

# VOLUNTEER USE IN HOSPITALS

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## QUESTION

What is the available evidence regarding the organisation of volunteers within a hospital?

## RESULTS

## ONLINE RESOURCES

## AUSTRALIAN GUIDANCE

Volunteer West. (2025). **Culturally inclusive volunteer toolkit.** [Web link.](#)

- Guidance for all organisations on how to engage volunteers in an inclusive manner.

Centre for Volunteering. (2024). **National standards for volunteer involvement evidence guide.** [Web link.](#)

- Expands on how organisations can demonstrate compliance with each volunteer management standard.

LaTrobe University. (2020). **Developing a competency framework for health volunteer management.** [Web link.](#)

- Establishes a structured competency framework for leaders involved in volunteer engagement in health services. It outlines the skills, knowledge and behaviours required for effective volunteer programme leadership.

NSW Health. (2011). **Volunteers – Engaging, Supporting and Managing Volunteers.** [Web link.](#)

- New South Wales Health has developed a system-wide framework and set of policy directives for engaging, supporting and managing volunteers across the health system, including hospitals and allied health services. These include a comprehensive Volunteer Framework supported by governance and operational guidelines for Local Health Districts.

Volunteering Australia. (2003). **Working with volunteers and managing volunteer programs in health care settings.** [Web link.](#)

- This manual offers practical guidance for every stage of a volunteer programme in health organisations, from planning and recruitment through ongoing management and evaluation.
- Although older, it remains relevant to understanding how volunteer roles can complement organisational work and how management structures should be arranged.

## UK GUIDANCE

NHS England. (2017). **Recruiting and managing volunteers in NHS providers: a practical guide.** [Web link.](#)

- A comprehensive practical guide aimed at NHS providers (including hospitals and primary/community care) on strategic planning and operational processes for volunteer programmes.
- It includes sections on recruitment, induction and training, support and supervision, inclusivity, partnership working, risk management, and recognition of volunteers.

Nesta. (2016). **Helping in hospitals: A guide to high impact volunteering in hospitals.** [Web link.](#)

- This strategic guide explores how hospital trusts can take a system-wide, impact-focused approach to volunteering.
- It contains practical tips for expanding volunteer engagement, measuring outcomes (e.g. patient experience, staff support), and structuring volunteer roles to align with broader service goals.

## PEER-REVIEWED JOURNAL ARTICLES – MOST RECENT FIRST

Articles are grouped by theme:

- Benefits of Volunteers
- Volunteer Perspectives
- Volunteer Training and Management

*Each article summary contains excerpts from the abstract and an online link.*

## BENEFITS OF VOLUNTEERS

Kokorelias, K. M., et al. (2025). **Volunteer Programs for Hospitalized Older Adults in North America, Europe, and Australia: A Scoping Review**. *Sage open aging*, 1(9919031403806676): 30495334251337259. [Link to full text.](#)

Due to the rapidly aging population, hospitals are increasingly caring for more older patients. Implementing volunteer programs focused on providing care to hospitalized older adults is a way for hospitals to better support them. Despite the growing presence of volunteer programs in hospital settings, there remains a limited understanding of how these programs are structured, their impact on patient care, and their integration within healthcare teams. Addressing this gap is essential for optimizing volunteer engagement and improving hospital-based support for older adults. We noted that volunteers have different motivations for participating in volunteer programs. Healthcare professionals generally have positive views of hospital volunteer programs for older adults, but also express reservations and tend to have limited interactions with volunteers. Moreover, as volunteer roles were seen mainly to supplement family caregiver roles, future volunteer programs are encouraged to also consider the unique roles and needs of families and develop solutions to ensure that quality care can be delivered to both older patients and their family caregivers. Future research should explore how volunteer programs can be better integrated within interdisciplinary teams, assess their long-term impact on patient outcomes, and identify strategies to strengthen collaboration between volunteers, healthcare professionals, and family caregivers to optimize care for hospitalized older adults.

Crookes, K., et al. (2023). **Nurses' perceptions of using volunteer support in health care settings: A systematic scoping review**. *International Nursing Review*, 70(3): 405-414. [Link to full text.](#)

To understand nurses' perceptions of volunteer support in health care settings. Increasingly, volunteers provide specialised support to health care service users, requiring volunteers and nurses to work closely together. However, little is known about nurses' perceptions of volunteer support. Nurses generally viewed volunteer support positively and perceived that it benefitted patients and assisted nurses. Some nurses raised concerns about the burden of additional supervision of volunteers and lacked knowledge of the volunteer role, recruitment and training. Emerging innovative models of nurse-led volunteer support can maximise the contribution of volunteers and help overcome barriers to volunteer acceptance. These findings will inform volunteer policies and provide guidance in developing volunteer support programs.

Mehta, F. and P. Griffiths (2023). **Impact of volunteers in the emergency department**. *British Journal of Healthcare Assistants*, 17(6): 214-222. [Request full text.](#)

Fundamental aspects of patient experience have been reported as substandard in emergency departments. Hospital volunteers can improve the patient experience in inpatient settings. However, evidence is limited on their impact in emergency departments. To determine whether emergency department volunteers could enhance patient experience through assisting with the psychological aspect of patient care and patients' nutritional needs. Hospital volunteers made a substantial contribution to providing food and drink to patients in the emergency department. Emotional support from volunteers was limited.

Gisch, U. A., et al. (2022). **A program for volunteers accompanying older patients with cognitive dysfunction to improve the quality of emergency department care: A pilot study.** *Geriatric Nursing*, 48(Nov-Dec): 94-98. [Request full text.](#)

Admission to an emergency department (ED) is challenging for older patients with cognitive dysfunction (PWCD). Targeted patient-oriented approaches to improve the care for PWCD are needed. The aim of this pilot study was to design and evaluate a program for volunteers to support PWCD in the ED. Results showed that the training increased volunteers' knowledge and expertise, but not shift-related self-efficacy. The most frequent strategies applied were conversations, holding hands and touching, and providing food and drinks. After six months, volunteers reported a great sense of meaningfulness and felt that they were highly appreciated by the patients. ED nurses' sceptical attitudes towards the program decreased. The program is beneficial for PWCD, appears to be meaningful for volunteers and is appreciated by ED nurses.

Zamora, B., et al. (2019). **The value of international volunteers experience to the NHS.** *Globalization & Health*, 15(1):31. [Link to full text.](#)

Global Engagement works with health partnerships to establish workforce and educational translation on a global scale to support the National Health Service (NHS). There is growing evidence on how international experiences (through volunteering, exchanges and placements) benefit the NHS through an innovative workforce that develops international best practice and promotes lifelong learning. Most of this evidence has been captured through surveys to returned international volunteers. However, there is limited evidence about how to quantify the value that returned international healthcare volunteers bring back to their country of residence. Our analysis offers a value for money rationale for international volunteering programmes purely from a domestic and NHS perspective. The valuation method considers only one of the aims of international volunteering programmes: the development of the existing and future NHS workforce. Broader benefits for health system strengthening at a global level are acknowledged but not accounted for. Overall, we conclude that if the acquisition of volunteering outcomes is realised, the NHS can accrue a productivity increase of between 24 and 41% per volunteer, with a value ranging from £13,215 to £25,934 per volunteer.

## VOLUNTEER PERSPECTIVES

Tavares, S., et al. (2022). **The challenges of formal volunteering in hospitals.** *Health services management research*, 35(2): 114-126. [Request full text.](#)

The role and tasks performed by hospital volunteers (HV), their relationship with other stakeholders and the management of volunteers, are controversial topics, not widely explored in literature. Through an exploratory study, which incorporated the collection and analysis of qualitative data, involving 46 interviews with volunteers, staff and hospital administration from three hospitals in Portugal, we analyze hospital volunteers, as well as the tasks they perform, how these tasks are assigned, and how they relate to other stakeholders. As a result, we conclude that the job definition of HV is generic, open to different interpretations and that the assigned functions of HV are not known from all stakeholders. This problem can have negative repercussions in the relationship between volunteers and health professionals, potentially fostering conflict. Nevertheless, most respondents are satisfied with the current format of volunteer management.

Bloomer, M. J., et al. (2020). **'It's not what they were expecting': A systematic review and narrative synthesis of the role and experience of the hospital palliative care volunteer.** *Palliative Medicine*, 34(5): 589-604. [Link to full text.](#)

Volunteers make a major contribution to palliative care but little is known specifically about hospital palliative care volunteers. In total, 14 papers were included. Hospital palliative care volunteers were mostly female, aged above 40 years, and training varied considerably. Volunteers faced unique challenges in supporting dying patients due to the nature of hospital care, rapid patient turnover and the once-off nature of support. Volunteer roles were diverse, with some providing hands-on care, but most focused on 'being with' the dying patient. Volunteers were appreciated for providing psychosocial support, seen as complementary to, rather than replacing the work of health professionals. Given volunteers were often required to work across multiple wards, establishing positive work relationships with health professionals was challenging. Divergent views about whether the volunteer was part of or external to the team impacted volunteers' experience and perceptions of the value of their contribution. Hospital palliative care volunteers face unique challenges in supporting terminally ill patients. Volunteer support in hospital settings is possible and appropriate, if sufficient support is available to mitigate the challenges associated with complex, high-acuity care.

Hurst, A., et al. (2019). **Volunteers motivations and involvement in dementia care in hospitals, aged care and resident homes: An integrative review.** *Geriatric Nursing*, 40(5): 478-486. [Request full text.](#)

To review the current literature related to the role of volunteers in dementia care in hospitals, aged care and resident homes. Integrative review method was used to identify and analyse current literature. Recommendations to assist with future volunteer programs in dementia care are presented. Volunteer programs are beneficial to patients, family, volunteers, health care, and staff. Research of volunteers' needs, motivations and role required, aiming to improve support and training.

Muckaden, M. A., et al. (2016). **Motivation of Volunteers to Work in Palliative Care Setting: A Qualitative Study.** *Indian Journal of Palliative Care*, 22(3): 348-353. [Link to full text.](#)

Volunteers are an integral part of the palliative care services in the Tata Memorial Hospital, Mumbai, Maharashtra, India. These volunteers are an important resource for the department. Thus, it is necessary for the department to determine what motivates these volunteers to continue to work in the setting, acknowledge them and direct efforts toward retaining them and giving them opportunities to serve to the best of their desire and abilities. The current study aimed at understanding the motivation of volunteers to work in palliative care, to identify the challenges they face and also the effect of their work on their self and relationships. The results suggested that the basic motivation for all the volunteers to work in a palliative care setting is an inherent urge, a feeling of need to give back to the society by serving the sick and the suffering. Other motivating factors identified were team spirit, comfort shared, warm and respectful treatment by the team, satisfying nature of work, experience of cancer in the family, and aligned values and beliefs. Some intrinsic rewards mentioned by volunteers were joy of giving, personal growth, enriching experiences, and meaningful nature of work. The study attempted to improve opportunities of working for these volunteers. Although limited in scope, it offers insight for future research in the area of volunteerism in palliative care setup.

**VOLUNTEER TRAINING AND MANAGEMENT**

Chen, C.-H., et al. (2025). **The Impact of Hospital Volunteers' Health Promotion Programs on Health Literacy and Quality of Life.** *Healthcare (Basel, Switzerland)*, 13(10): 1134. [Link to full text.](#)

This study investigated whether a health literacy intervention program could improve the health literacy and quality of life among hospital volunteers. The study also explored the impact of health literacy on hospital volunteers' health and psychological well-being. The health literacy intervention program effectively improved hospital volunteers' health literacy and quality of life with particularly notable effects on psychological well-being and the understanding of health-related professional terminology. By enhancing hospital volunteers' health literacy and quality of life, healthcare organizations can foster more effective, sustainable, and satisfactory service quality.

De Luca, F., et al. (2025). **Enhancing Volunteer Integration in Pediatric Care: Exploring Relationships, Facilitators, and Barriers.** *International Journal of Integrated Care (IJIC)*, 25(4): 1-14. [Link to full text.](#)

The integration of volunteers into healthcare has become increasingly relevant for improving patient care and addressing systemic resource constraints. In pediatric settings, volunteers offer essential emotional and personalized support. However, their collaboration with healthcare professionals is often hindered by challenges such as role ambiguity, limited space, and insufficient communication. This study investigates the dynamics of collaboration between healthcare professionals and volunteers in pediatric hospital care. The findings are categorized into two main dimensions: organizational arrangements and interpersonal dynamics. Facilitators of effective collaboration include temporal continuity, access to dedicated spaces, shared training initiatives, and improved communication. Barriers such as staff turnover, lack of formal recognition, and unclear role boundaries can undermine volunteer engagement. Informal relationship-building and structured information sharing were found to enhance cooperation and care quality. The study highlights the need to strengthen both structural and relational aspects of volunteer integration in pediatric care. By addressing these dynamics, healthcare institutions can enhance volunteer contributions, improve patient experience, and support the broader implementation of integrated care models.

Saunders, R., et al. (2022). **Nurses leading volunteer support for older adults in hospital: A discussion paper.** *Collegian*, 29(6): 931-936. [Link to full text.](#)

The ageing population has led to growing numbers of older adults in hospital. Given the increased care needs of older adult patients, hospitals are facing resource challenges to ensure patient safety and quality of care. Support from trained volunteers focussed on older adults needs, such as eating, drinking, ambulation and cognitive stimulation have been found to improve patient outcomes. This discussion paper describes a novel nurse-led model of volunteer support providing individualised supportive care for hospitalised older adults. The benefits, barriers and enablers of a nurse-led volunteer support program are considered in the context of organisational and professional requirements. A nurse-led model of volunteer support capitalises on the clinical expertise of nurses to optimise the contribution of volunteers, positively impacting on patient outcomes, satisfaction and quality of care, with potential additional benefits to staff, volunteers and hospitals.

Charalambous, L. (2021). **Managing volunteers who support patients with dementia or cognitive impairment on acute hospital wards: the NURTURE model.** *Nursing management (Harrow, London, England : 1994)*, 28(2): 34-40. [Request full text.](#)

Volunteers are widely used to support patients with dementia or cognitive impairment on acute hospital wards. However, it appears that traditional volunteer management models do not fully address the challenges posed by managing volunteers in that setting. In a study of the use of volunteers in the care of people with dementia and cognitive impairment on acute hospital wards, interviews with a range of stakeholders revealed challenges regarding the environment, role and image of volunteers. Based on the study findings, an alternative model for managing volunteers on acute hospital wards was developed. This article describes the study and discusses the development of this alternative approach, the NURTURE model.

Fredriksen, E., et al. (2021). **Key challenges and best practices in the coordination of volunteers in healthcare services: A qualitative systematic review.** *Health & Social Care in the Community*, 29(6): 1607-1620. [Link to full text.](#)

Cooperation between voluntary organisations and volunteers within healthcare services contributes to the development of public welfare. The coordination process between healthcare services and volunteers must therefore be studied to understand associated challenges and best practices. A thematic analysis for synthesising qualitative research was used to identify key challenges in the coordination process and the best practices needed to deal with these challenges. The findings demonstrated the pursuit of a common understanding between employees and volunteers and described challenges in organising the associated work. The main solution applied to these challenges was the involvement of a volunteer coordinator. Although several identified challenges remained unresolved, the papers selected for this review provide an overall picture of volunteer cooperation in health services.

Brighton, L. J., et al. (2017). **'End of life could be on any ward really': A qualitative study of hospital volunteers' end-of-life care training needs and learning preferences.** *Palliative Medicine*, 31(9): 842-852. [Link to full text.](#)

Over half of all deaths in Europe occur in hospital, a location associated with many complaints. Initiatives to improve inpatient end-of-life care are therefore a priority. In England, over 78,000 volunteers provide a potentially cost-effective resource to hospitals. Many work with people who are dying and their families, yet little is known about their training in end-of-life care. To explore hospital volunteers' end-of-life care training needs and learning preferences, and the acceptability of training evaluation methods. Design(s): Qualitative focus groups. Four themes emerged as follows: preparation for the volunteering role, training needs, training preferences and evaluation preferences. Many described encounters with patients with life-threatening illness and their families. Perceived training needs in end-of-life care included communication skills, grief and bereavement, spiritual diversity, common symptoms, and self-care. Volunteers valued learning from peers and end-of-life care specialists using interactive teaching methods including real-case examples and role plays. A chance to 'refresh' training at a later date was suggested to enhance learning. Evaluation through self-reports or observations were acceptable, but ratings by patients, families and staff were thought to be pragmatically unsuitable owing to sporadic contact with each. Gaps in end-of-life care training for hospital volunteers indicate scope to maximise on this resource. This evidence will inform development of training and evaluations which could better enable volunteers to make positive, cost-effective contributions to end-of-life care in hospitals.

Intindola, M., et al. (2016). **Hospital administrative characteristics and volunteer resource management practices.** *Journal of Health Organization & Management*, 30(3): 372-389. [Request full text.](#)

The purpose of this paper is to explore the links between various characteristics of hospital administration and the utilization of classes of volunteer resource management (VRM) practices. Structural equation modeling results suggest that number of paid volunteer management staff, scope of responsibility of the primary volunteer administrator, and hospital size are positively associated with increased usage of certain VRM practices. Based on the findings of a relationship between administrative characteristics and the on-the-ground execution of VRM practice, a baseline audit comparing current practices to those VRM practices presented here might be useful in determining what next steps may be taken to focus investments in VRM that can ultimately drive practice utilization.

## APPENDIX

### SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened by librarians using [Covidence](#).

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### SEARCH LIMITS

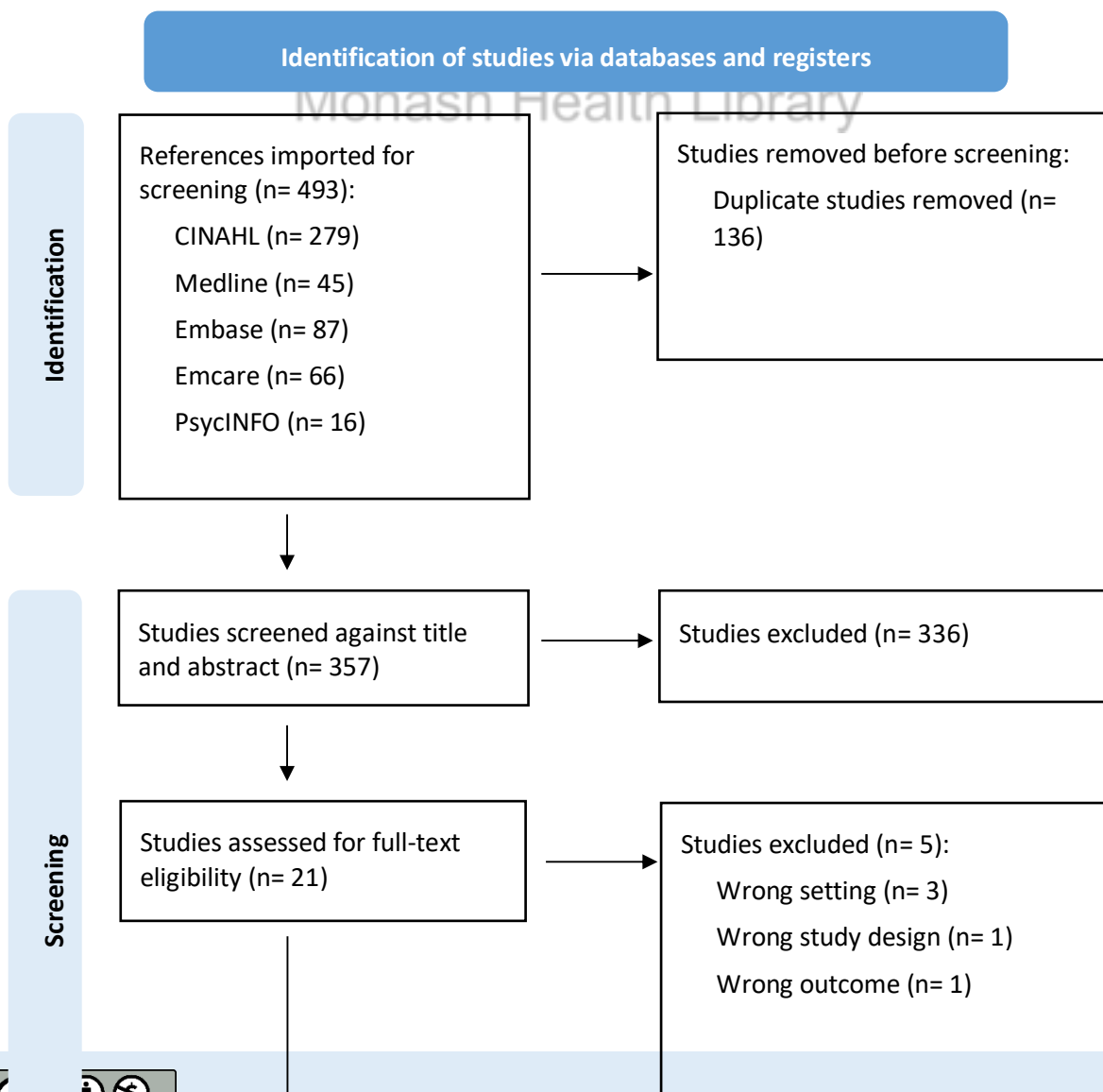
- English-language

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### DATABASES SEARCHED

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Emcare – index of nursing, allied health, critical-care medicine and more.
- PsycINFO – index of psychology and psychiatry peer review journal articles and book chapters.
- CINAHL – index of nursing publications.
- Grey literature – Google, Google Scholar, Trip database, Biomed Central Proceedings.

PRISMA CHART



Included

Studies included (n= 16)

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