Use of Volunteers

Pathways to Effectiveness

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Georgia Local Long Term Care Ombudsman Summit



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Introduction & Overview

briefing paper provides information on the use of volunteers and the ability of Georgia's local long care ombudsman programs (LTCOPs) to fulfill their mandates. The paper presents findings from the IHA/UCSF project Enhancing the Performance of Local LTCOmbudsman Programs in Georgia which are designed to stimulate discussion about issues of the use and roles of volunteers as well as volunteer recruitment and retention. Also, the paper is intended to aid discussion in developing best practices and models to improve the effectiveness of local regarding LTCOPs use volunteers. Because the use of volunteers is closely linked to adequate resources, it is also important to examine program resources whether the use of volunteers is the best expenditure of those resources.

According to the 2006 OSLTCO annual report *Ombudsman Long Term Care Residents' Advocate*, in FY 2006 Georgia local programs had 115 volunteers including seven (7) certified volunteers (who, like staff, may investigate and work to resolve complaints on behalf of residents), 41 volunteer visitors (who visit residents

in coordination with the local program but are not authorized to handle complaints) and 67 volunteers who perform other services/functions to benefit program. the A recent consultation report Increasing Ombudsman Accessibility to LTC Residents (Adams, Burden, Dow, Harris, Klein, and Miller, 2007) conducted by a team of graduate students at the University of Georgia for the OSLTCO details that the 48 certified and volunteer visitors are located in 50% of the local programs. Atlanta's LTCOP, the only local program in the state with a paid volunteer coordinator, has 12 volunteer visitors and 6 of the 7 certified volunteers in the state. One key recommended intervention in the consultation report that motivates this summit is:

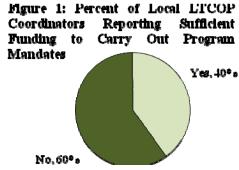
To hold "a meeting at the annual conference as an open forum for program coordinators to discuss how they are using volunteers within their program. This will help other program coordinators be aware of the possibilities and foster creativity. Finally, the OSLTCO should clarify their commitment to volunteers within the ombudsman

Discussion of Research Findings

The IHA/UCSF research project includes primary data collection via a telephone survey of 15 local ombudsmen coordinators and six informed respondents in Georgia as well as secondary data from AIMS and OSCAR.

Ouantitative Data

The majority (60%) of Georgia's local LTCOP coordinators report that their



Page 2 of 4 **Use of Volunteers**

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Finally, we wish to thank the Georgia local LTC ombudsman coordinators and the informed respondents who shared their experiences and knowledge throughout this project.

out their mandates [Figure 1]. Many coordinators Neglected or Partially Carried Out Because of report that their programs are unable to conduct Lack of Resources volunteer recruitment (47%) and volunteer training and supervision (40%) due to lack of resources [Figure 2]. Informed respondents report that the two key factors negatively influencing the performance of local LTCOPs in Georgia are (1) inadequate resources (funding and staffing) and (2) "a culture that is not supportive of volunteers."

"We have historically focused on having professionally trained staff to run our programs. We have put a lot of time into training and having hired staff in our program. The flip side of that that is negative is that as a result, we have done a poor job of creating a culture that supports volunteers, and that volunteer piece of it has limited our availability to residents. We haven't developed a strong volunteer component."

Georgia Informed Respondent

"We have not been proactive about recruiting and training volunteers." **Georgia Informed Respondent**

While 60% of coordinators report that their program has a sufficient number of paid staff, only 40% report the same for unpaid/volunteer staff [Figure 3]. One-half of the informed respondents Figure perceive the number of paid staff in Georgia's local Respondents Reporting Georgia Local LTCOPs to be adequate, while 83% report that the LTCOPS Have Sufficient Resources number of unpaid/volunteer staff is inadequate [Figure 4]. According to AIMS FY 2006 data, Georgia's local LTCOPs are staffed by an average of 2.8 volunteer staff per FTE paid staff [Figure 5].

Oualitative Data

Program coordinators were asked to describe the place they believe that volunteers have in their local LTCOP. Coordinators spoke about the various roles of volunteers who are not certified in their Somewhat Disagree programs including friendly visiting (making routine visits), community education, outreach, and Figure 5: Ratio of Volunteers / Unpaid office activities. Coordinators have conflicting Staff to Full-Time Equivalent Staff views about whether their program would benefit (AIMS FY2006) from having certified volunteers to investigate complaints versus the additional resources to hire additional paid staff to do this work. Some voice their objection to using volunteers.

"I feel that if you had paid workers who were certified, then you may not need as many volunteers. If you had more certified volunteers, you won't need more workers."

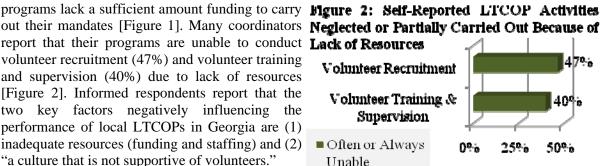
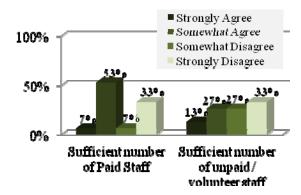
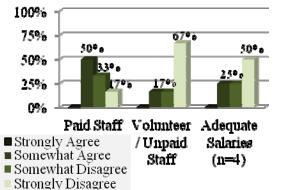
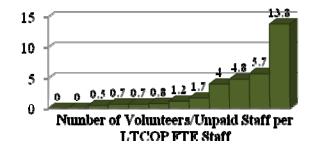


Figure 3: Percent Local LTCOP Coordinators Reporting Sufficient Numbers of Paid Staff and Volunteer Staff



4: Percent of Informed





Page 3 of 4 Use of Volunteers

"Their role is limited unless there are/we need paid staff to support them. What we have found is that volunteers as a rule require a little more time to train, recruit, and get out than they produce for the program."

"The one thing this program needs is additional funding, the majority of us believe that dealing with volunteers is not the answer to all problems."

"My truest feelings, I really don't feel that volunteers have a place."

Some coordinators highlighted the importance volunteer visitors could and do have for their programs:

"They would be an extra set of eyes and ears in facilities. They would help us because a lot of residents don't have any visitors."

"My volunteer visitor goes into nursing homes every week, visits for three hours at a time, gets to know all the residents really well, and is invaluable to me as far as what is going on in that facility. If there is a red flag, she sees it. She sees things I wouldn't because I am in there only once a month."

"They're very helpful in making routine visits and providing a presence in the facilities. They free up the paid staff to handle complaints..."

Coordinators were asked to talk about any successful practices their local LTCOP uses to improve volunteer recruitment and/or retention.

Successful practices for recruitment include:

- Advertising on a local cable TV channel
- Word of mouth (volunteers recruiting each other)
- Working closely with colleges (community service placements and internships)
- Looking for people who know something about nursing homes

Successful practices for retention include:

- Close/regular contact/good communication with volunteers (via calls/emails, lunches)
- Staff accompanying volunteers on visits; giving them a lot of autonomy in visits
- Praise and emphasizing recognition (via yearly ceremony, luncheons)
- Offering ongoing training

Coordinators were asked to comment on any barriers or difficulties their local LTCOP encountered in recruiting and/or retaining volunteers.

Barriers or difficulties in recruitment include:

- Lack of/limited resources (staff time, no volunteer coordinator)
- No benefits to offer (reimbursement for time, mileage)

- Retired professionals don't want to spend their time going into nursing homes
- Many potential volunteers are looking for paid work

"We are required to take them through an interview process, just like when you are hiring somebody. Training is very involved even for a volunteer visitor. To try to get someone certified, most people are not looking for this much of a commitment. It is hard to find someone who wants to put that much time and energy into it. There is always a fear that you are going to get a loose cannon and have to deal with that."

Georgia Local LTCOP Coordinator

Barriers or difficulties in retention include:

- Professionalism of volunteers (not usually reliable/consistent, not easily regulated, not dedicated, lose interest)
- No mileage reimbursement; large distances to travel in some areas
- Students graduate and move on; move out of the area; routine turnover

"We just have too much to do, there's no time to recruit or to train them. It's a Catch-22, well if you had volunteers you wouldn't have much to do because they could do some of it."

Georgia Local LTCOP Coordinator

"It would be nice to have a volunteer sometimes, but it would have to be a good one for me because if they're not doing things right it just creates more work for me. If I have to do it anyways it's not worth it."

Georgia Local LTCOP Coordinator

Coordinators were asked to describe any additional resources or assistance/support that their local LTCOP needs in order to improve recruiting and/or retaining volunteers. Many spoke of needing additional funding to support one FTE or at least a part-time employee who would be strictly dedicated to recruiting, training, supervising, and retaining volunteers. Coordinators also mentioned the need for mileage reimbursement for volunteer travel as well as the important role of the state office in supporting volunteers.

"I think it would be great if the state were to have a volunteer coordinator that could do recruitment for all of our programs."

"We have a good volunteer manual from the state that was developed. It carries you through recruitment and training and so many things and they can even be certified at the state level and go through the certification training with the state staff.

There are adequate resources to do that."

"We feel that the state ombudsman should be doing more PR work, they ought to be doing more hands on training for new ombudsman. They should be advocating for a higher standard mileage reimbursement for staff and volunteers. The state ombudsman program should be aware that worker's compensation insurance may not cover ombudsmen."

Georgia Local LTCOP Coordinators

Page 4 of 4 Use of Volunteers

Discussion Questions

What does effectiveness look like for local LTCOPs in terms of the use of volunteers?

What specific short-term/long-term goals can be identified to enhance the effectiveness of local LTCOPs in the use of volunteers? Identify specific steps you would implement to monitor progress toward achieving such goals? Are any short-term/long-term goals low cost to local LTCOPs? What goals (and/or steps) are achievable at the local program level (i.e. without OSLTCO direction or assistance)?

Related Literature

Volunteers have long been central to local LTCOPs and the work they do in LTC facilities. The use of volunteers in local LTCOPs is both a blessing and a challenge. A primary concern regarding the use of volunteers in the local LTCOP is the lack of resources which results in insufficient training, inadequate supervision, and generally poor support (Harris-Wehling, Feasley & Estes, 1995). Not only do inadequate resources challenge the volunteer ombudsman's ability to perform their duties, but its effects lead to poor volunteer retention. The adequacy of resources compounds problems with the local LTCOPs effectiveness through the lack of experienced volunteers (Nelson, Netting, Huber, & Borders, 2004). In a NASOP study presented at the Bader conference in 2003 this complex issue was discussed:

"Turnover among ombudsmen, including volunteers, can be exacerbated by inadequate selection procedures and insufficient training, supervision and support. The consequence of insufficient training and high turnover rates is that LTCOP effectiveness can be compromised, resulting in lost opportunities for advocacy, unsolved or inadequately solved problems, unmet needs, and dissatisfied clients" (National Association of State Ombudsman Programs, 2003).

Several areas of research have contributed to an understanding of the role of volunteers in the local LTCOP. Through research findings one can see that the use of volunteers raises several challenges in the local LTCOP.

It has been suggested that volunteers may be confused about their roles and responsibilities, raising concerns about ombudsman retention, advocacy and complaint investigation (Nelson, Pratt, Carpenter, & Walter, 1995). The lack of consensus between the ombudsman and the facility on the role of the volunteer ombudsman may encourages misunderstandings and conflict (Persson, 2004) and may strain the relationship between the ombudsman and the resident that relies on them to play the role of an advocate. The natural role ambiguity of the ombudsman volunteer is exacerbated by the lack of training and supervision.

Additionally, it has been suggested that volunteers are under-trained for the role of advocate and complaint investigator, and may be forced into 'triaging' situations and passing complaints off to a more experienced paid ombudsman (Netting, Huber, Borders, Kautz, & Nelson, 2000). Although this 'triaging' can be confusing for residents and facilities, it could be a potential solution to the increasing role confusion, inexperience, and unwillingness to handle complaints among volunteers. Projected complaint increases in the local LTCOP due to licensing and regulatory cutbacks may strain this 'triaging' of complaints.

The local LTCOP will likely see an increase in workload with more complex complaints, as well as an expanded role in investigating and resolving those complaints. This shift in responsibility without an increase in funding will strain the local LTCOPs reliance on volunteers (Persson, 2004). Further techniques for handling complaints, training, and supervising volunteers are needed to accommodate the continuing budgetary and resource constraints on the local LTCOP.

References

ms, K., S. Burden, J. Dow, C. Harris, G. Klein, and A. Miller. 2007. "Increasing ombudsman accessibility to long-term care residents consultation report." University of Georgia Graduate Students.

rgia Department of Human Resources, Office of the State Long-Term Care Ombudsman (OSLTCO) 2006. "Ombudsman long-term care residents' advocate: 2006 annual report."

is-Wehling, J., J.C. Feasely and C.L. Estes. 1995. Real People, Real Problems: An evaluation of the long term care ombudsman programs of the Older American's Act. Washington, DC: Division of Health Care Services, Institute of Medicine (IoM), National Academy of Sciences Press.

onal Association of State Ombudsman Programs (NASOP) Retreat. 2003. "The LTCOP: Rethinking and retooling for the future: NASOP Retreat: Proceedings and Recommendations."

ion, H.W., F.E. Netting, R. Huber, and K.W. Borders. 2004. "Factors Affecting Volunteer Ombudsman Efforts and Service Duration: Comparing Active and Resigned Volunteers." *The Journal of Applied Gerontology* 23:309-323.

ion, H.W., C. Pratt, C.E. Carpenter, and K.L. Walter. 1995. "Factors affecting volunteer long term care ombudsman organizational commitment and burnout," *Nonprofit and Voluntary Sector Quarterly* 24:213-231.

Netting, F.E., R. Huber, K.W. Borders, J. Kautz, and H.W. Nelson. 2000. "Volunteer and paid ombudsmen investigating complaints in six states: A national triaging." *Nonprofit and Voluntary Sector Quarterly* 29:419-438.

Persson, D.I. 2004. "Volunteer ombudsman in the nursing homes: Obstacles to retention." Journal of Aging Studies 18:205-214.