

Volunteers – a clinical staff perspective

Produced by Solent Mind, on behalf of St. Mary's Hospital Isle of Wight NHS Trust



Authors: Tom Ferguson and Carol-Ann Bond

Date: April 2014

Introduction

This research report has been produced by Solent Mind, on behalf of the IW NHS Trust.

The decision to find out the views of paid clinical staff at St Mary's Hospital, Newport came from meetings at the hospital regarding volunteers and the third sector. The Volunteers and the Third Sector Workforce Strategy Sub-Group was set up as part of the hospital's Workforce Delivery Programme Group who took the decision to carry out the research piece.

Tom Ferguson (Solent Mind) joined the sub-group as the representative of the IW Voluntary Sector Forum. The Solent Mind Trustees agreed to Tom and a colleague carrying out a research piece to glean the views of paid, clinical staff at St Mary's regarding how they found working alongside volunteers. This offer of cost-free support was made by Solent Mind, as an independent charity, to provide impartial analysis and recommendations in relation to volunteering at the hospital.

Executive Summary

Recurring themes

- The volunteer is an invaluable resource that is being underused

While it was acknowledged by 28 of the 29 staff members surveyed that volunteers are an invaluable resource, in which it would be considerably noticeable were they to be removed, 18 of these believe volunteers are being underutilised – with a third expressing a desire to see them doing more than they are currently.

On every ward, it is apparent that the volunteers predominantly assist the housekeeper, with many volunteers believing this to be their purpose on the ward. One staff member highlighted one particular occasion where a volunteer had called the ward to say that they were unwell and unable to come in that day to 'housekeep;' another reported that the housekeeper on her ward sometimes did not show up for work, and it had become expected that the ward volunteer step up to the role in their absence.

Both staff members expressed feelings of unease over this and said they felt that the role of the volunteer was surely to enhance staff output, not replace it.

Similarly, a handful of staff members noted that it was sometimes felt that volunteers encroach on the role of the health care assistants a little, and there had been some animosity as a result of this. Although largely on her own in her views, one wholly negative health care assistant expressed disdain at their 'interfering' and said when they report something to a staff member that is already known, it's 'annoying,' and she'd rather they weren't on the ward at all, unless their purpose is to provide cognitive stimulation to patients.

While every other staff member showed appreciation for the presence of volunteers – in whatever capacity, a significant number said they too would like to see them talking to patients more, with one staff member believing they should be helping patients and not staff.

One physiotherapist said that volunteers have the time and means to engage in idle chat with patients, from which they are likely to find out things about them that can help build patient relations. She gave an example of a notoriously uncooperative elderly patient who had talked at length to a volunteer, about her cat. By talking about her own cat and asking about the patient's cat, the physiotherapist was able to establish common ground with the patient, building her trust and confidence and resulting in an increase in her willingness to cooperate.

Another staff member said that hard of hearing patients are cut off from the interaction and camaraderie seen in bays and volunteers are able to bridge that communication gap, thus significantly improving the wellbeing of the patient in question. It was acknowledged by many that this is where the impact of volunteers is substantial and with finite staff resources, is integral in sustaining the service.

- Staff are unaware of the training volunteers receive prior to their ward placement and as a result are overcautious around what volunteers can and can't do

Most of the staff members questioned were unsure of the training volunteers received prior to their ward placement, with some questioning if they had any at all. As a result, staff members said they tended to err on the side of caution where boundaries and patient confidentiality were concerned.

One staff member said, "volunteers working on the wards, hear and see things anyway, so if staff were offered some reassurance that they've had safeguarding and confidentiality training, etc, they'd be less resistant to let volunteers do certain things and it'd be less likely they'd get stuck doing the tea round all the time".

Staff want to see volunteers talking to patients more, but have concerns that without the necessary safeguarding training, if a patient were to disclose something that brought their wellbeing into question, would a volunteer pick up on this?

Similarly, if a volunteer was to witness a staff member behaving inappropriately, are they aware of their right to follow whistle-blowing procedures and would they have the confidence to do so?

One staff member from Colwell ward said that its patients are critically ill or deteriorating and she would like to have confidence that volunteers are aware of the procedure in the event of a medical emergency, because on a busy ward of this nature, wasted minutes could be the difference between a patient living and dying. And in terms of their own wellbeing, would they be prepared for such an eventuality as a patient dying?

Additional findings

- Volunteers would be better used focussing in cognitive stimulation roles rather than domestic housekeeping work
- There is still a need for more volunteers to support the frontline work of lower grade staff
- Volunteers are a major help to frontline staff, but less so for administrative or specialist staff
- Volunteers are highly valued by paid staff for the range of services and added value they provide
- Where difficulties arise with volunteers, such as overstepping boundaries, there needs to be a process for swift resolution of issues to avoid a lasting negative effect on paid staff's view of volunteers
- Volunteers are not generally seen a source of innovation or new ideas
- Volunteers require management input from lower grade staff
- Volunteers are not really seen as contributing to paid staff thinking, awareness or development
- Volunteers are seen as a positive help in terms of sustainability

- Volunteers often go on to further training or paid work after volunteering, if that was their motivation originally
- Volunteers are seen as working well with paid staff and have a positive effect on staff morale – however they cannot counteract any poor morale stemming from pay and conditions
- Isolated and infrequent problems with volunteers have a disproportionate effect on clinical staff's opinions of volunteers
- Volunteers work well together and attract new volunteers from their own positive experiences. They tend to stay as long time, unless they wish to move on to further training or into paid work
- Volunteers tend to perform appropriate tasks
- Most staff do not know what resources are spent on volunteering, but senior staff were keen for additional resources
- Volunteers have a positive effect on IW NHS reputation and image with the community
- Volunteers have enhanced a welcoming atmosphere and are equally valued in the workplace.

Methodology

The sub-committee developed a questionnaire for paid staff working on wards that already had volunteers as part of their teams. The questionnaire formed the basis of structured interviews with staff, that were carried out over the course of a week in February 2014. Some of the questions were seen to be quite ambiguous by the staff and some of the responses are therefore subjective opinions or speculative. This is in the nature of these kind of surveys, however the “snapshot” of views regarding volunteers on wards has merit and the key findings and recommendations directly relate to clinical staff feedback.

Profile of clinical staff randomly selected for structured interview questionnaire

Job Title	Number
Healthcare Assistant	5
Staff Nurse	3
Housekeeper	3
Sister	3
Matron	2
Deputy Charge Nurse	2
Registered Nurse	1
Ward Clerk	1
Cleanliness Assistant	1
Senior Unit Administrator	1
Administrator	1
Nursing Auxiliary	1
Charge Nurse	1
Physiotherapy Assistant	1
Midwife	1
Patient Activity Coordinator	1
Healthcare Nurse	1
TOTAL	29

Ward	Respondents
Colwell	6
Rehabilitation	6
Medical Assessment Unit	5
Appley	3
Luccombe	2
Whippingham	2
Coronary Care Unit	1
St Helens	1
Planned Care	1
Neonatal	1
Maternity	1
TOTAL	29

Respondents were asked, "how much do you agree with the following statements?"

Rated: **A** Strongly agree

D Disagree

B Agree

E Strongly disagree

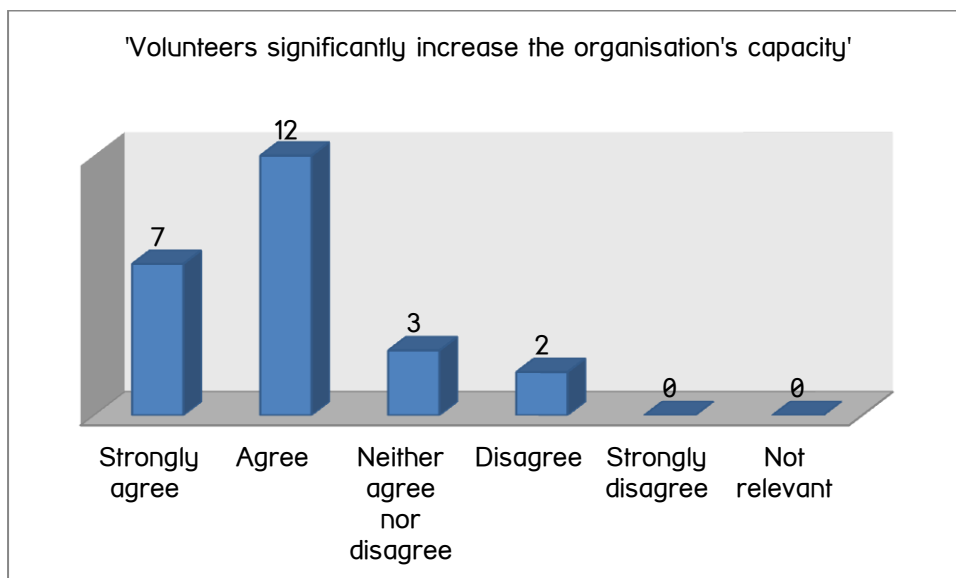
C Neither agree nor disagree

F Not relevant

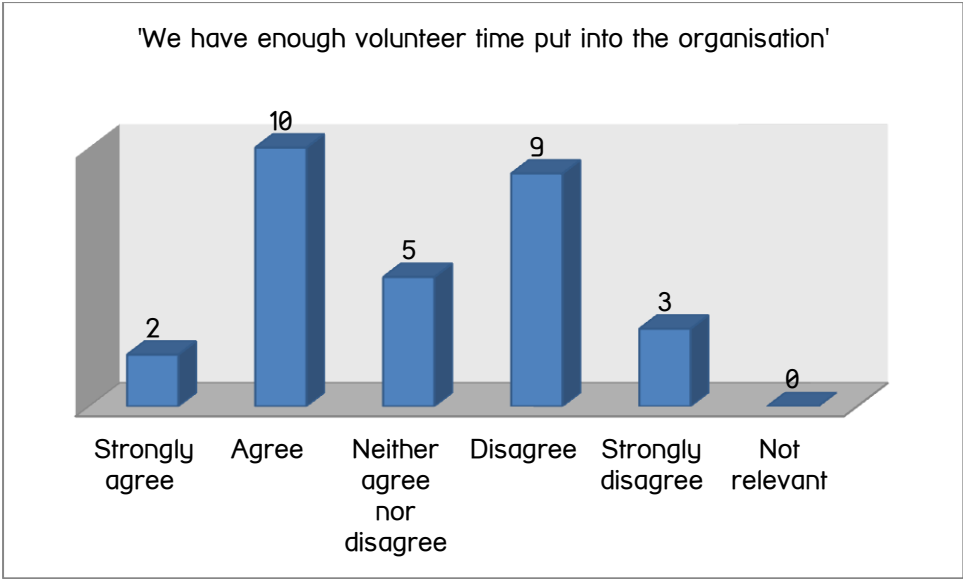
Statistical Findings

Physical capital

- Quantity of volunteer services/outputs

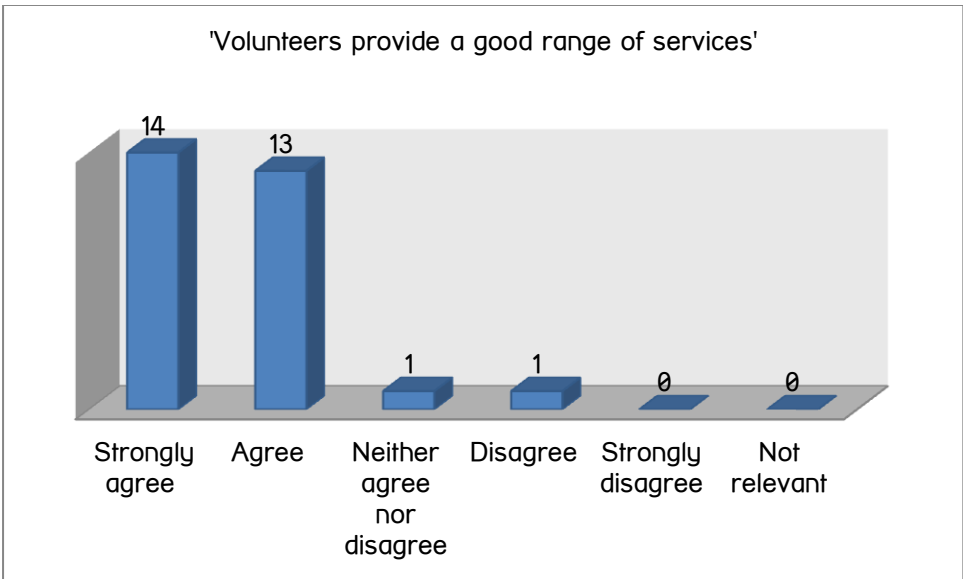


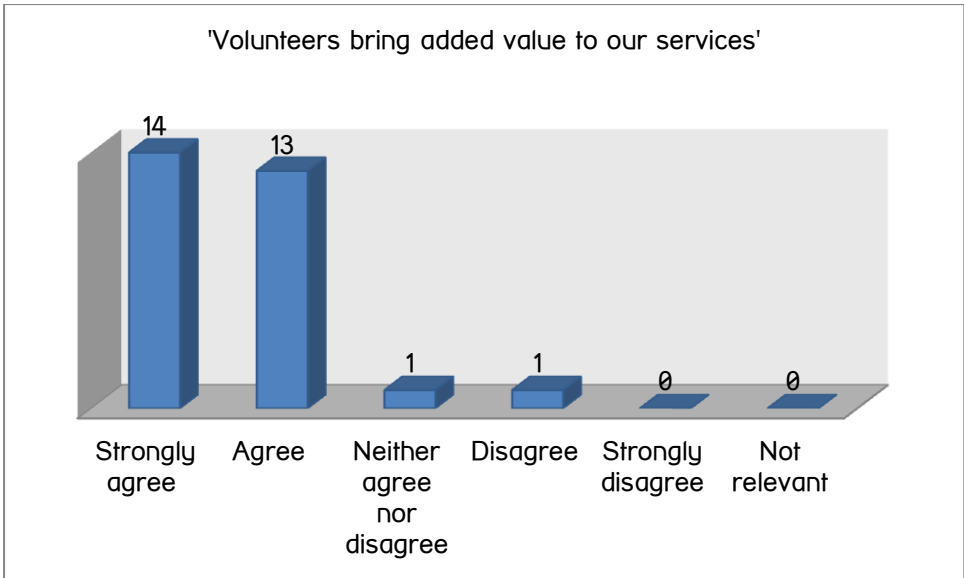
Notes: The responses were overall very favourable. The negative comments referred mainly to one volunteer, but it is worth noting one difficult volunteer had a disproportionate effect on paid staff views on volunteers generally.



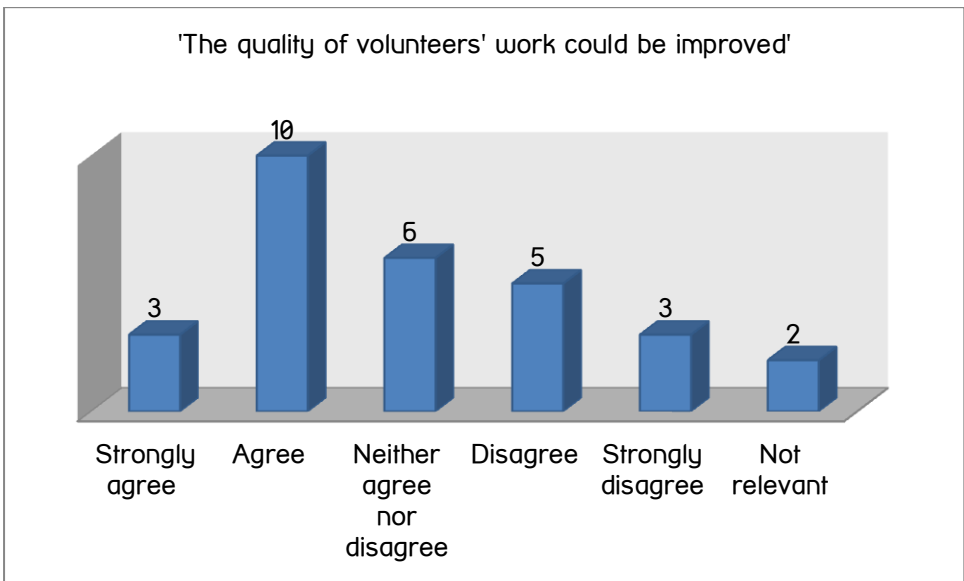
Notes: The results are split evenly, however the managerial staff tended to believe there were enough volunteers, whereas lower grades thought there was capacity for more volunteers.

- Quality of volunteer services



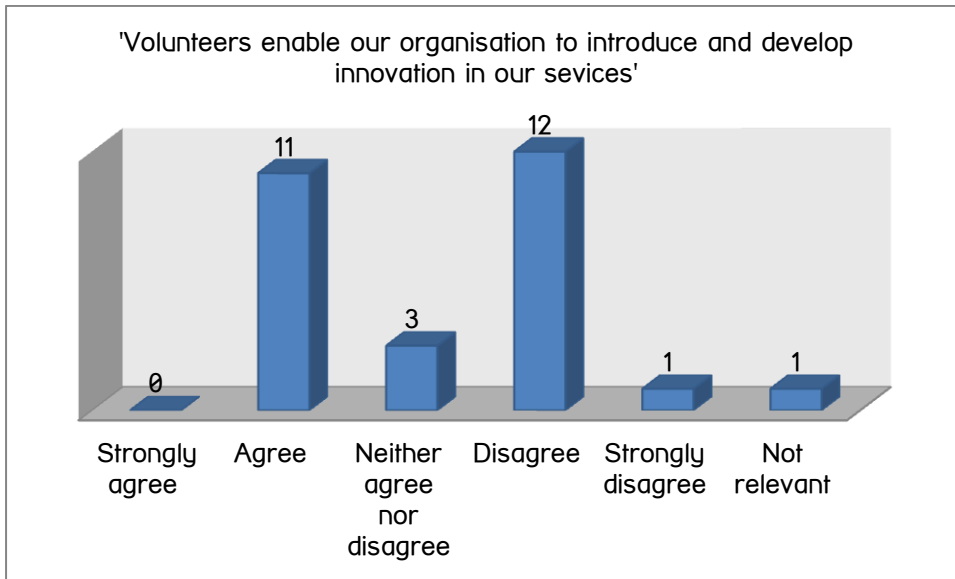


Notes: A noticeably positive result.

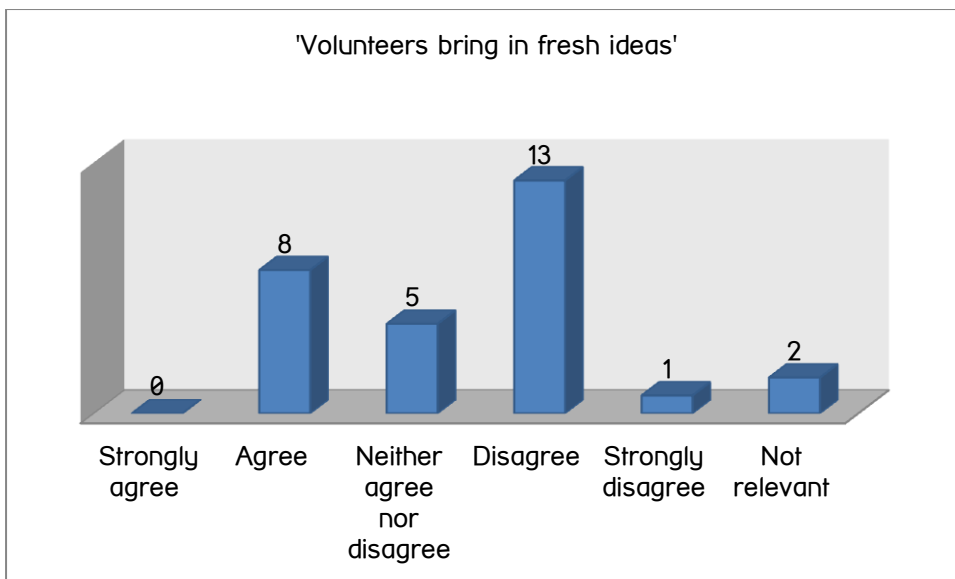


Notes: A mixed result, with several staff that agreed with the statement commenting that volunteers could be better used - and had been previously - talking to patients, rather than assisting with housekeeping tea rounds.

- Degree of innovation in volunteer services



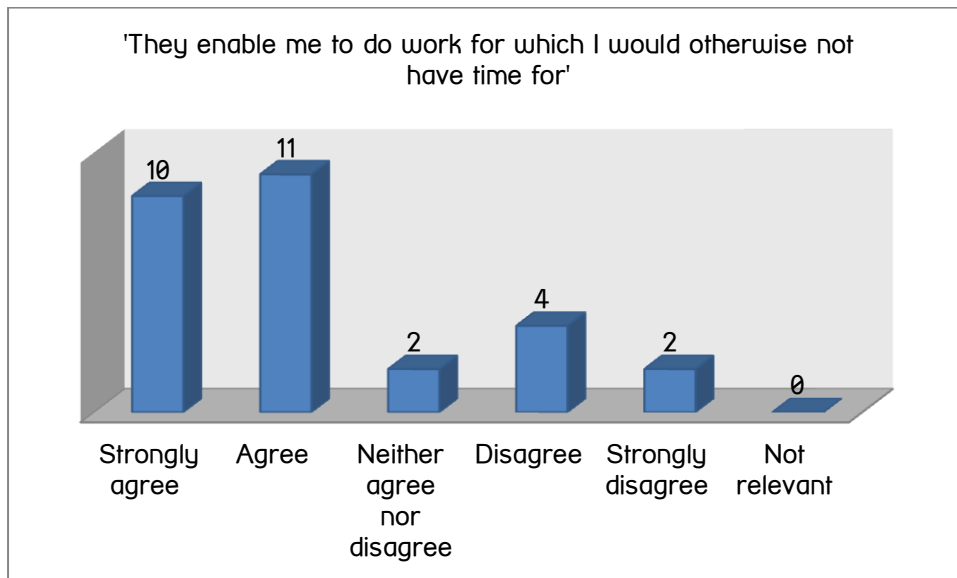
Notes: A mixed response, slightly tending to the negative.



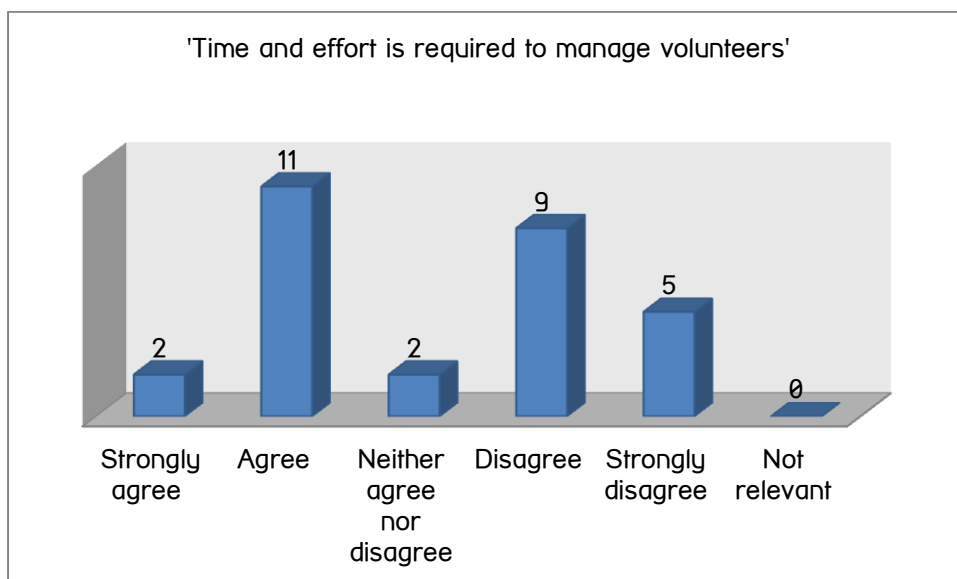
Notes: Volunteers are generally not seen as either a source of new ideas, or thought to be given the opportunity to express new ideas.

Human capital: Do volunteers affect your own work and development?

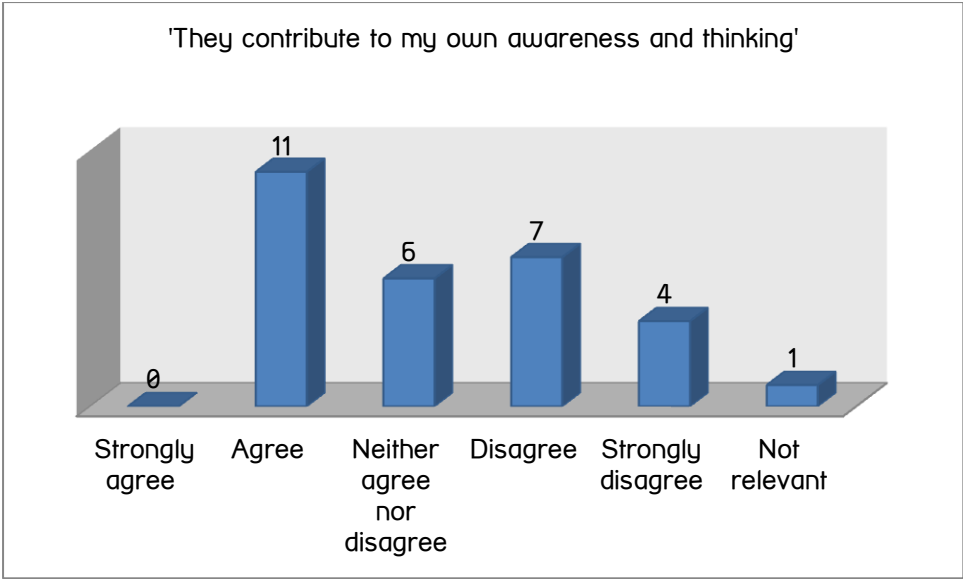
- Staff development



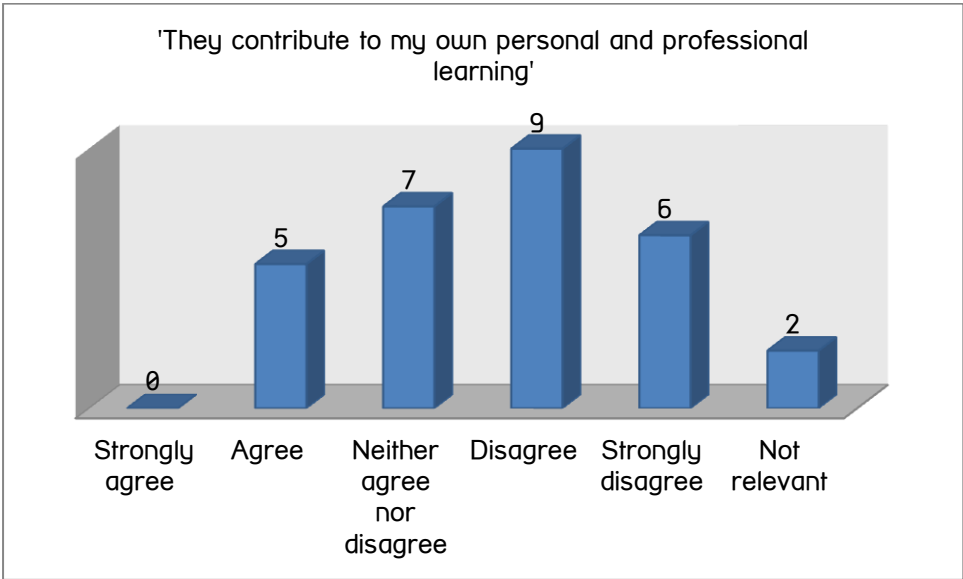
Notes: Very strong support for the statement, with only some specialist clinical or administrative staff stating that the nature of their roles would not be suitable for volunteers.



Notes: Another mixed result, but broadly split between staff who work face-to-face with patients believing volunteers require considerable supervision and more senior posts who do not.

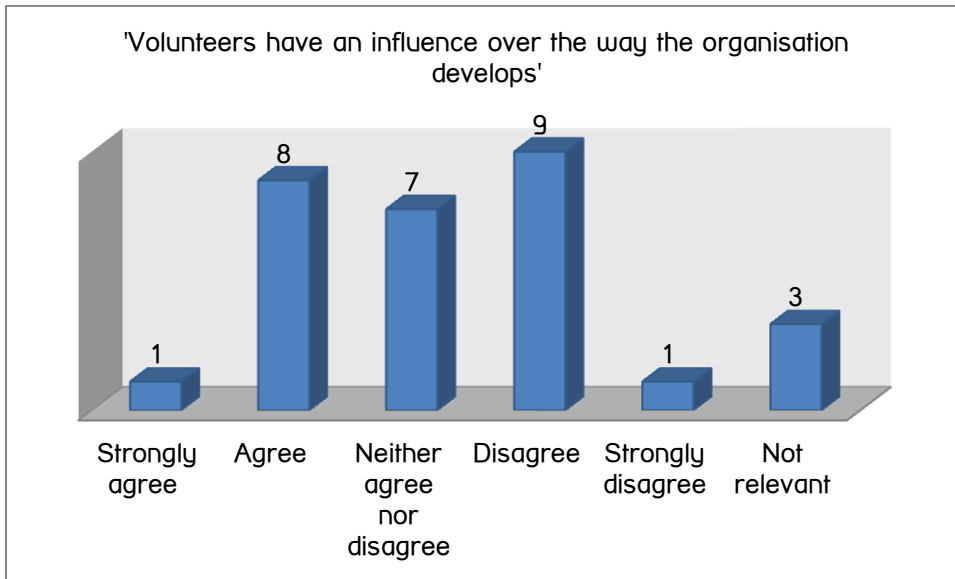


Notes: Broadly split into thirds; agree, disagree/strongly disagree and neither/not relevant.

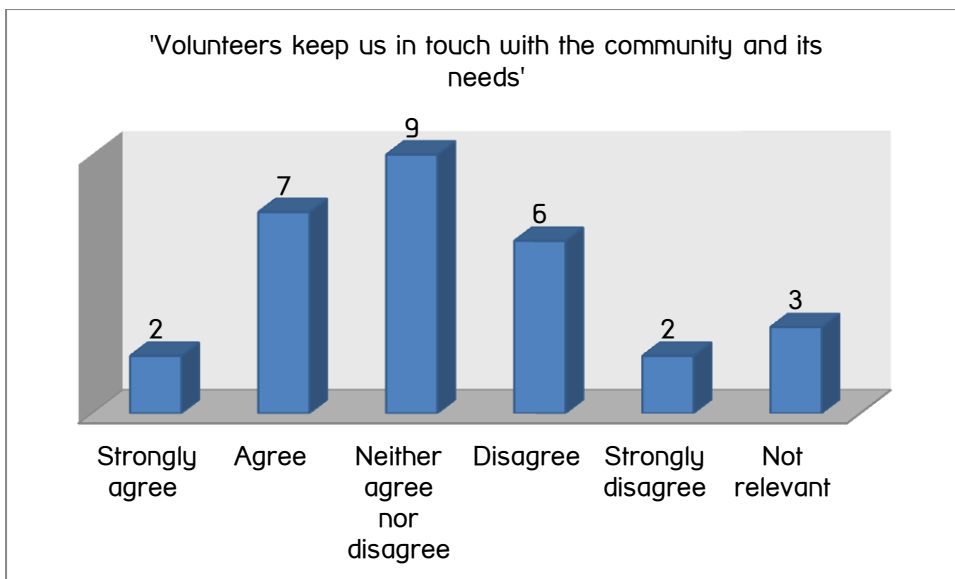


Notes: Only a small minority (13%) saw volunteers as contributing to their personal or professional learning.

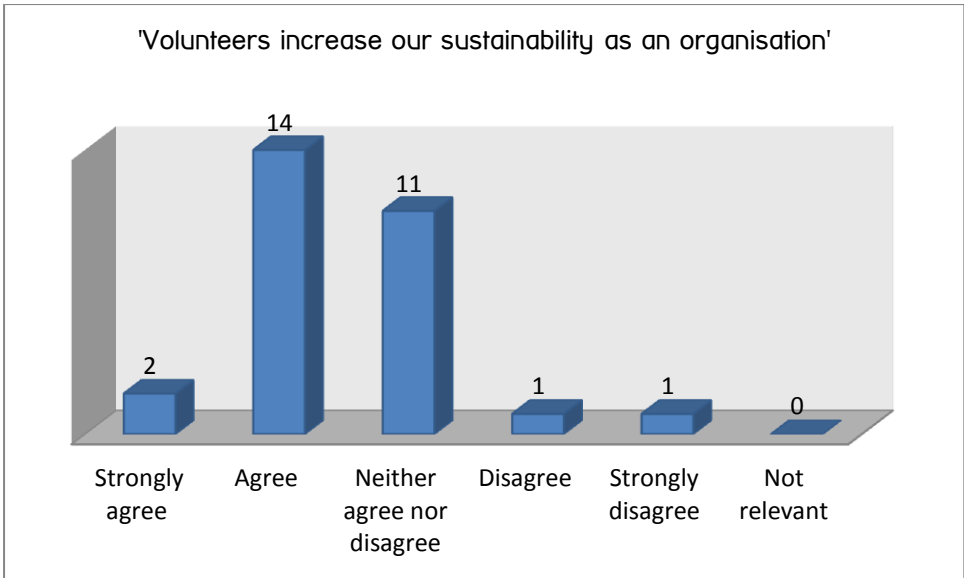
- The organisation's development



Notes: Difficult to draw any conclusions from this mixed result that slightly tends towards disagree.

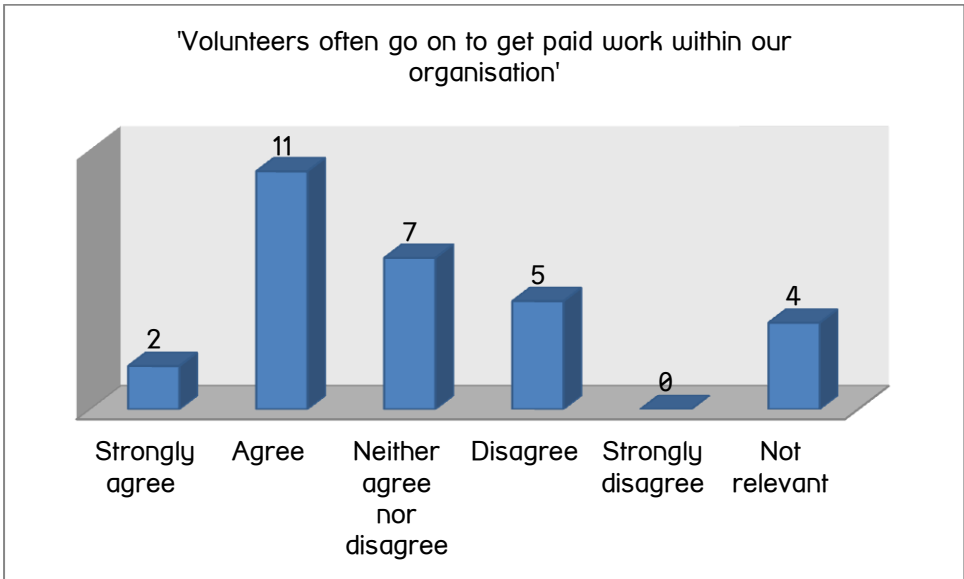


Notes: Responses cover the normal distribution curve with "neither" the highest response.



Notes: A high number across grades and wards agreeing that volunteers have a positive effect on sustainability.

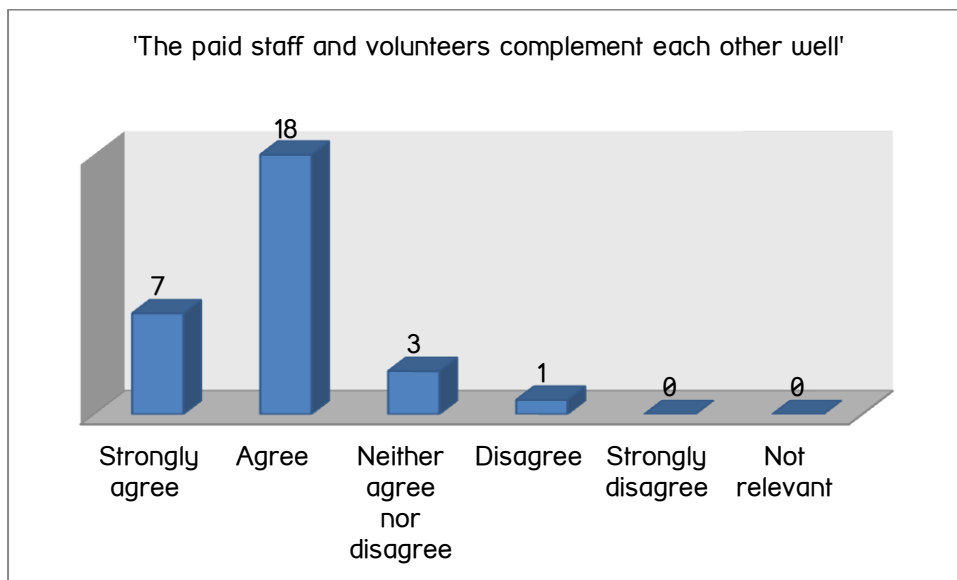
- The creation of new jobs in the organisation



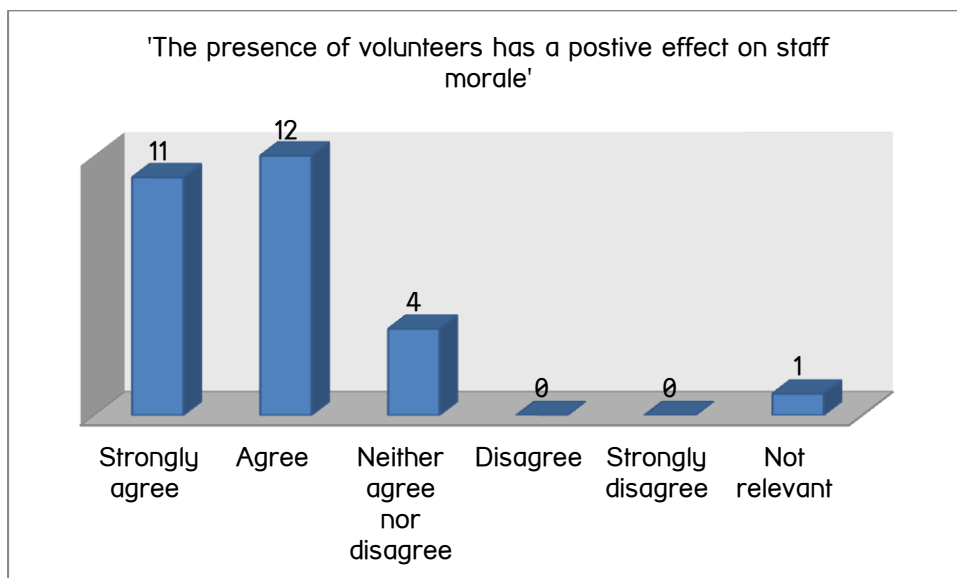
Notes: A strong tendency towards agree with most positive responses taking “our organisation” to mean the NHS or healthcare sector as a whole. Some responded agree meaning “moving on to further professional training towards paid work in the sector”.

Social capital: Do volunteers contribute to the following aspects of the organisation?

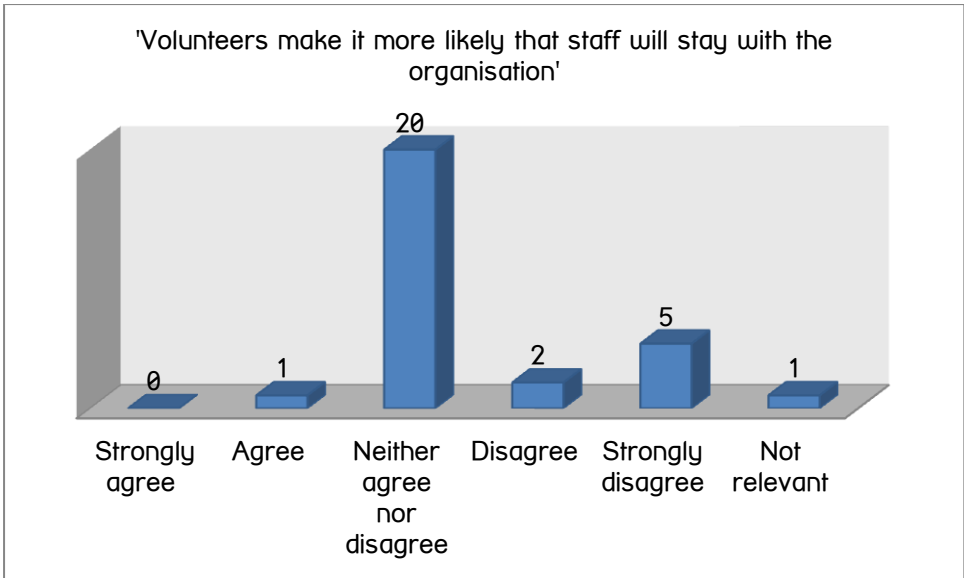
- Recruiting and retaining quality paid staff



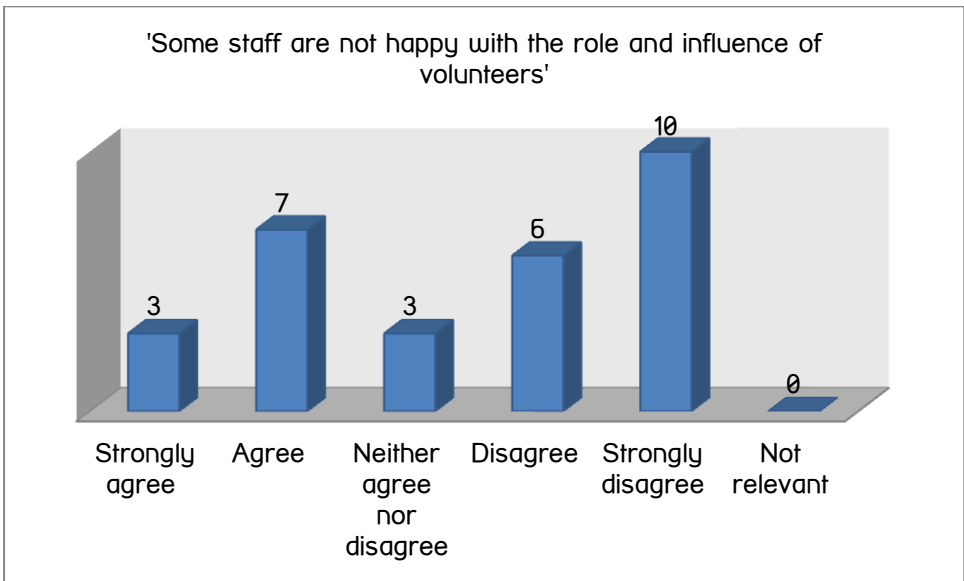
Notes: A very positive response indicating healthy workplace relations between paid staff and volunteers.



Notes: A considerable majority reporting the positive effect volunteers have on staff morale - both their own and that of their colleagues.

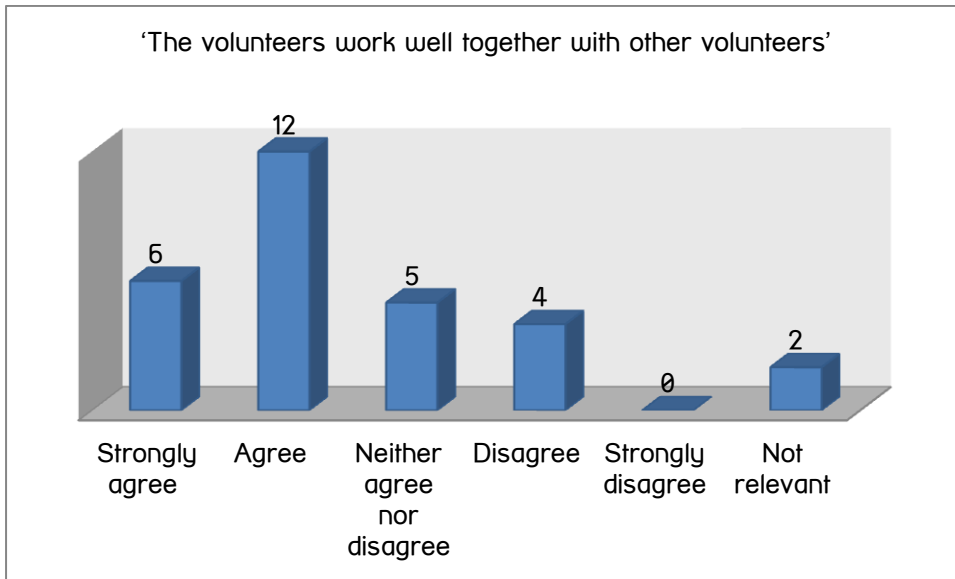


Notes: Staff overwhelmingly thought that other factors, particularly pay and conditions, are more likely to affect staff retention rather than volunteers.

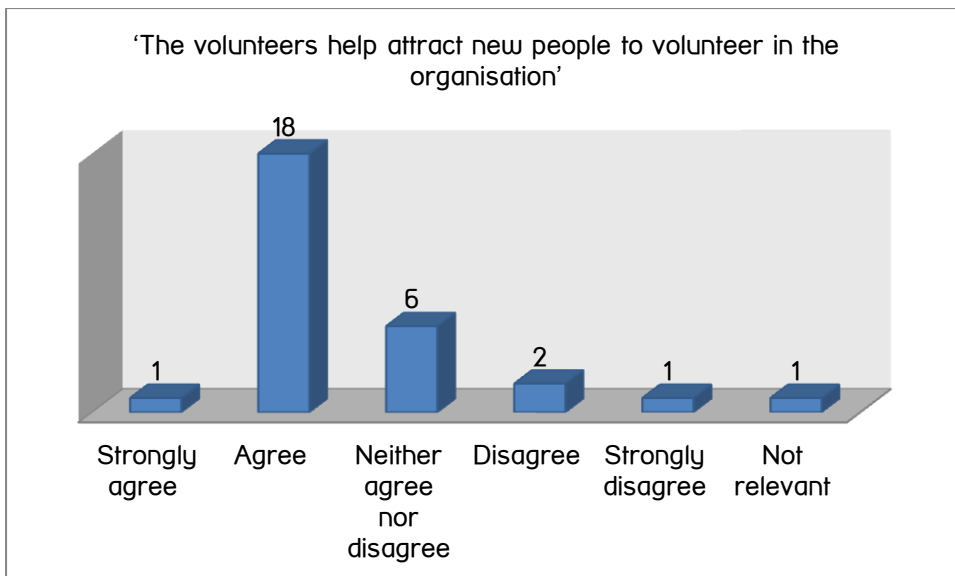


Notes: While a mainly positive response overall, isolated incidents of staff difficulties with individual volunteers has a disproportionate effect on staff impressions of volunteering. In the tight-knit working environments of wards, any difficulties with volunteers are well-known amongst colleagues.

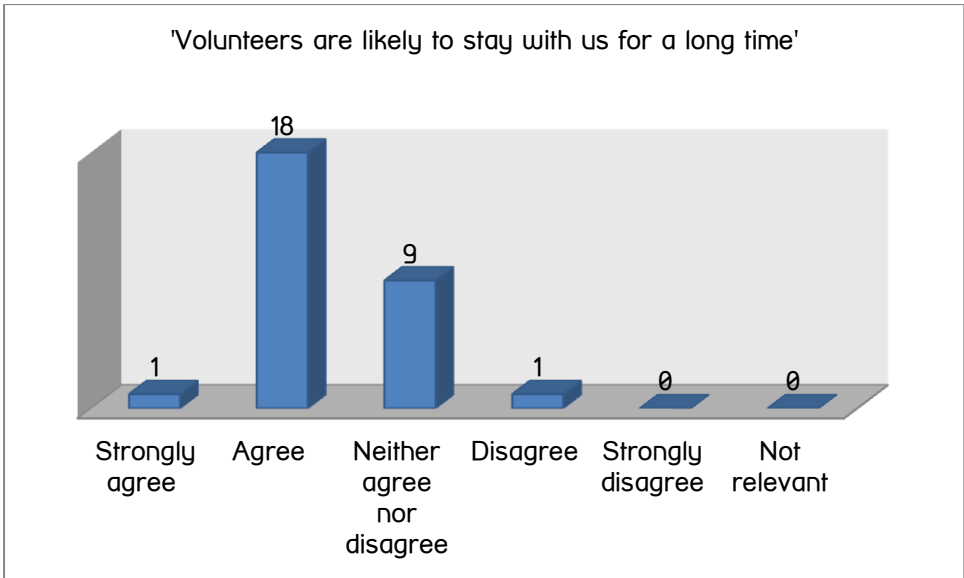
- Recruiting and retaining quality volunteers



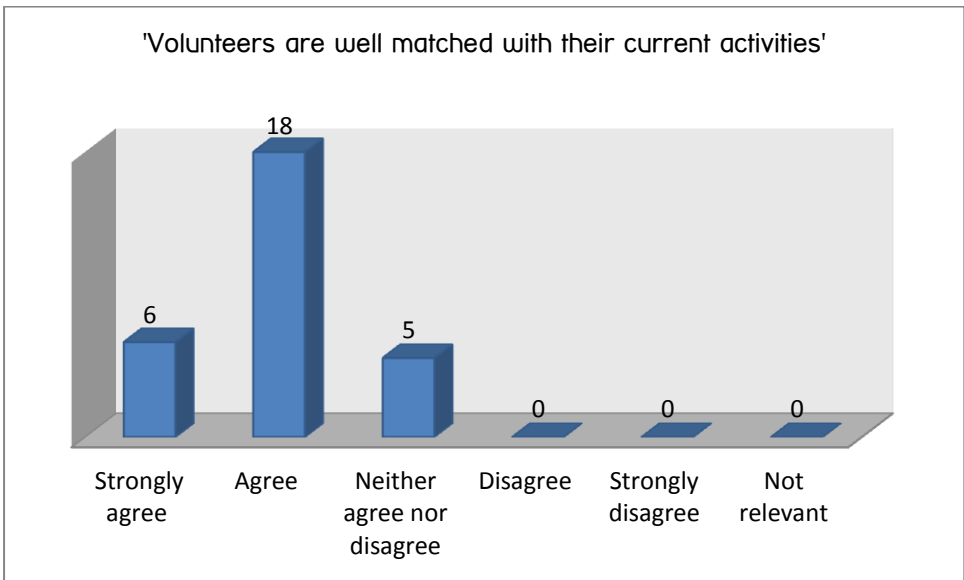
Notes: A very favourable result overall. The “disagree” responses, again, show a disproportionate score following single incidences of volunteers not complying with the induction guidance they have received. Attention should be made to dealing positively with such incidences as quickly and effectively as possible as they are clearly recalled by some staff.



Notes: A very positive response demonstrating how volunteers are enjoying their volunteering and are happy to share this outside of the organisation, and therefore attracting new volunteers.

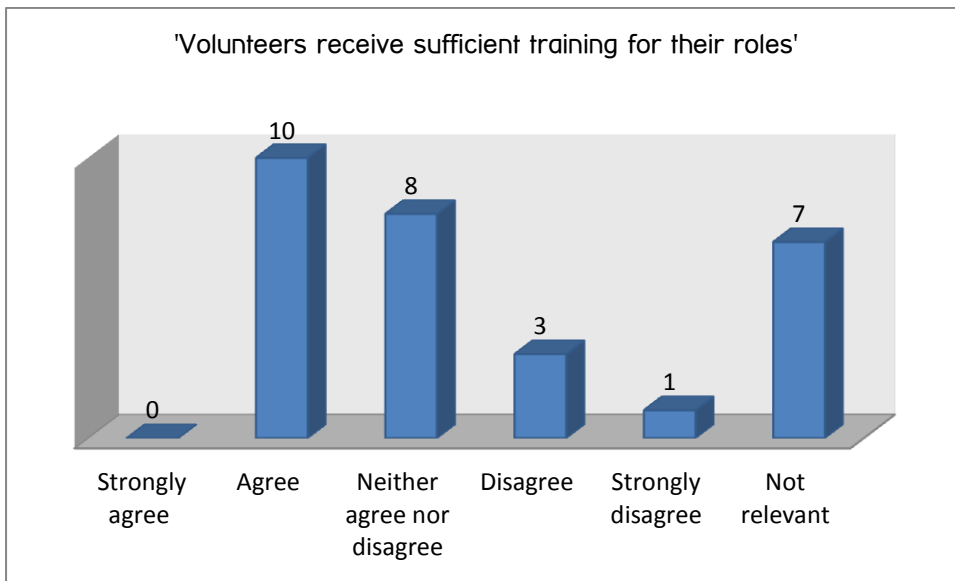


Notes: The majority are very much agreeing that volunteers tend to stay. The handful of “neither” and “disagree” were mainly considering the volunteers who were around for specific work experience or learning purposes for a fixed time period before progressing to other things.

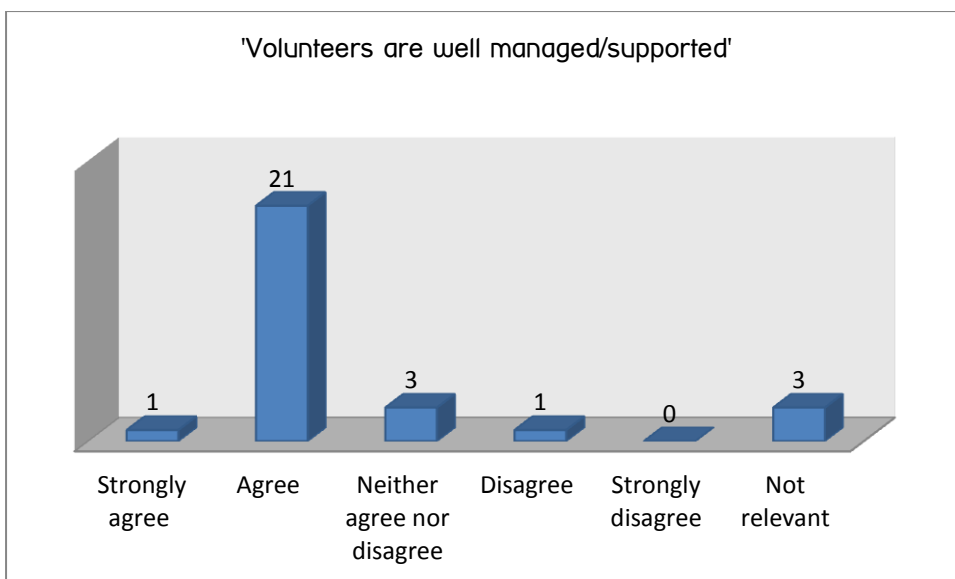


Notes: This result is a credit to the recruitment, selection and induction processes in place. The “neither” responses were unsure, as they were aware of situations where volunteers had attempted to engage in areas for which they were not trained. These very rare incidences caused concern for staff that had remained in their memories.

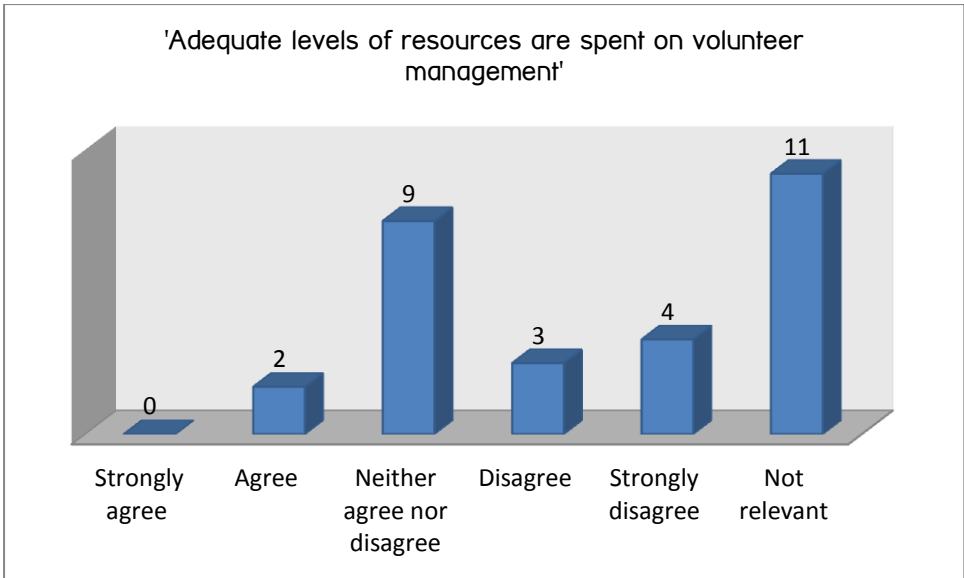
- Managing and supporting volunteers



Notes: A very mixed picture. Most staff seemed unaware of the training, induction or management available to volunteers. This accounted for the high showing of “neither” and “not relevant”. There was much comment that once a volunteer had been escorted to their ward, they were pretty much left to find their own role.

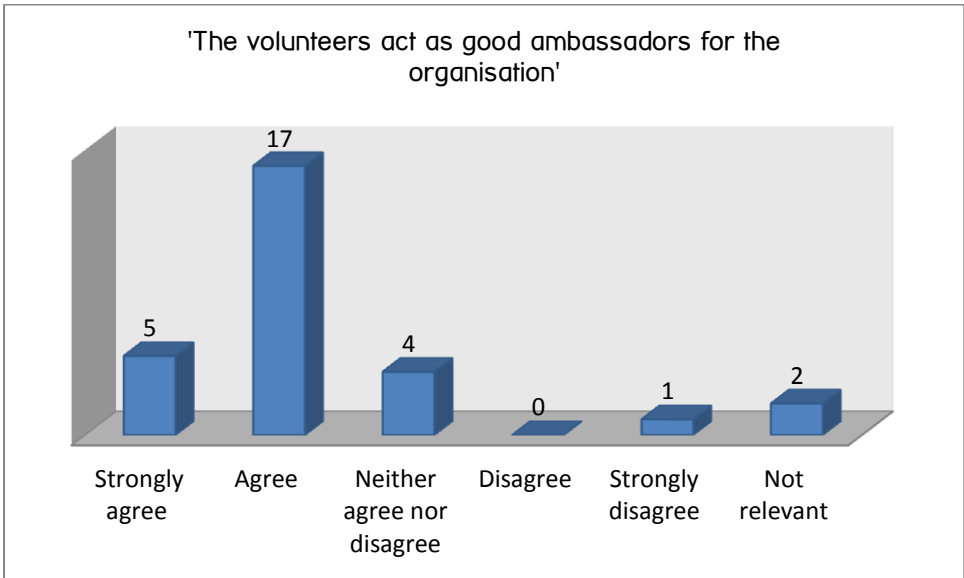


Notes: This seems to contradict the question above, but on ward management and support was seen as effective.

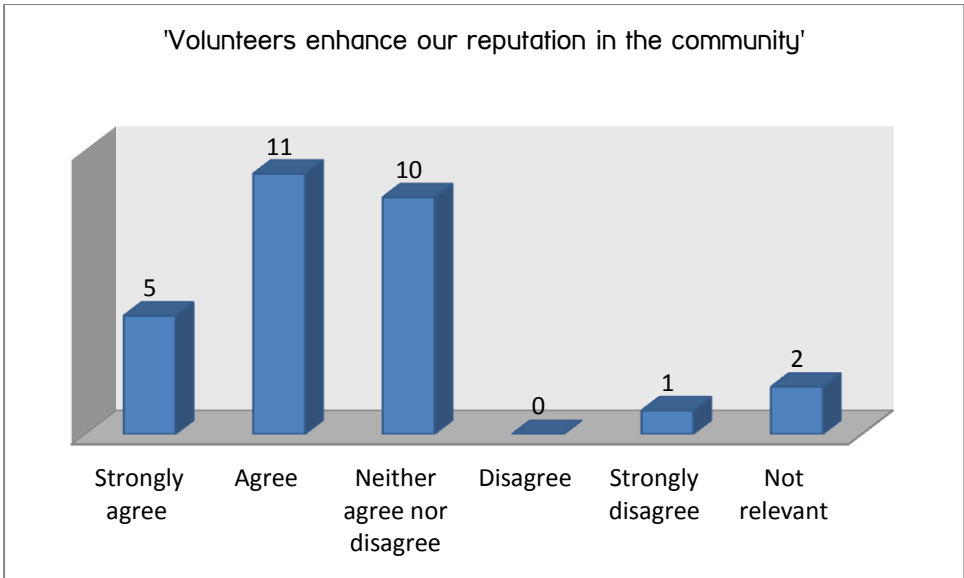


Notes: Another strong showing that staff are generally unaware of what resources are spent on volunteer management. It is worth noting that the more senior staff were most vocal that more resources should be spent on volunteer management, particularly after recruitment, induction and placement.

- Enhancing the organisation's reputation



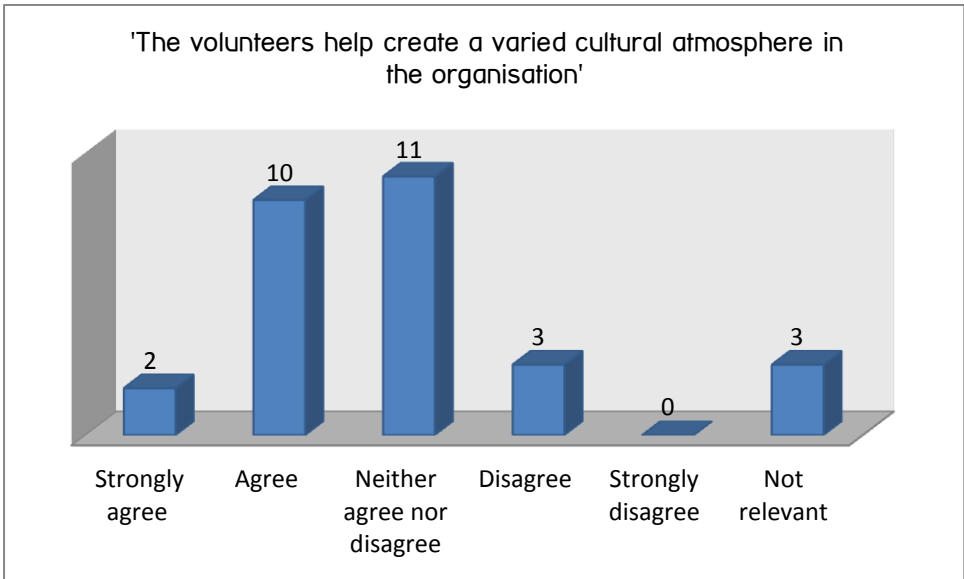
Notes: A very pleasing result.



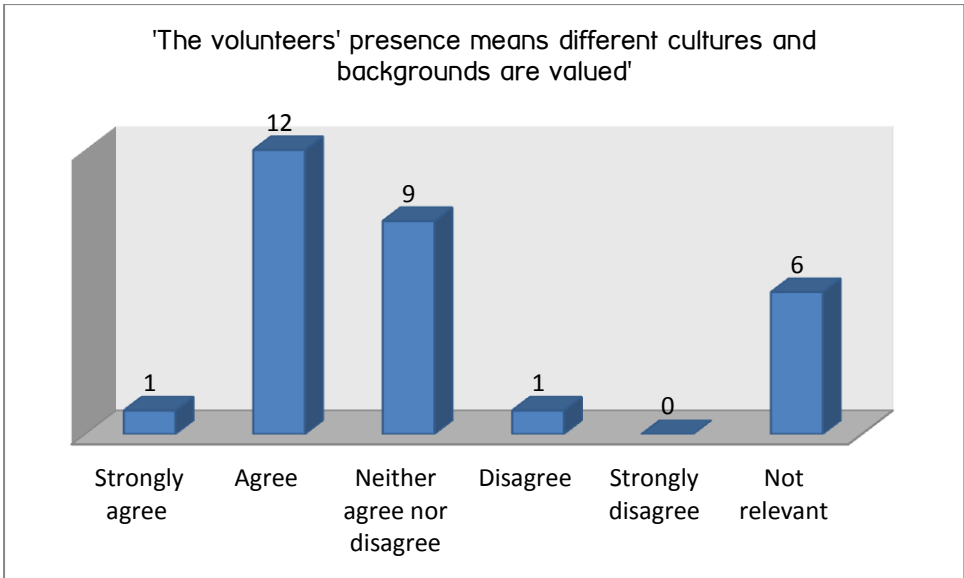
Notes: Not as good as the previous question, but still positive overall.

Cultural capital

- Creating a diverse organisational culture

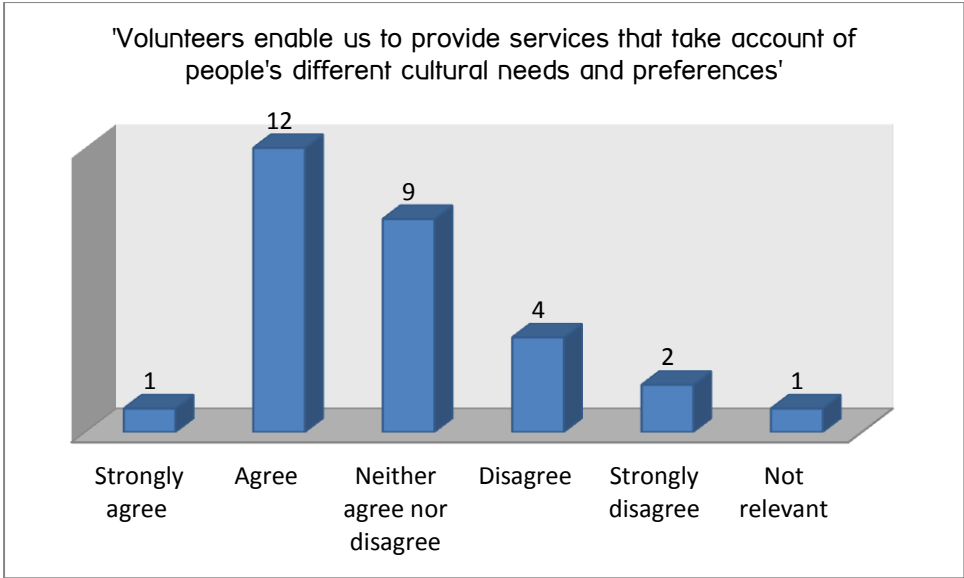


Notes: Largely positive, however the paid staff considered themselves to be more diverse, as a group, than the Isle of Wight demographic for either patients or volunteers.



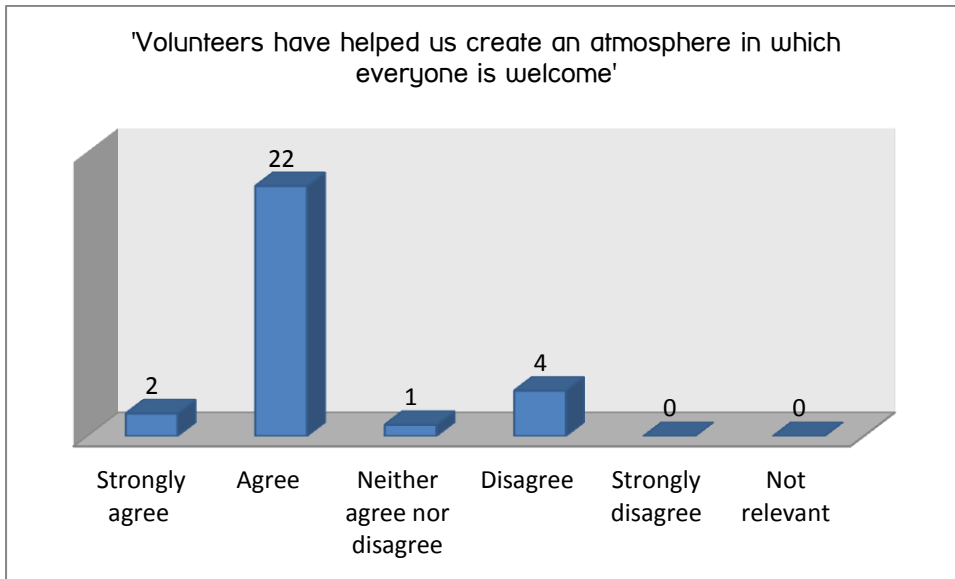
Notes: A fairly similar response to the above statement.

- Providing culturally appropriate services for the community

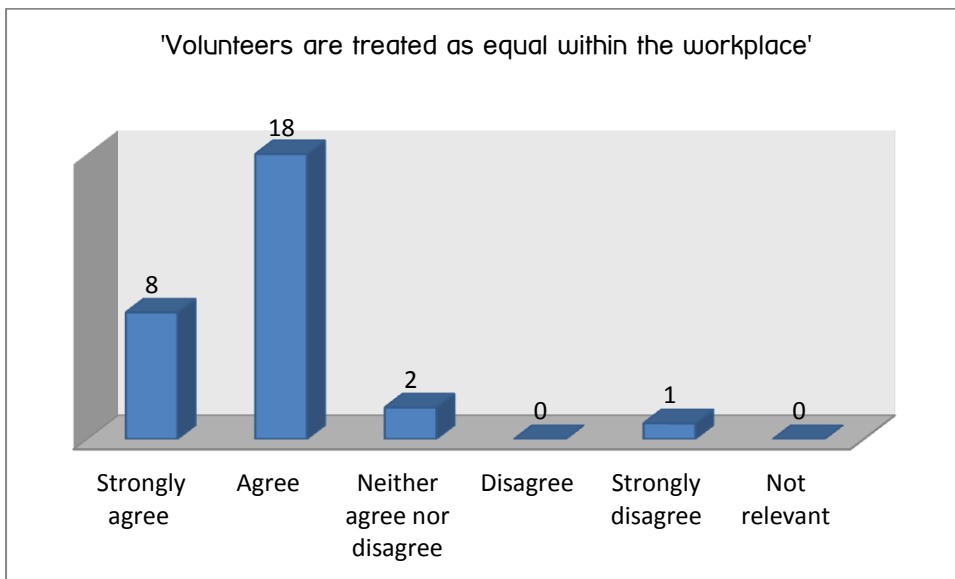


Notes: Staff mainly observed that patient notes were more likely to identify cultural or diversity considerations than volunteer contact.

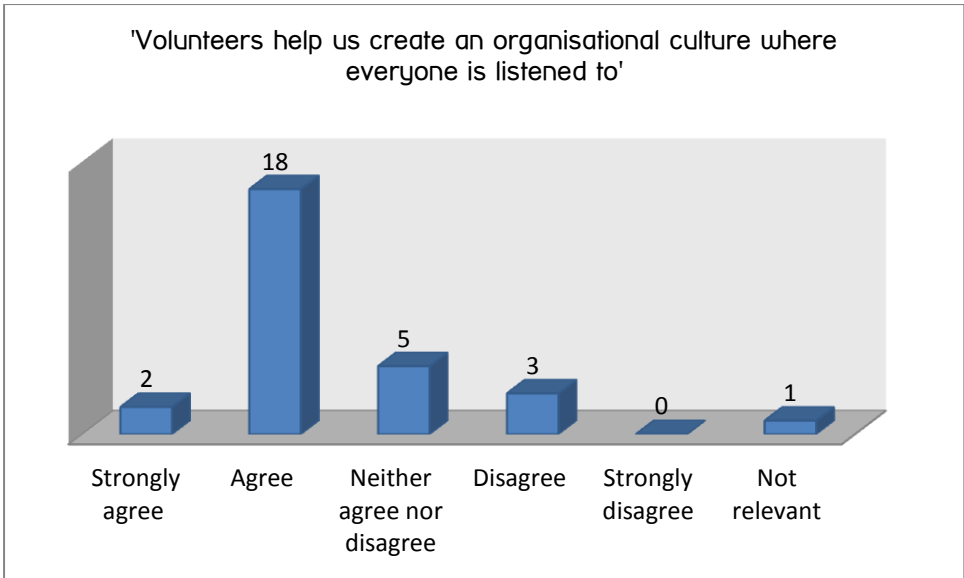
- Creating an open and inclusive organisational culture



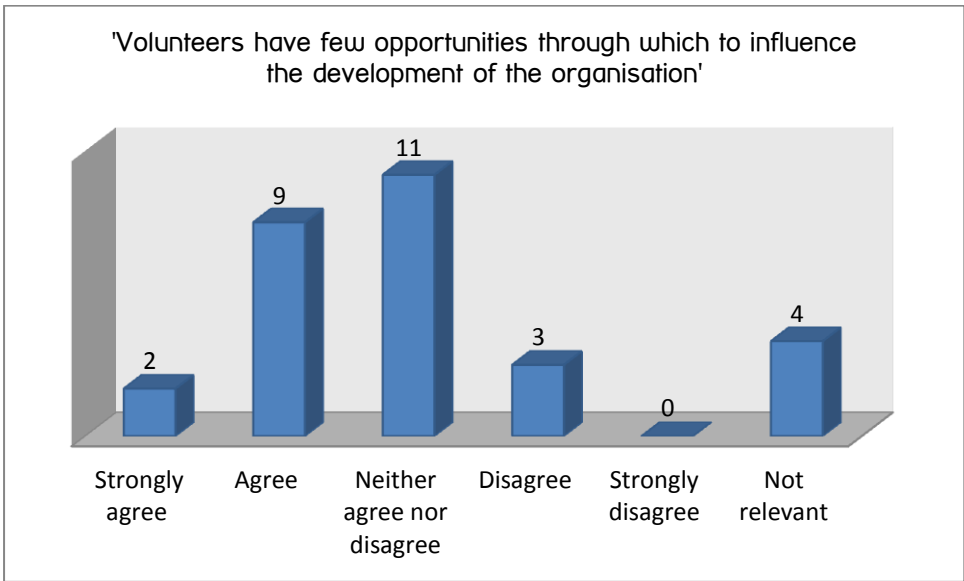
Notes: A pleasing result showing volunteers' roles in creating a welcoming and inclusive environment.



Notes: While very positive, some staff wished to distinguish between volunteers being treated with equal respect and value in the workplace, although they are unable, for clinical and legal reasons, to perform all the tasks of trained medical staff.



Notes: Another positive result.



Notes: While tending towards the positive – agreeing that volunteers only have few opportunities to influence the organisation – staff commented they were unsure how volunteers could do this if they wanted to. Also, they mainly would welcome volunteer input if the right mechanism or vehicle for volunteer feedback could be arranged.

Recommendations

Most staff members felt that volunteers are underutilised, since it's difficult for staff to gauge what is expected of the volunteers, and the volunteers too, are unsure of their role.

The supervision of volunteers is currently left with the ward staff, and thus, volunteers are seen to be neglected and taken under the wing of the housekeeper who has the time and resources to

provide them with the necessary orientation. As a result, volunteers are most comfortable in the 'housekeeping' role and lack the confidence to do anything else.

The maternity ward are alone in displaying a volunteer role description, with a list of do's and don'ts on their staff notice board, since they believe it is the responsibility of the ward to show the volunteers what to do. They reported however, a high turnover of volunteers, who believed they'd be hands on with the mums and babies and were disappointed to find their primary role was to man the front visitor's desk.

Were every new volunteer to shadow an existing volunteer on the ward, they'd gauge a better idea of both what's expected of them and what they can expect in return.

Since resources are limited, we would suggest a volunteer-led, volunteers forum might be useful in that it would allow volunteers from across the wards to come together and share experiences. This will give them a platform on which to raise any queries, concerns or grievances and would go some way in alleviating any concerns staff may have in relation to the support volunteers receive.

In order to instil confidence in both staff and volunteers, we would suggest more transparency in regards to the training volunteers receive prior to their ward placements and the training they receive throughout. Several staff members said that it would be extremely helpful if the volunteers could help feed patients, but they would need training to do so and they were unsure whether or not this would be appropriate.

There is a sense that, at the moment, volunteers are shown around the ward once and then left to their own devices – many of them appearing uncomfortable and somewhat lost. Perhaps if prior to their start date, a photograph of them with a brief summary of their backgrounds, interests and hobbies and motivations behind volunteering was emailed to all ward staff (or pinned on the staff notice boards), it might serve to break the ice and promote their competency and value, by introducing them as 'one of the team.' Staff would then be more likely to take time to get to know the volunteers, in the same way they get to know their colleagues, and staff-volunteer relationships would be improved.

In addition:

- A review of how the cognitive stimulation role originally envisaged for volunteers has become skewed towards more domestic tasks
- Continued volunteer recruitment, particularly for patient contact roles
- If additional resources are spent on volunteering, they would be best targeted at ongoing support for volunteers and measures to ensure good paid-volunteer workplace relations
- Volunteer management training for staff who have day-to-day supervision of volunteers
- Speedy responses to volunteers exhibiting difficulties with their roles are essential, as paid staff remember these incidences with greater clarity than when things go well. There is a clear need for ongoing support/supervision for volunteers after induction and orientation
- Make paid staff aware of the high quality recruitment, selection, placement and induction procedures in place
- Clear resolution processes for incidences of volunteers acting outside of their brief, training or induction
- Develop a process by which volunteers can feed in observations and ideas for innovation
- Create opportunities for volunteers to feed in to clinical staff their experiences and observations as volunteers
- More opportunities are needed for volunteers to feedback their observations and experiences to influence organisational development.

- iv) Volunteers are well matched with
Their current activities
-

Managing and supporting volunteers

- | | A | B | C | D | E | F |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not relevant |
| i) Volunteers receive sufficient training for their roles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Volunteers are well managed/supported | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Adequate levels of resources are spent on volunteer support/management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Enhancing the organisation's reputation

- | | A | B | C | D | E | F |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not relevant |
| i) The volunteers act as good ambassadors for the organisation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Volunteers enhance our reputation in the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Cultural capital

Do volunteers contribute to the following aspects of the organisation? Please tick the box to indicate your level of agreement with the following.

About you

Are you:

Male Female

How old are you?

24 or under	<input type="checkbox"/>	55-64	<input type="checkbox"/>
25-34	<input type="checkbox"/>	65-74	<input type="checkbox"/>
35-44	<input type="checkbox"/>	75 and over	<input type="checkbox"/>
45-54	<input type="checkbox"/>		

How would you describe your ethnicity?

White	<input type="checkbox"/>	Chinese or Chinese European	<input type="checkbox"/>
Asian or Asian European	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>
Black or Black European	<input type="checkbox"/>		

Do you consider yourself to be disabled?

Yes No

Appendix B

About the authors

- Tom Ferguson (Business Development – Solent Mind)

Tom has worked in Social Services, the NHS and for the past 15 years in the voluntary sector in a variety of roles. Most recently these positions have been focused on business development, fundraising and income-generation. He has also been a Company Secretary for an urban regeneration charity and Deputy Director of a second-tier charity. Tom's charity sector experience includes: third sector development, inner city regeneration, older persons, disabled children, hospice services and youth provision.

- Carol-Ann Bond (Business Development – Solent Mind)

Carol-Ann is a journalism graduate, nine months through a one year marketing and fundraising internship at Solent Mind. Returning to education as a mature student, Carol-Ann has previously worked as a teaching assistant in the autistic unit of a special needs school and as a copywriter at a home care company.

About Solent Mind

Affiliated to the national mental health charity Mind, Solent Mind is among the largest of local Mind associations and is the leading mental health charity across Hampshire. Services include advocacy, peer support, and italk – one of the country's largest IAPT services.

Acknowledgements

Solent Mind gratefully acknowledges the support of the IW NHS Trust in producing this report.

In particular, Richard Dent (Volunteering Co-ordinator), Liz Nials (Leading on Equality and Diversity, Smartcard Registration and Medical Revalidation) and the Volunteers and the Third Sector Workforce Strategy Sub-Group. We also wish to thank all the anonymous clinical staff who so kindly found time in their demanding roles to contribute to this report.