Psychological Support Guideline of Mental Care Volunteers for Chronic Illness Patients

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ABSTRACT

Globally, number of chronic illness patients is increasing every year including in Thailand. Among these patients, not only physical issues that they encounter but also mental issues such as boredom, anxiety, distress and fear. For mental issues, mental care volunteers make a great contribution to these patients. Their provided support can benefit to both patients and patients’ families especially psychological support aspect. This study aims to explore the definition and the psychological support guideline of mental care volunteers for chronic illness patients. The research employed a qualitative methodology by case study approach. Data has been gathered from the purposive selected key informants. Six volunteers in Bangkok and Bangkok Metropolitan Region, Thailand were in-depth interviewed about their direct experiences using a semi-structure interview question. The research finding disclose the meaning of the mental care volunteers for chronic illness patients in two themes; meaning focusing on patients’ benefit and meaning focusing on volunteers’ characteristic. The research findings also reveal that the volunteers provide psychological support to patients with several approaches. These included preparing, building rapport, listening, observing, communicating with patients, playing an intermediary role and being aware. These research findings lead to better understanding in volunteer themselves and volunteer’s psychological support approaches for chronic illness patients.

Keyword: Psychological Support, Mental Care, Volunteer, Chronic Illness Patients, Palliative Care
1. INTRODUCTION

In this 21st century, the number of chronic illness patients has been increasing. The examples of chronic illness are; heart disease, cancer and diabetes. More and more of people in many countries are suffering by these illnesses these days. People, especially in the developing countries, are suffering from chronic illness. By the increasing of chronic illness patients, there are many factors that involve; the advancement of modern medical science that reduces the number of death from acute diseases or accidents and increases average life spans, the changing of people’s life styles, etc. From World Health Organization’s report, in year 2012, 68% of the causes of death are chronic illnesses (World Health Organization, 2014) which it is quite high. The chronic illnesses are the problem that affects people, societies and economics (WHO, 2014: 17). In Thailand, the statistic of chronic illnesses indicates the same way.

Chronic or terminal illness patients always face with their tiredness, boredom, sadness, fear and worries. Patients with chronic conditions often have to adjust their aspirations, lifestyle, and employment. Many grieve about their predicament before adjusting to it. But others have protracted distress and may develop psychiatric disorders, most commonly depression or anxiety. (Turner, 2000: 124) Moreover, bearing with those stress and negative emotions affect the patients’ health both physical and psychological in either immediate or long-term (Deja et al., 2006 as cited in Papathanassoglou, 2010: 1). There is also a study in Sukhothai province of Thailand, a study shows that, apart from economic and relationship problems, chronic illnesses (such as paralysis/stroke, cancers, chronic liver disease, chronic renal failure, chronic pain syndrome) are important factors to successful suicide (Khamma, 2013: 3-10). However, the emotional dimensions of chronic conditions are often overlooked when medical care is considered (Turner, 2000: 124). In hospitals, doctors and health professionals play the important part to heal physical illnesses, but they could not cover in the area of understanding patients nor providing social and psychological care for patients (Turner, 2000: 124). This gap, can be fulfilled by mental care volunteers.

Volunteers are becoming integral to the patients caring. Demand for chronic illness patients caring is increasing worldwide. In US, Canada, UK and India, mental care volunteers involve and support health care system in many aspects (Burbeck, Candy, Low & Rees, 2014). For example, in US, volunteers have initiated an idea and established palliative illness patients care center (Hospice). Moreover, the volunteers still keep supporting Hospice until now. From estimation, there are around 430,000 volunteers in US. These volunteers help and support each other in many aspects. (National Hospice and Palliative Care Association, 2015: 12) Regarding a report, the volunteers provide more than just physical support; they provide psychological and emotional support as well. In Thailand, mental care volunteers for chronic illness patients have sacrificed their private time to do this volunteer job. In the context of mental care volunteers for chronic illness patient job, volunteers have to deal with patients’ suffer (either from their diseases or other factors) directly and they also have to help the patients going through. In Thailand, we found the project called “Bedside Volunteers” which is organized by Buddhika Network, the non-government organization which runs regular workshops on how to prepare for a good death.
This project started in 2006 with the support from Thai Health Promotion Foundation and it has continued since then. After we have reviewed their documents and discussed with the project staffs, we found that some chronic illness patients have to stay hospitalized for month. Some have no relative to visit them. Some have relatives in upcountry that cannot come in town to pay them a visit. Apart from their physical pains, the patients have to endure with anxiety, stress, worry and some with depression. This is where mental care volunteers come into picture; the volunteers can support the patients emotionally and psychologically in order to heal the patients’ psychological pains. (Burbeck et al., 2014: 5; Elliott & Umeh, 2013: 377-382)

From reviewing literatures that relate to mental care volunteers, we found a small number of quantitative and qualitative researches in Thailand. Most of those researches are survey researches. Most researches have studied in regard of benefit and roles of mental care volunteers. While the researches in foreign countries mostly focus their studies in hospices, in Thailand - this mental care volunteers, chronic illness patients in hospitals or hospices concept is still new. As far as we had information, there was no studies about mental care for chronic illness patients provided by volunteers in details.

From the background and importance we mentioned above, we have come to the conclusion that mental care is an important task of volunteers that can support health system. However, this specific kind of activity of volunteers, especially in Thailand, needs lots more investigation to improve the volunteers themselves and related processes. This study aims to point out the importance of mental care volunteers for chronic illness patients and the importance of psychological support for chronic illness patients to people in society. We aim for the finding in this study to make people understanding better about the volunteers; who they are and what they do. Most importantly, we aim for this study to be a reference for volunteers or people who are interested in mental care for chronic illness patients, so they can provide effective psychological support for chronic patients.

2. Objectives

The study’s objective is to explore the definition of mental care volunteer for chronic illness patients, including to explore the psychological support guideline of these volunteers according to volunteers’ own perceptions and words.

3. Method

3.1 Design

This research employed a qualitative research design. This design was carried out to allow mental care volunteer for chronic illness patient to freely express on their own experience. It is suitable for explore an undefined or cloudy area. Case study approach was used to define cases, gather data and analyze data.

3.2 Participants

We chose participants from Bedside Volunteer Project, the part of Peaceful Death Project which conducts activities relating to mental care volunteer for chronic illness patients. Bedside Volunteer Project is the project that runs for chronic illness patients in Chulalongkorn hospital. The project coordinator is a gate keeper for this research.
Purposive Sampling were used as the sampling method to collect data. Volunteers of Bedside Volunteer Project who attended the project training/meeting, finished their 3 months assignment of being a volunteer and continue to provide caring until patient goes home or passes away were chosen to participate in this study. Additionally, well-known volunteers in Bangkok and Bangkok Metropolitan Region who provided psychological support to chronic illness patients at least 2 years were contacted to participate in this study as well. All patients, that volunteers provided psychological support for, suffer from chronic illnesses such as cancer and cerebrovascular disease. Some of them are in terminal illness phase. Finally, six volunteers who meet these criteria were chosen to be in-depth interviewed.

All volunteers were orally informed and received the written information about the study’s objectives and the participation’s terms and procedure, including their right protecting. We use pseudonym instead of participants’ real names to protect their privacy. They then were willing to participate and returned the signed written consent before we started data gathering.

3.3 Instruments
Instruments used in this qualitative study are researchers, field notes, sound recorder and semi-structured interview questions. Data has been gathered by using the semi-structure interview questions, which were particularly designed for use in this study. The questions have been adjusted according to suggestion from five reviewers who are assistant professors or lecturers in field of assessment and evaluation, psychology and behavioral science. The questions aimed to determine the meaning of mental care volunteer for chronic illness patients through volunteer’s perspective and how volunteers support patients in psychological level to alleviate distress of patients.

Opening and introduction questions were used to build rapport and lead to key questions. The key question are as the follows: 1) Please tell me about being a mental care volunteer for chronic illness patients. 2) What's your attitude toward mental care volunteer for chronic illness patients (before and after being the volunteer)? 3) From your point of view, is mental care volunteer for chronic illness patients different from or similar to other type of volunteers? And how different or similar? 4) Do you have any preparation before and during being a mental care volunteers for chronic illness patients? And how? 5) How do you perceive that patient has psychological distress? What did patients tell you causing you to know that patients were facing psychological distress? Please provide examples. 5.2) What kind of patients' facial expression and behavior they had when they were facing psychological distress? 5.3) Were there any other things that helped you to know about them having distress (for example patient's family and nurse saying)? 6) Please recall and tell me about situation that you helped to relieve patient's psychological distress. 6.1) What did you do when you visited and provided mental caring for patients? And how? 6.2) How did you act or respond when you perceived that patients were facing psychological distress or when they wanted will power? 7) How did patients react when they received your caring? What was changed in patients? 8) Did you have any problem to support patients in psychological level? If you had, what were the problems and how did you resolve or manage them? 9) Which words or phrase that you think it represents the important things of being mental care volunteer for chronic illness patients? Please also explain the reason. 10) What are to avoid or be careful of when providing
psychological support to patients as a volunteer? Anyway, these questions are only guidelines. In real interview sessions, we were open to what the interviews may lead to so that the volunteers provided more in-depth details and aspects.

3.4 Content Analysis
Data analyzing were in concurrent with the data collection in this qualitative study. Data were prepared by transcribed verbatim then we started to organize them. Interview extracts were examined line by line and assigned appropriate codes. We were seeking for pattern and relationship of those codes through repeatedly reading interview extracts and listening interview record. Initial codes were grouped and regrouped to create themes and sub-themes based on this research objectives. Analyzed results were illustrated from the participants interviewing.

4. Results
Following the objectives of this research, our findings consist of two parts; first is the meaning of mental care volunteers for chronic illness patients and second is the guidelines that the volunteers use for psychological supporting chronic illness patients. The meaning of mental care volunteers for chronic illness patients can be grouped into two themes; 1.) Meaning focusing on patients’ benefit 2.) Meaning focusing on volunteers’ characteristic.

Part I The meaning of mental caring volunteer for chronic illness patients
Meaning focus on benefits for patients
1) Oasis for patients: Most of the volunteers, we have interviewed, share the same opinion that a volunteer is a person who encourages and lifts the patient’s morale.
“The volunteer is like water…the water that pours into patients’ hearts…patients are just like wilted flowers which someone waters them then they are delighted and elated…like we fertilize them.” (Khem-Volunteer1)
“I think about morale support. Patients' strength to fight their diseases depends on their morale.” (Bua-Volunteer4)

2) Open space and safe zones: Volunteers is the space that patients can express any feeling or show their weakness to. Being a stranger to patients is a benefit; patients can share their stories, their mental suffers and show their weakness to the volunteers without a need to try being strong or without worry.
“I think there was something that she could not share with her daughter. Maybe, she was being considerate or something like that. But with me, a stranger, she was more relaxed. It was like I was another way to help her relieving her stress. Sometimes, she criticized her daughter to me too.” (Phut-Volunteer5)
“Sometimes, she knew there was something she should not tell to her daughter. Her daughter would be mad and scold her. In contrary, I did not have personal bias because I was not her relative, so she was more comfortable with me.” (Phut-Volunteer5)

3) Friends or families: All volunteers, we have interviewed, share the same view that, though they had never known the patients before being a volunteer, they felt the
patients were their families and friends and the volunteers actually treated them like one.

“It’s like we did it by instinct. We did not actually plan or think about the feeling or relationship with the patients. We did what we felt like and naturally treated them as one of our families, as elder relatives” (Khem-Volunteer1)

“Patients are like our family members. It was like we just took care of our family members and helped them around.” (Bua-Volunteer4)

“Patients care for us as a family member as well. Though, our meeting would end soon, but at that particular time, they still care for us like their child or their grandchild.” (Bua-Volunteer4)

“Lately, when I went to signed name at the nurse’s office, the nurse started playing joke like [Hey, your ‘dad’ is asking for you again (laugh).] I became his son. There was an emotional attachment between us.” (Tien-Volunteer2)

4) Reliever: Most patients have their worries and undone tasks. Especially the patients with end-of-life stage, they have something they would like to get done before passing away. The volunteers help them in this regard; the volunteers listen to patients’ confession or running the undone tasks for them. These help the patients to be at peace with themselves.

2. Meaning focusing on volunteers characteristic
1) Those who are happy to help without wanting anything in return: Mental care volunteers are those who are “willing” to help when they can. They do not want anything in return. The volunteers, we have interviewed, view a mental care volunteer for chronic illness patients as a person who is happy to help others.

2) Those who consistently and continuously help: Mental Care Volunteers for chronic illness patients are those who can manage their time to take care of patients consistently and continuously so that they gain trust and good relationship with patients which will be benefits for psychological supporting.

For the guidelines that the volunteers use for mentally supporting chronic illness patients, we found that the volunteers use varied approached depends on the patients and situations. We categorized the guidelines into six main themes; 1) Preparation 2) Building rapport 3) Listening 4) Observation 5) Communication with patients 6) Playing an intermediary role and 7) Things to be aware of

Part II Psychological Support guideline
1) Preparation: Some volunteers did researches about their patients beforehand. For example, patients’ illnesses, symptoms and patients’ personalities (what patients like, what patients do not like). Moreover, the volunteers also discussed with the patients’ families about their concerns. Some volunteers did researches about the proper behaviors they should act around patients; what is proper, what is not. Moreover, the volunteers need to be mentally prepared too. Volunteers should understand that the patients may not welcome them in some times. This situation is likely to happen because the patients are those with chronic illness; they have been suffering from the
illness for quite a period. The volunteers should be prepared to handle this and not set their expectation with the patients.

2) Building rapport: For mental care volunteers, building rapport with the patients is very important. Being a stranger, the patients may not trust the volunteers and be suspicious in the first place. The patients may worry about the volunteers doing hard-sell or exposing their private information. This is why building rapport is very important. At the beginning, for example - when they first meet, the important step for the volunteers is to show the patients they are trustworthy and sincere. Then, to make the patients open to the volunteers more, one efficient way is to make the patients feel that they have something in common with the volunteers. For example, one of the volunteers we have interviewed, she told the patient about her husband having cancer as same as the patient. That made the patient open to her more. Another important thing that all the volunteers we have interviewed mentioned about is consistency; the volunteers should visit the patients consistently and continuously. All of these will create trust between the volunteers and the patients and also make the mental care job easier and effective.

“I think it is important when you introduce yourself to the patient. You have to make him putting away his suspiciousness and doubt. I think I am a straightforward person. I introduced myself sincerely, and when I told him something, I told him bluntly without a mask.” (Tien-Volunteer2)

“There were some patients that had bias against us too; they did not want us to mess with them. They thought we would do hard-sell, persuade him to some investment or selling Amway products. There are quite some of volunteers behaving like this, so the patients had bias from their bad experience. I showed them my sincerity through words and action. I told them what I wanted to do for them. Finally, they were open up to me. Everyone will surely have this bias because we are strangers to them.” (Kaew-Volunteer3)

“I did the volunteer job with consistency and sincere, so they were open and started talking to me. Moreover, once they had started, they never stopped. They told me a lot because they had a lot in them. Some told me about their lives. Some kept talking like a flood.” (Kaew-Volunteer3)

3) Listening: All of the volunteers we have interviewed mentioned that listening is important. The volunteers should listen to patients whether it is about something in general or their suffering. The volunteers should focus and be there 100% with the patients. This is called Active and Deep Listening. This listening is not only about listening to what the patients say, but it includes what the patients do not say too. For what the patients do not say, the volunteers need to use their observation instead. Moreover, the volunteers should not just listen and let it pass. For example, if the patients tell their problem to the volunteer, the volunteer should help them solving it.

“Some patients had something inside, but they did not know who to talk to. When they could finally say it out, they felt relieved. It was like they had to keep it with themselves for so long. Anyway, I did not do anything; I just listened.” (Kaew-Volunteer3)

“What we need to do is listen, listen and listen. Do not interrupt when they are speaking. Give them a nod sometimes and look into their eyes with willingness,
seriousness and understanding. Ask them [What’s next?], [And who helped you at that time?] or [So, what did you do?].” (Kaew-Volunteer3)

“I found 1 case that the patient complained that he felt his face being hot and burnt. He said he was in pain. There may be something wrong with his nerves. He also felt uncomfortable when he lied down and could not sleep well. Sometimes, he felt pain at his eye sockets. He said he felt like something burning inside. So, I asked if he had ever used a cold towel to help or not. He said never. I asked him again if he had to endure these pains for the last 8 month and could not even sleep soundly. I suggested I buy an ice pack and keep in the fridge for him. I suggested that when he was about to sleep at night, he take the ice pack, cover it with towel, and put on the places he felt the heat. Then, he got better.” (Tien-Volunteer2)

“I feel like I am more focus when listening to the patients. When I hear they say something, I will listen and seek what’s behind those sentences.” (Tien-Volunteer2)

4) Observation: Observation is another thing the volunteers need when doing mental care. Sometimes, the patients do not say it out or do not say it clearly. There are many ways to observe the patients; observing what they like and what they do not, observing their emotions via their facial expression and through their eyes.

“On the day his eyes looked cheerful and kind of sparkling, his face would be like, kind of bright and cheerful. On the contrary, on the day he was feeling down, his eyes looked sad. I would know he had something in mind.” (Khem-Volunteer1)

“It’s like when I asked him about his family, his facial expression would show sadness.” (Bua-Volunteer4)

“I started to realize that she liked talking about her family. I observed her reaction; when he was talking about her family, his eyes would be sparkling. She really liked talking about her family.” (Phut-Volunteer5)

“I knew that when she said that specific sentence, she’s not OK at that time. That sentence was [Do whatever you want].” (Phut-Volunteer5)

5) Communication with patients: This theme can be separated into two sub-themes which are verbal communication and non-verbal communication.

5.1) Verbal communication - This communication is mainly about talking. The volunteers should talk to the patients in the topic that that the patients like or happy to talk about and avoid the topic that the patients do not like or having worries about. Anyway, when conversations lead to topics that make the patients feel bad, the volunteer may suggest the patients to look at the bright side “Every cloud has a silver lining” or the volunteers may encourage the patients to face the problems bravely. Also, besides talking, the volunteers should ask questions; questions to find out about the patients’ worries or what they want (or the volunteers may know these things from normal conversations with the patients as well). Then, after the volunteers find out about the patients’ worries and need, the volunteers may be able to help them solving problems or running an errand for them. The volunteers should also ask the patients about their conditions, so that the patients feel the volunteers do actually care and pay attention to them. Moreover, the volunteer should praise or encourage the patients from time to time too.
“For example, John, he liked traveling and cars, so I would talk to him about these topics. We could talk longer this way.” (Khem-Volunteer1)

“Are you afraid of death? I know you are not ready yet. I would like to tell you this; no one knows when the day will come. You still have today. You still have tomorrow... What will be, will be. For me, it could be tonight. I am going to fly to Chiang Mai tonight. Who knows, the plane may crash tonight.” (Kaew-Interview3)

“You are awesome. If I were you, I might not be able to fight like you did. You are so great.” (Kaew-Interview3)

“When I visited the patient, I told him that there may be some times that I could not come, that I may be busy with many other things or commuting here was not quite convenient for me or something like this... What I did made him think that no one actually care about him.” (Bua-Volunteer4)

5.2) Non-verbal communication

This way of communication is for example, touching the patients’ hands, lightly caressing their hands, hugging them, passing strength through eyes contact or even just sitting beside them. All these communications could support the patients mentally. Some volunteers we have interviewed mentioned that, even the patients were unconscious, we could still provide psychological support to them.

“There was the time when she was close to passing away; she could not move her body, could not open her eyes. I normally gave her touch. At that time, when I touched her hand, I knew she was still there. Even with her condition, I still called out her name. I whispered to her ear that [I am here to see you. Please stay strong. Please look at me like I am your son.] and touched her hand... Then, 1 or 2 weeks had passed, she was getting better and better... When I met her, she told the patient on the neighbor bed [This is my son]. I was like, oh..., I thought she did not hear what I said. It was like she was sleeping, but she did, she heard me. She remembered I was her son.” (Phut-Volunteer5)

“When I tried hugging him once, I could feel our feelings come across each other. We could feel each other’s pain automatically. You will never know unless you try. When you do, you will know how the feelings can come across. When he cried a lot and I hugged him tightly, he would cry his eyes out on my shoulder. Crying and shaking, it was like his feeling could flow out to me. Then, it was gone. The bad feeling was gone like it could share with someone and gone. When I realized this, I started hugging the patients. After that, when there was a patient, a patient with cancer coming to hospital, they would come to me for a hug.” (Kaew-Volunteer3)

6) Playing an intermediary role: Being an intermediary between the patients and doctors/nurses or the patients and their families is one thing that the volunteers can do to psychologically support the patients. Some volunteers that we have interviewed mentioned that, sometimes, the patients did not feel comfortable speaking to hospital staffs. For example, the patients had some discomfort on their bodies and made them feel uneasy but they did not tell the hospital staffs directly. The volunteers could help them with this. Having volunteers doing intermediary role for the patients can make the patients caring better and more proper which is a benefit for the patients both physically and psychologically.
“He had his intestine surgery, so he had an ostomy pouch on his stomach. It contained excretion from his body. Sometimes, when there was a lot of excretion and the excretion might start to smell, he would feel uncomfortable. The nurses may be slow to help him changed. This was because the imbalance between the number of nurses and patients. Some nurses might scold him too. He would feel he was treated badly. So, I talked to Miss Nok (the head of nurse). Then, Miss Nok will talk to the nurses why they did that to patients. She told them that the patients were suffering enough already, we should not give them more pain. After that, the nurses’ behavior was better.” (Khem-Volunteer1)

“I told the patient’s wife that [He (the patient) was worried about you. You are a beauty. If it was me, I will be worried too. Soon you may marry a new person. Everyone likes you. You are charming. Lots of men like you, right? Now, he was worried a lot. Hmm, what do we do... What about this? Can you tell him that you will try your best taking care of the kid to lessen his worry for now? At least, he does not have to worry about the kid.” (Kaew-Volunteer3)

7) Things to be aware of: From what the volunteers mentioned, besides doing many things to mentally care the patients, the volunteers should be aware of their words; the words or conversations about the diseases, or the sentence “Things will be OK.” For this specific sentence, it is quite sensitive for the patients; others may think it will be OK, but the patients may not think so. Moreover, the volunteers should be aware of their own feeling. They should not let themselves drown in sympathy because the volunteers will feel bad. And when the volunteers feel bad, they will emit negative energy which the patients may be able to perceive it. The negative energy also has the negative impact to patients’ mental care too.

5. Discussion

A part of this study’s finding in regard of “meaning of mental care volunteers for chronic illness patients” is similar to the study of Chantaramano (2015) about “Developing Grounded Theory based on models and processes of volunteer caring for terminally ill patients at Queen Sirikit National Institute of Child Health”. Though, Sawankamol’s study is about the mental care volunteers for terminal illness children patients, there is a similar result which is that mental care volunteers means those who consistently and continuously provide mental care to patients. Anyway, other meanings are not exactly the same. This may be due to the different age range of the target patients.

In regard of psychological support, all volunteers that we have interviewed were able to relieve the patients’ mental pain and provided psychological support to the patients. This finding is congruent with NICE (National Institute for Health and Care Excellent) organization’s strategy. This organization is an English organization which provides consults and promotes health caring in England. The organization publish *Improving Supportive and Palliative Care for Adults* manual, which is states that psychological support is divided into 4 levels (4-Tier Model) which the well-trained volunteers are able to take part in the first level to provide psychological support for patients. The volunteers can provide basic help; understanding patients’ psychological needs and preventing fatal psychological illnesses. (Anglia Cancer Network, 2011: 2; London
Cancer, 2014: 5) This manual confirms the same thing as the finding in this study; what the mental care volunteers do can actually help patients psychologically. From this study’s findings, we found that psychological support provided to the patients was in congruent with Carl Roger’s Humanistic Theory based counseling guideline, especially relationship focusing and no intervention. The emerging themes of this study regarding Psychological Support concept generally echo the existing researches. This study’s results are consistent with the literature about volunteers in hospice and palliative care. We found that volunteers supported patients in psychological level in various way. (Elliott & Umeh, 2013; Delaloye, Escher, Luthy, Piguet, Dayer, & Cedraschi, 2015; Burbeck et al., 2014) Listening theme is the most common finding that found in previous research. Anyway only the study of Kunisue (2016) that express in detail of listening both verbally and non-verbally same as in our study. Talking with patient and helping them to maintain a positive attitude also positively related with our finding about communication (Elliott & Umeh, 2013). Moreover, the point about providing psychological support by being intermediary can be found in existing studies too (Burbeck et al., 2014: 5; Elliott & Umeh, 2013). Though these existing studies contain the approaches to provide psychological support to patients, this study introduces more approaches and with more details which can be used as guidelines for volunteers that work in the same context.

6. Conclusions and Recommendations

This study is to explore insights into the psychological support approaches, which mental care volunteers in Bangkok and Bangkok Metropolitan region provided to chronic illness patients, with qualitative evidence. The study contributes to better understanding of mental care volunteers for chronic illness patients in term of volunteers’ meaning and how they support patients in psychological level, not only physical level. We found various approaches with details information that will be useful for volunteers or anyone that is interested in this context. This finding can be used as a guideline to provide psychological support to chronic illness patients. The research results can be applied with volunteer organization as well to improve volunteer services in this particular context, for example, integrate this finding in future volunteers training program. Further research should also investigate the effect of emerging themes in perspective of patients and families to fulfill gap of this research.

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