

Student volunteers: why hospitals must invest in their futures

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Keywords

Hospitals, Young people, Voluntary sector, Motivation, Retention

Abstract

As the current volunteer work force ages, hospitals are faced with the challenge of evolving their student volunteers into active adult volunteers. Engaged student volunteers may be nurtured by the hospital to become future employees, links to the community or potential donors. Currently, retention rates among student volunteers indicate that once the majority of students begin post secondary education, they discontinue their association with the hospital. Using a scientific marketing research approach, this paper addresses three questions aimed at producing a model to increase long-term retention among student volunteers. Why do seemingly committed volunteers discontinue their association with the hospital? How does the hospital develop a system that allows and encourages students to maintain contact with the hospital? How can a hospital integrate a virtual volunteering model into its traditional volunteering model? The conclusions lead the reader to reassess the way they view student volunteers and strongly encourage the reader to view the students not just as volunteers, but also as long-term potential active members of the hospital community.



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Introduction

As the current volunteer work force ages, hospitals are faced with the challenge of evolving their student volunteers into active adult volunteers who will become ongoing supporters of the hospital system. Engaged student volunteers, with the right nurturing, have the potential to become future hospital employees, provide important links to the community or future donors in funding drives. Presently, the trend is for the majority of student volunteers to discontinue their association with the hospital once they begin their post secondary education. This paper proposes a model to increase long-term retention among student volunteers by addressing three questions:

- 1 Why do seemingly committed volunteers discontinue their association with the hospital?
- 2 How can the hospital develop a system that allows and encourages students to maintain contact with the hospital?
- 3 In what ways can a virtual volunteering model overcome some of the problems inherent in a traditional volunteering model and how could it be integrated into the hospital system?

Methodology

A scientific marketing research model in the form of a self-administered questionnaire was used to gather data from four different student volunteer programs across Toronto and the Greater Toronto Area. Demographic parameters used to describe the students included age, grade, career aspirations and languages spoken. Data were collected and analysed using frequency distributions and cross-tabulations according to subgroups of student volunteers. Graphical information

included descriptions of the relationship between retention and distance, time, financial resources, motivation, satisfaction and culture. The scope of this study included three hospitals from the Greater Toronto Area including two sites of The Scarborough Hospital, General and Grace Sites, Sunnybrook and Women's College Health Science Centre, Sunnybrook Site only and Southlake Regional Health Centre.

Student volunteers: an investment in the future

CBC News, in a *Big Picture* report on volunteerism, states that volunteers are staying with one organization for shorter periods of time (CBC, 2002). Perhaps this trend can be challenged. There are many motivations for volunteering and a comprehensive program can meet the needs of short-term volunteers, as well as addressing the aspirations of those who choose to volunteer over the long term.

Through volunteer programs, hospitals are providing an important introduction to careers in the health field for engaged students. When these students leave these programs, they are essentially released to pursue their careers and extend their loyalties to other organizations. As hospitals face critical staffing shortages over the next decade, one way of attracting new staff in a variety of health fields is to encourage a new generation of student volunteers within the organization to develop an interest in health careers and to build some institutional loyalty and commitment. By nurturing such commitment, it is possible that the hospital will reap the rewards in the future.

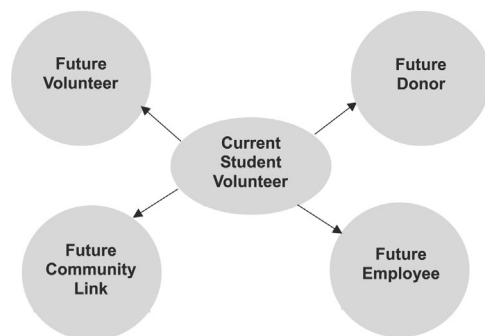
Figure 1 demonstrates the potential future roles that a student volunteer may embrace:

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Figure 1
 Potential contributions of current student volunteers



- As a future volunteer, their current presence helps to secure a more consistent presence of volunteers within the hospital for the future.
- The hospital and its community relations arm will have greater links to the culturally diverse communities that it serves through the presence of students representing these groups.
- Many of the student volunteers have aspirations for a career in the field of health care. Their presence can form a base of trained graduates, familiar with the hospital, and with an already developed sense of loyalty from which to recruit in the future.
- Student volunteers who build successful careers, whether in or outside of the health care field and who remain loyal to the hospital are potential sources of future income for the hospital foundation.

Key findings

The research method used in this study is the scientific method as it applies to market research. Known as scientific marketing research (Rotenberg, 1995), the difference between this particular method of research and scientific methodology lies in the definition of accuracy of the measurement. In marketing research, the information is never totally accurate because of the following variables:

- Measuring devices are often questionnaires or surveys, which are not absolute.
- Marketing research often relies on human behaviour, which is complex, and unpredictable.
- Marketing research uses sample data not census data, so the data are not as exhaustive as the scientific method.

Despite the lack of absolute accuracy, the data collected via marketing research are sufficient to support the conclusions drawn from the research. Research data were gathered from the following sources:

- Summer 2001 student volunteers from subject hospitals.
- Selected student volunteers (1996-2001) from the Scarborough Hospital.

All the sample groups were given a self-administered questionnaire that was completed at the end of their summer program. This type of questionnaire is useful as it is efficient in cost and time and also provides the respondent with anonymity, resulting in more truthful data. The sample groups were as follows:

- *Sample Group A.* The Scarborough Hospital – General Site (40 respondents).
- *Sample Group B.* The Scarborough Hospital, Grace Site (60 respondents).
- *Sample Group C.* Southlake Regional Health Centre (28 respondents).
- *Sample Group D.* Sunnybrook Women’s College Health Science Centre (15 respondents).

Ages of student volunteers

Figure 2 indicates that the majority of student volunteers (79 percent) fall in the age range of 15-17 years old. The overall figure is consistent with the breakdown by individual hospitals.

School grades of student volunteers

In conjunction with the age data, the majority of the student volunteers (83 percent) fall in the middle grades, 10-12 (see Figure 3). This is generally the case with all the subject hospitals with Sunnybrook showing a little broader range of ages and grades. There is no provincial standard that dictates at what age students may begin their volunteer work. Each hospital makes this determination. The Grace and General Divisions and Sunnybrook all permit their students to begin at age 14. Southlake permits students to begin volunteering at age 16.

Figure 2
 Ages of student volunteers

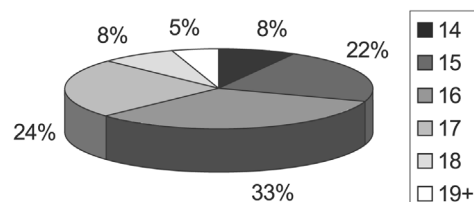
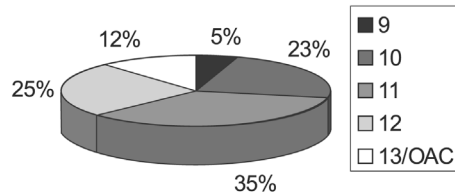


Figure 3
 Grades of student volunteers



Career interests of student volunteers

The overall responses of the students are indicative of the responses by individual hospitals. Of those students who indicated a career interest (see Figure 4), 50 percent of them indicated that they were interested either in being a doctor or in working in some part of the allied medicine field. Answers such as medical technician, medical research, allied health professional (physiotherapy, occupational therapy, speech therapy, audiology) were included in these responses.

Individually, only the Scarborough Hospital, General Division, had a high percentage of students not indicating a career interest. The General also had only 4 percent of students indicating an interest in the allied fields. However, the General also had the highest number of students aged 14 (25 percent). Students just entering high school and volunteering for the first time may not have a clear career path yet. Again, younger students, just entertaining the idea of a career in medicine, may not realize the multitude of allied professions available to them.

Students were surveyed about their volunteer work with specific regard for their motivation, expectations and satisfaction (see Table I). They were then asked to

indicate at what point they felt they might stop volunteering. Their responses indicated that by the time they reach their last year of high school, almost 25 percent of them predict they will have stopped volunteering. And by the time they actually graduate, another 25 percent will also stop.

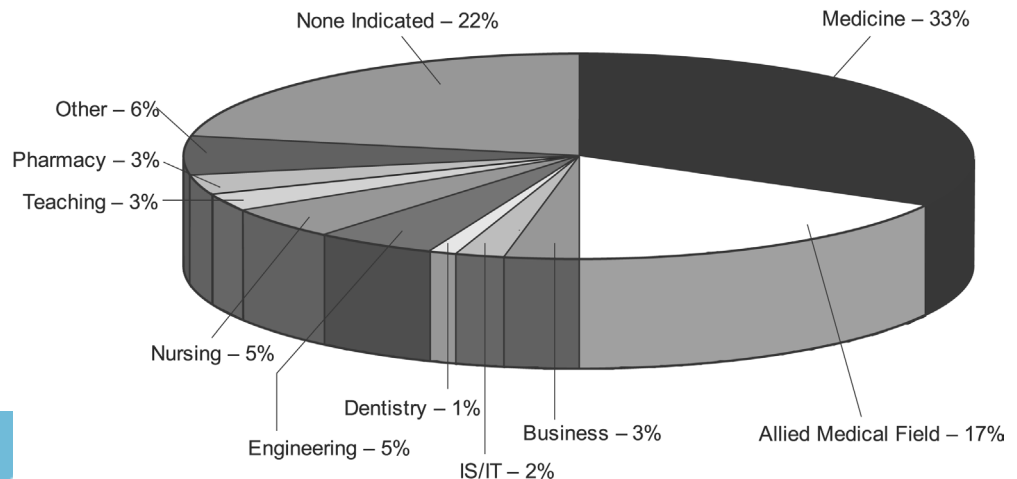
Students were then asked to comment on what they felt would be their main reason for leaving. Most indicated the main reason they would stop volunteering is the weight of schoolwork. The next highest rated reason students leave their volunteer work is to obtain a job. The majority of students indicated that they will require financial support to help pay for their post secondary education so that paid work is a priority for them.

Main findings

The five main findings from the data can be summarized as follows:

- 1 Retention is affected by motivation (see Figure 5). Students who volunteer for altruistic reasons have a higher retention rate than those motivated by other reasons. The motivating factors behind students' decisions to volunteer were divided into selfish and altruistic. The data indicates that students, motivated by the concept of helping the hospital (altruistic) have a longer retention rate.
- 2 Retention is not affected by satisfaction. McCurley and Lynch (1996, p. 116) believe that the "key to retaining volunteers is to make sure their particular complex of motivational needs are met through their volunteer experience". In other words, if the "volunteer experience makes the volunteers feel good, then they will

Figure 4
 Career interests of student volunteers



continue to want to volunteer. When this is occurring across the volunteer program, a positive, enthusiastic climate is created which, in turn, encourages people to continue to volunteer". The results of this study would demonstrate that even when these needs are met and the desire to continue volunteering remains, students still leave due to other priorities in their life.

- 3 Retention is affected by distance. Students will leave an enjoyable volunteer experience if their post secondary institution is far away from the hospital.
- 4 Retention is affected by time. Students will most commonly leave an enjoyable volunteer experience if their free time is limited from the weight of schoolwork.
- 5 Retention is affected by financial resources. Students will leave an enjoyable volunteer experience if paid employment is necessary to support the cost of their post secondary education.

It follows then that if a hospital wishes to maximize and develop its student volunteer program, the strategies it adopts should address these five points. Strategies for retention should help students balance their needs and wants and not be used in isolation, but rather in combination. Some strategies developed as a result of the data analysis are outlined below and include:

- Developing a sense of increased altruism amongst existing volunteers.
- Incorporating a virtual volunteering component into existing volunteer programs.
- Establishing a student volunteer scholarship fund.
- Implementing preferential hiring policies for existing volunteers.

Increasing altruism

McCurley and Lynch (1996) define the aspects of volunteering that play a critical role in retention rates. They include:

- *Connectedness*. Feeling part of a group that shares goals, values, respect and trust.
- *Uniqueness*. The feeling that an individual has a combination of unique talents and personality to offer to the group.
- *Power*. The feeling that the individual can make a difference.

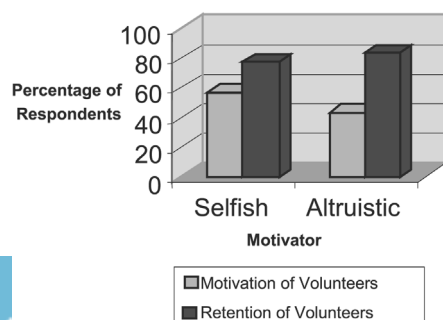
Managers of volunteers can do a number of things when working with volunteers and providing them with direction so that to some extent these needs can be met. For example, ensuring that the volunteer understands and recognizes the vital role he or she plays on a team towards common goals such as fundraising; including volunteers in team meetings; ensuring that they receive information newsletters and being publicly acknowledged and recognized for outstanding achievements. The critical component for a sense of increased power amongst volunteers is to ensure that each volunteer has a sense of the "big picture". Volunteers need to understand clearly how their role impacts the final outcome. Part of being satisfied with one's work is having a sense of control over the work. An effective managerial tool for enhancing this type of power is to supply volunteers with a vision of the desired outcome and encourage the volunteers to experiment with the road to that vision.

Too often managers have difficulty letting go of such power (McCurley and Lynch, 1996, p. 119). Managers provide volunteers with the desired outcome, but also direct the route that will lead there. This managerial style does not provide opportunity for volunteers to experience the importance of their role. For example, one method of delegating power to gift shop volunteers is to provide them with a sales goal, a desired outcome and seek their input as to how to reach that goal. Personal experience with this type of delegation has demonstrated that upon success of the goal, the volunteers feel they made a significant contribution to the project. If the goal is not reached, the

Table 1
 Students' reasons for volunteering

	Grace	General	Southlake	Sunnybrook
Mandatory hours for school (selfish)	31.7	25.0	17.9	33.3
Enhance my resume and job skills (selfish)	68.3	55.0	67.9	46.7
Enhance my application to university or college (selfish)	62.5	47.5	64.3	67.7
Provide assistance to the hospital (altruistic)	4.7	30.0	60.7	60.0
Other	0.0	5.0	7.1	0.0

Figure 5
 Relationship of motivation to retention



volunteers are much more likely to take ownership of any mistakes and put forth another effort.

Interwoven with this is the role that recognition plays amongst volunteers. There are many ways that volunteer work can be recognized. Experience would suggest however, that it is not so much the recognition of the contributions and achievements of individual volunteers but rather the knowledge that recognition procedures are in place. This study indicates that a large number of students volunteer with the intention of contributing to their community. Thus, when volunteers are recognized for this contribution, they see their needs as being met, and are likely to be more motivated to stay.

Virtual volunteering

One of the newest modes of volunteering is online or virtual volunteering. Ellis and Cravens (2000) define virtual volunteering as "tasks completed, in whole or in part, via the Internet and a home or work computer". Virtual volunteering is not a substitute for traditional volunteering methods. Rather it is an option for those people for whom the traditional model does not match their availability. Virtual volunteering provides options for students who have moved away from the hospital for educational reasons or for those who are simply unable to volunteer during "normal hours."

Ellis and Cravens (2000) cite many reasons to incorporate the virtual volunteering model into an organization's program. These include:

- reaching new volunteers;
- participating in a trend where more and more of the population prefer to conduct many of their activities online;
- permitting volunteers to overcome disability or mobility issues or home or work obligations;
- encouraging younger volunteers, who are more inclined to use the Internet to become long-time supporters of the organization (both in time and money).

Ellis and Cravens (2000) describe virtual volunteering in two categories:

- 1 Technical assistance including those "assignments that utilize the expertise of a volunteer to support paid staff or other volunteers at an agency, and usually involve accomplishing a project or reaching an objective" (Ellis and Cravens, 2000, p. 3).
- 2 Direct contact with clients involving tasks that, "create electronic links between a

volunteer and a client or other recipient of service" (Ellis and Cravens, 2000, p. 3).

Examples of technical assistance are as follows:

- conduct and report online research;
- provide professional consulting expertise;
- conduct online outreach and advocacy;
- design a newsletter or logo or database;
- provide technical assistance to Web site users (clients);
- translate documents; and
- design and maintain a Web site.

Examples of direct client contact might include:

- electronically visiting with someone who is homebound (or hospital bound);
- providing online mentoring;
- helping with language instruction; and
- moderating an organization's chat room.

An overwhelming majority of students (72 percent) were very interested in continuing on with the hospital through virtual volunteering. Of those students who declined, many of their comments indicated they preferred face to face, hands on contact. These are valid attitudes. Virtual volunteering is not a replacement for the regular volunteer program nor is it intended to enhance the existing program. For some, virtual volunteering will never be an option. For others, it may be an ideal solution.

Today, most organizations have some degree of virtuality built into their daily routines. However, the concept of allowing a volunteer to operate "unsupervised" is one that may frighten off managers of volunteer programs. To counter this it should be noted that many organizations are fully comfortable with volunteers who work in the community autonomously, making decisions and acting in a responsible manner. No reason is evident that the same autonomy should not be afforded to well screened and well-trained virtual volunteers.

The virtual model suggested in this paper incorporates the basic components outlined by McCurley and Lynch (1996) which are common to any volunteer program. These include:

- recruitment;
- screening/placement;
- orientation/training;
- monitoring/supervision;
- motivation/recognition; and
- record keeping/evaluation.

Since the Scarborough Hospital (and indeed most other hospitals) already recognizes and incorporates the above components into their volunteer program, the virtual model simply becomes just another method of volunteering

that is easily fitted into the existing system. An examination of the basic components listed by McCurley and Lynch demonstrate how the virtual model may be applied.

Recruitment and screening

Virtual volunteerism is a tool to increase the retention of committed student volunteers. In this case student volunteers have already been recruited and have demonstrated their commitment through their previous volunteering experience. The screening process for virtual volunteering should involve an assessment of their level of comfort with online tasks such as e-mailing and electronic documentation, as well as the their current computer inventory. In other words, does the volunteer have all the necessary hardware, software and Internet access to complete the assigned tasks? This is particularly important for positions such as that of virtual translator, where the prerequisites include special software and a keyboard that recognizes eastern languages.

Not only must care be taken to assess the interest and commitment of the volunteers, but also, hospital staff must be comfortable with this new method of volunteering. The most likely targets are staff located in those computer active departments where there may be already a strong relationship with volunteers on site. For these new projects to work, both the volunteer and staff must buy into the functionality of the concept and be prepared to pioneer new fields of volunteerism.

Orientation/training

Although the volunteers have already gone through a hospital orientation and have had onsite training, there are issues that are unique to virtual volunteering that will likely need to be addressed. For example, with onsite volunteers, the time commitment is generally the same time and day each week. In the case of working virtually, volunteers may perform the work in their own time frame. Therefore, the expectations of the completion time of any projects must be made clear to volunteers. A reporting structure is required that tells volunteers exactly how often to send progress reports and what information should be included in those reports.

Although confidentiality is a standard part of onsite orientation, virtuality entails special confidentiality issues. Volunteers may be receiving confidential information necessary to perform their duties. If volunteers are documenting information about their assignment, such documentation should be kept in a confidential file only

accessible to them. In addition, at the outset of the project, volunteers should sign a confidentiality agreement that defines the standard of conduct required from them, and outlines the scope of authority to represent the hospital online.

Other important factors include the requirement that volunteers take responsibility for all equipment and its maintenance. Volunteers should have anti-virus software and appropriate legally obtained software. (In some cases, such as the virtual translator position, the hospital may opt to purchase software on the volunteer's behalf.)

Monitoring/supervision

The fact that volunteers may not be seen at the hospital on a regular basis, should not excuse them from checking in regularly with their supervisor. Volunteers will require a departmental liaison so that they can ask questions and expect prompt answers. As well, volunteers should log their hours and send them to the appropriate department. The volunteer manager should also be available to answer questions in a prompt manner.

Motivation/recognition

When recruiting for virtual volunteer positions, it is important that the manager seek out self-motivated volunteers. Although maintaining regular contact with virtual volunteers can help to maintain motivation, self-motivated volunteers are more likely to succeed in this role. As previously discussed, recognition is an important component of motivation. The volunteer manager should incorporate virtual volunteers into the standard recognition program by inviting them to awards dinners and recognition luncheons. However, it should also be recognized that distance could play a factor in the ability of volunteers to attend these functions. For this reason, other perks such as movie certificates or restaurant vouchers may be a suitable alternative for the distant virtual volunteers as well as for those whose time does not allow them to attend these functions. The important aspect is that virtual volunteers not be forgotten in the recognition program as a result of the "out of sight, out of mind" mindset.

Record keeping/evaluation

Volunteers are responsible for submitting a record of hours worked and in some cases a synopsis of the work accomplished. The volunteer department is responsible for maintaining a file on virtual volunteers just as they do for all onsite volunteers. The role

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of the volunteer services department is to set up an evaluation process that seeks information from both volunteers and recipient departments. Since this is a component of the onsite program, an online evaluation interview or survey can be introduced into this aspect of the onsite program.

Putting it all together: two virtual possibilities

At the Scarborough Hospital all volunteer positions are allocated to one of three categories: patient contact, support services or fundraising. From there, the position is defined as long term or episodic. With this in mind, the following two virtual projects can be seen as representing a cross-section of these positions.

Project number one: Virtual Greeter

The concept of Virtual Greeter arises from the perspective of fear and uncertainty many patients face when being admitted to the hospital for scheduled test or elective surgery. The Virtual Greeter concept also arises from the large number of volunteers who indicate that they will not consider virtual volunteering because it did not involve patient contact (50 percent of students from the General Site indicated this reason). All parties can experience benefits from such an experience, including the patient, the volunteer and the hospital.

The volunteer is responsible for contacting the patient via email to initially welcome the patient to his/her upcoming hospital visit. Should the patient engage in conversation, the volunteer is then responsible for providing specific pre-identified information to the patient. The hospital now has the opportunity to maintain a relationship with the volunteer and cultivate a future adult volunteer or hospital supporter. The volunteer is already acting as a link between the community and the hospital and will hopefully continue this role into his/her adult years.

Project number two: Virtual Translator

The Virtual Translator concept arises from the need for health information in the patient's native language. The Virtual Translator concept also arises from the number of students (17 percent at the General Site) who feel they do not have time to volunteer because of school work. The benefits are experienced by the patient, the volunteer and by hospital staff who now have a tool with which to better communicate with patients. The volunteer is responsible for translating health information documents from English to the volunteer's native

language. The volunteer is responsible for collating this information and returning it to the appropriate contact person within the established timeframe. Again the groundwork exists for the hospital to cultivate a relationship with a volunteer who may serve to be a very useful link to his/her native community.

Student scholarship/preferential hiring

The idea of establishing a student scholarship fund is one strategy that cuts across both altruistic and the more self-interested reasons that people have for volunteering and may well work to increase retention amongst such volunteers. The opportunity to receive financial support from the hospital in the form of a scholarship or bursary may well be very appealing to students as they consider their future careers. Considering volunteers as internal candidates for job postings through a preferential hiring system may also address financial support provided by the hospital. Almost 20 percent of students reported the reason they would cease their volunteer work was to gain employment to pay for their post secondary studies. Particularly, in Scarborough, where, the gross family income is \$51,033, the need for financial support is high.

The Scarborough Hospital uses the figure of \$17.25 to estimate the worth of one volunteer hour. For volunteers who donate over 200 hours, this represents a financial contribution to the hospital of more than \$3,500. A student volunteer bursary program (see Appendix) represents a recognition of this kind of saving and an investment in the future of student volunteers from the point of view of the hospital which accrues many benefits from the existence of such a program.

A possible student volunteer scholarship fund is described in the Appendix. Although originally designed for the Scarborough Hospital it is easily adapted to any hospital volunteer services program.

Conclusion

Through this study, I am recommending that hospitals begin to view students as long term members of the hospital, who enter as student volunteers but may have the potential to evolve into future employees, community leaders and liaisons, financial contributors and lastly adult volunteers. To

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do so, means to invest in student volunteers in order to reap the dividends in the future.

Investment tools should include:

- the introduction of virtual volunteers into the traditional volunteer model;
- the empowerment and encouragement of existing volunteers within the program;
- the financial investment in future employees; and
- a completely new perspective on the potential of student volunteers.

Although this list is far from exhaustive, these tools provide an excellent jumping off point for hospitals interested in stabilizing their workforce both paid and unpaid, for the future. There remain many aspects of this study still to be researched. Inevitably, any research that results in helping to engage youth to a hospital program provides a substantial investment in the future for all parties including our young people, our medical establishments, and our society as a whole.

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Appendix. Outline of student volunteer scholarship program

The Scarborough Hospital Student Volunteer Scholarship Program

Criteria for applying

Contribution of over 200 volunteer hours to date.

Proof of acceptance and enrolment in a post secondary education institution.

Criteria for successful candidates

Students should demonstrate commitment to the hospital, the patients and the community.

Students should demonstrate a commitment to their post secondary studies.

Students should demonstrate a balance between their volunteer work and their studies.

Selection Committee

The Selection Committee is made up of the director, volunteer services and the staff member responsible for the Student Volunteer Program. The selection committee also includes at least one adult volunteer from the hospital's Volunteer Advisory Committee.

Disbursement process

Once the scholarship is awarded, the student must commit to continue volunteering for a period of one year. During this year period, the scholarship will be distributed in four payments of \$750 each. Payments will be made in June, September, January and April.

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