



Feature Article

The Volunteering-in-Place (VIP) Program: Providing meaningful volunteer activity to residents in assisted living with mild cognitive impairment



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ABSTRACT

The Volunteering-in-Place (VIP) Program was developed to provide individualized meaningful volunteer activities matched to interests and capabilities for older adults with MCI in assisted living. The purposes of this single-site pre-test/post-test pilot study were to (1) establish feasibility of the VIP Program based on treatment fidelity (design, treatment, delivery, enactment); and (2) evaluate preliminary efficacy via improvement in psychological health (depressive symptoms, usefulness, purpose, resilience, and life satisfaction) and decreased sedentary activity (survey and Fitbit) at 3 and 6 months. Ten residents participated. The majority was white, female and educated, and on average 88 years old. The VIP Program was feasible and most participants continued to volunteer at 6 months. There were non-significant improvements in depressive symptoms, usefulness, purpose, resilience and recreational physical activity. The results of this study provide support for the feasibility of the VIP Program. Further study is necessary to examine efficacy.

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Background

Engagement in meaningful activity is important for the health and successful aging of all older adults. “Meaningful activities are opportunities to do or experience something engaging; they avoid challenging people inappropriately, and are designed to support and celebrate their existing strengths”¹ (What is Meaningful Activity? section). Meaningful activities address psychological and health related quality of life and help individuals maintain feelings of purpose.² In addition to psychological benefits, engaging in some forms of meaningful activity can decrease sedentary activity among older adults, even if it is just getting to where the activity will take place. Independent and cognitively intact older adults find many ways to remain engaged in meaningful activity, such as social engagement with family or friends, work, or volunteerism.³ Adults with early dementia identify the need for meaningful and purposeful activity, such as participating as a volunteer, as important to their sense of dignity and well-being; unfortunately, this is often missing from their lives.⁴

Volunteerism for all older adults has been associated with numerous benefits including such things as longer lifespan,⁵ slower

functional decline,^{6,7} increased time spent in physical and other activities,^{3,8,9} less depression,^{10–12} a sense of feeling useful,¹³ better self-perceived health^{14,15} and better quality of life.^{16,17} The psychological and health benefits of volunteering are even more pronounced for older adults with multiple chronic conditions and functional limitations.^{7,18,19}

Unfortunately, the majority of the volunteer activities available to older adults are relevant only for those who are physically able, willing, and have the cognitive capacity to plan for and engage in these volunteer activities.²⁰ Older adults in residential care settings such as assisted living (AL), including those with mild cognitive impairment (MCI), have indicated that they are interested in volunteering but find that transportation and health related challenges (hearing or vision loss, pain) inhibit their participation.²¹ Consequently, while they desire to volunteer, they are unable to plan and carry through with volunteering and are often unable to independently remain engaged. Specifically, they may forget to go to their volunteer activity or may be unable to complete the activity without significant oversight and support from others.

Development and implementation of programs that provide meaningful volunteer activities for older adults in AL exemplifies person-centered care. Person-centered care focuses on providing individuals with personal choice, a sense of purpose and meaning in life and is a major initiative within the Advancing Excellence

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initiatives²² and the National Partnership to Improve Dementia Care in Nursing Homes.²³ Likewise person-centered approaches are required for Medicaid support of AL as a home and community-based services provider.²⁴ Thus it is critical that effective, theoretically-based interventions be developed to help residents, particularly those with MCI, achieve optimal function and quality of life and settings to provide the highest standard of care possible. Theoretically-based approaches are needed to help older individuals, particularly those with MCI, overcome the many barriers noted to volunteering such as apathy and associated low levels of motivation or fear of failure.

Theoretical basis for volunteer programs

To assure the successful participation of older adults in volunteering, a social ecological approach,²⁵ which addresses intrapersonal, interpersonal, community, organizational, and policy factors is needed. Intrapersonal factors include such things as age, gender, mood, and internal motivation. Interpersonal factors focus on interactions with others such as staff and peers. Organizational factors include opportunities for volunteering within the setting, a physical environment conducive for volunteer activities to take place, and cues within the environment to remind the individual of his or her volunteer responsibilities. Community factors include potential community partnerships that can provide links to volunteer opportunities for the residents. Lastly, policy factors address the impact of policies on volunteer related activities. At the interpersonal level, Social Cognitive Theory²⁶ is used to provide interventionists and staff in AL settings with techniques to motivate residents to engage in volunteer activities. These techniques include using: (1) enactive mastery experience, or highlighting successful volunteer activities; (2) verbal encouragement to encourage participation; (3) vicarious experience or sharing how others have successfully volunteered; and (4) elimination of fear and frustration associated with volunteering. Use of these techniques can strengthen resident volunteers' confidence and help sustain their participation in the volunteer activities over time.

The Volunteering-in-Place (VIP) Program

Guided by the Social Ecological Model,²⁵ and Social Cognitive Theory²⁶ the Volunteering-in-Place (VIP) Program was developed for older adults with MCI living in AL settings. A major component of the VIP Program was to overcome barriers of volunteering and bring the volunteer opportunities to them. The VIP Program was facilitated by a Volunteer Coordinator and included a four step approach: 1) Environmental Scan (including physical environment, organizational policy evaluation, and establishing community partnerships) and Staff Education; 2) Assessment of Residents Abilities and Interests; 3) Ongoing Implementation of the VIP Program (resident volunteering, cueing, and motivational strategies); and 4) Individualized Reassessment of the Volunteer Activity (Table 1).

The purposes of this study were to (1) establish the feasibility of the Volunteering-in-Place (VIP) intervention based on treatment fidelity (design, treatment, delivery, enactment); and (2) evaluate preliminary efficacy based on the following hypothesis: Participants in the VIP Program will demonstrate improvement in psychological health (depressive symptoms, sense of usefulness, purpose, resilience, and life satisfaction) and decrease time spent in sedentary activity (survey and Fitbit) at 3 and 6 months post implementation.

Methods

Study design, sample, and setting

This was a single group, single-site, pretest-posttest repeated measures study conducted with older adults living in AL. To be eligible to participate the resident had to live in the AL setting, be at least 65 years old, and score at least two out of three on the three item recall of the Mini-Cog.²⁷ Participants were excluded if they could not pass an Evaluation to Sign Consent.²⁸ The study was approved by a university-based Institutional Review Board. All participants gave written informed consent. A list of AL residents

Table 1
Description of the Volunteering-in-Place (VIP) Program.

VIP Program	Description
Step 1: environmental scan and staff education.	Volunteer Coordinator conducts assessment of the physical environment and policies within the setting that help to facilitate or prevent volunteer activities for residents. Volunteer Coordinator meets with key stakeholders including the administrative heads of departments to discuss potential volunteer opportunities relevant to each area. Research staff conduct educational session for daytime direct care workers and administration the benefits of engaging residents in volunteer activities, followed by an explanation of the VIP program and a review of motivational strategies for how to engage residents in these activities. Staff brainstorming to explore setting specific volunteer opportunities for residents.
Step 2: assessment of residents abilities and interests.	The Volunteer Coordinator evaluates resident abilities and interests using the Resident Interest Form ⁴⁸ and Physical Capability Scale. ⁴⁹ With input from the resident, the Volunteer Coordinator matches the interest and capabilities of the resident with an appropriate volunteer activity.
Step 3: ongoing implementation of the VIP program.	The Volunteer Coordinator develops and implements a plan for engaging the resident in a volunteer activity with individualized support (e.g. getting the resident from his/her apartment, or calling to remind the resident, or meeting the resident at the designated volunteer location), determines additional staff involvement, community resources, and motivational strategies (e.g. cueing, demonstration, assistance, positive feedback). All volunteer activities occur 2–5 days/week. Volunteer Coordinator documents residents' volunteer activity participation on the Participation Log. Self-efficacy based motivational strategies including as cueing, encouragement, modeling, positive reinforcement employed by the Volunteer Coordinator and/or Staff Champion noted on the Participation Log.
Step 4: individualized reassessment of the volunteer activity.	Volunteer coordinator evaluates resident participation in volunteer activities monthly based on the completed Participation Log and Resident Evaluation of Volunteering form. Barriers and challenges are explored with the resident and staff. Interventions implemented as appropriate (e.g. revise volunteer activity; implementation of motivational strategies). Volunteer Coordinator meets with staff monthly or more as needed to engage staff in assuring that the residents attended their volunteer activities. Volunteer Coordinator addresses system and individual challenges to the VIP program.

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