

Evaluation of a hospital volunteer program in rural Australia

V Radha Prabhu, Armita Hanley and Sue Kearney

Abstract

A voluntary survey questionnaire that assessed experience with and perception of the volunteering program was mailed to 62 current and 9 former volunteers and 47 staff members of Latrobe Regional Hospital (LRH). Sixty-one completed questionnaires were returned.

The nature of hospital work attracted volunteers (57%) and most volunteers felt oriented to the hospital, supervised and supported. The volunteers enjoyed working with patients and felt they contributed to better services and staff and patient support. There was a need felt that more training and development, recognition, orientation and supervision would be beneficial. Overall, most volunteers rated their experience as good (60%) to excellent (25%). Staff rated the contribution from volunteers as good (41%) to excellent (47%). Volunteers identified several areas of improvement, including opportunities for further training and supervision.

Volunteers play a crucial role within the health care system. There is tremendous scope for further development of the volunteer role and increasing opportunities for training and development, recognition and encouragement.

Aust Health Rev 2008: 32(2): 265–270

V Radha Prabhu, PhD, Senior Lecturer
School of Rural Health, Monash University, Traralgon, VIC.

Armita Hanley, BA, BAppSc, Manager, Contracts and Policy
Orbost Regional Health, Orbost, VIC.

Sue Kearney, GradDipHlthPromot, Manager, Health Development
Latrobe Regional Hospital, Traralgon, VIC.

Correspondence: Dr V Radha Prabhu, School of Rural Health, Monash University, PO Box 424, Traralgon, VIC 3844.
radha.prabhu@med.monash.edu.au

What is known about the topic?

Volunteers are an integral part of the health system. They contribute in many ways and are an untapped grassroots resource.

What does this paper add?

There are no reports of evaluations of hospital volunteering programs. This paper presents volunteer and staff perceptions of a hospital volunteering program and provides recommendations for efficient use of volunteer resources.

What are the implications for practitioners?

Suggestions for improvement of the volunteer program highlighted further development of the role of volunteers, recognising volunteer contribution and providing opportunities to use existing skills and gain further training.

VOLUNTEERING IS A heterogenous concept, hard to define and continually evolving and expanding. Volunteering Australia defines volunteering as “an activity which takes place through not for profit organisations or projects and is undertaken: to be of benefit to the community and the volunteer; of the volunteer’s own free will and without coercion; for no financial payment; and in designated volunteer positions only”.¹ Australia has a rich tradition of volunteering, with a large majority contributing to sport and recreation, welfare and community, education, training and youth development and religion.² While there are over 6 million volunteers in Australia, a survey of 800 volunteers in the state of Victoria³ found that only 12% volunteered in the health sector. There has been a steady increase in the demand for volunteers in the health sector in an environment of decreasing resources and increasing depersonalisation of health services.

Volunteers are active in every aspect of health — from clinical settings to business and support settings. The benefits of involving volunteers in

hospitals have been well recognised. Volunteers interact directly with patients, family, staff and community and play an important role in customer service. Pforzheimer and Miller⁴ discuss the changing roles of the hospital volunteer and the need for hospitals to be aware of the specialised skills of volunteers and form strong partnerships with them. While hospital volunteering programs are found worldwide, there are few reports of such programs and their unique contribution to the health care sector, especially within a rural region.

The Social Policy Research Centre of the University of New South Wales published a report on Volunteering in Australia in 2002.² This report highlights the rich tradition of volunteering in Australia, but also points to the increasing demand, lack of recognition and paucity of research in this area in Australia. International research on volunteering largely focuses on socio-demographic characteristics, motivations, attitudes and values of volunteers. While there is an emerging interest to look at the relationship between volunteering and wellbeing and economic benefits of volunteering, there are few reports on evaluations of hospital volunteer programs.

Evaluation programs can be either economic appraisal, which look at the cost–benefit aspects of volunteering, or program evaluations, which look at all the benefits that volunteers provide.⁵ Studies of volunteering programs in the United States reveal low rates of evaluation ranging from 5%⁶ to less than 20%⁷ and lack of annual reports that summarise the volunteering program. Handy and Srinivasan⁸ conducted an economic evaluation of hospital volunteers in 31 hospitals in Toronto, Canada. They found that volunteers had a positive impact on patient quality of care and staff workload and contributed an average of \$6.84 in value for every dollar spent — a return of 684%.

In addition to economic and program evaluations, there are anecdotal reports of successful hospital volunteering programs and the myriad of benefits to patients, staff, communities and volunteers. Davis⁹ described a groundbreaking vol-

unteering service in Merseyside hospital trust in the United Kingdom which has inspired volunteers to train as nurses. The Aintree project has inspired over 400 people since 1997 to enrol in nursing training in an area which has the highest number of single parents, deprivation and unemployment. Burr¹⁰ described the “radio lollipop” program, a non-profit organisation that contributes to the care of children in 17 hospitals in various countries, running successfully for 25 years.

This paper presents findings of a survey of current and past volunteers and staff within the context of a hospital volunteering program in a rural area in Australia. The survey was planned as a simple assessment of the volunteering program through obtaining feedback from volunteers and staff to further improve the program.

Methods

The aim of the evaluation was to obtain feedback from former and current volunteers and staff members who worked with volunteers about a hospital volunteering program.

The volunteering program was established in Latrobe Regional Hospital (LRH), a 257-bed public health service located near Traralgon, east of Melbourne in Victoria. The hospital offers a full suite of services including elective surgery, maternity, pharmacy, rehabilitation, aged care, cancer care and mental health. The LRH Volunteer Program commenced in October 2001 with 22 volunteers and the appointment of a Volunteer Coordinator. The number of volunteers participating in the program has grown significantly, as has the number of services the program offers, during the last 5 years. LRH volunteers visit and assist patients in the units, operate the mobile library service and participate in the patient transport service through the Volunteer Driver Program.

A questionnaire was mailed in May 2006 to 62 current and 9 former volunteers and 47 staff members who worked with the volunteers. This feedback survey was initiated by one of us (SK), the manager of the health development unit

which oversees the volunteering program. The survey was carried about by another author (A H) who was a graduate trainee in LRH at the time of the survey. A covering letter and invitation to participate was sent along with the survey. Participation was voluntary and personal details (if provided) were not entered into the database by A H, therefore no respondents could be identified from the database. Those who chose to complete the survey returned it in a reply-paid envelope. Retrospective ethics approval to publish this information was obtained from the Latrobe Regional Hospital Human Research and Ethics Committee as well as the Monash University Standing Committee on Ethics in Research in Humans (2006/665MC).

The survey questions varied for the three groups of participants. All had some demographic information and questions regarding experience and perception of the volunteering program. The survey had a mix of ratings ranging from yes/no to rating on a four-point scale. Items from the satisfaction with life scale¹¹ (SWLS) were included in the survey of current volunteers to assess quality of life. The SWLS has 5 items rated on a 7-point rating scale. Scores range from 5 to 35. Respondents were given the opportunity to include additional comments. Data were entered in an SPSS database (SPSS Inc, Chicago, Ill, USA) and frequencies of responses were analysed. Correlations, chi-squares or other higher level analysis could not be computed due to the small sample size. Additional comments were analysed for frequency of themes.

Results

Past volunteers

Of the 9 past volunteers surveyed, 6 (67%) responded to the survey. All respondents were women, two were aged between 55 and 70 years, three were aged between 25 and 40 years and one was between 40 and 55 years of age. Reported reasons for leaving were role not meeting expectations (2) including poor supervision (1), impact on family and social life was an influence (1), illness (1) and retirement. Some past volunteers

gave more than one reason. While volunteering did not enhance opportunity for employment for past volunteers, two felt they had a good experience and three rated it as excellent. Some suggestions for improvement were more challenging roles for volunteers, more contact with other volunteers, more training and better use of volunteer skills and time.

Current volunteers

The response rate from current volunteers was 56% ($n=35$). Respondents were predominantly aged between 55 and 70 years (66%) with only one person under the age of 25, five (14%) aged between 40 and 55 years and six (17%) over 70 years of age. There were more women (74%) than men. Ten current volunteers (29%) have been in the program more than 3 years, 16 (46%) between 1 and 3 years and 9 (26%) less than a year.

The nature of the volunteering work attracted volunteers (57%) as did training opportunities (26%), work opportunities (20%), location (22%) and hospital reputation (14%). Other frequently cited reasons were giving something back to the hospital and community, retirement and helping others.

Most volunteers felt oriented to the program (94%), hospital (94%) and departments (74%). They felt adequately supervised (74%) and supported by volunteer coordinator (80%) and hospital staff (60%). Lesser support was perceived from other volunteers (31%) and there was limited contact between volunteers ($n=5$). Eighty percent had a clear understanding of their role and felt acknowledged by the hospital (71%), but only 34% felt they had the opportunity to voice their views. Written position descriptions were available to 63% of volunteers, 50% had informal feedback and only 17% had regular performance reviews. One in three volunteers (37%) did not feel informed of hospital happenings, while an equal number felt that they had enough opportunities and 48% felt that their skills were used. The need for more orientation and training was felt by 43% of the volunteers.

Volunteers mostly enjoyed working with patients (71%), the flexible hours (71%), the

meaningful nature of the work (68%) and role satisfaction (57%). Teamwork, being part of the hospital, the challenging nature of the work, recognition and training opportunities were less endorsed. The less enjoyable aspects were lack of acknowledgement from staff and hospital, the cost of driving to hospital, lack of a designated work area, lack of team spirit and lack of structure. Volunteers felt that they contributed to better services (63%), company for patients (83%), support for staff (80%), support for patients (94%) and transport for patients (80%). Staff had similar ratings of volunteer contributions.

Volunteers felt that the morale among volunteers as well as the hospital was largely good. Overall, volunteers rated their experience as good (60%) to excellent (25%). In terms of quality of life, the mean SWLS score for volunteers was 27.4 (95% CI, 25.6–29.3), indicating satisfaction. No significant statistical findings were found when SWLS scores were analysed for gender and age differences, duration of volunteering, satisfaction with volunteering and perception of morale.

Staff

Staff age and gender distribution was not available. Staff perceptions were different to that of volunteers as only 47% felt that volunteers were adequately oriented to the program, hospital and departments. Staff (70%) agreed that volunteers were supported by the coordinator and by the staff (65%), but only 65% of staff were aware of the Volunteer Task and Communication Booklet, which is designed to be a main form of communication to volunteers from staff. Staff also perceived volunteers to be acknowledged by the hospital (58%), but only 35% agreed that volunteers had adequate opportunities to voice their views. Staff agreed that further training and orientation would be useful (40%), especially on mental health issues and specific to actual roles of volunteers. Staff perceived the overall communication about the volunteer program was good (59%) as well as communication specific to their unit (65%). Only 40% of staff felt they had adequate volunteer hours in their area. Some suggestions for improvement included more

acknowledgement of volunteers, providing supervision and improving communication. Overall, staff rated the contribution from volunteers as good (41%) to excellent (47%).

Discussion

The survey of past and current volunteers and hospital staff revealed that while the LRH volunteering program was found to be useful, satisfying and productive, there was significant room for improvement. Motivations for volunteering and reasons for leaving were similar to those reported in the literature.^{2,3} Suggestions for improvement from past volunteers, such as more training and better use of volunteer skills, are also similar to those reported in the literature. Noonan¹² recommended “administrative attention, funds for continuing education, access to information and regular communication” as well as formal recognition programs.

Current volunteers who responded felt oriented and had a clear understanding of their role. The LRH volunteer program has a clear orientation program that includes information about hospital policies and protocols, patient confidentiality and safety. This has been found to be one of the strong factors in retaining volunteers. However, there is a need for more opportunities for volunteers to express their views, and ongoing training, supervision and feedback. A national survey¹³ of volunteering issues conducted by Volunteering Australia reveals that 81% of 373 volunteers surveyed highlighted the need for recognition as one of the issues that impact on volunteering. This study also found that 42% of volunteers did not have a clear job description and 28% reported confusion and conflict between roles of volunteers and staff. Volunteering Australia recommends that a “complete volunteer job description should include the specific roles and responsibilities of the volunteer role, the nature of the time commitment involved and the skills and attributes required of the volunteer”.¹³ (p. 3) This is also one of the suggestions put forth by Pforzheimer and Miller⁴ to hospitals to maximise their gain from volunteers.

Staff perceptions of the volunteer role varied and they recommended further training of volunteers. Only 65% of the staff were aware of the Volunteer Task and Communication Booklet, stressing the need for clear and regular communication about the volunteer program across all levels of staff, patients and volunteers.

Aspects of volunteering found enjoyable by LRH volunteers included working with patients, flexible hours, the meaningful nature of the work and role satisfaction. Overall satisfaction with the program was high for volunteers as well as staff. Flick, Bittman and Doyle² report that a sense of achievement, making a contribution and appreciation for efforts were all important factors in finding satisfaction. Issues raised by LRH volunteers were costs, lack of acknowledgement, structure, team spirit and designated work areas. In addition, staff surveyed also agreed for the need for further training and orientation, acknowledgement and feedback. A survey of the impact of rising petrol prices was conducted by Volunteering Australia¹⁴ who found that 84% of respondents reported that petrol prices were a barrier to volunteering. Similar themes were found in the 2006 survey of issues in volunteering.¹³ Issues such as lack of opportunities, supervision, recognition and encouragement are widely prevalent and simple strategies can be put in place to improve the experience for volunteers.

Contributions of LRH volunteers include better services to patients and support for staff. There is scope for volunteers to increase the breadth of their role, including access to training and support, mentoring roles, and developing practice standards and management skills. It is estimated that numbers of volunteers are likely to increase over the next few years and it will be imperative that hospitals use this resource wisely. Pforzheimer and Miller⁴ recommend flexibility and variety in job opportunities and reinforcement that will create a sense of loyalty. Hospitals can improve recruitment and retention of volunteers by offering a range of options that target a variety of skills.

The mean SWLS score of volunteers ($n = 27$) was 27.4 (SD, 4.7), indicating satisfaction with

life. While this was not associated with the experience of volunteering, there is considerable evidence¹⁵ that volunteering influences life satisfaction in the elderly. Musick and Wilson¹⁶ report that volunteering also lowers depression levels for those over 65 through social integration. Assessing the impact of volunteering on quality of life was beyond the scope of this survey. This needs to be further explored to understand how volunteers can benefit from their experience. There is a circular relationship between volunteering and wellbeing/quality of life. Thoits and Hewitt¹⁷ report that people with greater wellbeing volunteer more often and, consequently, volunteering has an impact on life satisfaction, self-esteem, sense of purpose and overall health.

Conclusion

The volunteer program in LRH was perceived by volunteers as well as staff to be a good experience and resource. Suggestions for improvement highlighted the need to further develop the role of volunteers, recognise volunteer contribution and provide opportunities to use existing skills and gain further training. A report of the findings of the survey was presented to the executive board of LRH and it is hoped that this will pave the way to increase interest and resources in the volunteering program. The need for volunteers, especially in rural and regional areas, will continue to grow, and it is the responsibility of hospital administrators to recognise this rich resource and use it wisely.

Competing interests

The authors declare that they have no competing interests.

References

- 1 Volunteering Australia. Definition and principles of volunteering. Canberra: Volunteering Australia Inc, 2007. Available at: http://www.volunteeringaustralia.org/html/s02_article/article_view.asp?id=1942&nav_cat_id=163&nav_top_id=61&dsb=7648 (accessed Mar 2008).
- 2 Flick M, Bittman M, Doyle J. The community's most valuable (hidden) asset — volunteering in Australia.

Sydney: Social Policy Research Centre, University of New South Wales, 2002.

- 3 Pope J. Volunteering in Victoria over 2004. *Aust J Volunteering* 2005; 10: 29-34.
- 4 Pforzheimer ES, Miller AR. Hospital volunteerism in the '90s. *Hosp Health Netw* 1996; 70: 80.
- 5 Hager MA, Brudney JL. Net benefits: weighing the challenges and benefits of volunteers. *J Volunt Adm* 2005; 23: 26-31.
- 6 Brudney JL, Brown MM. Government-based volunteer programs: toward a more caring society. Paper presented at the Independent Sector Spring Research Forum; Mar 18-19, San Antonio, Texas; 1993.
- 7 Lane P, Shultz C. Volunteerism in county government survey results. Washington, DC: National Association of Counties, 1996.
- 8 Handy F, Srinivasan N. Valuing volunteers: an economic evaluation of the net benefits of hospital volunteers. *Nonprofit Voluntary Sector Q* 2004; 33: 28-54.
- 9 Davis C. Inspiring start. Interview by Carol Davis. *Nurs Stand* 2005; 19: 20-22.
- 10 Burr S. Volunteering serious fun: 2005 is the year of the volunteer. *Paediatr Nurs* 2005; 17: 30-33.
- 11 Diener E, Emmons RA, Larson RJ, Griffin S. The satisfaction with life scale. *J Pers Assess* 1995; 49: 71-75.
- 12 Noonan D. The health care volunteer. *Hosp Health Netw* 1998; 72: 124.
- 13 Volunteering Australia. Inaugural National Survey of Volunteering Issues. Melbourne: Volunteering Australia Inc, 2006.
- 14 Volunteering Australia. Impacts of petrol prices on volunteering. Melbourne: Volunteering Australia Inc, 2005.
- 15 Wheeler J, Gorey K, Greenblatt B. The beneficial effects of volunteering for older adults and the people they serve. *Int J Aging Hum Dev* 1998; 47: 69-80.
- 16 Musick MA, Wilson J. Volunteering and depression: the role of psychological and social resources in different age groups. *Soc Sci Med* 2003; 56: 259-69.
- 17 Thoits PA, Hewitt LN. Volunteer work and well-being. *J Health Soc Behav* 2001; 42: 115-31.

(Received 12/04/07, revised 26/07/07, accepted 19/11/07) □



www.aushealthreview.com.au

Browse back issues to 1995

The image shows four overlapping covers of the *Australian Health Review* journal. The covers are from different years, showing various articles and the journal's logo. The text 'www.aushealthreview.com.au' is prominently displayed in the center, with 'Browse back issues to 1995' below it.