

Managing External Grievances Against Volunteer Advocates

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Discipline and grievance procedures are commonplace in the policies and procedures handbooks found in human service agencies. When counseling, gentle reminders, and informal problem resolution fail, formal disciplinary procedures are essential when a client, or community member has a problem with an employee's behavior, attitude, or ethical conduct. When grievances are filed, it is important to distinguish between worker and agency performance problems (Pecora & Wagner, 2000, p. 416). In the process of dealing with complaints against staff behavior, advice is available in the human service management literature on how to be fair to the employees ... avoid capricious actions, and [ascertain that the] disciplinary process will hold up in court (Brody, 2000, p. 158).

Typically, the subject of grievance procedures are paid employees, but what happens when grievances are filed against volunteers in complex positions of public trust? Complicating the situation even more, what happens when these volunteers have strong (some would say intrusive) investigative powers, and enthusiastically pursue roles that often anger providers, other government officials, a resident's family member, a client, or all of the above? In this paper we examine what one state program has done to document and handle complaints filed against volunteers in their long-term care ombudsman program, and how this complaint data is used to improve program quality. We begin with a

brief background statement, then examine grievances filed over a 23 month period, and end with implications for managers and supervisors of volunteer advocates.

BACKGROUND

A federal mandate in 1978 established the Long-Term Care Ombudsman Program (LTCOP) to address poor conditions in U.S. nursing homes. Over the years ombudsmen services have been extended to include other types of long term care facilities. Information about the program and its extensive reliance on volunteers (more than 90% of the program's staff nationally are non-paid) has been previously elaborated (Netting, Hubers, Borders, Kautz, & Nelson, 2000).

The informal nature of the ombudsman role invites conflict and misunderstanding partly because ombudsmen often have to change complex and urgent situations without having a great deal of formal authority (Netting, et al., 2000). They must persuade elder care operators to do things differently through personal persuasion. This can be trying. Despite their record of success in improving resident care (Cherry, 1993), the volunteer ombudsman's partisan, patients-rights role has been labeled one of the most difficult in the field of aging (Monk, Kaye & Litwin, 1984). Opposition and conflict are common (Nelson, 2000).

Therefore, it is not surprising that this tension and misunderstanding will manifest itself

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in grievances being filed against volunteer ombudsmen by providers with program officials. Yet, only one of the more than 600 state and local ombudsman programs is known to record and analyze this external grievance data—the Oregon State LTCOP. We had access to this data and present some of it here.

Program Background

The grievance data was collected from the Oregon LTCOP for the period of May 1996 through April 1998. During this time, an estimated average of 210 certified volunteers served throughout the state. These volunteers were nearly two-thirds female, typically retired, in their mid-sixties on average, and more highly educated than the general public.

While most of these volunteers were assigned to specific nursing homes (115), a few veteran volunteers (15) served on call wherever they were needed, and 80 others chose to serve in less medically intense community residential elder care settings. All volunteers were trained and managed by a small paid staff of six who were in turn, supported by two administrative assistants.

Trainees who complete 48 hours of initial training and pass a certification exam are contractually obligated to spend an average of four hours a week in their assigned facilities. Volunteers are also required to complete an average of 8 hours continuing education annually to maintain their certification. Volunteers have the same legal access rights and responsibilities to investigate and resolve complaints as do paid staff.

External Grievance Procedures

The agency has clear policies regarding the intake, documentation and processing of complaints against ombudsmen. Most grievances are lodged via a widely publicized statewide toll-free telephone line. The receptionist refers grievances to the immediate supervisor of the charged party, or if unavailable, to the next securable manager. Whoever takes the call must record key aspects of the grievance in a central log, even if the charge is quickly cleared up as a simple misunderstanding.

Conversely, in serious cases requiring a full

investigation, the supervisor sends the complainant a letter restating the issues and alleged infractions, and requesting the return of a signed form confirming the complainant's intention to pursue the grievance. The program supervisor then investigates the complaint to determine its validity, following up with any warranted counseling, coaching, or disciplinary action.

Issues of personal deportment (inappropriate language, dishonesty, ethical lapses, patterns of aggressiveness and so forth) are handled according to the agency's classic progressive disciplinary process, as published in the agency's administrative rules. This corrective process is consistent with recent research suggesting that highly trained volunteers should be treated no differently than other employees (Liao-Troth, 2001). For minor problems, the process begins with counseling or a verbal reprimand, progressing through a series of written warnings and ultimately culminating in suspension or termination, which can be invoked as the first step for serious misconduct. Performance problems that typically signal a lack of knowledge are handled less formally, usually involving some form of sympathetic coaching and retraining. Here, the goal is to help standard performers become effective advocates. When this fails, however, persistent, non-correctable performers are subjected to the disciplinary procedures outlined above.

CHARACTERISTICS OF GRIEVANCES FILED

Eighty-six individual grievance cases, containing 194 distinct sub-issues, or complaints were charged against ombudsmen during the 23 month period under consideration. Grievances were filed against 54 individuals, including 3 paid and 51 volunteer ombudsmen, for an average of 3.7 complaints per ombudsman within a range of 1 to 14 complaints. Only nine volunteer ombudsmen were the subject of more than two separate grievances during this period, with the two most complained against volunteers tying at five grievances each, accounting for a combined total of 27 complaints (with the majority relating to demeanor).

Types of Complaints & Verification Rates

Types of complaints and verification rates are presented in Table 1. Demeanor (n = 64) including rude, aggressive, demanding, or blaming behavior is the leading single complaint issue category, accounting for 32% of all complaints. About a third of these charges (n = 20) were verified or partly verified by program management, with 12 issues in dispute or still under investigation when these data were collected.

Protocol violations (n = 40) were the second leading complaint category. These purportedly concern volunteers not following legally established job standards. Issues repeated in this grouping include ombudsmen: not wearing identification (n = 7), entering resident rooms without knocking (n = 4), not announcing their presence upon entering the facility (n = 3), or attempting to access records without appropriate authority (n = 4), and so forth. Thirty-eight percent of these cases (n = 20) were verified or partly verified by program staff with nine being disputed or under continuing investigation. Together, this and the foregoing category comprised more than half (54%) of all complaints.

Disruptive behavior is the third leading single issue category (n = 14) representing 7% of all complaints. This classification actually refers to the ombudsman's time in the facility. Typical allegations include charges that volunteers were demanding too much staff time, interrupting treatments, or visiting at inconvenient times, such as in the midst of "feed-

ing." Only one of these complaints was even partly verified, as an ombudsman is allowed by law to enter the facility at any time the ombudsman feels it is necessary.

Alleged "confidentiality infractions" constitute the fourth leading, albeit tiny, single issue category (n = 7), representing only 4% of all complaints. Only two of these charges were verified by program staff, though two others were either disputed or still open at the end of the period studied. Confidentiality infractions entail the ombudsman disclosing the name of a complainant or witness without proper authorization, which is strictly prohibited by law.

The general category of prima facie invalid complaints represents about 16% of all complaints (n = 31). This broad grouping contains a range of charges that the volunteer manager recognizes as invalid at first impression. Examples include allegations that the volunteer ombudsman took the resident's side, investigated a complaint, apprised a resident of her right to refuse treatment, refused to divulge the name of a complainant, or reflected a concern that the ombudsman was only "a volunteer." Of course, all of this is entirely appropriate for an ombudsman. Indeed, the very fact that these concerns were lodged as formal complaints is proof of the complainant's fundamental misunderstanding of the volunteer ombudsman's role.

The "other" category (n = 38) comprises 37 disparate issues representing 21% of all complaints. These wide ranging issues generally question the volunteer's "common sense."

Examples include charges that the ombudsman contacted an employee at home, interrogated a child, gossiped with family, aggressively solicited problems, or failed to return phone calls, and so forth.

TABLE 1
Complaints by Type and Numbers Verified or Partly Verified, Not Verified or Withdrawn, and Ongoing or Disputed

Complaint Category	Total	Verified Partly Verified	Not Verified or Withdrawn	Ongoing or Disputed
Demeanor	64	20	32	12
Protocol Violations	40	15	16	9
Disruptive Behaviors	14	1	13	0
Confidentiality Infractions	7	2	3	2
Prima facie invalid	31	0	31	0
Other	38	11	23	4
Total	194	49	118	27

Status of Complaint

Nearly a third of all complaints (27%) were either verified or partly verified, while 59% were either not verified or withdrawn. Partly verified complaints (13%) often indicate a "he-said-she-said" situation and inevitably become cautionary episodes for the charged volunteer because program supervisors use these opportunities to clarify all the issues surrounding any allegation. All prima facie invalid complaints automatically fall into the not verified category (48%) as self evidently false. The "withdrawn" category (11%) constitutes cases that were closed for various reasons by the complainant: perhaps a wish to avoid the time and bother, or fear of retaliation, or a realization that they may be in the wrong. Ongoing cases (4%) are those not completed during the period under study. Disputed cases (10%), on the other hand, were either undergoing re-investigation, or some higher level review due to the complainant's credible persistence.

Complaint Sources

A single grievance may contain multiple complaints, as shown in Table 2. Sources of complaints roughly correspond to the pattern of volunteer facility assignment with only a slightly higher rate of complaints coming from community based settings. As expected, nearly half of all complaints were lodged by nursing home management (administrators and directors of nursing combined), with community based settings accounting for 40% of all complaints.

The number of complaints lodged by resident family members, although higher than expected, is still negligible. Seldom concerning protocol issues, these complaints typically challenged the ombudsman's involvement in family affairs.

Charges made by other government officials generally concerned ombudsman protocol issues (such as erroneous rule interpretations, or, in one case, tipping off a facility to another agency's investigation which was substantiated and resulted in the volunteer's termination).

Disciplinary Actions

Consistent with the literature on volunteer management, substantiated complaints regarding conduct or serious performance infractions usually resulted in disciplinary or formal corrective actions along a progressive continuum. Nearly all verified and partly verified complaints resulted in some form of coaching, counseling or informal education as a natural by-product of the supervisor reviewing appropriate role expectations during the course of the investigation.

Where clear patterns of substandard performance or serious errors were recognized, there was evidence of formal interventions, often taken in consultation with upper management. During the study period, verbal reprimands were recorded in three cases and two volunteers were required to participate in some form of re-training. One volunteer was assigned a "buddy" for accompaniment to the assigned facility, not only to model appropriate behavior, but to provide a witness who might discourage unfounded charges.

TABLE 2
Grievance Sources & Numbers of Complaints

Grievance Source	Number of Grievances	Number of Complaints	% of Total Complaints	Average Number of Complaints Per Grievance
Family Member	12	15	8%	1.3
Community Care	25	76	40%	3.04
Nursing Home Director of Nursing	7	18	9%	2.6
Nursing Home Administrator	34	69	35%	2.0
Government Official	3	6	3%	2.0
Other	4	10	5%	2.8
Total	86	194	100%	NA

Another volunteer experienced a series of progressive disciplinary actions before being terminated. Two letters of apology were sent to facilities where volunteers had erred. Two other volunteers resigned when they were warned about possible demeanor problems. A third volunteer resigned upon being suspended for some high-handed bluffing and inappropriate conduct. A fourth volunteer resigned despite being defended by a supervisor against six out of seven charges, as well as the demands that the volunteer be removed from the facility (the volunteer insisted on 100% support, and bridled at the fact that one minor charge was substantiated by the supervisor). Conversely, two ombudsmen were reassigned by the program when their repeated communication problems destroyed their credibility with providers.

IMPLICATIONS FOR MANAGERS AND SUPERVISORS OF VOLUNTEER ADVOCATES

Volunteers are an integral part of the advocacy labor force in the United States. Grass-roots organizations, nonprofit agencies, and even state-level, public organizations use volunteers. When volunteers are used in advocacy roles, it should be expected that their actions will be subject to question if they perform their roles at all well. An advocate who does not create some degree of resistance or anger on the part of a targeted group, whether it is a nursing home or a public bureaucracy, is likely not fully engaged in the advocacy role. By design, volunteer advocacy programs will spark intense reaction when community problems escalate.

The ombudsman program in this study, therefore, has normalized a grievance protocol in which managers expect that complaints will occur. Although grievance procedures are often viewed as internal mechanisms used by employees who feel unfairly treated, the focus of the grievance process described here is an external mechanism designed to receive complaints from multiple community sources. Certainly, the same process can (and should) be used internally, but the point is that volunteer advocates will likely upset or even alienate other community agencies, organizations, and groups when they speak out on

behalf of unpopular, oppressed, or vulnerable clients.

Our findings shed light on the nature and intensity of provider opposition to program representatives, the vast majority of whom are volunteers. This is reflected not only in the numbers of grievances filed, but also by inferences drawn from between-the-line clues and from an evaluation of whether or not a grievance appears to be substantive, frivolous, or even "political" in nature. Having a mechanism for filing grievances in place before volunteer advocates are recruited, and being certain that it is part of the volunteer handbook, is a logical beginning. This means that volunteers need to be oriented and trained with full knowledge that there is an inevitability of having grievances filed if they fully manifest their advocacy roles—or err in their mission. Making this clear in the beginning can screen out volunteers who want to be liked by everyone, or who shun conflict and controversy. It also sets explicit standards for acceptable behavior.

Our findings also support the widely voiced concern that providers are not always clear about the role of the volunteer ombudsmen (Connor, & Winkelpleck, 1990; Nelson, 1995). The systematical collection and analysis of externally filed grievance data offers program officials an idea about the extent, depth, and nature of any role confusion by outsiders. Such role uncertainty would manifest itself in grievances revealing a fundamental misunderstanding about the volunteer's role and strategic orientation. In the case of the ombudsman program, for example, if a provider complains that the volunteer has taken the resident's side, monitors staff actions, or has recommended changes in staff practice, then, the provider has literally accused the volunteer of doing appropriate ombudsman work. But to providers who see ombudsmen volunteers as neutral mediators, facility boosters or friendly visitors—as many do (Connor & Winkelpleck, 1990)—then any evidence of watchdogging would seem to present axiomatic evidence of a volunteer gone astray.

At a more technical level, grievance data can reveal provider (and other long-term care

stakeholders, including the resident's family members) confusion about a wide range of ombudsman protocols including access authority, confidentiality, investigative procedures, mandatory reporting responsibilities, and so forth. All this information can help decision-makers develop evidenced-based outreach and community education initiatives to help clarify external role-holder expectations about the volunteer ombudsman's rightful niche in the long term care system. For volunteer managers in general, it means that being sure volunteers are oriented to their roles is one thing, but doing one's best to convey the nature of volunteer advocacy roles to community groups and organizations with whom the volunteers will come in contact is an ongoing and necessary process.

Taking this a step further, it is clear that volunteer programs that describe themselves as advocacy-oriented must carefully define what advocacy means for them. Certainly, volunteers can be public relations persons in the local community, but if one is recruiting watchdog and reformist volunteers (like ombudsmen), public relations may actually be strained if they perform up to their full potential. Clarifying roles when volunteers are recruited, and consistently reinforcing these roles is critically important.

It is also important, however, not to be too prescriptive in developing these policy guidelines—especially regarding the informal/interpersonal aspects of advocacy and problem solving. Human behavior is so variable, that any attempt to spell out every contingency would be impracticable and is inevitably doomed to fail. While volunteer advocates must know significantly relevant laws and rules, and must be able to acquit themselves properly, program policies must allow room for volunteers to improvise and adapt their behaviors in response to a staggering variety of cues and conditions. It is better, then, that program protocols merely communicate safe boundaries whenever possible, and not be so detailed as to multiply the chances of transgression which will only strangle volunteer initiative—and bog the whole program down in a disciplinary nightmare.

It should also be stressed how grievance

data can be used by managers to help evaluate not only individual employee performance, but also the overall quality of the program's volunteer selection, support, and training processes—which are frequently criticized as inadequate in the literature (Nelson, 1995). In this sense, grievances constitute negative outside assessments that are otherwise difficult to obtain, but invariably useful to managers and policy makers. Such information can augment internal program evaluations used to validate human resource management processes and to identify areas needing improvement. For example, program wide trends in grievances concerning the local volunteer's failure to appropriately access resident medical records may well suggest a critical training need. Conversely, a series of complaints about an individual volunteer's hostile behavior may suggest a need for individual counseling or progressive discipline. In Oregon, complaint data (as reported here—no details that would breach confidentiality) is shared with serving volunteers during annual training conferences to underline the importance of good compartment and to review key job risks and pitfalls. As such, it presents a cautionary tale. But given the relatively low rate of valid external complaints and the program's comparatively limited need to resort to formal disciplinary measures, it also confirms that most volunteers are serving competently, and supports the program's corrective processes as just and non-threatening. Finally, collecting and analyzing complaint data and sharing it with program recruiters underlines the importance of screening and selection processes that weed out temperamentally ill suited or otherwise incapable candidates.

Although some managers might blanch at the thought of documenting volunteers gone astray, doing so actually speaks to a high degree of managerial accountability. Volunteer advocates deserve a fair and expeditious means to resolve complaints against them. A well designed external grievance system linked to a counseling and progressive disciplinary process allows for the quick formal vindication of appropriate acting volunteers, or for the coaching, counseling, and constructive criticism that can turn substandard perform-

ers into effective advocates. In sum, volunteer advocates have an ethical responsibility to minimize harm, and being aware of complaint trends provides a useful tool to achieve this goal.

Another benefit of a formal managed grievance process is that it can channel sometimes heated conflict about the program into processes that are formally controlled by managers. Without this mechanism, aggrieved parties can more easily sidestep program officials by complaining to "outsiders" including higher government authorities. But when a grievance process is formally established higher authorities generally feel compelled to redirect complainants back to an established proceeding. To be sure, aggrieved parties not satisfied with the outcome of this process can still appeal to higher authorities, but their heat is often drained, and if the program has acted in fair accordance with its own well designed and managed guidelines, it has already prepared its best defense.

CONCLUSION

In sum, the data presented here underline the need echoed in the literature for community education to clarify, for both provider and citizen, the volunteer advocate's roles and responsibilities. These data suggest that program managers should pay close attention to demeanor and communication issues during the screening and the initial training phases of the volunteer certification process. Whether verified or not, the perception of an aggressive, blaming, or officious demeanor is inflammatory. Moreover, volunteers should be trained to expect a certain degree of resentment and resistance, and should be taught how to handle it without escalating distrust and tension. In the case of the ombudsman program, ongoing training on volunteer access and other investigatory protocols and confidentiality requirements would also appear to be good "risk-management" measures. More importantly, grievance data represents a rich source of legitimate feedback that can identify problems with external stakeholders and be used to develop external education programs to better link volunteer advocates to the communities they serve.

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