

Spring 2019

## Volunteer Programming Impact on Urban Nebraska Nursing Home Quality of Care

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# Volunteer Programming Impact on Urban Nebraska Nursing Home Quality of Care



**SPRING 2019**

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# Volunteer Programming Impact on Urban Nebraska Nursing Home Quality of Care

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**Spring 2019**

Funding for this research was provided by a 2017 Urban Research Award from the College of Public Affairs and Community Service Dean's Office.





## Volunteer Programming Impact on Urban Nebraska Nursing Home Quality Measures

Center for Public Affairs Urban Research Grant

IRB# 739-17-EX



## • Overview

- Introductions
- Background
- Supporting research
- Hypothesis
- Theoretical frameworks/conceptual model
- Methodology
- Results
- Discussion
- Recommendations



(Please hold your questions until the Q & A session)



- Introductions

- This study was made possible by a grant from the Center for Public Affairs Research – Urban Research Grant
- Investigators
  - Principle Investigator – Christopher M. Kelly, Ph.D., UNO – Dept of Gerontology
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  - Co-investigator – Nancy Kelley, Ph.D., UNO -- Grace Abbott School of Social Work
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  - Co-Investigator – Paul P. Falkowski, Ph.D., Community 360°/VolunCheerLeader LLC
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- Background

- Experience/Background

- Anecdotal evidence of volunteer impact
    - Personal conversations with care staff, residents and families
    - Feedback from volunteers



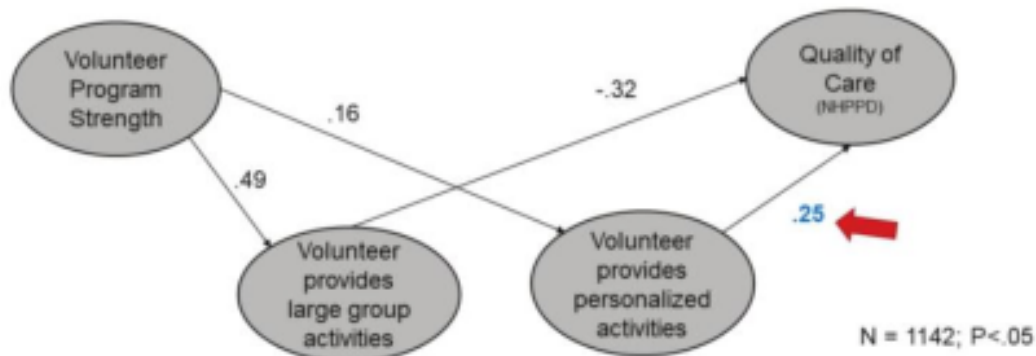
- IN THE BEGINNING I WAS VISITING ABOUT 170 NURSING HOMES EACH YEAR - ABOUT 5 EACH WEEK.
- I WAS BECOMING A STUDENT OF LONG-TERM CARE
- LISTENING TO WHAT THE STAFF WOULD TELL ME OR THE RESIDENTS REALLY INDICATED THAT MORE THAN ENTERTAINMENT, THEY NEEDED TO FEEL LIKE SOMEONE CARED ABOUT THEM.
  - *"THERE ARE A LOT OF PEOPLE AROUND ME, BUT THERE IS NO ONE HERE JUST FOR ME."*
  - I ASKED AN ACTIVITY DIRECTOR, *"HOW MANY VOLUNTEERS DO YOU NEED?"* HER RESPONSE: *"ABOUT 140."* *"HOW MANY PEOPLE LIVE HERE?"* *"ABOUT 140."*
- TOM, A VOLUNTEER SAID, *"I TALK TO MY WIFE A LITTLE DIFFERENTLY AND I HUG MY CHILDREN A LOT MORE. MY VIEW OF LIFE HAS CHANGED."*
- ALL OF THIS FEEDBACK INSPIRED ME TO CONTINUE TO PURSUE MY OWN VOLUNTEERING BUT IT ALSO INSPIRED ME TO GET OTHERS INVOLVED.





Background

- Dissertation results
  - Positive relationship between personalized activities and nurse hours per patient day (nhppd). – (Falkowski, 2013)



- FOR MY DISSERTATION, I USED THE NATIONAL NURSING HOME SURVEY OF 2004 TO LOOK AT THE RELATIONSHIP BETWEEN VOLUNTEER PROGRAMMING AND THE ONE QUALITY MEASURE THAT WAS AVAILABLE TO ME, NURSE HOURS PER PATIENT DAY.
- THE SAMPLE SIZE WAS LARGE AND REPRESENTATIVE OF THE INDUSTRY.
- AMAZINGLY, THE 2004 SURVEY COLLECTED DATA ON VOLUNTEER PROGRAMMING!
- THE VOLUNTEER ACTIVITIES FACTORED INTO TWO GROUPS, LARGE GROUP ACTIVITIES AND PERSONALIZED ACTIVITIES. AND YOU CAN SEE FROM THE RESULTS HERE THAT THERE WAS A POSITIVE RELATIONSHIP BETWEEN PERSONALIZED ACTIVITIES AND THE PROXY VARIABLE FOR QUALITY OF CARE.
- I GOT PUSHBACK AT THE TIME BECAUSE STAFFING RATIOS WERE NOT VIEWED AS A INDICATOR OF QUALITY OF CARE, HOWEVER, THE CMS IS NOW USING STAFFING RATIOS AS A QUALITY INDICATOR.

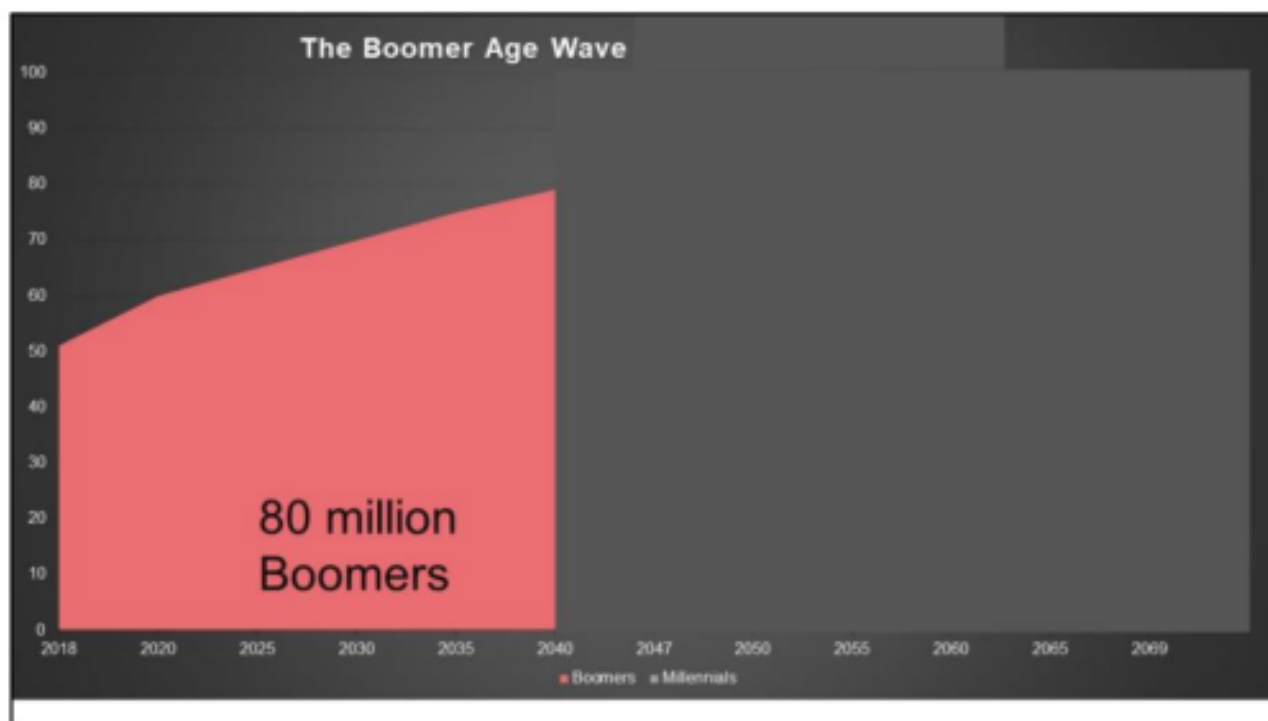
## Background

### Exemplary volunteer programs

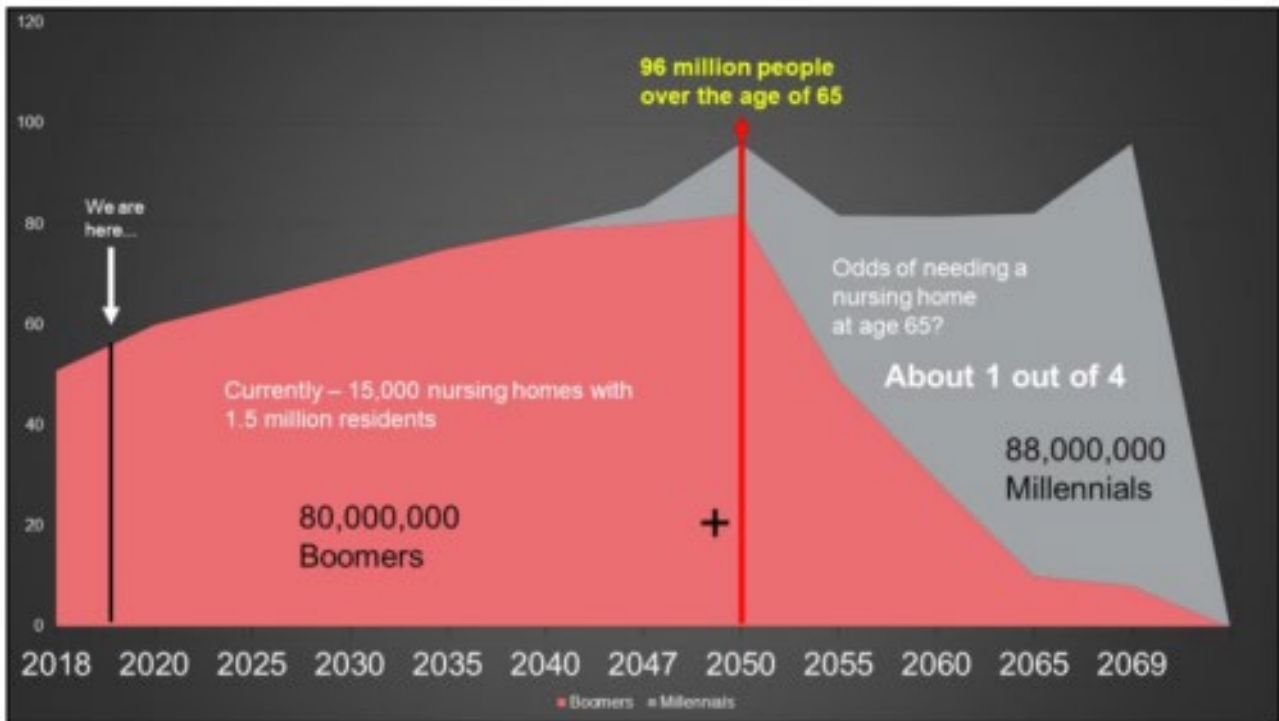
- Baycrest Health Sciences – Toronto
  - 250 beds – 1,200 volunteers
  - Volunteers working in nearly every department
- Elizabeth Knox Hospital and Nursing Home – Auckland, NZ
  - 248 beds – 900 volunteers/ 3 volunteer coordinators
  - Volunteers onsite 24/7 working in nearly every department



- MY VISIT TO BAYCREST HEALTH SCIENCES IN 2017 WAS INCREDIBLE.
- THEIR VOLUNTEER PROGRAM WAS PHENOMANAL. VOLUNTEERS WERE WORKING IN EVERY DEPARTMENT OF THE NURSING HOME. AND THE PROFESSIONAL STAFF IS UNIONIZED AND THERE WAS A "RESPECTFUL" COOPERATION BETWEEN THE VOLUNTEER PROGRAM AND THE UNIONS.
- I ASKED JILL WOODWARD, CEO OF ELIZABETH KNOX HOW SHE CREATED SUCH AN INCREDIBLE VOLUNTEER PROGRAM. HER RESPONSE WAS "I STARTED BY HIRING A GREAT VOLUNTEER MANAGER!"
- SO ALL OF THESE EXPERIENCES CAME TOGETHER TO INSPIRE ME TO PURSUE RESEARCH INTO NURSING HOME VOLUNTEER PROGRAMS AND PRODUCING NOT JUST QUALITATIVE EVIDENCE BUT QUANTITATIVE EVIDENCE THAT VOLUNTEERS ARE INDEED IMPACTING QUALITY OF CARE OR QUALITY MEASURES.



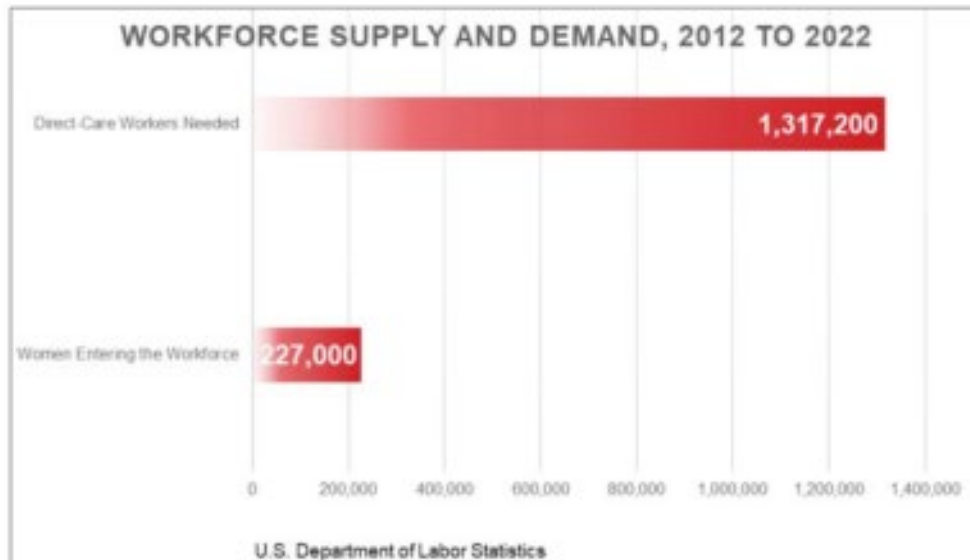
- IF YOU'RE IN THE COMPANY OF SOMEONE WORKING IN THE FIELD OF AGING, IT WON'T BE LONG BEFORE YOU HEAR THEM TALKING ABOUT THE AGE WAVE AND THE 80 MILLION BABY BOOMERS TURNING 65 AT THE RATE OF 10,000 EACH DAY.
- WHAT YOU MIGHT NOT HEAR THEM TALKING ABOUT JUST YET IS THE 88 MILLION MILLENNIALS THAT ARE NOT FAR BEHIND.
- BUT THIS GRAPH DOES NOT ACCURATELY REPRESENT THE PICTURE, BECAUSE IT IS NOT ONE WAVE AFTER ANOTHER INSTEAD IT IS ONE WAVE LAYERED UPON ANOTHER. AND SO THE MORE ACCURATE PICTURE WOULD LOOK LIKE THIS.



- AND SO RATHER THAN ONE WAVE FOLLOWING ANOTHER. YOU HAVE THIS CUMMULATIVE EFFECT AND YOU CAN SEE WHERE WE ARE NOW AND WHERE WE ARE HEADED.
- IF YOU THINK WE'RE TALKING ABOUT HEALTH CARE TODAY, COME BACK IN 2040 OR 2050 WHEN SOME 96 MILLION PEOPLE WILL BE 65 YEARS OF AGE OR OLDER!
- HOW MANY PEOPLE ARE LIVING IN NURSING HOMES TODAY: ABOUT 1.5 MILLION IN 15,000 NURSING HOMES
- HOW MANY PEOPLE WILL BE LIVING IN NURSING HOMES, IT'S HARD TO SAY BUT THE ODDS TODAY OF NEEDING A NURSING HOME AT AGE 65 ARE 1 OUT OF 4! SO YOU CAN DO THE MATH. IT'S MORE THAN SOBERING.
- IF THIS ISN'T ENOUGH TO GET YOUR ATTENTION, LET'S LOOK AT THE NEED FOR WORKERS.



- Background



- BY 2022 WE WILL NEED 1,3 MILLION DIRECT CARE WORKERS.
- THE DEPARTMENT OF LABOR REPORTED THIS STATISTIC THIS WAY AND THAT IS WHY I AM SHARING IT WITH YOU THIS WAY.
- IF EVERY FEMALE, EVERY WOMAN ENTERING THE WORKFORCE WOULD DECIDE TO BECOME A DIRECT CARE WORKER INSTEAD OF A LAWYER, OR ENGINEER OR TEACHER, THAT WOULD ADD ABOUT 227,000 NEW WORKERS WHICH DOESN'T EVEN COME CLOSE TO 1.3 MILLION.
- WITH THAT THESE KINDS OF STATISTICS STARING US IN THE FACE, WE CANNOT AFFORD TO IGNORE ANY POTENTIAL RESOURCE, INCLUDING PEOPLE THAT LIVE IN OUR CITIES AND TOWNS, THAT IS VOLUNTEERS.

- Supporting Research

- "Volunteers' experiences visiting the cognitively impaired in nursing homes: A friendly visiting program." Damanakis, et.al., 2007
  - Purpose – To explore the impact of a friendly visitor program
  - Volunteers completed three levels of training: general, special cares, and observing
  - Results
    - Decreased social isolation
    - Stimulated resident recognition and recall
    - Volunteers were persistent in their attempts to "connect" with residents
    - Volunteers wanted more training and ongoing training

**PURPOSE:**

TO EXPLORE THE IMPACT OF A FRIENDLY VISITOR PROGRAM

- THE NATURE OF INTERACTION BETWEEN VOLUNTEER AND RESIDENT DURING UNSTRUCTURED ACTIVITIES
- THE VOLUNTEER PERCEPTION OF THE EXPERIENCE TO INCLUDE MOTIVATION AND TRAINING
- TO "EXPLORE" THE VOLUNTEER'S PERCEPTION OF THE BENEFITS OF THE PROGRAM

Volunteers completed three levels of training

- General volunteer orientation
- Special care training (5 hours – communications, brain & behavior, ethnicity, and environment)



- Several weeks of observing residents in various activities and learning physical plant

#### Implementation:

- Volunteers committed to 12 weeks of visits
- Volunteers engaged residents in “unstructured” activities for 30 minutes each
- First six weeks individually mentored by the volunteer coordinator
- Second six weeks visits were made independent of volunteer coordinator

#### Results:

##### Volunteers:

- Demonstrated empathy
- Preserved resident identity
- Stimulated dialogue using prompts at hand
- Were cognizant of tone, choice of words and used appropriate touch

##### When asked, volunteers said they wanted:

- Quality training to give them a greater sense of mastery
- On-going training provided in a variety of formats
- Quality information that is readily accessible

- Supporting Research

- "Training volunteers as conversation partners using "Supported Conversation for Adults with Aphasia" (SCA). Kagan, 2001
- Purpose
  - Evaluate SCA
  - Evaluate volunteer training in SCA
- Forty volunteers participated – 20 trained in SCA and 20 control group
- Results
  - Trained volunteers were scored significantly higher
  - SCA was effective in improving communications

SCA involves teaching techniques that will help to reveal the competence of the patient to engage in conversation of sorts that reveals how the patient IS FEELING AND THINKING

The purpose of this study was to:

- Evaluate the "Supportive Conversation for Adults with Aphasia (SCA) training program and test the efficacy of SCA to improve patient communication
- Test the efficacy of training volunteers in SCA
- Did the training improve the volunteer's ability to communicate with the person experiencing aphasia?
- Did the techniques improve the patient's ability to communicate?

#### Results

- SCA was effective in improving communication





- Volunteers trained in SCA scored significantly higher
- Ellen Hickey conducted a similar study with similar results, see Reference page
- The point of this is volunteers could and wanted to be trained for more complex tasks and had the time to do so.



- Supporting Research

- "Efficacy of elderly and adolescent volunteer counselors in nursing home setting."  
Nagan, Cimboric, & Newlin, 1988
  - Purpose – Measure the effects of volunteer training on resident depression levels
  - Forty participants divided into two groups
  - Results
    - Therapeutic technique was not a factor
    - Age was not a factor
    - Significant difference in depression levels between "visited" and "not visited"

#### Purpose

- Measure the effects of volunteer training on resident depression levels

#### Training

- 40 participants – 20 elders and 20 adolescents divided into two groups
- Each group had 10 elders and 10 adolescents
- Both groups received 12 hours of training over a two-day period
- One group was trained in empathetic listening and the other group was given some general information about the aging process
- Volunteers were taught, among other things, the principles of nonverbal communication, attending to content and feeling and reflective listening.



- Supporting Research
- “The potential of volunteers to implement non-pharmacological interventions to reduce agitation associated with dementia in nursing home residents”  
- van der Ploeg, et.al., 2012
  - Purpose – Explore the potential of volunteers to provide non-pharmacological interventions
  - Volunteers from 17 care communities trained to develop “personalized” activities
  - Results
    - Volunteers developed and provided “personalized” activities
    - Staff viewed volunteers as an invaluable resource
    - Volunteers expressed desire for more quality training and resources

### Purpose

- Explore the potential of volunteers to provide non-pharmacological interventions

### Methodology

- Volunteers were selected 17 facilities (staff & volunteers)
- Thirty-nine volunteers participated in interviews. Most (79%) were female.
- Their mean age was 67 (range 19-90) with two-thirds aged 65 years or older.
- Volunteers were trained to learn the resident’s history, likes and dislikes, and then develop personalized activities for that resident

### Results

- Volunteers developed and provided “personalized” approaches to residents
- Volunteers become confidants, people who were reticent to talk with staff opened up to the volunteers – this goes to developing trust

- Over time staff came to view volunteers as an invaluable source of support
- Volunteers expressed desire for quality training and a willingness to learn new skills for interacting with residents

**Additional** Observations by the researchers:

- Despite a growing evidence base, it has been our experience that personalized activities are frequently not implemented in aged care facilities on a one-to-one basis.
- Preparation and implementation are time-consuming; too few staff members are available, and staff often lack training.
- As an alternative resource, older care volunteers could assist with the implementation of personalized activities.





## Theoretical Frameworks

### Power (2017)

Person-Centered Care = the relationship between two people determines quality of care and quality of life

- identity
- growth
- autonomy
- security
- connectedness
- meaning
- joy

### Nolan (1997; 2006)

Senses Framework = relationship-centered approach = relationships influence quality of care and quality of care influences quality of life

- security
- continuity
- belonging
- purpose
- fulfillment
- significance

### Donabedian (1966)

Quality of Care is reliant on the quality of caregiving relationships, which in turn, impacts quality of life

- Structural
- Process
- Outcomes

- In his book "Dementia Beyond Disease" Dr. Allen Power presents the "seven domains of well-being":
  - Identity, Growth, Autonomy, Security, Connectedness, Meaning and Joy
  - Having our medical needs met is only a small part of person-centered care.
  - Who is in a better position to have the time to provide that level of care than the trained volunteer?
- Similarly Nolan presents person-centered care in his Senses Framework
  - Security, Continuity, Belonging, Purpose, Fulfillment, and Significance
  - Nolan takes it a step further by including all actors in the process not just focusing on the nursing resident
    - Does the caregiver feel secure?
    - Does the family feel secure?
    - Does the older adult feel secure?
- Donabedian's Model of Quality of Care:
  - 1) structural aspects of care—or how care is organized and what

inputs are used to provide care (e.g., time, energy, and skills/capacity of caregiver),

2) process aspects of care—or how and what is actually done (e.g., technical activities, interpersonal qualities), and

3) outcomes aspects of care—or the effectiveness of caregiving efforts (e.g., satisfaction).

- The quality of caregiving relationships affects the quality of care provided and this, in turn, affects the perceptions of quality of life of older adult care receivers.



## Conceptual Model: Impact of Volunteers on Nursing Home Residents Quality of Care and Quality of Life



Hired staff and use of volunteers (having them and how they are used) are dependent upon the type of nursing home being looked at. Activities volunteers perform influence staff care. Staff care and volunteers have an impact on the total quality of care provided to nursing home residents. The quality of care residents receive impacts outcomes on quality measures. Therefore, quality of care and quality measures lead to quality of life.

Donabedian's Model of Quality of Care: 1) structural aspects of care—or how care is organized and what inputs are used to provide care (e.g., time, energy, and skills/capacity of caregiver), 2) process aspects of care—or how and what is actually done (e.g., technical activities, interpersonal qualities), and 3) outcomes aspects of care—or the effectiveness of caregiving efforts (e.g., satisfaction). The quality of caregiving relationships affects the quality of care provided and this, in turn, affects the perceptions of quality of life of older adult care receivers.

- Methodology

- Hypothesis

- The strength of the volunteer program and the activities in which volunteers engage impact quality measures.
    - Quality measures used:
      - Pressure sores
      - Urinary Tract Infections (UTI's)
      - Depression
      - Use of restraints
      - Falls
      - Use of antipsychotics
      - Use of hypnotics

- OUR HYPOTHESIS THEN IS THAT THE STRENGTH OF THE VOLUNTEER PROGRAM AND THE ACTIVITIES IN WHICH VOLUNTEERS ENGAGE, IMPACT THE NURSING HOMES QUALITY MEASURE SCORES AND ULTIMATELY THE QUALITY OF LIFE OF THE NURSING HOME RESIDENT.
- THERE ARE 18 QUALITY MEASURES. 14 OF THEM ADDRESS PEOPLE WHO WILL BE IN THE NURSING HOME FOR MORE THAN 100 DAYS AND 4 OF THEM ADDRESS SHORT STAY RESIDENTS OR THOSE PEOPLE WHO ARE IN THE NURSING HOME TO REHABILITATE AND GO HOME.
- FOR THIS STUDY, WE FOCUSED ON THE 14 LONG-STAY QUALITY MEASURES AND IN PARTICULAR, PRESSURE SORES, UTI'S, DEPRESSION, USE OF RESTRAINTS, FALLS, USE OF ANTIPSYCHOTICS AND USE OF HYPNOTICS





- Methodology
  - Measures
  - Survey was developed using the National Nursing Home Survey – 2004
    - Longitudinal study examining all aspects of U.S. nursing homes - 1995, 1997, 1999, 2004
    - The 2004 wave unlike the previous samples included data on the nursing home volunteer program
    - Questions for the Volunteer Impact Study were modeled after the NNHS – 2004

## MEASURES

- SURVEY WAS DEVELOPED USING THE NATIONAL NURSING HOME SURVEY – 2004 WAVE
- THERE WERE FOUR WAVES OF THE NATIONAL NURSING HOME SURVEY - 1995, 1997, 1999 AND 2004
- UNLIKE THE PREVIOUS WAVES, THE 2004 WAVE CONTAINED QUESTIONS ABOUT THE NURSING HOME'S VOLUNTEER PROGRAM
- QUESTIONS INCLUDED:
  - HOW MANY DAYS WERE VOLUNTEERS ON SITE
  - HOW MANY VOLUNTEERS WERE PARTICIPATING IN THE VOLUNTEER PROGRAM
  - AND THEN A LIST OF ACTIVITIES IN VOLUNTEERS MIGHT BE ENGAGING FOR EXAMPLE LEADING GROUP ACTIVITIES,

- Methodology

- Data Collection

- Initially, the survey was distributed electronically using Qualtrics

- The response rate was very poor!

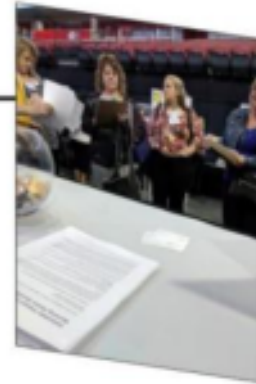
- Precipitated forming a focus group made up of nursing home administrators
      - The focus group recommended:
        - Rewording of certain questions
        - Collecting surveys at conferences.

- THE SURVEY WAS LOADED INTO QUALTRICS AND THEN DISTRIBUTED TO SOME 60 NURSING HOMES.
- TO OUR GREAT DISMAY ONLY THREE PEOPLE ACTUALLY COMPLETED THE SURVEY.
- IT WAS TIME TO REGROUP.
- INVITATIONS WERE SENT OUT TO ALL OMAHA NURSING HOME ADMINISTRATORS INVITING THEM TO LUNCH FOR THE PURPOSE OF DISCUSSING THE STUDY AND ASKING FOR THEIR SUGGESTIONS TO IMPROVE THE RESPONSE RATE
- THE LUNCHEON WAS ATTENDED BY FOUR ADMINISTRATORS WHO SUGGESTED REWORDING SOME OF THE QUESTIONS AND SETTING UP BOOTHS AT CONFERENCES FOR THE PURPOSE OF COLLECTING SURVEYS.



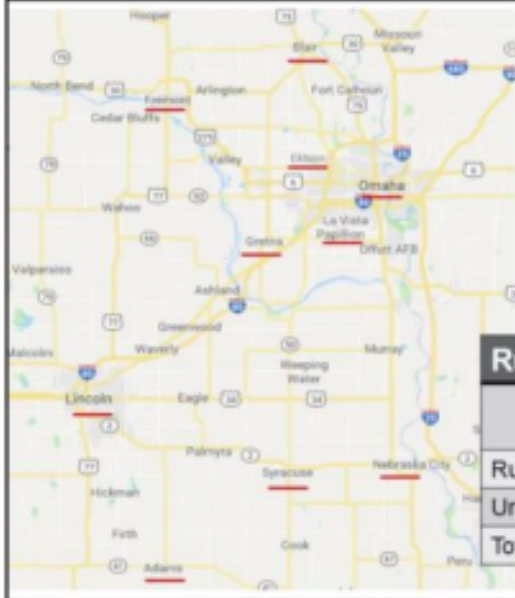
- Methodology

- Data Collection
- Booths were hosted at LeadingAgeNE and Nebraska Health Care Association conferences



- Response rate was greatly improved!
- Investigators made personal visits to remaining ten nursing homes that did not attend conference.

- BOTH LEADING AGE NEBRASKA AND THE NEBRASKA HEALTH CARE ASSOCIATION AGREED TO LET US HAVE BOOTHS FOR THIS PURPOSE AND TO OUR GREAT PLEASURE WE COLLECTED WELL OVER 50 SURVEYS.
- WE STILL HAD TO CHASE DOWN 10 NURSING HOMES AND WE MADE PERSONAL VISITS TO THEM TO COLLECT THE DATA.



### • Methodology

- Data was coded to protect the identities of the participants
- Responses were coded and loaded into SPSS.
- Participants
  - 52 skilled nursing facilities (SNFs) chosen by proximity to urban centers of Omaha and Lincoln

#### Rural or Urban

	Frequency	Percent	Valid Percent	Cumulative Percent
Rural	15	28.8	28.8	28.8
Urban	37	71.2	71.2	100.0
Total	52	100.0	100.0	

- THE MAJORITY OF THE PARTICIPANTS WERE IN THE LINCOLN AND OMAHA URBAN CENTERS WITH A FEW OUTLIERS
- WE INCLUDED THEM IN ANY CASE FOR THE SAKE OF COMPARISON
- THERE WERE 37 NURSING HOMES IN URBAN SETTINGS AND 15 NURSING HOMES IN RURAL SETTINGS.



- Methodology

- Participants

<b>For-profit or Nonprofit</b>				
	Frequency	Percent	Valid Percent	Cumulative Percent
For-profit	24	46.2	46.2	46.2
Nonprofit/Govt	28	53.8	53.8	100.0
Total	52	100.0	100.0	

- IT IS IMPORTANT TO NOTE THAT THIS SAMPLE IS NOT REPRESENTATIVE OF THE INDUSTRY DEMOGRAPHICS AND THEREFORE THE RESULTS MAY NOT BE GENERALIZABLE TO ALL 15,000 NURSING HOMES.
- HOWEVER, THE RESULTS FROM THIS STUDY TO INDICATE THAT THESE RELATIONSHIPS BEAR FURTHER INVESTIGATION.

- Methodology

- Participants

Part of a Chain				
	Frequency	Percent	Valid Percent	Cumulative Percent
No	19	36.5	36.5	36.5
Yes	33	63.5	63.5	100.0
Total	52	100.0	100.0	



- Methodology

- Data Analysis

- Data was coded and loaded into SPSS
    - Frequencies and descriptive statistics
    - Stepwise multiple regression analysis
    - A SEM was attempted but the sample size is too small



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• **Results – Quality Measures**

- Source: Minimum Data Set (MDS) as of November 18, 2018
- Used “long-stay” data
- Mean score is percent of residents experiencing condition, episode or use of drugs to manage people

	Valid	Missing	Mean (%)
Pressure sores	52	0	3.44016433
Urinary Tract Infections (UTI's)	52	0	4.30976015
Depression	52	0	4.51450506
Use of restraints	52	0	.33260267
Falls	52	0	3.63631346
Use of Antipsychotic Drugs	52	0	15.62396408
Use of Hypnotic Drugs	52	0	20.65690210

- THE MEAN DATA IS THE PERCENTAGE OF NURSING HOME RESIDENTS THAT EXPERIENCED THESE CONDITONS.





- Results - Volunteer Program Characteristics

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	Valid	Missing	Mean
<b>Use Volunteers</b>	<b>52</b>	<b>0</b>	<b>.98</b>
<b>Number of volunteers</b>	<b>46</b>	<b>6</b>	<b>51.67</b>
<b>Days onsite</b>	<b>48</b>	<b>4</b>	<b>4.990</b>
<b>Volunteer hours logged monthly</b>	<b>35</b>	<b>17</b>	<b>114.80</b>

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- IT IS IMPORTANT TO NOTE THAT 17 NURSING HOMES DID HAVE ANY NOTION AS TO HOW VOLUNTEER HOURS WERE BEING DONATED. AS A RESULT AN IMPACT ANALYSIS WOULD BE DIFFICULT TO PRODUCE.

• Results – Volunteer Activities

**Meals (feeding assistance)**

Valid	No	Frequency		Percent		Valid		Cumulative	
		Frequency	Percent	Percent	Percent	Percent	Percent		
	No	44	84.6	84.6	84.6	84.6	84.6	84.6	84.6
	Yes	8	15.4	15.4	100.0	100.0	100.0	100.0	100.0
	Total	52	100.0	100.0	100.0	100.0	100.0	100.0	100.0

**Provides snacks/water**

Valid	No	Frequency		Percent		Valid		Cumulative	
		Frequency	Percent	Percent	Percent	Percent	Percent		
	No	33	63.5	63.5	63.5	63.5	63.5	63.5	63.5
	Yes	19	36.5	36.5	100.0	100.0	100.0	100.0	100.0
	Total	52	100.0	100.0	100.0	100.0	100.0	100.0	100.0

**Assists with grooming**

Valid	No	Frequency		Percent		Valid		Cumulative	
		Frequency	Percent	Percent	Percent	Percent	Percent		
	No	42	80.8	80.8	80.8	80.8	80.8	80.8	80.8
	Yes	10	19.2	19.2	100.0	100.0	100.0	100.0	100.0
	Total	52	100.0	100.0	100.0	100.0	100.0	100.0	100.0

**Assists with letter writing/reading**

Valid	No	Frequency		Percent		Valid		Cumulative	
		Frequency	Percent	Percent	Percent	Percent	Percent		
	No	12	23.1	23.1	23.1	23.1	23.1	23.1	23.1
	Yes	40	76.9	76.9	100.0	100.0	100.0	100.0	100.0
	Total	52	100.0	100.0	100.0	100.0	100.0	100.0	100.0

**Provides companionship**

Valid	No	Frequency		Percent		Valid		Cumulative	
		Frequency	Percent	Percent	Percent	Percent	Percent		
	No	1	1.9	1.9	1.9	1.9	1.9	1.9	1.9
	Yes	51	98.1	98.1	100.0	100.0	100.0	100.0	100.0
	Total	52	100.0	100.0	100.0	100.0	100.0	100.0	100.0

**Assists with group activities**

Valid	Yes	Frequency		Percent		Valid		Cumulative	
		Frequency	Percent	Percent	Percent	Percent	Percent		
	Yes	52	100.0	100.0	100.0	100.0	100.0	100.0	100.0



• Results – Volunteer Activities

**Provides entertainment**

Valid	No	Frequency		Percent		Valid Cumulative	
		Frequency	Percent	Percent	Percent	Percent	Percent
	No	8	15.4	15.4	15.4	15.4	
	Yes	44	84.6	84.6	100.0	100.0	
	Total	52	100.0	100.0			

**Provides clerical support**

Valid	No	Frequency		Percent		Valid Cumulative	
		Frequency	Percent	Percent	Percent	Percent	Percent
	No	40	76.9	76.9	76.9	76.9	
	Yes	12	23.1	23.1	100.0	100.0	
	Total	52	100.0	100.0			

**Conducts religious services**

Valid	No	Frequency		Percent		Valid Cumulative	
		Frequency	Percent	Percent	Percent	Percent	Percent
	No	4	7.7	7.7	7.7	7.7	
	Yes	48	92.3	92.3	100.0	100.0	
	Total	52	100.0	100.0			

**Assists with dressing**

Valid	No	Frequency		Percent		Valid Cumulative	
		Frequency	Percent	Percent	Percent	Percent	Percent
	No	48	92.3	92.3	92.3	92.3	
	Yes	4	7.7	7.7	100.0	100.0	
	Total	52	100.0	100.0			

**Assists with personal religious rituals**

Valid	No	Frequency		Percent		Valid Cumulative	
		Frequency	Percent	Percent	Percent	Percent	Percent
	No	8	15.4	15.4	15.4	15.4	
	Yes	44	84.6	84.6	100.0	100.0	
	Total	52	100.0	100.0			

**Combing hair/Doing nails**

Valid	No	Frequency		Percent		Valid Cumulative	
		Frequency	Percent	Percent	Percent	Percent	Percent
	No	28	53.8	53.8	53.8	53.8	
	Yes	24	46.2	46.2	100.0	100.0	
	Total	52	100.0	100.0			

• Results – Volunteer Activities

**Provides transportation**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	44	84.6	84.6	84.6
Yes	8	15.4	15.4	100.0
Total	52	100.0	100.0	

**Assists with offsite activities**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	15	28.8	28.8	28.8
Yes	37	71.2	71.2	100.0
Total	52	100.0	100.0	

**Pushes wheelchairs**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	3	5.8	5.8	5.8
Yes	49	94.2	94.2	100.0
Total	52	100.0	100.0	

**Assists with evening activities**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	9	17.3	17.3	17.3
Yes	43	82.7	82.7	100.0
Total	52	100.0	100.0	

**Provides other duties**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	41	78.8	78.8	78.8
Yes	11	21.2	21.2	100.0
Total	52	100.0	100.0	

**Assists with weekend activities**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	9	17.3	17.3	17.3
Yes	43	82.7	82.7	100.0
Total	52	100.0	100.0	



• Results – Volunteer Activities

**Assists with outdoor activities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	12	23.1	23.1	23.1
	Yes	40	76.9	76.9	100.0
	Total	52	100.0	100.0	

**Provides pet therapy**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	5.8	5.9	5.9
	Yes	48	92.3	94.1	100.0
	Total	51	98.1	100.0	
Missing		1	1.9		
Total		52	100.0		

**Assists with gardening activities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	17	32.7	32.7	32.7
	Yes	35	67.3	67.3	100.0
	Total	52	100.0	100.0	

**Provides intergeneration activities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	11.5	11.5	11.5
	Yes	46	88.5	88.5	100.0
	Total	52	100.0	100.0	

• Results – Volunteer Program Management (Dedicated position)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	45	86.5	86.5	86.5
	Yes	7	13.5	13.5	100.0
Total		52	100.0	100.0	

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	5	9.6	62.5	62.5
	Yes	3	5.8	37.5	100.0
Total		8	15.4	100.0	
Missing		44	84.6		
Total		52	100.0		

- MOST NURSING HOMES IN THIS SAMPLE DID NOT HAVE A DEDICATED VOLUNTEER MANAGER, I.E., SOMEONE THAT IS STRICTLY A VOLUNTEER MANAGER.
- MOST PEOPLE HAVE NOT RECEIVED ANY FORMAL VOLUNTEER MANAGEMENT TRAINING



• Results – Volunteer Program Management (Dedicated position)

Dedicated volunteer manager years of experience					Dedicated manager full or part-time				
	Frequency	Percent	Valid Percent	Cumulative Percent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.42	1	1.9	11.1		Part-time	1	1.9	11.1
	.50	2	3.8	22.2		Full-time	8	15.4	88.9
	1.67	1	1.9	11.1		Total	9	17.3	100.0
	2.00	2	3.8	22.2		Missing	43	82.7	
	6.00	1	1.9	11.1		Total	52	100.0	
	20.00	1	1.9	11.1					
	30.00	1	1.9	11.1					
	Total	9	17.3	100.0					
Missing		43	82.7						
Total		52	100.0						

- 77.8% OF THE VOLUNTEER MANAGERS HAD 6 OR FEWER YEARS EXPERIENCE.

• Results – Volunteer Program Management (Dedicated position)

**Dedicated manager with staff**

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>No</b>	<b>4</b>	<b>7.7</b>	<b>50.0</b>	<b>50.0</b>
<b>Yes</b>	<b>4</b>	<b>7.7</b>	<b>50.0</b>	<b>100.0</b>
Valid <b>Total</b>	<b>8</b>	<b>15.4</b>	<b>100.0</b>	
Missing	<b>44</b>	<b>84.6</b>		
<b>Total</b>	<b>52</b>	<b>100.0</b>		

- HALF OF THE NURSING HOMES THAT HAD A DEDICATED VOLUNTEER MANAGER REPORTED THEY HAD STAFF AS WELL.





• **Results – Volunteer Program Management**  
(Shared position)

Person managing volunteers					Shared volunteer manager trained					
		Frequency	Percent	Valid Percent	Cumulative Percent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cottage guide	1	1.9	2.2	2.2					
	Recreation therapist	3	5.8	6.7	8.9					
	Activity Director	28	53.8	62.2	71.1					
	Life Enrichment Coordinator	13	25.0	28.9	100.0	Valid	No	34	65.4	77.3
	Total	45	86.5	100.0			Yes	10	19.2	22.7
Missing		7	13.5				Total	44	84.6	100.0
Total		52	100.0			Missing		8	15.4	
						Total		52	100.0	

- VOLUNTEER PROGRAMS IN NURSING HOMES ARE THE RESPONSIBILITY OF THE ACTIVITY DIRECTOR OR LIFE ENRICHMENT COORDINATOR
- TEN PARTICIPANTS REPORTED THEY HAD RECEIVED SOME VOLUNTEER MANAGEMENT TRAINING

- Results – Volunteer Program Management  
(Shared position)

**Shared manager has certificate**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	40	76.9	97.6	97.6
	Yes	1	1.9	2.4	100.0
	Total	41	78.8	100.0	
Missing	999	11	21.2		
Total		52	100.0		

- ONE PERSON REPORTED THAT THEY HAD A CERTIFICATE IN VOLUNTEER MANAGEMENT



• **Results – Volunteer Program Management** (Shared position)

**Shared manager time spent on volunteer program**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.0	1	1.9	3.8	3.8
	.5	1	1.9	3.8	7.7
	1.0	6	11.5	23.1	30.8
	1.5	1	1.9	3.8	34.6
	2.0	11	21.2	42.3	76.9
	3.0	1	1.9	3.8	80.8
	4.0	1	1.9	3.8	84.6
	4.5	1	1.9	3.8	88.5
	5.0	1	1.9	3.8	92.3
	20.0	2	3.8	7.7	100.0
	Total	26	50.0	100.0	
Missing	999.0	26	50.0		
Total		52	100.0		

- 76.9 PERCENT OF THE VOLUNTEER MANAGERS SPEND 2 OR LESS HOURS PER WEEK ON THEIR VOLUNTEER PROGRAMS.

• Results – Correlations  
Organizational Characteristics with Quality Measures

Correlations<sup>a</sup>

		Pressure scores	Urinary Tract Infections (UTIs)	Depression	Use of restraints	Falls	Use of Antipsychotic Drugs	Use of Hypnotic Drugs	Part of a Chain	Rural or Urban	Nonprofit or For-profit
<b>Part of a Chain</b>											
0 = No; 1 = Yes	Pearson Correlation	.003	.073	-.176	-.184	-.071	-.218	-.106	1	.310*	-.462**
<b>Rural or Urban</b>											
0 = Rural; 1 = Urban	Pearson Correlation	.087	-.016	-.036	.115	-.462**	-.201	-.158	.310*	1	-.334*
<b>For-profit or Nonprofit</b>											
0 = Nonprofit; 1 = For-profit	Pearson Correlation	-.227	.069	.099	.131	.238	.021	.103	-.462**	-.334*	1

<sup>a</sup> Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

URBAN NURSING HOMES IN THIS STUDY WERE MORE LIKELY TO BE PART OF A CHAIN AND A NONPROFIT WHEREAS THE RURAL NURSING HOMES IN THIS STUDY WERE LIKELY NOT PART OF A CHAIN AND FOR-PROFIT

AS FAR AS THE QUALITY MEASURES THE ONLY SIGNIFICANT CORRELATION WAS THAT OF FALLS AND SO URBAN NURSING HOMES THERE ARE LIKELY TO BE FEWER FALLS.



- Results – Correlations  
Volunteer Program Characteristics with Quality Measures

		Pressure sores	Urinary Tract Infections (UTI's)	Depression	Use of restraints	Falls	Use of Antipsychotic Drugs	Use of Hypnotic Drugs
Use Volunteers	Pearson Correlation							
Number of volunteers	Pearson Correlation	-.576	-.075	-.746	.999 <sup>**</sup>	.275	.864	-.583
Days onsite	Pearson Correlation	-.815	-.233	-.934	.943	.036	.789	-.365
Volunteer hours logged monthly	Pearson Correlation	-.279	-.328	-.545	.883	.076	.984 <sup>**</sup>	-.867
Has a dedicated volunteer manager	Pearson Correlation	.495	.492	.355	.333	.751	.302	-.608
Dedicated manager full or part-time	Pearson Correlation	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>	. <sup>b</sup>
Dedicated volunteer manager trained	Pearson Correlation	.795	-.411	.597	-.333	-.305	.166	-.606

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

c. Listwise N=52

- THERE IS NO GOOD EXPLANATION AS TO WHY THE USE OF RESTRAINTS AND THE USE OF ANTIPSYCHOTICS WERE ALMOST PERFECTLY CORRELATED WITH THE NUMBER OF VOLUNTEERS AND THE NUMBER OF HOURS VOLUNTEERS WERE LOGGING.
- HOWEVER, PLEASE NOTE THAT UNDER THE USE OF HYPNOTIC DRUGS THAT THE TREND IS LESS USE OF DRUGS IN STRONGER VOLUNTEER PROGRAMS.

• **Results – Correlations**  
 Volunteer Activities with Quality Measures

		Pressure Sores	Urinary Tract Infections (UTIs)	Depression	Use of Restraints	Falls	Use of Antipsychotic Drugs	Use of Hypnotic Drugs
 Meals (feeding assistance)	Pearson Correlation	.146	-.054	.024	-.047	.010	-.162	-.303*
Provides snacks/water	Pearson Correlation	.182	.139	-.071	-.104	.063	-.029	-.055
Assists with grooming	Pearson Correlation	-.011	-.152	.062	-.061	-.050	-.144	-.122
Assists with letter writing/reading	Pearson Correlation	-.031	.032	.215	.091	.150	-.236	-.164
Provides companionship	Pearson Correlation	.*	.*	.*	.*	.*	.*	.*
Assists with group activities	Pearson Correlation	.*	.*	.*	.*	.*	.*	.*

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

c. Listwise N=52

- MEAL ASSISTANCE IS A PERSONALIZED ACTIVITY, THAT IS FEEDING SOMEONE, ENJOYING PLEASANT CONVERSATION, AND PROBABLY RELAXED AS OPPOSED TO RUSHING PEOPLE INTO THE DINING ROOM, GETTING THEM FED, AND GETTING THE NEXT GROUP IN TO BE FED.



• Results – Correlations  
Volunteer Activities with Quality Measures

		Pressure Sores	Urinary Tract Infections (UTIs)	Depression	Use of Restraints	Falls	Use of Antipsychotic Drugs	Use of Hypnotic Drugs
Provides entertainments	Pearson Correlation	.067	-.067	.153	.046	.184	-.184	-.102
Conducts religious services	Pearson Correlation	.231	.207	.003	.038	-.091	.047	.158
Personal religious rituals	Pearson Correlation	-.021	-.137	-.103	.066	.133	-.214	-.054
Provides clerical support	Pearson Correlation	.231	-.166	.254	-.065	.004	.032	-.035
Assists with dressing	Pearson Correlation	.166	-.021	.088	-.053	.070	-.187	-.198
Combing hair/doing nails	Pearson Correlation	.190	-.072	-.043	.160	.047	<b>-.433<sup>**</sup></b>	-.260

\*\* Correlation is significant at the 0.01 level (2-tailed).  
\* Correlation is significant at the 0.05 level (2-tailed).  
c. Listwise N=52

- AS WITH MEAL ASSISTANCE, COMBING HAIR AND DOING NAILS IS ALSO A PERSONALIZED ACTIVITY AND THIS RESULT INDICATES AGAIN THAT PERSONALIZED ACTIVITIES HAVE POSITIVE OUTCOME ON THE USE OF ANTIPSYCHOTIC DRUGS.

• Results – Correlations  
Volunteer Activities with Quality Measures

		Pressure Sores	Urinary Tract Infections (UTIs)	Depression	Use of Restraints	Falls	Use of Antipsychotic Drugs	Use of Hypnotic Drugs
Provides transportation	Pearson Correlation	-.027	.085	.283 <sup>c</sup>	-.079	.003	-.075	-.142
→ Pushes wheelchairs	Pearson Correlation	.078	-.309 <sup>*</sup>	.037	.025	-.099	-.031	.031
→ Provides other duties	Pearson Correlation	.157	-.355 <sup>*</sup>	.035	.268	-.188	.201	.009
Assists with offsite activities	Pearson Correlation	.254	-.202	-.005	.102	-.154	-.057	-.176
Assists with evening activities	Pearson Correlation	.114	.000	.217	.068	-.157	-.192	-.231

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

c. Listwise N=52

- WHILE PUSHING A WHEELCHAIR MAY NOT SEEM TO BE A PERSONALIZED ACTIVITY, IF DONE PROPERLY, IT IS A PERSONALIZED ACTIVITY AS THE “PUSHER” IS TALKING WITH THE RESIDENT AS THEY TRAVEL TO THEIR DESTINATION.
- “PROVIDES OTHER DUTIES” IS A BIT VAGUE AND REQUIRES FURTHER INVESTIGATION, NEVERTHELESS THOSE ACTIVITIES HAD A POSITIVE RELATIONSHIP WITH THE INCIDENT RATE OF UTI’S





• **Results – Correlations**  
**Volunteer Activities with Quality Measures**

		Pressure Sores	Urinary Tract Infections (UTIs)	Depression	Use of Restraints	Falls	Use of Antipsychotic Drugs	Use of Hypnotic Drugs
Assists with weekend activities	Pearson Correlation	.160	-.209	.158	.079	-.140	-.037	-.150
Assists with outdoor activities	Pearson Correlation	.088	.090	.275	.074	-.035	.031	-.154
Assists with gardening activities	Pearson Correlation	-.102	-.017	.086	.101	-.013	.092	.062
Provides pet therapy	Pearson Correlation	.004	-.024	.136	.037	.166	-.207	-.166
Provides intergeneration activities	Pearson Correlation	.192	-.123	.165	.060	.008	<b>-.311*</b>	<b>-.300*</b>

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

c. Listwise N=52

- INTERGENERATION ACTIVITIES WOULD BE CLASSIFIED AS PERSONALIZED AS WELL AS CHILDREN PLAYING WITH THE OLDER ADULTS WOULD ADDRESS SOCIAL ISOLATION, FEELINGS OF DISCONNECTEDNESS AND SO ON...

- Results – Correlations  
Volunteer Activities with Quality Measures

		Pressure Sores	Urinary Tract Infections (UTIs)	Depression	Use of Restraints	Falls	Use of Antipsychotic Drugs	Use of Hypnotic Drugs
Meals (feeding assistance)	Pearson Correlation	.146	-.054	.024	-.047	.010	-.162	-.303*
Combing hair/doing nails	Pearson Correlation	.190	-.072	-.043	.160	.047	-.433**	-.260
Provides intergeneration activities	Pearson Correlation	.192	-.123	.165	.060	.008	-.311*	-.300*
Pushes wheelchairs	Pearson Correlation	.078	-.309*	.037	.025	-.099	-.031	.031

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

n. Listwise N=12

- THIS IS A SUMMARY SLIDE THEN OF THE RESULTS OF THE CORRELATIONS



- Results – Multiple Regression (stepwise)  
Dependent Variable – Antipsychotic Drugs

Model	Coefficients <sup>a</sup>												
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics		
	B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF	
1 (Constant)	20.236	2.079		9.736	.000	15.997	24.476						
Combing hair/Doing nails	-8.360	2.814	-.471	-2.970	.006	-14.100	-2.620	-.471	-.471	-.471	1.000	1.000	

a. Dependent Variable: Use of Antipsychotic Drugs

- USING THE INCIDENT RATE FOR THE USE OF ANTIPSYCHOTIC DRUGS AND CONTROLLING FOR ALL OTHER FACTORS, COMBING HAIR AND DOING NAILS EMERGED AS A SIGNIFICANT INDICATOR FOR THE USE OF ANTIPSYCHOTICS
- AGAIN WE CAN'T GO TO FAR JUST YET AS FAR AS WHAT CONCLUSIONS WE DRAW BUT WE CAN SAFELY SAY A RELATIONSHIP EXISTS AND FURTHER INVESTIGATION INTO THESE RELATIONSHIPS IS WARRANTED

• Results – Multiple Regression (stepwise)  
Dependent Variable – Hypnotic Drugs

Model		Coefficients <sup>a</sup>												
		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics		
		B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF	
1	(Constant)	27.792	2.442		11.380	.000	22.811	32.772						
	Assists with offsite activities	-10.098	2.806	<b>-.543</b>	-3.599	<b>.001</b>	-15.821	-4.376	-.543	-.543	-.543	1.000	1.000	
2	(Constant)	29.921	2.415		12.387	.000	24.988	34.854						
	Assists with offsite activities	-8.821	2.646	<b>-.474</b>	-3.334	<b>.002</b>	-14.225	-3.417	-.543	-.520	-.465	.963	1.039	
	Combing hair/Doing nails	-5.677	2.277	<b>-.355</b>	-2.493	<b>.018</b>	-10.328	-1.026	-.446	-.414	-.348	.963	1.039	

- USING THE INCIDENT RATE FOR THE USE OF HYPNOTIC DRUGS, AND CONTROLLING FOR ALL OTHER VARIABLES, ASSISTING WITH OFFSITE ACTIVITIES AND ONCE AGAIN COMBING HAIR AND DOING NAILS EMERGE AS INDICATORS FOR THE USE OF HYPNOTIC DRUGS
- AND AS WITH THE PREVIOUS REGRESSION MODEL, WE CANNOT GO TO FAR BUT WE CAN SAFELY SAY THAT A RELATIONSHIP EXISTS AND FURTHER INVESTIGATION IS WARRANTED.



- **Discussion**
  - **Volunteer activities influence quality measures**
    - Personalized activities vs group activities seem to have the most impact on the use of psychotics
  
  - **Volunteer program management is limited**
    - Volunteer program managers were most likely not trained in volunteer management
    - Seventy-six percent of the volunteer managers spent two hours or less each week on their volunteer program
    - Seventeen volunteer managers did not know how many hours were being logged.
    - Volunteer programming was an add-on to existing duties
  
  - **Volunteer programming needs to be taken more seriously**
    - Impacts "Star Rating"
    - Acts as a conduit for attracting new workers
    - Counters the negative image of nursing homes as a place to avoid
    - Provides meaningful relief for overworked care staff

- Recommendations

- A large scale study is needed to:

- Further explore relationship between volunteer activities and quality of care outcomes.
    - Assess the cost-benefit of volunteer activities for nursing homes.
    - Allow for more rigorous statistical analysis, e.g., structural equation modeling (SEM).



Question?  
Comments...  
Ideas!



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# Thank You!



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ONCE AGAIN WE WANT TO THANK THE CENTER FOR PUBLIC AFFAIRS RESEARCH FOR AWARDING THIS GRANT THAT MADE THIS ALL IMPORTANT STUDY POSSIBLE AND IT IS OUR HOPE THAT THIS STUDY WILL PROVIDE THE IMPETUS FOR FURTHER RESEARCH.

THANK YOU!





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