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**Volunteer Attrition: Lessons Learned from Oregon's  
Long-Term Care Ombudsman Program**

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**[Editor-generated] Abstract**

*Researchers examined the various factors that contribute to the effectiveness of long term care ombudsman programs and the people that participate in such programs. Specific attention was given to a population of elder-care volunteers in Oregon, and the efforts to train and retain these ombudsman. Implications and long term changes are discussed.*

**[Editor-generated] Key Words:** ombudsman, long term care, volunteer attrition

**Lessons Learned from the Long-term  
Care Ombudsman Program**

Many Long Term Care (LTC) Ombudsman Program leaders find it difficult to retain sufficient numbers of nonpaid advocates to investigate and resolve complaints on behalf of America's fast growing elder-care population. Although more than 8,000 volunteers assume this federally mandated resident-defense role, these are far too few to adequately monitor all of the country's nursing homes and other long-stay settings (Brown, 1999).

This shortage of volunteers is especially tragic given the mounting research lauding their vital contribution to the well-being of elder-care residents. Ombudsmen volunteers are firmly recognized in the literature as playing a critical protective role, and, more especially, as filling a unique void as vibrant defenders of patient rights (Harris-Wehling, Feasley, & Esters, 1995). Consequently, their

effective deployment and solid support is seen by program leaders as absolutely critical to program success (Estes, Zulman, Goldberg, & Ogawa, 2001; Kusserow, 1991b). Although volunteer retention is a top national priority, it remains a vexing challenge.

Surprisingly there is no published research directly assessing former volunteer ombudsmen's stated reasons for quitting. Nevertheless, a number of role-impeding factors have been explored by a few scholars and government analysts. Most of these factors relate to the ombudsman role itself. These include opposition by facility staff (Litwin & Monk, 1987; Nelson, 1995), poor training and supervision (Harris-Wehling, et al., 1995; Litwin & Monk, 1987) and the fact that most volunteers serve in socially isolated, often dreary and emotionally depressing environments (Portland Multnomah Commission on Aging [PMCOA], 1989). In 1989, local

ombudsman volunteer administrators assessed the leading reasons for volunteer attrition and cited poor health as the top determinant, followed by role stress and strain, trailed by conflicting time commitments (Schiman & Lordeman, 1989).

In this paper, we examine what former volunteers themselves actually maintain as their reason for discouragement and resignation. We begin with a brief overview, followed by study results, discussion and implications.

## Study Overview

### *Context*

The Oregon program began recruiting volunteers in 1981 and has maintained an average of just under 200 in service over the years with an annual average turnover rate of about 22%. Given the difficulty of the ombudsman job, this rate does not, on the face of it, seem unduly onerous, but since other state volunteer ombudsman attrition rates are unknown, comparisons are not possible. Regardless, the Oregon program has been recognized for its effective “recruiting, training and retraining volunteers” (Kusserow, 1991a, p. 6). This is despite the fact that its tiny paid staff of eight represents one of the worst ratios of paid ombudsman program staff to volunteers in the nation (Harris-Wehling, et al., 1995), a situation that persists to this day.

To become certified, Oregon volunteers must complete 48 hours of initial training and pass a certification exam before they are assigned to a facility where they are expected to spend an average of 4 hours a week in service. They must complete an average of 8 hours’ continuing education a year and are encouraged to attend monthly support group meetings facilitated by a paid regional supervisor who is also available via toll free telephone during working hours.

Beyond this, however, these supervisors, who work out of the office in the state capitol, are rarely available in person to their volunteers.

### *Methods*

As part of a larger study, four volunteers recruited from the program’s recruitment committees (which are also staffed by volunteers) were trained in phone survey techniques. Over three months, they randomly contacted 136 active and 170 former certified ombudsman to ask the open ended questions reported here. Of those contacted, 96 (71%) active volunteers and 147 (85%) former volunteers responded. Both groups were asked to identify “the most discouraging aspect of the ombudsman’s job.” Former ombudsmen were also asked why they had left the program.

Two investigators independently reviewed each of the 147 response narratives, then categorized and ranked them in order of prevalence. The two ranked response lists were then jointly compared and adjusted for discrepancies in interpretation.

### *Study Results*

The demographic profile of the 147 respondents is similar to that reported for volunteer ombudsmen nationally. Oregon volunteers were typically older (mid to late 60s in age) and overwhelmingly retired. Women outnumbered men by 2 to 1. Former volunteers had served an average of 26 months, compared to the average of 36 months collectively logged by those who remained in service.

*Question 1: What factors were the most discouraging to your fulfillment of the ombudsman job?*

Of 348 responses, 25 reasonably distinct factors emerged falling into five

general groups (Table 1). The largest general group of 120 responses comprised Program Factors representing 34% of all discouraging factors. These perceived hindrances relate to internal problems of the volunteer has with the ombudsman organization itself, such as training, supervision, program policies and so forth. Of the ten Program Factor subcategories the most important was “poor program support” (34 responses), followed by “conflict with the central office” (staff) (23 responses), and “inadequate training” (17 responses). None of the seven other Program Factors accounted for more than 12 responses, representing no more than 5% of each of the total responses for “the most discouraging aspects of the ombudsman’s job.” It is important to note that although “Program Factors” emerged, albeit marginally, as the leading general group of most discouraging factors, the leading Program Factor subcategory, “poor program support” ranked only second in the list of 25 subcategories.

System Adversity was the second ranked overall group. It comprised 114 individual responses in five subcategories, representing 33% of all discouraging factors (Table 1). This group reflected the volunteers’ vexation with various troubles of the long-term care system. The leading subcategory for this group, “lack of regulatory enforcement” (49 responses, or 14%), was the top-ranked subcategory overall. It was distantly trailed by “poor work by facility staff” (22 responses, 6%). The three remaining System Adversity factors represented no more than 5% of all discouraging factors.

The third major group, Power Factors, reflects the ombudsmen’s perceived lack of clout or authority to influence change. This section accounted for 63 responses, representing 18% of all discouraging factors. “Difficulty effecting change” led this group with 23 responses

(but still only 7% of all discouraging factor responses). No other subcategory in this group represented more than 4% of all discouraging factors.

Only one of the five subcategories of the fourth (Personal Factors) and fifth (Other Factors) ranked groups accounted for more than 3% of all discouraging factors. This was the Personal Factor of “not enough time to do the job,” with 25 responses accounting for 7% of all discouraging factors.

*Question 2: What was your reason for leaving the program?*

There were 166 responses to this question comprising 25 different categories (Table 2). Personal Factors clearly led the way, with 104 responses representing (63%) of the stated reasons for quitting. Of these, the foremost stated personal reason for quitting was health (24 responses), followed by family (15 responses), then, obtaining a paid job (11 responses, 7%). Eight others issues followed, ranging from time conflicts (10 responses) to no pay (2 responses).

The second ranked reason for quitting involved Program Factors, comprising only 45 responses (27% of the reasons for quitting), dispersed among nine subcategories. Of these, only “conflict with the central office staff” (13 responses, 8%) and “lack of support” (12 responses, 7%) appeared to be important.

### **Discussion & Implications for Volunteer Retention**

Our telephone survey indicates that taking time to ask former volunteers about their experiences can be very insightful. Using a well-trained team of current volunteers to make the calls appears to be a reasonable strategy. Former volunteers were typically eager to discuss their experiences, whether good or bad, and candor developed because of the shared trust of being a fellow volunteer. It was often difficult to close an

interview due to respondents' eagerness to discuss their experiences and in some cases, to critique the program. Using volunteers to follow up with others who have terminated provides a follow-up mechanism that could lead to a better understanding of how to strengthen the program. This supports the value of conducting routine, volunteer-administered exit interviews as a sort of post hoc, needs analysis, something the Oregon program did not do.

Several of the categories that emerged as important in this study have implications for other programs. Indeed, Program Factors, which emerged as the most important discouraging factor and second leading reason for leaving volunteer service, presents an obvious beginning framework for assessing not only volunteer termination but how to retain current volunteers. Several factors in this group suggest areas for review: (a) poor program support, (b) conflict with central office, and (c) agency policies appear to be perceived as important hindrances by a sizeable minority of active and former Oregon volunteer ombudsmen. It also seems that these three problems are interconnected.

Perceptions of poor program support are not surprising given the extreme isolation of Oregon's volunteer ombudsmen, who have very little contact with their paid supervisors, probably seeing them for only a few hours every other month, if that. Many volunteers are also isolated from their peers. Research warns that this isolation may force volunteers to rely too heavily on frail residents for socio-emotional support (PMCOA, 1989). It may also cause them to turn to facility staff for help and companionship. This may cause them to assimilate provider (caregiving) values as opposed to their program's lawful reformist and rights-based principles (Nelson, 2000). This misalignment of values may spur much of volunteer-staff conflict as it is suggested

in some volunteer's concerns that paid staff were "too hard on the facility," "unfair," "too adversarial," and so forth.

One attempt by the program to protect volunteer ombudsmen from this co-optation was to rotate them out of their assigned facilities after two years of service. This angered a number of volunteers who had admitted to building close relationships with facility staff. Several quit. Other volunteers resigned after being assigned a "silent-partner" that was intended to protect them from frivolous or false accusations that were being directed their way.

Role conflict may also explain some of the tension between volunteers and staff. Role conflict occurs when volunteers perceive their role differently from others, including their supervisors. The ombudsman job entails many different facets, including those of advocate, mediator, resource broker, lay-therapist, educator and friendly visitor, among others. The extensive literature on role conflict predicts that role-conflicted volunteers will be easily frustrated by supervisors who try to enforce policies that seem inconsistent with the volunteer's erroneous job perceptions. Such misunderstanding may be very difficult to eliminate in programs where volunteers are detached from the socializing influences of their leaders and coworkers (Harris-Wehling, et al., 1995; Nelson, 1995).

It is axiomatic, then, that the ombudsman leaders must creatively increase volunteer support in order to ameliorate program tensions. Specific recommendations that might improve volunteer comfort with agency policies and procedures include the following.

Program leaders must constantly promote the agency's core resident defense values in all formal and informal communications to volunteers: initial and continuing education programs, bimonthly newsletters, monthly support meetings,

telephone advice calls, awards ceremonies and so forth.

Program recruiters and screeners must promote realistic role expectations by neither overselling the ombudsman job nor hiding its “drudge” aspects. To do this will only breed frustration that may be problematic later.

Leaders must communicate the job’s complex and exacting role dimensions through detailed position descriptions, the interview process, initial and ongoing training, and other formal and informal contacts. The goal is to select the right person.

Leaders can reduce volunteer resistance to the somewhat displeasing task of complaint reporting (“too much paper work”) by illustrating how such information can be used to identify problem trends and troubled facilities, so they can be targeted for intervention.

Leaders should prepare performance contracts that specifically address not only key job responsibilities but also the means by which the program will (realistically) support ombudsmen through training and other activities.

Although classic formal job evaluations may be difficult to effectively administer given the agency’s tiny centralized paid staff (and tight budget), volunteers should be asked to self evaluate their performance at least annually. The goal is to encourage the volunteers’ reflective assessment of their accomplishments in key job dimensions, including complaint handling and reporting, resident visits, hours in facility and so forth.

The program should identify and train veteran volunteer mentors to accompany new volunteers as they begin their facility visits. These mentors will model appropriate behaviors that will help neophytes develop appropriate role behaviors and capabilities.

To reduce volunteer isolation, program leaders should provide formal and informal opportunities for ombudsmen to train together and socialize. They should also stress the importance of maintaining a professional “distance” from facility staff (who they are supposed to monitor).

Management should increase long-distance proactive management communication techniques via the telephone and e-mail to reduce volunteer isolation.

Management should form a volunteer advisory board that will explore and recommend ways to increase supportive and meaningful feedback to volunteers.

Ombudsman leaders should employ trained volunteers to conduct exit interviews in order to identify role conflict issues, sources of discontent, training needs and so forth.

Management should invite veteran volunteers to participate in agency staff meetings—especially those volunteers identified for the mentoring role. Although the number who may participate may be small (owing to travel time and expense) the volunteers’ input will be valuable as will their increased sense of job ownership and organizational loyalty. These enhanced pro-agency feelings will find their way back to the field where they will help motivate and influence others.

Above all, leaders must make volunteers acutely aware of how complying with program policies and protocols will directly lead to positive differences in the lives of residents.

Program leaders will have a more difficult time softening the effects of System Adversity. The literature is not optimistic about any major improvements in America’s long-term care system in the new future. The best that an advocacy program may be able to do is to adequately prepare its volunteers to deal with the system’s exceedingly frail clientele; its poorly trained and motivated

front line staff; its insistent efficiency demands, endless routines and complexities; and its frequently disheartening austerity. Here again, program leaders must prepare potential ombudsmen even before they join the program by creating realistic expectations about the nature and extent of the problems that will be encountered.

### Conclusion

As long as program relies heavily on older volunteers, health may lead the list of termination reasons. Programs with more resources may seek to develop ancillary roles, as Oregon has done in its large cadre of non-paid volunteer recruiters and, more recently, friendly visitors. Otherwise, all resources must be dedicated to the support and empowerment of those who are willing to engage in interpersonal conflict to benefit those who can no longer advocate for themselves. In the final analysis, only Personal Factors are beyond the control of administrators. Program Factors, a crucial major group of responses, are within administrators' control and it appears to be these factors that are particularly important to volunteers. The majority of circumstances that keep or drive away volunteers stem from situations that could be made more volunteer-friendly: therein lies the challenge.

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### References

- Brown, J.G. (1999). *Long term care ombudsman program: Overall capacity*. Report No. OEI-02-98-00350). Washington, D.C.: Department of Health and Human Services, Office of the Inspector General.
- Estes, C.L., Zulman, D.M., Goldberg, S.C., Ogawa, D.D. (2001). *Effectiveness of the state long-term care ombudsman programs*. A report for the Henry J. Kaiser Family Foundation, Institute for Health and Aging. San Francisco: University of California.
- Harris-Wehling, J., Feasley, J.C., & Estes, C.L. (1995). *Real people, real problems: An evaluation of the long term care ombudsman programs of the Older Americans Act*. Washington, D.C.: Division of Health Care Services, Institute of Medicine.
- Kusserow, R.P. (1991a). *Effective ombudsman programs: Six case studies*. (Report No. OEI-20-90-02122). Washington, D.C.: Department of Health and Human Services, Office of the Inspector General.
- Kusserow, R.P. (1991b). *Successful ombudsman programs*. (Report No. OEI-02-90-02120). Washington, D.C.: Department of Health and Human Services, Office of the Inspector General.
- Litwin, H., & Monk, A. (1987). Do nursing home patient ombudsman make a difference? *Journal of Gerontological Social Work*, 2(1), 95-104.
- Monk, A., Kaye, L.W., & Litwin, H. (1984). *Resolving grievances in the nursing home*. New York: Columbia University Press.
- Nelson, H.W. (1995). Long-term care volunteer roles on trial: Ombudsman effectiveness revisited. *Journal of Gerontological Social Work*, 23(3/4), 25-46.
- Nelson, H.W. (2000). Injustice and conflict in nursing homes: Toward advocacy and exchange. *Journal of Aging Studies*, 14(1), 39-61.
- Portland Multnomah Commission on Aging. (1989, September). *In search of Ombudsmen, 1988-1989: A grant awarded by the Meyer Memorial Trust to the Portland Multnomah Commission on Aging*. Portland, OR: Research for Marketing, Executive Summary.

Schiman, C., & Lordeman, A. (1989). *A study of the use of volunteers by long term care ombudsman programs: The effectiveness of recruitment, supervision, and retention.* (Cooperative Agreement No. 90-AT0401). Washington, D.C.: National Center for Long Term Care Ombudsman Resources: Administration on Aging.

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### **About the Authors**

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**Table 1**

*Most Discouraging Aspects of the Ombudsman's Job*

<b>RESPONSE</b>	<b>n</b>	<b>%</b>
<b>1. Program Factors, N=120, 34%</b>		
1.1 Poor program support	34	10
1.2 Conflict with the central office	23	7
1.3 Inadequate training	17	5
1.4 Agency policies	12	3
1.5 Required to do monthly report	10	3
1.6 Problems with local volunteer leaders	9	3
1.7 Not enough local contact with volunteers	5	1
1.8 Problems with other volunteers	5	1
1.9 Job too big	3	1
1.10 Not enough ombudsman	2	1
<b>2. System Adversity Factors, n=114, 33%</b>		
2.1 Lack of regulatory enforcement	49	14
2.2 Poor work by facility staff	22	6
2.3 Difficulty communicating with residents	18	5
2.4 Ongoing issues with facilities	14	4
2.5 Issues overwhelming	11	3
<b>3. Power Factors, n=63, 18%</b>		
3.1 Difficulty in effecting change	23	7
3.2 Role too adversarial	13	4
3.3 Conflict with facility staff	11	3
3.4 Personally ineffective in the role	10	3
3.5 Lack of authority	6	2
<b>4. Personal Factors, n=35, 10%</b>		
4.1 Not enough time to do the job	25	7
4.2 Health	6	2
4.3 Transportation difficulties	4	1
<b>5. Other factors, n=16, 5%</b>		
5.1 Volunteer identified with the facility	9	3
5.2 No problems at facility	7	2
<b>TOTALS</b>	<b>348</b>	<b>100</b>



**Table 2**

*Volunteers' Reasons for Leaving the Ombudsman Program*

<b>RESPONSE</b>	<b>n</b>	<b>%</b>
<b>1. Personal Factors, N=104, 63%</b>		
1.1 Health	24	14
1.2 Family	15	9
1.3 Paid job	11	7
1.4 Time	10	6
1.5 Burnout	9	5
1.6 Other interests	8	5
1.7 Personal	8	5
1.8 Developed conflict of interest	7	4
1.9 Served long enough	5	3
1.10 Wrong role for me	5	3
1.11 No pay	2	1
<b>2. Program Factors, n=45, 27%</b>		
2.1 Conflict with central office staff	13	8
2.2 Lack of support	12	7
2.3 Local program tensions	5	4
2.4 Too much enforcement in role	4	2
2.5 Fired	3	2
2.6 Paperwork	3	2
2.7 Felt program staff dissatisfied with work	2	1
2.8 Not trained	2	1
2.9 Organization ineffective	1	.5
<b>3. Power Factors, n=10, 6%</b>		
3.1 Feeling ineffective	9	5
3.2 Role too adversarial	1	.5
<b>4. System Adversity Factors, n=7, 4%</b>		
4.1 Too stressful/depressing	3	2
4.2 Trouble with other government agency	2	1
4.3 Provider hostility	2	1
<b>TOTALS</b>	<b>166</b>	<b>100</b>