One-to-one volunteer support programs for people with cancer: a review of the literature
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CRD summary
This review stated that there was little evidence to support the assumption that volunteers can be a valuable resource for people with cancer and that more rigorous RCTs were required to assess the effectiveness of such programs. The conclusions of this review may not be reliable due to poor reporting and potential introduction of language and publication biases.

Authors' objectives
To evaluate the effectiveness of volunteer-delivered support programs for people with cancer. (The review also described programs in use and their components, but these are not included in this abstract).

Searching
CINAHL, MEDLINE and PsycINFO were searched from inception to April 2007. Search terms were reported. Results were limited to studies in English. Reference lists of selected papers were scanned and workers in the field were contacted to locate any additional papers.

Study selection
Papers were included if they described a program where unpaid volunteers provided one-to-one support to people with cancer. Support was defined as emotional, psychological, peer, practical, referral and informational assistance given to the cancer patient with or without their significant other. Support given in a group or course format was excluded and studies where the support was provided by a family member or friend were excluded.

Included studies were observational reports, non-randomised comparative studies and randomised controlled studies (RCTs) that used a mixture of quantitative and qualitative methods. The outcomes reported included interviews, scores on researcher-designed scales to measure knowledge change and satisfaction and a wide variety of formal scales that assessed quality of life, cancer behaviours, symptoms, social support, pain and anxiety. All studies contained a group of cancer patients who were visited by volunteers. Where control groups were used these consisted of usual care or usual care plus a specialist nurse.

Studies were screened by two independent reviewers.

Assessment of study quality
Research papers were scored out of 13 based on 13 items that included design, randomisation, clear description/indications of data collection timing and methods, and presentation of the results. Included papers were also rated on whether they met the criteria of the Cochrane Effective Practice and Organisation of Care Review Group (EPOC) data collection checklist. A random 50% sample of papers was independently rated by two reviewers and mean agreement was calculated.

Data extraction
The authors stated neither how the data were extracted for this review nor how many reviewers performed the data extraction.

Methods of synthesis
A narrative synthesis combined qualitative and quantitative studies divided according to research design: uncontrolled observational study; non-randomised comparative study; and RCT. Studies were also presented in tables to facilitate examination of between-study differences.

Results of the review
Twenty papers were included in this review (n=more than 3,588): 10 observational/descriptive studies; six non-
randomised studies; and four RCTs.

Observational/descriptive studies: Five papers were quantitative, three qualitative and two used mixed methods. Overall research quality was judged to be poor to fair and the mean quality rating was 4.8 (range 0 to 8 out of 13). All but one study appeared to report beneficial effects for both patients and volunteers.

Non-randomised studies: All six papers reported quantitative data and compared participation in a volunteer program versus non-participation. Five studies were retrospective. Overall quality was scored as fair. Mean score was 7.7 (range 6 to 9).

RCTs: All four RCTs presented quantitative data; one also incorporating a qualitative component. The mean quality rating was 9.8 (range 7 to 13). All met Cochrane review inclusion criteria.

Overall, the synthesis reported that most volunteer-based support programs were well received. Their impacts included improved well-being and reduced anxiety; however, only one well-designed RCT reported a significant immediate improvement for the intervention group.

Authors’ conclusions
There was little evidence to support the assumption that volunteers can be a valuable resource for people with cancer. More rigorous RCTs were required to assess the effectiveness of volunteer-based programs.

CRD commentary
This review addressed a clear question. Given the review aim of both describing volunteer support programs and assessment of their effectiveness, the inclusion criteria were broad and not fully specified. The searches did not cover the grey literature or EMBASE, and only included English-language papers, which may have left the review open to language and publication biases. The lack of detail on some methodological processes (number of reviewers who performed data extraction and resolution of disagreements) meant that reviewer error and bias could not be ruled out. Validity assessment was carried out, although the items used appeared to reflect quality of reporting rather than validity of the original research. The quality assessment was given as a summed score out of 13; such approaches may mislead, particularly where some elements (such as randomisation) known to impact on estimates of effectiveness were not given more importance in the rating scale. A narrative synthesis may have been appropriate, but combining qualitative and quantitative studies is a new area of synthesis with few guidelines. It would have been helpful if the reviewers had reported numerical results from the quantitative studies. The conclusions of this review appear to be drawn from the limited primary evidence, but may not be reliable due to poor reporting and potential introduction of bias.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.
Research: The authors stated that well-designed rigorous RCTs with larger sample sizes were required to assess the effectiveness of volunteer-based programs for cancer patients. Such trials should include clear baseline measures, use validated instruments and include at least two post-intervention measurement points. Interventions should be described more clearly and include the volunteers. Costs should also be quantified to determine the cost-effectiveness of such programs.

Funding
Not stated.

Bibliographic details

PubMedID
17904782
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.