester. There are about 40-60 student volunteers join in each semester. In March 2015, in response to some medical staff and their relatives who requested for volunteering, we set up the Rainbow Group, which also include their children upon applying. With increased number of children in our volunteer team, the Youth Team was formally established in February 2017. The activities of Youth Team were limited by the lack of leaders and cannot be held constantly. At present, we have three leaders so that the activities of Youth Team can be carried out more smoothly.

We also cooperated with the volunteer team from the Ren-Ai Charity Foundation. They joined the team after training and then provided service in hematology ward.

Training and monitoring

The training for volunteers was led by mentors, initially an oncologist (Dr. Ning) and a head nurse (Ms. Ying Zheng) in the department of oncology. Later on, a senior volunteer who was a nurse and a part time social worker took mentor's role.

The volunteer training program in Europe mainly include theoretical study and practical curriculum. Most of the courses are about general knowledge of hospice, palliative care, volunteer's rights and obligations.⁴ The National Hospice and Palliative Care Organization (NHPCO) in USA recommends a 16-hour training program for volunteers and provides a framework to guide training designation.³ The Medicare Hospice Conditions of Participation (COP) of United States requires at least 5% of cumulative hospice care hours to patients be provided by certified volunteers. No guidance on objectives, delivery methods, or length of training were provided.³ As to training content, it was suggested to be discriminated according to the nature of service, which might help volunteers stay in team longer.¹²

We have designed a four-hour training course for our volunteers, which covers the concepts of hospice care, the role of volunteers in a team, how to reach and help patients, role playing practice, and management. After theoretical training, fresh volunteers are arranged to follow senior volunteer for 2-4 hours, after which they can enter the group for ward service. Upon these activities, the supervision of volunteering developed gradually.

Management and leadership

With the increasing recruitment and training task, in 2015, a full-time supervisor joined the team for management.

Four student leaders are responsible for the daily management activities (volunteer recruitment, scheduling, attendance, internship, publicity work, etc.) of volunteer team for one year. Every year in June, new student leaders are appointed after nomination and observation. The organization scheme of our volunteer team is shown in **Fig. 1**.

We issue certificates of volunteer service hour to all volunteers and awards to outstanding volunteers.

Activities and achievement

The ward services that our volunteers have conducted are presented in the **Table 1**. By 2018, more than 620 volunteers had engaged in a variety of activities for HPC, with a total service time of more than 9645 hours.

In addition to hospital ward service, volunteers actively participate in the palliative care related re-

search and clinical assistance. We undertook the Asian Patient Perspectives Regarding Oncology Awareness, Care, and Health (APPROACH) study in 2017.¹³ Most of the study work were conducted by interview. In 6 months, 32 volunteers accomplished 220 interviews after training, with 480 serving hours in total. Our outpatient volunteer team help with medical information collection of terminal patients who come to Dr. Ning's palliative clinic and perform telephone follow-up for screening of living status and needs from patients and family members. They also do home-visiting accompany for end stage patients. There was one patient who was outreached once a week for 14 times and 73 service hours in total till passed away.

Financial support

A fund special for palliative care was established under the Peking Union Medical Foundation in March 2013. Though very limited, money raised from some close friends of patients was used to support in-hospital voluntary activities and group training.

The Educational department of PUMCH has provided financial and administrative support for us to hold the Volunteer Exchange meeting constantly since 2014. The in-hospital voluntary service has also been supported and encouraged by the Communist Youth League Committees of both the hospital and the college. Besides, we also got financial support from the Ren-Ai Foundation.

Social cooperation

We actively cooperate with volunteer teams from other universities in China and interact closely with local social organizations, learning their experiences and receiving supports from them, which greatly help in developing our volunteer team. These cooperative organizations or working teams include the Living Will Promotion Association, the Beijing Ren-Ai Charity

Figure 1. The organization scheme of the volunteer team at PUMCH. HPCVT, hospice and palliative care volunteer team; PUMCH, Peking Union Medical College Hospital.

Table 1. Volunteering activities in wards of Peking Union Medical College Hospital

Volunteer group	Wards	Service activities	Frequency	Service time (hours)
students	Oncology	accompany, handcraft, art performance	4-6 times a week	5586
	Geriatric	accompany, handcraft	3 times a week	
"Rainbow"	Gynecology	accompany	twice a week	788
Youth team	Gynecology	handcraft, visual art performance	unregularly	122
	Neurosurgery	handcraft, visual art performance	unregularly	
"Ren-Ai"	Hematology	accompany	4 times a week	749
"Colorful Leaf"	Oncology	accompany, entertainment	2 times a week	2400
In total				9645

Foundation, Beijing University of Chinese Medicine, Shanghai Cihui Foundation School of nursing, Hebei University of Traditional Chinese Medicine, and Beijing Shifangyuan Charity Foundation. Particularly, the annual Volunteer Exchange meeting on the World Hospice and Palliative Care Day (**Fig. 2**) makes the isolated volunteers get to know that they have peers doing such meaningful work, and thus get recognition and support from each other. Meanwhile, it provides chances for a volunteer team to learn advantages in practice of others so as to improve themselves.

Public promotion

On November 30, 2013, a documentary named "Please let me go in this way" was broadcasted on CCTV at "News Probe" column (**Fig. 3**).¹⁴ It gave a vivid and detailed presentation of our peaceful volunteering service, which made our volunteers' work known by the publics. Our student volunteers also found a WeChat public account, entitled as Beijing Xiehe Hospice Volunteer Team, in order to disseminate ideas and knowledge in palliative care, present the volunteers' activities we have done. It has helped both publics and professionals with better understand the concept of palliative care (**Fig. 4**).

Challenge and perspective

It has been found that there is a huge demand for HPC

Figure 2. A group photo of the Volunteer Exchange meeting on World Hospice and Palliative Care Day October 13, 2018.

Figure 3. A screen capture of TV video: a volunteer accompanied end stage patients playing poker game.

Figure 4. A page about hospice care volunteering in our WeChat public account which was founded by student volunteer team and has become a platform for students to voice.

volunteer service in many departments of PUMCH. Those patients in serious ill need caring more than the medical treatments. However, the growth of volunteer team needs time, resource and professional management. Imbalance between supply and demand is the biggest challenge for us. At present, all volunteer team leaders are part-time working aside their routine work task and lack in training on volunteer management, which limits the abilities of the volunteer team to meet the increasing rigid needs of HPC.

Fortunately, with the increasing awareness of volunteering in professionals and publics, more people and resource have engaged in the HPC, or joined in the volunteer team work, so that volunteering in HPC has grown steadily. It is believed that with more training for volunteers and regular supervision for their work, volunteering service will be integrated into the medical care system to benefit end stage patients better in the future.

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