A Missed Opportunity? Recognizing Hospital Volunteers as Operational Assets

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PROBLEM STATEMENT

Mergers, acquisitions, and affiliations with other hospitals are changing hospital management structures. Hospital staff, physicians and consumers have been affected but volunteer services have been left relatively unchanged. Hospitals have missed opportunities to involve volunteers in adjusting to change.

Volunteers provide important links between the community and its hospital: they are often the first to meet a nonemergency patient being admitted and the last to wish that patient well when he or she is discharged. They, in fact, now often provide the "old-time, caring" personal contact that used to be given by nurses in slower, less hectic, less competitive times.

Although volunteers reflect community need and serve as an informational source to the community about the hospital, they have not significantly expanded their roles in the hospital's delivery of new services to existing markets or existing services to new markets.

Hospital administrators have apparently not encouraged changes in volunteer services, nor have methods to update volunteers on hospital changes been as effective as they could be. The relationship between volunteer services and hospital management is complex. Volunteers serve the hospital but, unlike employees, they are not always accountable to hospital management. Many would argue this because volunteers work to meet hospital department needs and frequently serve at the request of management but in fact, are not responsible to management. In the author's hospital, for example, a volunteer who had served the hospital for many years was slowly developing problems with forgetfulness, agitation and confusion as a result of progressive dementia from Alzheimer's disease. The manager of the department for whom the volunteer worked could not deal with the problem directly but instead related it to the Director of Volunteers to manage.

Volunteer work is condoned, appreciated and acknowledged by hospital administration. It is requested but not required, effected but not instituted, expected but not demanded by administration. Frequently operating under their own board and bylaws, volunteers support but are not a part of hospital operations. With twenty-one years of experience in four not-for-profit hospitals, the author has never known an operational decision to depend upon the existence, or nonexistence, of volunteer cooperation.

Hospital managers have not been attentive to how changes in hospital structure with which their departments have had to cope can alter the roles of volunteers. Consider the example of a hospital merger. Since a primary motive in hospital mergers is the consolidation of services, the two hospitals no longer offer the same service; for instance, now only one will offer obstetrical care. If the volunteer departments have not merged, those volunteers who worked on the obstetrical

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unit in the hospital that no longer offers obstetrics will be out of a job. The volunteer must either find a new job in her/his hospital or switch allegiance and join the volunteer staff of the other hospital. This may be a problem since commitment may be based on a long-standing alliance to the hospital that no longer has obstetrics. Hospital management may be so taken up with the operational concerns of the consolidation of obstetrics that garnering the talents of the deposed volunteers may be the least of the manager's concerns.

With the list of new ventures and new opportunities for hospitals lengthening daily, why have volunteers not been better utilized? Two reasons are suggested: volunteers' incentives have not changed with the changing environment and perceptions of volunteers' capabilities have been limited.

Much of the change experienced by the health care industry can be linked to changes in the reimbursement for hospital care. The incentives for physicians, management, and staff to accept those changes are necessary if market share is to be maintained, productivity maximized, and profits expanded.

Incentives for becoming a volunteer however, are strictly personal. Volunteers have an allegiance to an activity, to a department, a group of patients, to staff, or to their peer group. Changes in any of those areas may ultimately impact on the availability of volunteers or quality of volunteer services. Volunteer involvement in new programs is spurred from interest and awareness, not necessity. Volunteers are there because they want to be.

When a hospital-based volunteer department decides to provide a waiting room reception service to an Ambulatory Care Center, it is because the hospital has an operational need, and the volunteer or volunteers to meet that need (through personal commitment of time and talent) exists. The blending of tasks with talents is the quintessential role of the Director of Volunteers. For this reason, the Director of Volunteers must be routinely and sufficiently apprised of management decisions related to program development and implementation. The Director represents the role of volunteerism in the hospital program and knows the best recruits to be considered for the program. Working with management, the Director of Volunteers sees that the role of a volunteer bears equal weight to other staffing considerations.

Additionally, loyalties to patients may be affected by there being fewer inpatients or reduced patient lengths of stay, experienced nationally as a result of the introduction of DRGs (Diagnostic Related Groups). Today, patients who remain in the hospital for any length of time are sicker and more dependent on higher levels of nursing care than in the past. With the current shortage of nurses, volunteers now may find themselves serving staff more than patients. If this were not their intent in becoming hospital volunteers, they may elect to serve elsewhere.

Loyalties to staff may be influenced by the staff's increasingly limited time to recognize and appreciate volunteers for their contributions. As employees deal with the stresses associated with mergers, acquisitions and the pressures of survival in the competitive marketplace, there is less time to address issues concerning volunteerism. Professional staff may be closely monitored by demanding productivity standards which leave less time to give to supervising volunteer activities on their units.

Under pressure, there may be increased turnover of staff which may also affect the volunteer's responsibilities on the unit.

STUDY METHODOLOGY

Because volunteers are unpaid, they are not "employees" in the usual meaning of the term. The absence of the monetary compensation offers an opportunity for studying volunteerism to better understand how this subpopulation might be influenced by hospital type and its management. Recently, twenty California hospitals were selected for a study; nineteen of these were studied. Both Administrators and Directors of Volunteers were interviewed. Participants were from three different groups: freestanding not-for-profit hospitals (N = 5), merged hospital systems (N = 10, 5 pairs of hospitals) and for-profit, investor owned hospitals (N = 4). Chief Executive Officers, or their desig-

nees, and the individuals most responsible for volunteer operations were interviewed by telephone. Public hospitals, university hospitals, religiously affiliated and specialty hospitals were excluded to prevent skewing of the data because influenced by religious, academic, legal or other obligations.

All participating hospitals had in excess of 200 beds (ranging from 200 to 458). Occupancies in 1985 ranged from 36.8% to 85.4%.

An introductory letter explaining the intent of the study was sent to the hospital Chief Executive Officer and to the Director of Volunteers; the letter also explained that they would be called within a two week period of time to arrange an interview. Approximately one third of the CEO's participated; two thirds of the participants were Administrators or Directors of Personnel designated by the CEO. The Directors of Volunteers responded in all nineteen hospitals; eleven, or sixty-one percent, were paid Directors of Volunteers.

Perceptions Regarding Volunteers

Directors of Volunteers were asked to comment on trends regarding the number of volunteers and hours of service given during the recent past. Although the general comments emphasized an impression that hospital volunteers are decreasing, the statistics were not compelling (See Tables I and II). Comments included: there are fewer volunteers working more hours than in previous years and the incidence of two income families has a lot to do with the decrease. Available volunteers are aging and the numbers are not being replaced by younger volunteers. Others commented that the reduction was attributed to an increased lack of job satisfaction and lack of recognition for the volunteer contributions.

TABLE I

Number of Volunteers in 1987 Compared to 1986: Perceptions of Directors of Volunteers

	5 Merged (10 hsps.)	5 Free-Standing	4 For-Profit	Totals
Number of Volunteers Increased	2	2	1	5
Number of Volunteers Decreased	2	1	2	5
No Change in Number of Volunteers	1	1	0	2
Did Not Respond	5	1	1	7

TABLE II

Hours Served by Volunteers in 1987 Compared to 1986 As Reported by Directors of Volunteers

	5 Merged (10 hsps.)	5 Free-Standing	4 For-Profit	Totals
Volunteer Hours Increased	5	2	1	8
Volunteer Hours Decreased	2	2	2	6
No Change in Number of Volunteer Hours	1			1
Did Not Respond	2	1	1	4

Any change in the environment in which volunteers work can influence volunteers' commitment to service. Hospital managers should be attentive to how change in hospital structure affects volunteers. Are there new volunteer tasks that can be created to augment services provided by the hospital? Inaccurate perceptions of the value or potential for expanded volunteer services often exist.

Throughout the interviews, while it was obvious that Administrators and Directors of Volunteers all valued the contribution of volunteers and viewed their services as a vital link between the hospital and the community, none of the surveyed hospital administrators commented on how volunteer services could be altered or expanded to address some of the issues confronting hospitals as: exploring new volunteer roles to improve patient services; utilizing older volunteers to market the hospital's elder programs; developing roles that capitalize on the skills of such retired people as experts in the computer industry.

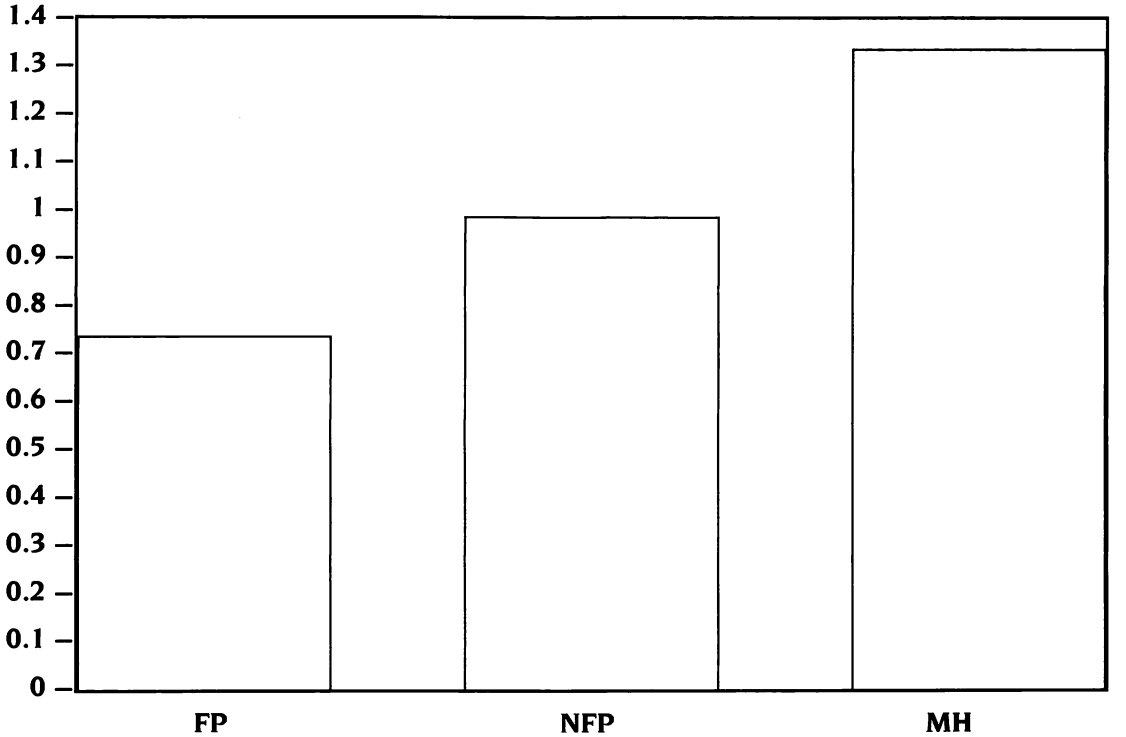
Although hospitals have experienced major growth in outpatient services, volunteer involvement in outpatient services has not grown concomitantly. This is evidenced in the response to the questions asking both Administrators and Directors of Volunteers to rank in order the five most significant tasks performed by volunteers at their hospitals. Neither Administrators nor the Directors rated outpatient services among the top five tasks.

Volunteer commitment was defined as the number of active volunteers regularly giving their time to the hospital. The merged system revealed more volunteer commitment (number of volunteers) to their programs than did the for-profit or freestanding, not-for-profit hospitals in the study.

The Directors of Volunteers provided the author with the number of active volunteers in their programs. The total hospital bed size and the previous year's occupancy rates were gathered through an American Hospital Association publication. The number of available volunteers

Figure 1

Volunteers/Occupied Bed
(by hospital type)



FP = For-Profit
NFP = Not-For-Profit or Free-Standing
MH = Merged Hospitals

was divided by the number of occupied beds. The results showed the merged hospital system had 1.34 volunteers per bed, the freestanding hospitals had 1.0 volunteer per bed and the for-profit hospital had .75 volunteer per bed.

Volunteer directors and administrators were asked to identify the five most valuable contributions made by volunteers in their hospitals. On the average, administrators and volunteer directors agreed on the significance of three out of the five contributions. Ninety-one percent (thirty-one out of thirty-four respondents) described running the Gift Shop as the volunteer task most valued by the hospital.

When asked to estimate the number of hours allocated to the Gift Shop per week, administrators estimates varied from 7% to 250% of the actual hours contributed. The range of estimates for administrators of freestanding hospitals was between 36% and 164% of the actual amounts. The range of estimates for administrators in merged hospitals was between 7% and 250%. On the other hand, the for-profit hospital administrators range of estimates was between 95% and 99%. Although the sample is too small to assert any conclusions, it is interesting to note the accuracy with which the for-profit hospitals, which focus intently on the "bottom-line," estimated volunteer hours contributed in a revenue producing service.

There is a perception and a reality about volunteer services; this is illustrated in Table III which lists the actual hours collected by Directors and the perceptions of Administrators.

Seventy-nine percent, or twenty-seven of the thirty-four respondents, described the lobby reception desk as the second most important contribution. The third was transportation services and the fourth, patient support services.

Administrators and volunteer directors were also asked to estimate the hourly worth of volunteer services as compared to that of an orderly's salary. Over half of the respondents who thought the gift shop was the most valued contribution

TABLE III

Administrators versus Directors of Volunteers:
Estimated Number of Volunteer Hours per week in the Gift Shop*

	Administrators	Director of Volunteers	Ratio
Freestanding			
Hospital A	90	250	36.00%
Hospital B	90	55	163.64%
Hospital C	80	160	50.00%
Merged Hospitals			
Hospital A	200	675	29.63%
Hospital B	190	76	250.00%
Hospital C	120	400	30.00%
Hospital D	105	244	43.03%
Hospital E	90	155	58.06%
Hospital F	16	238	6.72%
For-Profit			
Hospital A	60	63	95.24%
Hospital B	80	80.5	99.38%

* A number of Administrators refused to answer this question. They did not feel they had enough familiarity with volunteer hours in the Gift Shop to venture a guess on hours served.

of volunteers believed that if volunteers were employed staff their salaries should be less than an orderly's salary. Eighteen percent believed the volunteers' salaries should be more, and twenty-nine percent believed the salaries should be the same.

The highly visible role of the volunteer lobby reception function was also viewed by the majority of the respondents as valued less than an orderly's salary. Estimates were below, or equal to, an orderly's salary in 26 out of 27 responses.

Administrators involved in merged hospital systems felt merger issues seriously affect the retention of volunteers. None of the five merged hospital systems had merged volunteer departments. Volunteers, like employees in a merged system, are concerned they will lose their identity when consumed by the other hospital.

The most valued volunteer contributions, as noted by administrators and directors of volunteers were services not directly linked to the care of patients. If volunteers choose to work in hospitals because of the overall mission of the institution, their work should be as close to patient service as possible and their recognition should reflect the importance of that contribution.

THE MISSED OPPORTUNITY

The benefit of volunteers within a hospital system has not been fully realized. It appears volunteer services are decreasing. Perhaps this is because new ways of utilizing volunteer interests have not been sufficiently explored. The same degree of diversification and integration which has occurred within other hospital departments could apply to volunteer services.

Volunteer responsibilities could expand concomitantly with the hospital's interest in expanding outpatient services. A number of hospitals surveyed commented on newly developed volunteer reception functions in their Ambulatory Surgery Centers. Further expansion of outpatient reception function might include child care services for patients who come to the hospital for outpatient ancillary care or to see physicians in a hospital-owned medical office building.

The role of volunteers transporting patients within the hospital may have some carryover into the community. Joint relationships between community agencies, transportation companies and hospital volunteers might include bringing patients to the hospital for outpatient care, riding with patients in a companion capacity, or calling to see that patients arrived home safely following their visits to the hospital.

Inpatient visitation services were mentioned by administrators and volunteer directors as a valuable contribution made by hospital volunteers. One hospital interviewed has extended this service into its Home Health Care program. A friendly volunteer visits the patient in the home with the Home Health Care nurse. Upon patient request, the volunteer is available to run a few errands, call or visit socially. With proper supervision, this service could be extended into respite relief for families of patients who desired a few hours away from home.

Some hospitals have diversified into the business of Long Term Care. There is probably no other area in the health care delivery system where volunteers could be more appreciated or needed than in this environment. The expansion of hospital-based volunteer services to help motivate and stimulate the nursing home patient is rich in opportunity. The younger, as well as the older, volunteers bring unique perspectives to the patient in a nursing home.

Hospital volunteering is unnecessarily limited to a select group of participants. While it is true that there are more women than ever before working outside the home, it is not true that volunteerism in society is decreasing or that the general public no longer wants to serve good causes. With a redefinition of how beneficial volunteers are to hospitals and how they can address current needs, hospitals should be able to attract volunteers from an expanded resource environment. If hospital-based volunteer services were expanded to tap some of the available talent in our communities, both hospitals and patients could benefit immensely.

For instance, peer contact serves a meaningful role for patients facing unusual medical situations such as bypass

surgery or kidney transplants. There might be individuals in the community who would be willing to take care of patients' chores during their hospitalization; *e.g.*, pet care, picking up mail, or mowing lawns. One hospital interviewed in northern California benefits from the fine craftsmanship of a retired physician who constructs equipment to help patients on its rehabilitation unit function more independently.

The "seniors market" is a population of particular interest to most hospitals today. In health care, opportunities abound for seniors working with their own age group.

There is a definite link between a hospital's commitment to the patients it serves and the volunteer's commitment to the hospital. Hospital loyalties established through volunteer commitment can provide needed services as well as determining the "hospital of choice" when, and if, the volunteer needs to be hospitalized. Volunteers form opinions about the quality of care provided and the people who are providing it. They take those impressions out into the community and influence those who need a doctor or are choosing a hospital. A negative comment made by a volunteer does more to influence a patient's choice of hospital than any publicity campaign could ever accomplish.

Volunteers who donate their time do so because they feel they are spending their time in ways that are satisfying to themselves as well as others. Some volunteers may prefer to contribute directly to patient care, while others prefer to spend their time in indirect activities for the hospital. It is not uncommon to find volunteers stuffing envelopes for marketing departments, stacking towels in physical therapy departments and redirecting visitors lost in the chaos of hospitals undergoing remodeling and reconstruction.

Volunteer activities, while appreciated by the hospital, will not foster the kind of personal allegiance necessary to long term commitment. Every effort should be made to integrate volunteers into the systems they serve. If volunteers are assigned routine tasks (*e.g.*, stuffing envelopes or counting questionnaire responses), the department manager should meet with the work group and explain the importance of the task and what the hospital hopes to accomplish through the volunteers' efforts. A follow-up meeting with the volunteers explaining the outcome adds meaning to their work and encourages their participation in future tasks.

Hospitals which begin taking a look now at how their management messages are reflected in the number, attitude and quality of volunteer services stand a better chance of not just surviving, but growing in this competitive age of patient/consumer comparison shopping.

The benefits found in human resources not only answer existing needs, but also expand service delivery.

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