Workshop Presentation
Topic: Innovations and Good Practices in Volunteering

Community Partnership —
Health Promotion through Volunteering

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Abstract

Introduction
Hospital volunteer service, with a tradition of continuous development, is a solid pillar in the whole architecture of healthcare society in Hong Kong. The Hospital Authority (HA) currently has a strong team of over 10,000 volunteers. Although their contribution is generally recognized by society and their positive impact was acknowledged, relatively little is known about what motivates volunteers, what management models volunteers prefer, how volunteering benefits volunteers, and what is the best way to provide incessant and efficient volunteer education. There is a need for HA to identify these contributing elements in order to determine possible future strategies for and directions of hospital volunteer service development.

As volunteer service and community partnership is always in the heart of HA to promote a service culture of patient-centred, holistic healthcare, HA collaborated with the Asia-Pacific Institute of Ageing Studies of Lingnan University in 2002 in a large-scale survey on this absolutely crucial, but too often invisible sector in our society - volunteers.

Purposes of the Project
It has been observed that a considerable number of patients, or their families, served as hospital volunteers with their reciprocal motivation. It is also noticed that hospital volunteers demonstrated reasonable health consciousness and conscience. Based on these hypotheses, the study is designed to:

- understand the motives and incentives of volunteers for joining and staying in volunteer work;
- understand the intentions, attitudes and thinking of volunteers regarding their voluntary work;
- assess the impact of various factors, including physiological, psychological and social factors, on the participation in voluntary service;
- look into the major factors affecting the development of hospital volunteer service management.
Method
A clear theoretical background and analysis of different aspects of hospital volunteering in Hong Kong, including a volunteer’s actual involvement, reasons for and effects for volunteering, volunteer management and the personal profile of the volunteers were thoroughly explored. The study comprised 3 phases and both quantitative and qualitative evaluations were collected.

i) Personal interviews and a focus group were to identify impact factors and aspects of volunteers’ participation in hospital service.

ii) A pilot study was conducted to test the reliability of the questions and scales adopted for the main survey in the final phase.

iii) A structured self-administered questionnaire was designed to explore reasons for and effects of volunteering. Subjects were 1,500 volunteers by random block sampling from the list of hospitals provided by the Hospital Authority.

Results
From June 2001 to February 2002, 13 personal interviews and a focus group were conducted among the volunteers from nine public hospitals or service units. The data collected were used as the basis for structured questionnaire design. Main survey in the form of a self-administered questionnaire was conducted to 1,359 of volunteers from 22 hospitals.

Volunteers were asked about changes perceived as a result of their services at the hospitals. Majority of subjects reported positive changes in 1) Attitudes towards patients, medical personnel and service, 2) Exposure and life experiences and 3) Medical knowledge and health consciousness. Participants also showed significant improvement in areas including life satisfaction, understanding and acceptance of patients, self-appraisal and confidence, emotional control, self-understanding, social and communication skills, handling of everyday stress, physical and mental functioning, handling family’s health and organizational skills.

Conclusions
The study proves the positive impact of volunteering on the volunteers themselves: an increased tendency towards health advocacy, greater public education, and a better image of health care services. While volunteering could be a process of health promotion, the results provide HA and the society with the insights to maximize and further structure volunteer development.

Development of Hospital Volunteer Service
As our society becomes more affluent and open, people are progressing beyond the
selfish old notion of “minding one’s own business”, and are now more willing to share and to reciprocate what they have gained from the society by serving others, even serving those they have never met. People use this as a mean to demonstrate their love and sense of belongings to their community. Hospital volunteer service provides the public not only with an opportunity and platform to participate in social service, but also a chance to make their lives more meaningful and gain personal satisfaction through volunteerism.

From the very beginning of its establishment, the Hospital Authority (HA) sets out a fundamental corporate strategy, “partnership with the community in the decision-making and caring process for health promotion”. The concept has its foundation in the service culture of patient-centred, holistic care that is assiduously practiced throughout the HA. Patients are not treated only physiologically, but have their physical, psychological, social and spiritual need cared for by volunteers hand in hand with frontline staff.

The HA now boasts a volunteer team of over 10,000 members, coming from all walks of life in the community, including professionals, housewives, retirees, company executives, students and even patients and their families. They have become indispensable partners to the 50,000 HA staff. At present, the scope of work of hospital volunteers can be broadly classified as follows:

- direct patient care, e.g. comfort visits, condolence visits and wheelchair escorts
- hospital support service, e.g. reception, domestic assistance and tuck shop operation
- patient care education and health promotion, e.g. assistance in the planning of health promotion activities

Objectives of Study

As society and the healthcare environment continue to develop, the HA is fully aware of the need to look more deeply into policies for hospital volunteers, integrating new ideas and strategic recommendations for the development of hospital volunteer service. Very little research into hospital volunteerism has been undertaken in Hong Kong although HA volunteers’ contribution is recognized by society and their positive impact acknowledged. For this reason, the HA worked with the Asia-Pacific Institute of Ageing Studies of Lingnan University to conduct a large-scale survey on the impact of hospital volunteerism on the individual.

The objectives of the study are:

- to understand the motives and incentives of volunteers for joining and staying in volunteer work;
- to assess the impact of various factors, including physiological, psychological and social factors, on the participation in voluntary service;
- to understand the intentions, attitudes and thinking of volunteers regarding their voluntary work; and
- to look into the major factors affecting the development of hospital volunteer service management.
Methodology
The study comprised three phases:

Phase I (June – August 2001)
Thirteen personal interviews and a focus group were conducted among volunteers from nine hospitals or units to identify important factors and aspects of volunteers’ participation in hospital service.

Phase II (October – November 2001)
A pilot study was conducted to test the reliability of the questions and scales adopted for the main survey in the final phase. Data were collected from 83 volunteers of 22 hospitals or units through a self-administered questionnaire that contained 186 items.

Phase III (13 - 28 February 2002)
A structured self-administered questionnaire was designed to explore the different aspects of hospital volunteering, including reasons for and effects of volunteering. Subjects were 1,500 volunteers by random block sampling from the list of 22 hospitals provided by the HA, and 1,449 questionnaires, of which 1,359 were valid, were returned from the volunteers, achieving a response rate of 30.3%. Since data collection was conducted in two rounds, the analysis contains only 935 cases from the first round of questionnaires received.

Findings
Pattern of volunteering
There are two types of volunteers: those who are involved in direct patient care (or personal services) and those who take up supportive and committee work or indirect services. The ratio between the two groups of volunteers in the sample is approximately 6:4.

Nearly 50% of the respondents were active volunteers who delivered their service weekly or more than once per week, while 23.5% would offer service regularly each month.

Initial and continuing reasons for volunteering
Respondents were asked to rank the importance of 10 factors that motivated them to be hospital volunteers. The altruistic reason of wanting to help others and feel contented about one’s helping behavior (75.2%), a sense of social responsibility (41.9%), and seeking exposure and making new friends (30.3%) remained the three most important factors that motivated the respondents to volunteer.

While respondents considered the above three factors important reasons for their continued participation in hospital service, three other factors (i.e. learn new knowledge and skills; recognition received from family/friends/medical staff; and the belief that medical service is more in need of volunteer service than other social services) received increased ratings.

Effects of volunteering
Overall ratings
Volunteers were asked about changes (on a scale of 10 points ranging from -5 to +5) observed as a result of their services at the hospitals in the following areas: physical health, medical knowledge and health consciousness, emotional state, psychological well-being, life satisfaction, social exposure and attitude towards patients and medical services. The table below presents the findings on the self-perceived effects of volunteering.

<table>
<thead>
<tr>
<th>Aspects of change</th>
<th>Deteriorate (-5 to -1)</th>
<th>No change (0)</th>
<th>Some (1 – 3)</th>
<th>Significant (4 – 5)</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical and mental functioning</td>
<td>2.3</td>
<td>38.2</td>
<td>40.0</td>
<td>16.9</td>
<td>1.62</td>
<td>1.74</td>
</tr>
<tr>
<td>2. Handle family’s health</td>
<td>0.3</td>
<td>33.9</td>
<td>47.3</td>
<td>13.9</td>
<td>1.71</td>
<td>1.61</td>
</tr>
<tr>
<td>3. Medical knowledge and health consciousness</td>
<td>0.2</td>
<td>12.7</td>
<td>61.1</td>
<td>22.9</td>
<td>2.47</td>
<td>1.46</td>
</tr>
<tr>
<td>4. Self-understanding</td>
<td>0.2</td>
<td>14.8</td>
<td>59.3</td>
<td>22.3</td>
<td>2.38</td>
<td>1.50</td>
</tr>
<tr>
<td>5. Emotional control</td>
<td>0.5</td>
<td>22.5</td>
<td>49.9</td>
<td>23.6</td>
<td>2.16</td>
<td>1.64</td>
</tr>
<tr>
<td>6. Handle everyday stress</td>
<td>1.0</td>
<td>25.0</td>
<td>48.2</td>
<td>21.8</td>
<td>2.08</td>
<td>1.68</td>
</tr>
<tr>
<td>7. Self-appraisal and confidence</td>
<td>0.6</td>
<td>18.1</td>
<td>52.3</td>
<td>26.4</td>
<td>2.34</td>
<td>1.62</td>
</tr>
<tr>
<td>8. Life satisfaction</td>
<td>0.6</td>
<td>15.3</td>
<td>47.6</td>
<td>34.1</td>
<td>2.64</td>
<td>1.66</td>
</tr>
<tr>
<td>9. Social &amp; communication skills</td>
<td>0.2</td>
<td>13.8</td>
<td>60.8</td>
<td>22.2</td>
<td>2.36</td>
<td>1.46</td>
</tr>
<tr>
<td>10. Organizational skills</td>
<td>0.2</td>
<td>26.1</td>
<td>56.6</td>
<td>12.4</td>
<td>1.79</td>
<td>1.50</td>
</tr>
<tr>
<td>11. Life exposure and experiences</td>
<td>0.2</td>
<td>8.3</td>
<td>61.2</td>
<td>26.8</td>
<td>2.65</td>
<td>1.43</td>
</tr>
<tr>
<td>12. Understanding and acceptance of patients</td>
<td>0.2</td>
<td>11.8</td>
<td>56.7</td>
<td>27.5</td>
<td>2.56</td>
<td>1.46</td>
</tr>
<tr>
<td>13. Appraisal of voluntary service</td>
<td>0.6</td>
<td>10.3</td>
<td>53.5</td>
<td>32.5</td>
<td>2.73</td>
<td>1.53</td>
</tr>
<tr>
<td>14. Impression of medical personnel and service</td>
<td>1.6</td>
<td>11.9</td>
<td>47.8</td>
<td>35.1</td>
<td>2.72</td>
<td>1.67</td>
</tr>
</tbody>
</table>

The mean scores reveal that the volunteers are positive about the changes after they have become hospital volunteers. A large proportion of them reported improvement of...
varying degrees in the areas listed above. For example, over 30% reported significant improvement in their attitude towards patients, medical personnel and service. Also, regarding medical knowledge and health consciousness, 61% reported some improvement and 22.9% reported significant improvement.

Volunteer management
Collaboration between hospital and volunteers remains the most preferred model of volunteer management. The second on the list is hospital-dominant model, followed by volunteer-dominant and centralization through the HA. Hiring outside agency to co-ordinate volunteer work is the least preferred model of management.

Personal inclination and psychosocial functioning
About 80% of volunteers stated that they were happy and satisfied with life, while 65.1% considered their lives smooth as compared to other people of the same age. Moreover volunteers also experienced positive feelings more often than negative ones.

The study also explores the personal inclination of the volunteers in the following aspects:

- attitude towards illness, pain and suffering
- ego strength and maturity
- relational orientation
- volunteer satisfaction

Survey results show that the volunteers attained an above average mean score in the various aspects.

Differences between volunteers involved in personal services and those not
Those involved in personal services were more satisfied with their voluntary work and tended to give higher rating to their service. Volunteer satisfaction is only weakly related to frequency and length of service, and it seems to be more related to kinds of service. Volunteer satisfaction is also related to more positive evaluations of the performance of the hospital/HA, and whether the problem they encountered got resolved.

Discussion
Initial and continuing reasons
Comparison among different age groups demonstrates that there are significant differences in their motives in hospital volunteering. The opportunities for self-development and growth act as a greater driving force for the younger generation, while the older generation is more social-minded and looks for sharing and company. “Approval from family/friends/medical personnel” serves as an outstanding sustaining factor for the youngest group (i.e. aged 18 and under) to continue their service at the hospitals.

Effects of volunteering
While overall positive changes have been observed in the study population, further analysis reveals that age, nature and types of service that the volunteer belongs to and if he/she has experienced severe illness or not are significant factors that contribute to the
difference in scores.

The older generation tends to report greater positive change in health-related aspects, including health status and consciousness, self-understanding and confidence, emotional stability, stress management and life satisfaction. Those who have experienced severe illness are more ready to acknowledge their improvement in health-related aspects, i.e. “physical and mental functioning” and “medical knowledge and consciousness”. Those involved in “personal services” at the hospitals are also more likely to feel an improvement in various aspects. In order to account for such differences, more in-depth studies in the form of focus groups, interviews or longitudinal studies have to be conducted to look into the possible factors, such as volunteer management model, personal attributes of a volunteer and volunteer experience.

Comparison among elderly volunteers
The volunteering pattern of elderly male volunteers is characterized by a preference for personal contact which offers the opportunity to share one’s experience and receive recognition from others. By contrast, female volunteers are more keen to offer indirect service, and they are more likely to seek exposure and make new friends through volunteering.

Volunteer management
Results show that while the majority of volunteers for collaboration between hospital and volunteer as their preferred model of management, the volunteer-dominant model and hiring professional agency were relatively less preferred. This reflects the volunteers’ tendency to maintain the status quo and that they are not ready for self-management.

Volunteer personal inclination
Respondents in the study are relatively happy and content with life. They attained higher than average scores in the scales adopted to measure their inclinations in the various aspects: appreciation of suffering, growing through pain, mastery over illness, purpose in life, personal growth, positive relations with others, self-acceptance, environmental mastery, autonomy, time perspective and volunteer satisfaction. The relevant scores could be used as baseline data for future comparison.

Conclusion
This study provides information on volunteerism in public hospitals throughout Hong Kong. There is a proven positive effect of volunteering on the volunteers themselves: an increased tendency towards health advocacy, greater public education, and a better image for hospitals. This shows that the participation of volunteers in healthcare is mutually beneficial. The study clearly shows that volunteerism is a successful strategy for the HA to carry out its mission of “community partnership in health”. While volunteering could be a process of health promotion, the results provide HA and the society with insights to maximize volunteer development in a more meaningful way and also serves as a platform to map out possible future strategies and directions.
References


