Taking the Client's Perspective in Designing Volunteer Roles

By Susan J. Ellis

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The women's movement observed long ago that the personal is political. I've had some healthcare experiences this month that allowed me to see volunteer work design from a different perspective.

On September 1, I fell and badly broke and dislocated my right arm at the elbow. After two weeks it was determined that my arm was unstable and I underwent surgery to replace the radial head and repair a torn ligament. I hasten to reassure everyone that I am on the mend, getting physical therapy, in minimal pain, and happy that I'm left-handed! Generally, I wouldn't be using this monthly essay for a health report, but these facts set the context for how and why I learned a lot about the role – or lack of it – of volunteers in institutions.

Last Decade's Volunteering May No Longer Be Relevant

Hospitals and other healthcare facilities are among the most well-established involvers of volunteers. The public is fully aware of hospital volunteering and there is general agreement that volunteers bring a sense of community caring to patients and staff. But, what exactly are these volunteers contributing to healthcare right now?

Like many of you, it's become second nature to me to be alert for "volunteer sightings" wherever I go. I enjoy seeing volunteers in action, learning what they do, and talking to them about their activities. During my month of hospital visits, including one increasingly-rare overnight stay after surgery, I laid eyes only on information desk volunteers (whose "information" consisted entirely of giving directions to lost patients and visitors) and gift and thrift shop clerks. Unfortunately, true to the stereotype, I met no one under age 70 and few who seemed particularly energetic.

Before going any further, I acknowledge that the hospitals where I was treated undoubtedly have a range of volunteer assignments and types of people filling them who did not happen to cross my path. This is *not* a negative review of hospital volunteering. Rather, we can use healthcare – which is

an environment most of us can picture reasonably accurately – as a case study for what is wrong in many, many traditional volunteer-engaging facilities and organizations, from schools to museums to parks.

The issue? **We are simply missing the boat by not directing volunteers into work that is of greatest value to the *users* of our services *right now*.** By not asking volunteers to do what is truly needed to give exceptional service in a changing world, we cheat our consumers, remain distant from our missions, and offer little that is motivating to skilled and enthusiastic prospective volunteers.

Adapting to the "New Normal"

I represent a growing demographic seen by all hospitals. I'm a first-wave Baby Boomer with a graduate degree; I am divorced and live alone. Here are just three ideas for how such factors and new needs might be met creatively through volunteers.

- ***Being alone.*** Family and friends are critical players in a patient's treatment and recovery, but a growing number of patients are forced by divorce, distance, or death to go through the healthcare maze with no one at their bedside. Why not offer a volunteer support person to anyone who reports at patient registration that she or he is alone, whether living singly or even without a companion that day? The types of things such a one-to-one volunteer assignment might include are a pleasant conversation during one of the many inevitable waiting room periods, perhaps hosting a designated table in the snack bar (which could be for *anyone* alone that day and wanting some company), arranging transportation, assuring a loved pet is fed by a friend, telephoning for a few days after treatment just to check in, etc. Allow a volunteer to adapt to each individual's needs (by mutual choice, of course), even if it means being with the person in the emergency room, or in recovery, or late at night.

  Most importantly, the volunteer could be trained to ask: *Do you need any clarification or information?* Patients, particularly if in pain or panic, often cannot absorb everything said to them the first time. If there is any confusion about care instructions, next steps, whatever, the volunteer could be authorized to get the facts for the patient.

- ***A place to regroup, think, or go online.*** Outpatient treatment is today's norm, but the spaces available to patients and their companions are the same as 50 years ago. Where can someone sit in comfort before going home or in between multiple appointments? Why not have some writing surfaces on which to complete forms? An area where cell phones are permitted and actually work? Why not an Internet-accessible computer for research or even checking e-mail? Organized something like a first-class airport lounge, access to this area could be controlled and supported by volunteers.

- ***Filling the gaps of treatment silos***. Between HIPAA, medical specialization, and insurance rules, few components of the American healthcare system mesh seamlessly. For example, my

orthopedist checked the outcome of my surgery and whether my incision was healing, and then prescribed a certain physical therapy regiment. But he could not set it up for me. He could refer, but then it was up to me to schedule getting a molded splint and start treatment. It was mid-day on a Thursday, and I had to beg to be "squeezed in" before the weekend or risk an unprotected arm eight days after surgery. I asserted myself and all turned out well, but no thanks to the doctor or hospital; they did not even give me the correct phone number for the physical therapy center!

Why not transform "information desks" to live up to their name, perhaps on a hotel concierge model? Why not compile a database of commonly-referred-to outside services, fact sheets, treatment checklists – anything that may be helpful to patients? Most important is that the volunteers could be trained to *find answers*. Not to respond to medical questions, but to assist, for example, in getting a correct phone number or even placing a call for someone in pain and having the use of only one hand.

Now I can already hear the reactions to such lines of thought:

- *Volunteers cannot give medical advice and we want to protect against the remotest chance of that.*
- *Patient confidentiality would be violated.*
- *We have no room for these sorts of services.* (I can't resist noting that closing the gift shop would free at least one space.)
- *Our current volunteers don't have these skills and would need a lot of supervision to do this.*

My response is that such objections have some validity but are temporary obstacles. First, it takes a will to change and determination to do what's *best for the patient* or whomever you serve.We are presently spending time, money, and effort to maintain too many low-priority volunteer assignments. Can we afford to keep doing that? Don't we owe it to our clients and to volunteers to figure out what would really be welcomed (including by paid staff, actually) and of greatest help?

Walk in Your Clients' Shoes

The most critical thing a volunteer resources manager can do is *pay attention* to what customers are experiencing; what are their needs and wants? Instruct volunteers to walk through your setting to experience it just as clients do. Or, collaborate with colleagues and ask volunteers to exchange walk-through visits to each other's facilities.

Volunteers should ask these questions: What's confusing or hard to find? Does the current signage help? When and where do questions arise and no one is there to ask? Is the food in the cafeteria what people want? Are there enough chairs where people have to wait? How pleasant or harried are staff members, including those at front desks, completing forms, or taking money? Who does and doesn't smile? What's the best part of the experience? The worst?

Then, do the tour again from special perspectives. What might a child experience? Someone on crutches or visually impaired? Someone who is not fluent in English or illiterate? And so on.

From these observations – which, given today's pace of change, ought to be done annually – you will discover whole new arenas of volunteer work. Then be prepared to deal with naysayers and to engage volunteers in proposing how they might address what they discovered.

One science center with which I consulted kept hearing from their volunteers that exhibit interpretive signs were missing letters or even gone entirely, which the volunteers strongly felt diminished the museum visitor's experience and made the museum look bad. But correcting the signage was the job of the swamped graphic art staff and administrative reaction to the volunteers' reports was irritation, not appreciation. Was there really no way that the art department could have supervised volunteers in repairing the signs or obtaining donated services from professional artists to reduce the backlog? What is the point of having volunteers give tours because "that's their role," when something else helpful to visitors needs priority attention?

Perhaps, in the future, all volunteer position descriptions will come with an expiration date! Volunteers should expect and want to assess whether the services they are providing are really what's needed the most *today*, not yesterday.

- *Can you see the value of this approach in your setting?*
- *How do you get to know what your clients and visitors experience when dealing with your organization?*
- *Have you created any new volunteer roles to respond to changing needs? How about eliminating any outdated roles?*

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Submitted October 26, 2009 by Gerald (Jerry) Pannozzo, CVA, NYMH and KJMC, New York, US
Good to read that you are on the mend. I read your hot topic with interest because I returned to health care six years ago. I only wish you had experienced some of the innovative healthcare volunteer programs here in NYC.

Yes, it starts with the patient (and the family members) experience. I agree you need to get out of the office and observe what is happening on the units, in the wait rooms, etc. Monitoring the needs on the units includes communication with paid staff and observing patients, family members, and visitors. The volunteers' eyes and ears are a great asset with regard to innovation.

I've seen emergency department patient experiences enhanced thanks to innovative volunteer position descriptions. Because of effective volunteer department relationships with paid staff I've seen programs implemented that include pet therapy, artists, musicians, yoga instructors, etc. on the units making the hospital stay a better experience. Such programs also reduce the stress the paid

staff is under -- which impacts the patient experience. What about wait rooms? Here in NYC several hospitals have introduced health literacy volunteers. Theses conversations/sessions in wait rooms make the wait time an "educational opportunity" vs. "time lost." (Thanks to grants proved through United Hospital Fund). Health Literacy volunteers also write down questions for the doctors (that the volunteer is not qualified to answer) so the patient doesn't forget them when seeing the doctor.

Thanks for sharing your experience that provides us with an "opportunity" to review (and amend) what is happening in health care.

Submitted October 21, 2009 by Thomas McKee, Volunteer Power
Thank you Susan for your insightful challenge. Last month I was speaking to a state-wide association of healthcare directors of auxilians and volunteers and many expressed to me the concerns you mentioned. They kept telling me that growing numbers of their volunteers have professional skills the hospital could use, but the health care administrators are very traditional and want to limit their volunteers to greeting visitors and delivering flowers to patients. I was reminded again that directors of volunteers are not just managers -- recruiting, retaining and rewarding volunteers. We are leaders and leaders make change. And making change is not easy. A significant leadership role of the director of volunteers is to challenge the traditional leadership of the organization. Thanks for challenging us again. And so sorry to hear about your accident. Hope you are healing well.

Submitted October 12, 2009 by Jo Drueke, Madonna Rehabilitation Hospital, Lincoln, NE USA
Thank you Susan for this Hot Topic! What an awesome reminder to get out and discover what patients and family members experience. Often I feel like it is a battle to get staff to accept new roles for volunteers, but finding new roles provides opportunities for educating about the roles and potential service by volunteers. With the current changes in our building it is an opportunity for change which I do not want to miss. I will be "walking the halls" more than ever looking for ways that volunteers can improve the Madonna experience.

Submitted October 6, 2009 by DJ Cronin, Greenslopes Private Hospital, Brisbane, Australia
Susan - Here is what you might have experienced if you had been admitted to our facility. You would have been initially greeted by our volunteer team on arrival and escorted to any appointment by one or two volunteers. During your stay you would have been offered a hand and/or foot massage by a volunteer. You would have received a volunteer visitor who would ask if you needed anything and who could have sat and chatted with you if so desired. During your time here you would then have met the volunteers with our mobile library. If you had any spiritual needs you would have been made aware that volunteer chaplains of various denominations were just a call away. If you were deemed fit enough by a physio to exercise and take a walk around our facility you would have been accompanied by a volunteer who would take you on a walk and perhaps show you our hospital museum and a video on its history including the history of volunteering here. You would have passed our information desk and discovered that there is more than one volunteer (of various age) and that people are being escorted to their destination rather than given confusing directions. You would also see that a Justice

of the Peace service was being provided by volunteers at this desk and volunteers were also answering queries on local accommodation and train and bus travel options. Volunteers at the information desk could also look up a patient for you and inform you what ward they were located in because with us the "confidentiality issue" is addressed through education on this matter, signing of confidentiality agreements and exactly the same processes we abide with paid staff. Best of all, our volunteers at the information desk are our best recruiters for our service. They give out brochures and information packs on volunteering. So, Susan you might even have been asked if you would like to be part of our team! On Discharge you would have a volunteer come to your room, help you pack if need be and escort you to the discharge lounge and help you to arrange transport if need be. You would also be informed about volunteer transport options. You would have been surprised by the age and cultural diversity of our volunteers. You would have encountered high school and university students as well as various people volunteering for a myriad of reasons. During your stay you might have shared some of your wonderful observations that you shared in this article with one of our volunteers. This volunteer would have asked you if they could share your suggestions and had you agreed the volunteer would have approached the Volunteer Liaison Committee with your ideas. The volunteer liaison committee meets once a month and is comprised of volunteers from each service, the volunteer management team and a member of hospital executive. On of the aims of this committee is to give a strong voice to volunteers who are after all close to the clients perspective and thereby continuously offering ways we can improve our volunteer service.

Now that I got a plug in about our volunteer service I will take your suggestions to the committee and also share them with my network of Volunteer managers in a health setting.

Bravo!

Submitted October 6, 2009 by Johanna Duffek, Tucson, AZ, US
Wonderful article, thank you. I am President of the Southern Arizona Volunteer Management Association (SAVMA) and we are always talking about the issue of using volunteers to their fullest potential. This is a good example of how to do that very thing.

Submitted October 6, 2009 by Ruth, Kentwood, MI, US
Thanks Susan. I am thankful that our hospital is doing at least 50% of what you recommended, but there is room for improvement.

But your article reminded me of the work we do with local indigenous partners overseas. So often as international NGOs, we spend time on what works best for us and our volunteers, versus what works best for our partners in their cultural settings.

Submitted October 6, 2009 by Andy Fryar, Lyell McEwin Regional Volunteer Assoc., Adelaide, Australia
Great Hot Topic Susan. Another perspective you may be interested in (well here in my small part of Australia at least) is the growing emphasis on involving volunteers in primary health care services.

Our Volunteer Association has been receiving more and more enquiries over the last few years to support volunteer programs whose aim it is to keep people from getting sick in the first place. Between that and the growing need to support day surgery patients, health care is indeed changing at a fast rate of knots.

Submitted October 1, 2009 by Catherine McMullen, CAVS, Somerset Medical Center, Somerville, NJ, USA
How different my hospital experiences appear! I have worked in 2 hospitals for over 25 years, volunteered in 3 others, and had leadership roles at state and national levels. I offer 50 positions to my 850 volunteers; only 30% are over age 65, many over 80 are among the most active and bright. 32 volunteer in the ER to be with patients who are alone, 19 are trained to sit with patients who are dying & have no family. Volunteer patient advocates do ask what they can do for patients; they serve on patient satisfaction committees where their input is valued. Our 350 bed facility has 1000 visitors and 300 telephone calls per day, with many information desk resources available to offer people;I have concierges in main and ER lobbies. Gift shops provide important revenue sources, as well as services to employees as well as visitors. I, and other DVSs, would be happy to continue this discussion with you or the staff where you were treated. I am glad you are recovering well. And having survived a brain tumor & craniotomy, I am very familiar with the patient persepctive in many renowned hospitals. All sides face challenges. I am eagerly awaiting additional responses to your topic.

Submitted October 1, 2009 by Cara Thenot, Director of Publisihing, Energize Inc., Philadelphia, PA US
After talking about the new Hot Topic in the office, Susan asked me to post a personal anecdote that emphasizes her point and focuses on the growing elderly population that will only get bigger as the baby boomers age and, in general, people are living longer. Here's my story:

After my 89-year-old grandfather was admitted to the hospital with a high fever, hospital staff told my 83-year-old grandmother that should/could not stay and sent her out the door to drive home by herself late at night. No one thought to ask if she had any issues herself that would make driving dangerous. (She has Alzheimer's disease and has night blindness due to cataracts.) The good news is that she made it home safely, with only a few nerves rattled. However, we need to start paying attention to our older generation. I can imagine an entire volunteer "department" created just for attending to elderly patients and their families.