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Partners in Caring: Administration of a Hospital-based Volunteer Program for the Education and Support of Cancer Patients

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Introduction

Volunteerism is a fertile field for research (Ellis, 1985; Independent Sector, 2002; Institute for Volunteering Research, 1997; Hall et al., 2001), and investigating relevant issues is not only of academic interest, it is also immediately useful to practitioners in volunteer programs. The purpose of this paper is to highlight significant administrative issues within the volunteer program of the Patient Education Program in Princess Margaret Hospital (PMH), a comprehensive care oncology hospital within the University Health Network (UHN) located in Toronto, Canada. PMH has created a highly useful and successful volunteer system for patient education (PE), in which volunteers can make an effective and personally fulfilling contribution to the education and support of patients and their families. Such volunteer activities can be crucial in empowering those dealing with cancer (see also Fusco-Karman and Tamburini, 1994; Fusco-Karmann et al., 1996; Edgar et al., 1996; Halmay et al. 1995; Hoare and Peters, 1996; Jimenez and Jimenez, 1990; Chevrier, et al., 1994).

Administrative support is an essential component of any program development effort (Diamond, 1989), and volunteer administration is a crucial and continually evolving component of our PE program. A variety of volunteer administration models exist (Culp, et al., 1998), and our administrative model of volunteer recruitment, training and support is presented here, with the understanding that the strategies and principles that we have developed are transferable to other situations, including those beyond healthcare. While we recognize that no one formula exists for a volunteer program, we describe our model for the management and use of volunteers for PE in our context in the hope that others will benefit from our understandings and programs.

What follows is a discussion of the key points we identified as important in our developing PE program. We describe the PE program at PMH and the role of volunteers in its success. We then detail the formalized volunteer management systems and procedures in our program. Specifically, we consider the role of the Director of Patient Education, the necessity of collaboration in the development, and design of our volunteer curriculum, and finally issues around volunteer motivation, satisfaction, support and recognition.

The PMH Patient Education Program

PMH has initiated a volunteer supported, computer-based PE program (Jones et al., 2001) that aims to empower those dealing with cancer by providing consistent, comprehensive and evidence-based medical

information and support. This is done via an interactive Intranet Web Site containing information about cancer (the Oncology Interactive TM Education Series), library resources, Internet links, information about PMH services, and a hospital calendar of events.

In total, 17 Patient and Family Resource Centers have been established within cancer site-based waiting areas throughout PMH to provide appealing and easy access to the Website. Each Resource Center is clearly visible and easily accessible to patients and families waiting for healthcare appointments. Trained PMH Resource Center volunteers provide computer assistance, manage resources, and support patients and their families in a manner that demonstrates compassion, respect and empathy.

To date, 45 volunteers have been recruited and trained from the hospital pool of volunteers to assist users of each Patient and Family Resource Center. The majority are women (79%). Their average age is 44 years, and79% are presently attending or have completed university. PMH serves a large multicultural community (close to half of Toronto residents speak a mother tongue other than English) and our volunteers reflect the diverse cultural and linguistic backgrounds of our surroundings; 47% were born in a country other than Canada, and 50% speak a language other than English in their household. We assume that personal assistance by volunteers increases the likelihood that a learning experience will be both memorable and supportive for patients and their families. The primary goals of our volunteer support program are to: (1) empower patients and families dealing with cancer, (2) improve patient and family education at PMH, (3) exert a positive effect on the hospital environment, and (4) better the hospital experience for patients and their families.

Administration of Patient Education Volunteers

The formalized structure of the volunteer program is exemplary of a wave of professionalization of volunteer administration that began in the latter part of the 20th century (Ellis and Noyes, 1990; Institute for Volunteering Research, 1997) in response to the demands of both volunteers and organizations. Formalized management systems and procedures in our program include:

- A designated Director of Patient Education to identify needs and develop the volunteer training program and management strategies
- A hospital-wide Department of Volunteer Resources that assists in volunteer orientation and management.
- A formalized agreement with the Departments of Volunteer Resources and Psychosocial Oncology and Wellspring (a community organization) for volunteer training.
- Written volunteer policy/practice and procedures handbook for the hospital and patient education programs.
- Systems for ongoing support and supervision of volunteers that include moving volunteers to new tasks and counseling volunteers.
- Procedures for evaluating volunteer work, managing staff/volunteer relationships and recognizing volunteer contributions.

Many difficulties in creating, managing and costing a volunteer-driven program in PE can be circumvented by giving a single individual overall responsibility for the program (Goodlad and Mclvor, 1998; Ellis, 1985). Part of the administrative role of Director of Patient Education at PMH

encompasses the design, implementation, management, and evaluation of the volunteer program to achieve organizational goals. Administrative volunteer program functions of this position in PMH include (see also Ross and Brudney, 1998):

- Establishing a rationale for volunteer participation
- Integrating the patient education volunteer program into the Department of Volunteer Resources and the hospital infrastructure
- Preparing job descriptions for volunteer positions
- Developing volunteer training curriculum
- Applicant interviewing and screening for volunteer positions
- Meeting the needs of volunteers by placing them in productive and satisfying jobs
- Training volunteers
- Monitoring, evaluating, and recognizing volunteer performance
- Acting as an advocate for volunteer needs and interests
- Recruiting and training staff to work with volunteers (e.g., Resource Center Coordinator and Administrative Staff)
- Responding to problems, mediating conflicts among volunteers, and handling release of volunteers.

The Director of Patient Education takes personal responsibility for day-to-day decision making, maintaining program momentum and encouraging effective communication among stakeholders in the hospital.

In order to be successful, a volunteer program must be compatible with the hospital's organizational culture, and an integral part of that culture (Silver, 1988). Therefore, an important initial task for the Director of Patient Education has been to understand the organizational culture at PMH, and integrate the PE program within it. Necessary skills for the position include a good understanding of our patient audience, strong interpersonal skills, and the ability to inspire and motivate others and defuse conflict. Establishing and maintaining the conditions in which communication can occur are important facets of the role.

As a liaison between the organizational, volunteer and patient groups, the director functions to bring the different cultures together in as effective a way as possible to meet the educational needs of patients and their families, and to enhance hospital performance.

For example, hospital departments in our large organization tend to operate independently, often resulting in a sense of isolation for educators, duplication of service and inefficient use of resources. The Patient Education Director identified common objectives within various clinical programs; established hospital-wide programs, such as a centralized pamphlet development and distribution system; formed a Patient Education Advisory Committee to foster networking and collaboration among our stakeholders; and articulated how skilled volunteers could provide a supportive response to patient education needs.

Clearly, this is in great part a political role that requires familiarity with and networking within all hospital departments involved with patients in order to make the various groups aware of shared objectives, values and problems. Organizing a hospital-wide program for the education of patients and their families requires tremendous commitment, energy, and enthusiasm from all levels of hospital administration.

Volunteer Training: A Collaborative Effort

In a strong collaborative effort, the PMH departments of Psychosocial Oncology, Volunteer Resources, and Patient Education, and Wellspring (a community organization with an expertise in peer support training) all

partnered in the development of this volunteer-assisted initiative. Given that volunteer "good will" must be integrated with competence (Fusco-Karmann et al., 1996), a comprehensive volunteer training program has been designed to provide volunteers with the technical and psychosocial skills necessary to support users in each Resource Center. Specialized training allows the volunteers to work at their highest levels of expertise, and is also a form of acknowledgement of the importance the hospital places on volunteers. Their input is worthy of the investment of substantial time, energy and resources on the part of staff at PMH.

Department of Volunteer Resources

An understanding of the overall focus and concerns of the hospital is an essential starting point of the training process (see also Fusco-Karmann et al., 1996). Therefore, prospective volunteers must attend an information session hosted by the Department of Volunteer Resources in order to be considered by programs/services in support of PMH patients, families and staff. The UHN Volunteer Opinion Survey (VOS, 2002) indicates that what volunteers value most is information to help them perform their volunteering duties. Orientation sessions allow questions to be posed and answered and for provision of background information about the hospital.

Newly recruited volunteers are provided with a Volunteer Resources Handbook welcoming them and outlining the hospital's goals, guiding principles and values. The handbook also explains the volunteer code of ethics, as well as infection control, safety and security and emergency procedures. Through the written materials, volunteers learn about communication, confidentiality and dealing effectively with the public. Administrative guidelines clearly lay out performance expectations, and the benefits of volunteering. For example, expectations about scheduling, absences, vacations, volunteer sign in/out, dress codes and resignation procedures are clearly explained. All volunteers are bound by a code of ethics and a signed confidentiality agreement.

Motivation and Satisfaction

What motivates volunteers, and why they find satisfaction in their efforts, have implications for recruitment, selection and administration of a volunteer program (Chevrier, et al., 1994). According to a recent Canadian survey (Hall et al., 2001), the top four reasons Canadians gave for volunteering were: (1) believing in cause supported by the organization (95%); (2) using skills and experience (81%); (3) being personally affected by the cause the organization supports (69%); and (4) exploring one's own strengths (57%). Similarly, a UK survey (Institute for Volunteering Research, 1997) found that people volunteered for a mix of altruistic and self-interested reasons, including meeting one's own needs and those of family and friends, responding to a community need and learning new skills. Key personal benefits were: enjoyment of the activity; satisfaction at seeing results; meeting people; and a sense of personal achievement. The UHN Volunteer Opinion Survey (VOS, 2002) indicates that the most important things contributing to volunteer satisfaction are helping patients, families and employees; recognition, respect and appreciation; growth in role, skill development; making a difference; and other, namely "giving back", working with a good team, and communications.

Volunteers potentially receive many intangible benefits in exchange for their gifts of time and effort. Understanding what

inspires and hinders people's contributions can provide volunteer supported programs with valuable insights (Hall, et al., 2001) and promote structures that assure that those benefits are attained (Manninen, 1991). In other words, from a programmatic perspective, "reciprocity is required—efficient and effective service in exchange for some form of benefit" (Goodlad and Mclvor, 1998). Measuring the subjective dimensions of volunteering (e.g., through informal conversations, targeted interviews and focus groups) is an important part of our continuing program evaluation efforts.

Job Description and Volunteer Satisfaction

A critical part of early program development has been the development of a clear profile of the patient education volunteer who will be compatible with the tasks to be done (Silver, 1988). Persons who express interest in volunteering for the Patient and Family Resource Centers are provided with position descriptions (Appendix 1) that identify: the general and specific program objectives; the desirable skill-set; program training components; commitment expectations; duties and related tasks; and the rewards of becoming a Resource Center Volunteer. The posted job announcements and descriptions contain a clear description of the tasks to be accomplished as well as the personality styles, attributes, and beliefs necessary to succeed in our setting.

Having volunteer expectations match the responsibilities of the position is an important component of volunteer satisfaction. Our UHN Volunteer Opinion Survey (VOS, 2002) concludes that volunteers consider role definition to be a key issue. The survey indicated that:

- It was most important for volunteers to have a clearly defined role.
- Volunteers are most concerned about the degree to which they are utilized within their placement area.
- Volunteers are very concerned about having meaningful activities and tasks to perform.

In the United Kingdom, 7 out of 10 volunteers report dissatisfaction with the way their volunteer work is organized (Institute for Volunteering Research, 1997), citing the top four drawbacks of volunteering as follows: things could be much better organized; you sometimes get bored or lose interest; you cannot always cope with the things you are asked to do; you do not get asked to do the things you would like to do. Clear job descriptions can minimize these types of concerns.

In our setting, the written job description has proved to be a good foundation for successful selection and placement of our volunteers (see also Gale, 1997). Similarly, the policies and procedures developed earlier by Volunteer Resources have also established the standards for knowledge and behaviour for the volunteers, and ensured that staff and volunteers alike understand their responsibilities. Together, the patient education job description, and the broader hospital policies, and procedures for volunteers serve a useful role as early orientation and training tools for volunteers.

Volunteer Training: Curriculum Design Issues

During the pilot phase of the PMH Computer-based Education Program, 25 volunteers were recruited by the Department of Volunteer Resources. Following an interview and orientation by volunteer resources, interested candidates were screened by the Education Department. As candidates advanced through the screening process they were

invited to participate in the computer-based PE Volunteer Training Program. Volunteers not selected were redirected to Volunteer Resources for other assignments

A comprehensive volunteer training curriculum was designed to provide volunteers with the technical and psychosocial skills necessary to support cancer patients and their families in each Resource Center. Since volunteers do not work as many hours as regular staff, training is especially important to facilitate their integration into the hospital system. The specific goals of the training program were to impart knowledge, and develop skills and positive attitudes for the provision of information and support to patients and their families. The curriculum was developed in collaboration with Wellspring, a community agency, and experienced facilitators implemented the program.

Volunteers receive a comprehensive, easy-to-read, training manual, a full day of psychosocial training, a half-day of resource management instruction, a half-day of computer training and nine hours of self-directed computer practice. Strong emphasis is placed on each volunteer's individual learning efforts and motivation to learn, and ample time is provided for self-directed learning with the multimedia material. Written self-test exercises are given to volunteers, enabling them to assess their progress through the computer training. Volunteers are instructed on how to provide computer assistance to users, manage resources, and support patients in a manner that demonstrates respect, compassion and empathy. All forms of training strive to emphasize the importance of relating the hospital experience to the everyday life of both the patient and the volunteer. To date 45 volunteers have been trained.

The formal PE training and accompanying manual/materials clarify what we expect of volunteers, and orient them to their immediate work situation. We are currently developing ongoing training initiatives (continuing education) in order to retain and challenge our outstanding volunteers. Such "maintenance-of-effort training" is an investment to build volunteer satisfaction, morale, and commitment (Bolon, 1995). Several "senior" volunteers have also become managers, sitting on administrative bodies such as the Patient Education Advisory Committee and adding their expertise to hospital deliberations.

Training provides volunteers with the information, skills, and practice they need to carry out their work with oncology patients. It promotes an understanding and appreciation of the important subtleties of working with specific kinds of cancer patients. For example, an important component of the volunteer role is to support hopefulness and positive energy in patients (Jimenez, and Jimenez, 1990). "Hands-on" psychosocial training through role-play enhances that ability, while simultaneously screening out those individuals who, for a variety of reasons may not be suitable to carry out this role. Former cancer patients who are still too close to their own illness experiences to deal objectively with those of others, and those who exhibit difficulties during small group experiences may be reassigned to other duties in the hospital. Training is, in effect, part of our screening process.

Clearly, this PE program is very labour intensive and volunteers play a key role in supplementing and complementing the work of our paid staff. Although volunteering can be cost-effective, our training program illustrates that it is not cost free (see also Dingle et al., 2001). Volunteers need the same investment as

paid staff (Manninen, 1991). Determining the extent of this investment has involved calculating the number of volunteers and hours that are needed, reassessing this as the program evolves, calculating overhead costs for staff, supplies, and training, and deciding from where funding is to come.

Support and Recognition for Volunteers

In our experience the impact of the volunteers on the quality of life of patients and their families can be profound, and that positive impact should be rewarded and celebrated. UHN volunteers (VOS, 2002) have indicated that on average, they prefer regular recognition, rather than formal recognition events, and that they wish to receive regular feedback on their performance from their placement area. Volunteers also need opportunities to network with each other, and to share their challenges, excitement, and feelings of helplessness or anxiety. They need opportunities to support each other, reflect on their experiences, and establish connections between themselves (Katz, 1998). This may take the form of regular meetings and buddy systems (Jimenez & Jimenez, 1990).

We have chosen the administrative route of individual supervision on an as needed basis, group supervision sessions, debriefing meetings, and celebrations to recognize the accomplishments and time commitments of volunteers. For example, in 2001, a day-long celebration of volunteer participation was held in the newly launched Patient and Family Library and satellite Resources Centers. The Patient Education Volunteers themselves facilitated an open house to orient hospital staff and other volunteers to the patient education program. Informal recognition is also a priority, and volunteers receive regular feedback about their important roles in the patient education team. Last year books in the library were dedicated and inscribed with a commemorative certificate in the name of each volunteer.

In addition, the hospital's Department of Volunteer Resources plays a central role in recognizing the contribution of volunteers. Among other UHN events, they host a summer youth recognition event; the annual fall recognition event for all volunteers; and an educational symposium for all volunteers. Recognition lunches, celebrations, etc. recognize the contribution of volunteers, and promote a sense of belonging and accomplishment that motivates people to continue volunteering their time and energy.

Summary

We have found volunteers to be key to effective and efficient technology and resource utilization by many of our patients and their families. Effective professional development of volunteers is essential to help improve patient learning, and raises the question of what hospitals and other organizations can do to better prepare and maintain a high quality and technologically literate volunteer service. In this paper we have examined the principles of good practice and administrative procedures that we have found necessary for the task of selecting, managing and training PE volunteers in an oncology hospital setting. We identified key issues that will likely need to be addressed by other practitioners and policy makers in similar programs, such as those dealing with another chronic disease. For example, new programs need to be aware of the key role of the program director in collaborating with diverse groups within and beyond the hospital to develop an effective program, train and manage volunteers, and maintain volunteer

motivation and satisfaction.

Our program development efforts indicate that volunteers involved in any computer-based learning program must receive the administrative support and training they need to integrate technology-based tools into their patient support efforts or they will ignore the technology we are implementing or simply view it as a source of ongoing frustration. In addition to a well-designed training program, such support involves continuing opportunities for professional development, practice/learning time, ample feedback about performance, staff assistance for problems and concerns, and peer communication (i.e., conversations and debriefings) to promote best practices and content skills. Our ongoing program evaluation efforts are examining how volunteers increase the depth and breadth of information and support available to patients and their families. A future paper will share how volunteer assistance is augmenting the services of paid hospital staff.

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