

Educating the Volunteer: Issues in Long-Term Care Facilities

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Community volunteers provide many important services to residents of our nation's long-term care facilities. Among other things, volunteers assist with social activities for residents, raise money for the facility with craft and bake sales, and act as "friendly visitors" for residents who have no regular visitors. Indeed, many facility administrators rely on volunteers for providing the "extras" that make life in a long-term care facility more comfortable and pleasant.

Volunteer advocacy is a relatively new role for volunteers in long-term care facilities. Amendments to the Older Americans Act in 1978 required that each state develop an ombudsman program to protect the rights of the institutionalized by opening and maintaining lines of communication between residents, facility administrators, and member of the local community. The model for advocacy programming is a citizen participation model staffed by volunteers.

ADVOCATES ARE UNIQUE VOLUNTEERS

Volunteer advocacy programs are among the principle mechanisms used by state governments to substantiate complaints and resolve conflicts in long-term care facilities. The state of Iowa's Care Review Committee program is an example of a volunteer advocacy program. Iowa's Care Review Committee volunteers are appointed by the state ombudsman. They advocate for long-term care facility residents by regularly meeting

with residents and inquiring about their care. When complaints arise, the volunteers work with the facility administrators to seek satisfactory resolutions. Iowa's program is one of the nation's largest volunteer advocacy programs, placing over 2700 volunteers in the state's long-term care facilities. Iowa's CRC program, established in 1971, is also one of the nation's oldest volunteer advocacy programs.

Volunteer advocates, such as those involved in Iowa's Care Review Committee program, hold a unique position among the volunteer team in long-term care facilities. Usually facility administrators are not involved in the recruitment of these volunteers, nor do they establish job descriptions or performance guidelines. In addition, the administrator has very limited sanctioning power over the volunteer since his or her presence in the facility is mandated by an external authority and state agency. In this situation, the nature of the volunteer's externally assigned role places him or her in a potentially adversarial relationship with the facility administrator.

TRAINING THE CITIZEN VOLUNTEER

In light of the important and complex role played by the volunteers and the potential for confusion and conflict between volunteers and the administrators of the facilities they serve, it seems clear that training the volunteers should be a vital part of any volunteer program. Using data from Iowa, the authors explored the attitudes of long-term care

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facility volunteers and administrators toward training volunteers. Specifically, the authors were interested in their attitudes and opinions on three issues: (1) the importance of training for volunteers; (2) the identification of priority training areas for volunteers; and (3) the volunteers' level of commitment to a training program if one were available.

SAMPLE AND DATA GATHERING TECHNIQUES

Iowa's Care Review Committee program places over 2700 volunteer advocates in the state's 681 long-term care facilities. It is similar to volunteer advocacy programs in other states and has the added advantage of a long and successful track record.

A state-wide sample of 235 long-term care facilities was selected for this study. This sample generated two groups of respondents: (1) 979 volunteer advocates and (2) the 235 administrators of the facilities where the volunteers serve. Comparable questionnaires were mailed to volunteers and administrators. At the conclusion of the data gathering period, 83 percent of the volunteers and 69 percent of the administrators had returned questionnaires.

WHO IS THE VOLUNTEER ADVOCATE?

Before developing a training program or training materials, it is essential that the trainer have answers to two important questions: "Who are the volunteers?" and "What do they know about the facility residents?"

Study results showed that the characteristics of volunteer advocates are similar to those of other volunteers serving in long-term care facilities. The typical volunteer advocate is a female (73 percent) and she is married (74 percent). While our volunteers are drawn from all age groups (the youngest being 21 and the oldest 88), the average age for volunteer advocates is 60. In addition, volunteer advocates are well-educated. Ninety-three percent have graduated from high school and almost one-third (29 percent) have graduated from a four-year college or university.

The volunteers included in the study

appear willing and able to make a substantial commitment of time and energy to the advocacy program. Volunteers were questioned about how long they had served, how often their committees met, and how much time they devoted to this volunteer activity. The typical volunteer had served five consecutive years as an advocate, with the service of some individuals dating back to 1971, the year the program was implemented. Annually, the typical Care Review Committee met as a group on five different occasions and the average volunteer spent 28 hours in service to his or her facility. As a whole, volunteer advocates are clearly a committed group and a valuable resource for the long-term care facility, its residents, and the community.

Not only are volunteers serving in advocacy programs committed, but they also appear to be knowledgeable about the clients they serve. To assess the accuracy of their knowledge about the elderly and the aging process, the authors used *Palmore's Facts on Aging Quiz* (Palmore, 1977). This quiz contains 25 questions about aging that have documented responses as "True" or "False." The typical volunteer included in our study responded correctly to 16 items, producing an average quiz score of 64 percent. This average score compares favorably with findings from studies of other volunteer and professional groups. For example, in a study of volunteers working in a respite care program, Netting and Ludell (1985) found an average FAQ score of 64 percent. A study of staff members at a long-term care facility documented an average quiz score of 69 percent (Palmore, 1980) and a study of social workers (Brubaker and Barresi, 1979) produced an average quiz score of 64 percent.

THE NEED FOR TRAINING VOLUNTEERS

The research explored the opinions of volunteers and administrators regarding the need for providing training to volunteer advocates. Volunteers were asked if they had previously "attended special training sessions for Care Review Committee members." While a significant proportion (58 percent) of the volunteers had

received some training, almost half (42 percent) remained unexposed to formal training programs and materials. Volunteers were also asked whether or not they wished "to receive training for their role" and sixty percent responded affirmatively.

While a majority of volunteers request training for their role, the perceived need for training is even greater from the point of view of the long-term care facility administrator. Administrators were asked, "Do you feel it would be helpful for persons serving as members of Care Review Committees to attend periodic training sessions?" Eighty-one percent of the administrators felt such training would be "helpful" or "very helpful." Administrators were also asked whether "attending training sessions should be required for Care Review Committee membership." Forty-two percent of the administrators felt training should be "required" and an additional fifty percent felt it should be "recommended." Only eight percent indicated it should be neither required nor recommended.

PRIORITY TRAINING AREAS

The authors were also interested in determining the training priorities and preferences of the volunteers and administrators. Respondents were presented with a list of nineteen training areas and asked to score each area on a scale of one to five, with one being "least important" and five being "most important." Based on the mean priority scores, a rank-order was determined for each training area. When the top ten ranked training priorities for both administrators and volunteers are compared, agreement emerges on eight training topics. These topics are:

- 1. Responsibilities of volunteer advocates
- 2. Responsibilities of the care facility
- 3. Contents of Residents' Bill of Rights
- 4. Procedures in the complaint investigation and resolution process
- 5. Characteristics of elderly care facility residents
- 6. Characteristics of mentally retarded or impaired residents
- 7. Elder abuse

- 8. Content of Federal and State regulations regarding care facilities

COMMITMENT TO TRAINING

We were also interested in what kind of commitment volunteers were willing to make to the training experience and in identifying features that would make training more attractive. Volunteers were asked "How much time would you be willing to commit to training sessions?" While the majority of volunteers stated that they preferred training sessions to last only a few hours (56 percent of the respondents), a significant proportion would be willing to devote a day or more to training (44 percent of the respondents). Offering some form of "credit" (such as a certificate of attendance or Continuing Education Units—CEUs) did not seem to be an important consideration for the majority of volunteers. When asked "Would you be more likely to attend training if you received some form of credit for attending?" only 30 percent responded affirmatively.

DISCUSSION AND RECOMMENDATIONS

The volunteer advocates included in the study are knowledgeable, informed and committed to their volunteer assignments. While many of them have received some training for their volunteer position, a significant proportion of them insist that they would welcome additional training. Administrators of facilities where the volunteers serve are in agreement that additional training would be advisable.

Training Content

The development of a training program for care facility volunteers must focus on both content and process. With regard to training content, our data suggest three training modules that could form the basic curriculum for a volunteer training program. The modules and their associated training content areas are:

Role Definition	1. Responsibility of volunteers
Module	2. Responsibility of facility
	3. Residents' Bill of Rights

Process Module	4. Complaint investigation and resolution process
	5. Federal and State regulations
Resident Characteristics Module	6. Characteristics of the elderly
	7. Characteristics of the mentally retarded or impaired
	8. Elder abuse

While the data gathered for this study are drawn from participants in a volunteer advocacy program, the suggested curricular content of the three training modules can easily be modified to reflect the needs of other volunteer efforts. When used for more general training purposes, training in the "Role Definition Module" should be designed to clarify the rights and responsibilities of the volunteer, residents and their families, administrators, and care facility staff. The result of training in this area should be to enhance the role performance of volunteers by clarifying the role expectations associated with the various positions in a long-term care facility. It is essential that volunteers and administrators have a shared understanding of the role of the volunteer. This information should also be communicated to residents and their families as well as other facility staff members.

The "Process Module" should provide training in procedures volunteers are expected to follow in carrying out and implementing their assigned responsibilities. All volunteers working in a long-term care setting should be expected to follow at least a minimal set of procedural guidelines. Volunteer advocacy programs, however, will probably have guidelines that are specific and complex. Mutual understanding and agreement on procedural guidelines between the volunteer and facility administrator are particularly important.

The "Resident Characteristics Module" should inform the volunteers about the characteristics of the resident groups they serve. This module may be tailored to meet the particular needs of a program or a facility. It may be useful to develop sev-

eral methods for conveying information about the characteristics of facility residents. For example, periodic inclusion of such information in the form of short articles appearing in the facility newsletter would be helpful. A list of suggested reading could be compiled from books available in the local public or university library and given to volunteers. Also, experts drawn from the local community could be asked to give periodic lectures that could be videotaped for use by volunteers, administrators, staff and residents. Materials developed for this training module would assist the volunteer and other members of the long-term care team in accessing currently available information that will inform them about the resident they serve.

Training Process

The process used for training care facility volunteers must be flexible enough to accommodate training for a complex role filled by persons drawn from a variety of different backgrounds. In addition, the process must allow for both orientation training (to accommodate the needs of new volunteers) and in-service training for volunteers who continue in the program. A procedure should be established that also informs other members of the long-term care team (such as social workers, activity directors, nurses and aides), residents, and residents' families about the intent and purpose of volunteer programs such as the advocacy program. It is also recognized that in most cases training objectives will need to be accomplished without significant financial input from the facility. With this in mind, several recommendations are made regarding the training process.

First, it should be noted that the content areas for our training modules are listed in order of their mean priority rankings. That is, the Role Definition Module content areas were generally ranked highest, the Process Module content areas were ranked second highest, and the Resident Characteristics Module content areas were ranked third in priority when rated by volunteers and administrators. These rankings suggest a training schedule or

calendar. During "Year One," content for the Role Definition Module should be developed and emphasized. In "Year Two," content for the Process Module should receive major emphasis while training would continue to be provided to newcomers in the Role Definition Module. In "Year Three," the content for the Resident Characteristics Module should be developed and emphasized while training continues using the other two modules. Over a three-year period, a comprehensive set of training materials would have been developed that could be used on a continuing basis for the orientation and in-service training of volunteers.

A second recommendation is that training materials and procedures should be designed in such a way that they can be effectively used by individuals or groups independently (without a leader). Videotapes accompanied by a workbook would be an excellent choice. These materials could be checked out from a central source and used at the volunteer's leisure. Other interested groups could also make use of the training materials.

Third, in order to enhance the mutual understanding of the role responsibilities and obligations of the various constituencies in the long-term care setting, we recommend that training materials or sessions be shared or periodically attended by administrators and staff members. This would serve the dual purpose of informing staff about the important role played by volunteers and also communicate to the volunteer that he or she is a valued member of the long-term care team.

Finally, in order to best utilize the services of a dedicated volunteer we recommend that all new residents and some employees be visited by a representative of the volunteer program within the first

month or so of their residence or employment. This will allow the volunteer to explain to the newcomer what the volunteer program is designed to do and how it may be helpful to them.

The volunteer represents a valuable resource for the administrator of a long-term care facility seeking cost-effective ways to improve and enhance the quality of life in his or her facility. The volunteers included in our study, representing a very small proportion of all the volunteers in Iowa's long-term care facilities, devoted 75,600 hours to their volunteer work during the calendar year in which they were studied. Administrators need to be alert to identifying ways to improve the utilization of the dedicated volunteer. Providing training to the volunteer sends the clear message that the facility values the volunteers and expects a high standard of volunteer task performance.

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