

A Phenomenological Study of Being a Professional and Supportive Volunteer in Palliative Care

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Abstract

Volunteers in palliative care have been proven to make a beneficial difference in the lives of critically ill patients and their families by increasing their quality of life. It has also been found that palliative patients who got volunteer visits lived longer than those who did not. However, it is suggested that volunteers be taught and encouraged in their voluntary activities, which is in keeping with the wishes of the participants. When compared to paid staff personnel, the function of the volunteer in palliative care is distinct. Volunteers are referred to as complementing since they can assist with practical tasks. The term "autonomous volunteer" refers to a volunteer who performs a duty that no one else on the patient's care team is doing. The volunteer job is often referred to as surrogacy since in some cases; the volunteer can even replace a family member. In palliative care, one key volunteer job is to give emotional and practical support, as well as companion, which is linked to the concept that the volunteer might become the patient's companion. However, the activities that a volunteer performs might vary, especially as some jobs are frequently dependent on what the patient and his or her family members require in this manner, the volunteer serves as a unique link between the patient, the family, and the members of staff. As a result, a volunteer coordinator plays a vital role in the training and support of volunteers. It is critical that the volunteers desire to continue serving their community, especially because there is expected to be a volunteer scarcity in the future.

Keywords: Palliative care; Autonomous volunteer; Quality of life; Emotional and practical support

Methods

The goal of this study was to report the lived experiences of a group of trained and supported volunteers who volunteered in palliative care within community health care facilities.

Study Group: Volunteers working in a municipality's health care services with very sick or dying people. As a criterion, a few steps must be followed. 1) Individuals who were currently serving as volunteers and were 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) Individuals who were serving as volunteer groups and were 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 [1].

Data collection: The informants were encouraged to open up about their experiences volunteering with very sick people. They were urged to talk about both a great and a problematic experience as a volunteer while doing so. To gather fuller descriptions, follow-up questions such as "Can you tell me more about that?" "Can you describe it further?" and "What did that mean to you?" were asked. The interviews were taped and transcribed verbatim and lasted up to 50 minutes [2].

Analysis: The interviews were analyzed from the standpoint of phenomenological scientific reduction, which meant that the researcher's understanding of the phenomena was delimited. The descriptive phenomenological research technique of Giorgi was employed, and the analysis followed the phases below:

- 1) Read the entire interview transcript to get a basic idea of what's going on.
- 2) Decide on the units of meaning. The description was broken down into places where there was a shift in meaning in the interview text after re-reading it. This was done to make the descriptions easier to read.
- 3) Translate the informants' normal attitude expressions into medical jargon. Each meaning unit that was initially conveyed in

the informant's own words was altered utilizing a phenomenological technique of free arising from cultural by going back to the beginning of the interview text.

4) Create a broad framework. The phenomena of "becoming a trained and supported volunteer in palliative care" were given a broad framework. The foundation for developing this broad experience structure was transformed meaning units and common characteristics in situational structures [3].

Result

Volunteering in palliative care was a rewarding and fulfilling experience. It was a delight to be able to assist others in need, and it paid off handsomely. It was crucial for the volunteer to be there for the sick people and to follow them through their many physical and psychological states, which meant that the volunteer had to face and cope with difficult situations. Volunteers, on the other hand, said it was critical to have education and life experience, as well as a defined position, and they emphasized the necessity of being mentored [4,5].

Conclusion

The research found that in the arena of community healthcare system, trained and supported volunteers among critically ill or dying individuals play an autonomous and vital role in the palliative care team. A palliative care coordinator is especially well-suited to training and assisting volunteers.

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Received November 05, 2021; **Accepted** November 19, 2021; **Published** November 26, 2021

Citation: Shepard J (2021) A Phenomenological Study of Being a Professional and Supportive Volunteer in Palliative Care. J Palliat Care Med 11: 440.

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