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Utilizing online tools to increase volunteer ombudsmen presence in long-term care

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ABSTRACT

In this descriptive study, former and current volunteer ombudsmen ($n = 65$) completed an online survey and Chi-square analyses were used to determine group differences in order to examine the impact of internet-based communication on the recruitment and retention of volunteer long-term care ombudsmen. The results showed that the program's shift to internet-based recruitment and communication methods helped increase the number of volunteers by 50% and contributed to a positive shift in role perception and satisfaction. Consequently, the proliferation of internet and social media usage permits greater volunteer management opportunities than previously were available. These tools also allow for consistency of message, extended training opportunities, and recourse to resources as need which permit ombudsmen volunteers to identify more readily with the role of resident advocate and receive greater performance satisfaction as it relates to that role.

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Introduction

The United States has 15,700 nursing homes that combined offers 1,669,100 beds.¹ The average length of stay is 835 days.² To protect the rights of residents in long-term care facilities, the Ombudsman Program was established within the Older Americans Act in 1972.³ Ombudsmen help to protect the health, safety, welfare and rights of residents and work to improve the quality of care.⁴ As such, they complement efforts of federal and state regulatory staff.⁵ Because regulatory agencies have limited resources for overseeing and enforcing quality of care, ombudsmen work with facility personnel to help resolve residents' problems and improve residents' quality of life.

The Ombudsman Program in most states relies heavily upon volunteers,⁶ unpaid workers who give of their time and services. The Administration on Aging reports that the program has 1186 full-time staff and 9065 volunteers.³ With nearly 38,000 nursing and assisted living facilities nationwide to cover, recruitment and retention of volunteers are essential elements of program management, and has historically been problematic for many programs nationwide.⁷ In Harris County alone the residents of 95 nursing facilities could benefit from the weekly visits of a volunteer ombudsman, but even with recent significant increases in

volunteer numbers, an average of 25% of the facilities do not have an assigned volunteer. To identify factors that impact recruitment, retention, and barriers to ongoing participation, we surveyed past and present volunteers currently residing in a greater metropolitan area.

In addition, we compared perceptions of current volunteers to those in a similar study of like volunteers that was conducted in 2004.⁷ Having results from the two studies permits consideration of differences and trends within the same ombudsman program over the 10 years separating the two studies, and allowed us to explore some potential consequences of changes made to recruitment and communication strategies. We anticipated that we would find a direct correlation between the increase in numbers of volunteers in recent years and the move to internet-based approaches.

Materials and methods

An investigator-generated, 20 question survey with space for open input was presented online using Zoomerang's survey format (see www.zoomerrang.com). The survey followed the structure of the earlier study in 2004 and as such, focused on roles, perceived performance and volunteer satisfaction. The present study, however, included two questions concerning internet and social media usage that were not present on the earlier questionnaire. The intent was to use responses from volunteers who had dropped from the program (former) and those who were active at the time of data

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Table 1
Survey questions.

	Question	Potential responses
1	What is your status as a volunteer?	Currently certified; intern; former
2	How did you originally hear about the ombudsman program?	Internet/online, chronicle/newspaper; individual (word-of-mouth); ombudsman program giveaways, posters, or pamphlets; library postcard; other
3	What inspired you to become an ombudsman?	Education/skills/background; desire to help elderly/disabled (community service); had a friend, family member in a nursing home; other
4	What can we do as staff ombudsmen to better support you and the work you do? (Select only one.)	Distribute a newsletter; improve our website; provide more opportunities for interaction with other ombudsmen; keep doing what we're doing; provide more email news items/direct communication; create a single source for relevant program information; assign more than one volunteer per location/create CVO teams; conduct more continuing education events; have CVO mentors for new volunteers; other
5	What do you like least about being a volunteer ombudsman? (Please check all that apply.)	Seeing suffering/mistreatment; always wishing you could give more; submitting the monthly report; getting resistance from facilities to progress and change; trying to explain "ombudsman" to people; having people no-show for appointments; losing residents to death; noticing apathy from staff or family; nothing, you enjoy it all; other
6	What do you like most about being a volunteer ombudsman? (Please check all that apply.)	Making a difference/helping others; interacting with residents; solving problems; having flexibility in your schedule; receiving ongoing training; meeting people who care about others; other
7	With which role of an ombudsman do you most readily identify?	Friendly visitor; mediator; advocate
8	Do you feel adequately rewarded for your work as an ombudsman?	Yes; no
9	On a scale of 1–10, with 10 being the most and 1 being the least, please indicate how effective you feel you are as an ombudsman in regards to advocating on behalf of the residents in your assigned facility?	1 through 10
10	What do you see as the biggest challenge to your effectiveness as an ombudsman?	Resistance from administrators; resistance from other nursing home staff; lack of legal authority; voluntary nature of the ombudsman role; physical/mental condition of residents; inadequate program funding; inadequate training; lack of support from program staff
11	For each of the categories below, please indicate whether or not you feel successful as an ombudsman:	Protecting resident rights; resolving resident complaints; improving day-to-day life of residents; preventing recurrence of inadequate care; resolving food issues; resolving administration issues; resolving interpersonal relations issues; resolving staffing issues
12	Have you ever had a loved one in a: (Check all that apply.)	Nursing home; assisted living community
13	Would you recommend volunteering as an ombudsman to others?	Yes; no
14	Which if any of the following do you ever use? (Please check all that apply.)	Internet; Facebook; Twitter; LinkedIn; Google+ (the social media application, not the search engine); Pinterest; YouTube; other social media site(s)
15	In which year did you become a volunteer ombudsman?	Any
16	Age	18–34; 35–54; 55–64; 65+
17	Gender	Female; male
18	Employment status	Retired; part-time; full-time; student; other, please specify
19	Race/Ethnicity	Asian; Black; Hispanic; white; other, please specify
20	Education	High school; Associate's degree/Trade school; Bachelor's degree; Graduate degree

collection (current) to gain insight into volunteer motivation and likes or dislikes of the program. Approval to conduct the study was obtained from appropriate county officials and granted by the University of Texas Health Science Center at Houston Committee for the Protection of Human Subjects.

Sample

Individuals who were volunteers between 2010 and 2012 were invited to participate in the survey. Of the 131 potential candidates, 126 (73 current and 53 former) had valid email addresses. The participation rate was 52% ($n = 66$) and consisted of 47 current and 17 former volunteers (two respondents did not indicate former or current status).

Survey

Respondents completed the online questionnaire by checking appropriate boxes, either in an all that apply, yes or no, or multiple-choice format. The questions asked participants to identify how they heard about the program, what motivated them to become ombudsmen, what staff ombudsmen can do to better to support

them in their role as ombudsmen, what they liked best and least about being ombudsmen, and their perceived role and satisfaction with the program. The questions and possible responses are shown in [Table 1](#).

Potential respondents were sent a brief introduction via email that explained the purpose of the research and provided a link to the actual survey. Participation was voluntary, and respondents were guaranteed anonymity. A reminder notice with the original introduction was sent after seven days. After 14 days, the survey was closed, and the initial results were downloaded into a database. The investigators used a numerical coding system to de-identify responses.

Statistical analyses

Descriptive statistics were used to summarize sample demographic characteristics. Chi-square tests were calculated to determine differences between current and former volunteers. The Mann–Whitney U test was used when data was ordinal (e.g. education). As the study is descriptive, p values $\leq .05$ were considered significant. Statistical analysis was conducted with IBM SPSS Statistics, version 20.

Results

Because the potential pool consisted mostly of white, middle-aged women with a college education, so was the respondent sample. While the highest percentage of respondents were retired (39%), 27% worked full-time, and the current group had a higher percentage of retirees (46.8%) than the former group (21.4%). However, no statistically significant demographic differences between groups were found. Descriptive data are shown in Table 2.

Motivational indicators

As shown in Table 3, when asked what the program staff can do better to support them, current volunteers (40%) were more likely than former volunteers (15.4%) to select “Keep doing what you are doing.” Former volunteers indicated they preferred more peer interaction, including assigning more than one volunteer per facility. Of the current group, almost 60% of the volunteers indicated a preference for mentoring, networking, and team support. In addition, significant differences were found between groups in relation to what they liked least, with the former volunteers responding higher to “seeing suffering or mistreatment” and “wishing they could give more” (56.2%–25.5%, $p = .024$) than the current group.

A significant result was found between groups for what was liked most, with current volunteers (61.7%) liking schedule flexibility, as compared to 31.2% of the former volunteers ($p = .035$). Across both groups, 68% indicated that making a difference, helping others, and interacting with the residents were among their most liked aspects. Greater than 80% of both groups felt adequately rewarded for their efforts. In addition, a shift was noted in self-reported effectiveness as a patient advocate: current volunteers (70%) rated their effectiveness higher (greater than 6 on a 10 pt scale), in contrast to 26% of the former group.

Internet and social media use

Because the Harris County Ombudsman Program began using the internet for recruitment purposes in 2010, the internet was an option to the question of how one heard about the ombudsman program (Table 1, Question 2). In response, 23% indicated they learned about the program on the internet. As shown in Table 4, almost all of the respondents (98%) indicated that they use the internet, and in particular, Facebook (36.9%) and YouTube (33.8%). Former volunteers used Facebook ($p = .003$) and Google+ ($p = .024$) more than current volunteers. A snapshot at two points in time (2010 and 2013) was obtained to ascertain if demographic characteristics accounted for social media usage. However, no significant differences were found between volunteers active in 2010 ($n = 48$) and or later in 2013 ($n = 72$). Results showed a small decrease in the percentage of volunteers who are retired (42% vs 36%), with a corresponding small increase in percentage employed full-time (35% vs. 39%).

Discussion

Between 2010 (when internet usage began) and the present, the ombudsman staff was able to boost the number of volunteers by 50% without any increase in staffing, due primarily to reliance on the internet and social media for recruitment and communication efforts. Recent research indicates that a quickly growing number of individuals over the age of 55 are utilizing the internet and social networking sites.⁸ This is good news for the program which substantially relies on internet-based options and the majority of volunteers are currently and traditionally over 55.

Table 2
Demographics.

Variable	Current ($n = 47$) ^a	Former ($n = 16$) ^a	Overall percentage ^b
Age			
18–34	4	1	8%
35–54	11	7	31%
55–64	14	4	28%
65+	18	3	33%
Gender			
Female	34	10	74%
Male	11	5	26%
Employment status			
Retired	22	3	39%
Part-time	6	1	12%
Full-time	10	6	27%
Student	1	1	3%
Other, please specify	8	4	19%
Race/Ethnicity			
Asian	1	0	2%
Black	12	4	27%
Hispanic	1	1	3%
White	30	10	65%
Other, please specify	2	0	3%
Education			
High school	3	2	8%
Associate's degree/Trade school	9	2	19%
Bachelor's degree	21	4	42%
Graduate degree	12	7	31%
Year joined			
2010–2012	28	9	64%
2005–2009	9	6	26%
Prior to 2005	6	0	10%

^a Totals vary due to missing data: not all respondents answered every question.

^b Total percentage of those answering a specific question, regardless of whether they answered the initial status question or not. (Two participants did not answer the initial status question.)

Satisfaction and reward

Because provision of staff assistance has been shown to be directly proportional to volunteer satisfaction,⁷ use of inexpensive and available technology might improve program management efforts. Waters pointed out that such use led to increased volunteer recruitment and retention efforts.⁹ In Persson's 2004 study, 23% of the volunteers were not likely to recommend volunteering in the ombudsman program to others.⁷ In contrast, all but one of the participants in this current study indicated they would recommend volunteering. Still, in the present study, several volunteers did note a lack of satisfaction in that they had departed from the program due to conflict with facility administrators. As one former volunteer wrote, “I was too proactive in getting nursing homes to provide good and excellent care for their patients,” which led to negative interactions with facility staff.

Whereas another former volunteer noted the following: “Being an ombudsman was one of the best things I ever did for myself. I made a lot of changes for the patients,” a current volunteer stated that there was “Not enough effect on a broken or ill-conceived system.” Regardless, the majority (over 80% of both groups) indicated that they felt adequately rewarded for their efforts. This finding is also supported by previous studies,^{6,7} and as Ostwald stated, “most volunteers believed that the ombudsman presence was a positive force.”^{6(p323)}

One suggestion for improvement for the program was to assign more than one volunteer per site. On occasion, 2-person teams are placed in large facilities of 100 plus beds. The group has never been large enough to accommodate two volunteers for every site, and more than 25% of facilities still do not have a single volunteer. Currently, there are over 360 licensed long-term care facilities in

Table 3
Cross-tabulation insights.

Question	Response	% Current (n = 47)	% Former (n = 16)	p value
How did you originally hear about the ombudsman program?	Internet/online	27.3	6.2	.164
What can we do as staff ombudsmen to better support you and the work you do? (Select one.)	Assign more than one CVO	13.3	30.8	.006
	Provide more interaction with other CVO's	6.7	30.8	
	Keep doing what you are doing	40	15.4	
What do you like least about being a volunteer ombudsman? (Please check all that apply.)	Seeing suffering or mistreatment	25.5	56.2	.024
	Wishing could give more	25.5	56.2	
	Resistance from facilities	27.7	50	.102
	Flexible schedule	61.7	31.2	.035
What do you like most about being a volunteer ombudsman? (Please check all that apply.)				
What do you see as the biggest challenge to your effectiveness as an ombudsman?	Lack of legal authority	17	6.7	.109
Which if any of the following do you ever use? (Please check all that apply.)	Facebook	27.7	68.8	.003

Bold indicates the *p* values $\leq .05$, which were considered statistically significant.

Harris County. This ombudsman program currently consists of 72 volunteers and a supervising staff equivalent of only 6.5 persons.

Role perception

For this study, the ombudsmen roles were identified as advocate, mediator, and friendly visitor. Greater than 45% of respondents identified with the role of an advocate. This is a significant shift from the 2004 study, where ombudsmen tended to perceive themselves more as a friendly visitor and only 32.9% identified with the role of an advocate. In light of the Older Americans Act, which defines the ombudsman role as one of general advocacy on behalf of residents, this shift is viewed as a positive change. Only a small percentage of volunteers (11%) perceived themselves in the role of mediator.

Social media and internet use

Recent research indicates that a quickly growing number of those over the age of 55 are utilizing the internet and 74% of all online adults are using social networking sites.⁸ Social networking use almost doubled between April 2009 and May 2010 among those 50 years of age and older, with 47% of those aged 50–64 and 26% of those aged 65 and beyond utilizing some form of online social networking.¹⁰ A study on use of Facebook noted that organizations often use social media to conduct their management functions and provide for donations and interactions with volunteers.¹¹ Another study pointed to the use of social media as both effective and necessary in building relationships with various stakeholders.¹²

The ombudsman staff makes use of a website, various social media networks, and email to communicate with and inform volunteers of events and resources. This shift from a radio or print-based approach (as was the case in studies in Harris County prior

Table 4
Internet/social media use.

Media	% Current (n = 47)	% Former (n = 16)	Overall percentage	p value
Internet	95.7	100	96.9%	.615
Facebook	27.7	68.8	36.9%	.003
Twitter	4.3	0	3.1%	.615
LinkedIn	12.8	37.5	20%	.059
Google +	10.6	37.5	16.9%	.024
Pinterest	0	12.5	3.1%	.061
YouTube	29.8	50	33.8%	.143
Other social media site(s)	6.4	0	4.6%	.564

Bold indicates the *p* values $\leq .05$, which were considered statistically significant.

to 2010) to use of social media (e.g. Facebook, Twitter, Google+, YouTube, LinkedIn) and volunteer-linked networks has permitted staff to better manage both recruitment and retention efforts. Furthermore, the consistency, outreach, and availability of internet based tools and efforts partially accounts for the shift of volunteer perceptions in their roles as advocates versus friendly visitors in these last 10 years.

Social networking almost doubled between April 2009 and May 2010 among those 50 years of age and older, with 47% of those aged 50–64 and 26% of those aged 65 and beyond utilizing some form of online social networking.⁶ These numbers are continuing to increase, making it far more likely for organizations to reach these age groups through online methods, which is a significantly positive shift considering that nearly two-thirds of this program's volunteers traditionally come from that age group.

The use of Facebook appears to be a growing trend, particularly among advocacy groups as well. One such group, The National Consumer Voice for Quality Long-term Care hosts a monthly "Facebook First Friday," which fosters informative and interactive dialogue regarding long-term care topics, targeting long-term care consumers, advocates, and professionals. These national online interactions offer an additional venue in which local programs can reach a much larger audience than previously possible.

While ombudsman programs across the country continue to have "... a mandate a mile wide and funding an inch deep"^{7(p213)}, the expansion of internet and social media usage across all age groups has increased recruitment, training, and advocacy options that are readily available, accessible 24/7, and at less expense than the more traditional approaches. The proliferation of social media networks, such as Facebook, Twitter, and LinkedIn, allows for reaching an exponentially higher number of people than ever before. This gives advocacy organizations the capability to create centralized messages for widespread outreach and to make available resources for immediate recourse at need.

Volunteer retention

As Persson stated almost a decade ago, "At the program level, the most important factor in the retention of ombudsmen is the availability of program staff who are able to support, to teach, and to deal with volunteer frustrations."^{7(p213)} In a study on program effectiveness, Estes and colleagues¹³ echo this; they found that measures of effectiveness were strongly associated with the quality of training and the amount of staff interaction with volunteers. Internet technology has permitted continuous updating of training as well as online interactions with volunteers, significantly increasing the amount of staff interaction. Using the internet

greatly aided in increasing active volunteer count by 50% from 2010 to 2013 without any increase in staff. Not having additional staff to train has in turn led to an increased need to use social media for supplemental training and to utilize free online resources for links, documents, presentations and videos.

Conclusion

Volunteers play a vital role in the successful execution of the ombudsman program's mission. The more volunteers who can be recruited, trained, and retained, the more successful the program can be. While the recruitment and retention of volunteers continues to be a struggle for the program, the increased use of the Internet across all age groups has created opportunities for more efficient and effective outreach, as indicated by this program's increase in the number of volunteers and their overall satisfaction. The use of this technology has increased the frequency and consistency of messages conveyed to the volunteer force and a subsequent shift in role perceptions is evident, as the percentage of ombudsmen who see their primary role as that of an advocate for resident rights, as opposed to that of a friendly visitor, has significantly increased.

Because current volunteers have an email address and most utilize the internet and social media networks, the ombudsman program has a more efficient and consistent means for communication with the volunteers than previously. As additional program funding is not likely to occur in the near future, ombudsmen programs will continue to rely on creativity within technology to focus on the program's primary mission: advocating for the best possible quality of life for the residents of our long-term care facilities.

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