

## **Inter-hospital Delphi Study to identify common priorities**

Contemporary hospital units can be fast-paced challenging environments for patients and their caregivers. Staff members seek to provide outstanding, holistic and compassionate care; patients and families assume their providers are competent, efficient and caring. Providing optimum care is often challenged by time restrictions and financial constraints necessitating the need to maximize the potential of all members of the healthcare workforce. Volunteers represent a frequently unacknowledged resource that can contribute significantly to healthcare, bridging the gap between “ideal” care and the realities of an ever increasing workload.

Although there is literature outlining the various roles of hospital volunteers, there is a paucity of literature describing strategies for including volunteers in patient care and clinical teams. Volunteerism as a resource that can complement the work of paid professionals in improving patient experience and health outcomes is an important emerging research topic.

### **Study Purpose and Objectives**

The purpose of this study is to identify and prioritize common issues, questions or concerns regarding hospital volunteerism. This identification of common topics of interest will inform a research agenda, ultimately guiding the development of best practice volunteer programs for improved patient experience and patient outcomes. The overarching study objective is to:

- Reach consensus on topics of interest as research priorities for hospital volunteerism.

### **Participants and Data Collection**

Participants were purposefully recruited for their expertise concerning volunteerism within hospital settings. Approximately 60 participants were invited to participate from the four partner sites (St. Mary’s, SickKids, CAMH and Bridgepoint -15 per site). Data collection was conducted using an electronic survey tool (Survey Monkey).

### **e-Delphi 1: Creating a Comprehensive List of Topics**

The first round of the questionnaire (e-Delphi 1) contained a list of topics (previously identified by members of Council). Participants were asked to select the topics they perceive as important. An open-ended field was also provided for participants to input additional topics of interest.

e-Delphi 1 Analysis: For e-Delphi 1 all of the topics identified to be of interest to at least one respondent were included in a collective list. Any items that were not identified as important (i.e. not checked off in the survey) were discarded and not included in the second round. Additional topics inputted by participants in the open ended question field were also analyzed. Thematic analysis was used to group these open ended responses into discrete non-overlapping topics presented as a master list in e-Delphi 2.

### **e-Delphi 2: Ranked Order List**

For e-Delphi 2, all the selected (checked off) and new topics from e-Delphi 1 were presented to the study participants in the form of a collected topic list. Participants were asked to rank all the topics/questions in order of importance (1 as most important to the least important).

e-Delphi 2 Analysis: the research team collated the ratings to define a prioritized list of top 10 items.

## Findings

### e-Delphi 1

38 Completed e-Delphi 1 surveys were received across the participating organizations. All topics identified by council members were perceived as important by respondents. Each topic was checked off by at least one participant, therefore no items were discarded. In addition, 13 open ended responses were collected from participants across the 4 organizations.

The following table (Table 1) represents a collective summary of round 1 results across organizations. The percentage of responses represents how frequently each topic was identified as an area of interest, and the number below represents how many respondents (out of 38) checked off each topic.

Table 1

Answer Choices	Responses
What is the balance between patient need and volunteers' interests/desires?	73.68% 28
How do we avoid 'problem' volunteers? Minimize mismatch between volunteer and site/opportunity?	71.05% 27
How do we improve our ability to recruit volunteers with key skills?	71.05% 27
How do we best evaluate and measure performance of volunteers?	68.42% 26
How do we address patient safety and risk issues related to volunteerism?	65.79% 25
How do we create capacity to utilize volunteers?	55.26% 21
What are the HR processes to manage volunteers?	52.63% 20
Can categories of volunteers be created to match organizational needs?	50.00% 19
How do we work with volunteers in complex unionized environments?	47.37% 18

What is the return on investment (ROI) for the various types of volunteer programs?	47.37%
	18
What is the cost of onboarding volunteers?	36.84%
	14

Thematic analysis was conducted to collate pre-identified topics and open ended responses into a master list of 10 topics to be used for ranking in e-Delphi 2 (please refer to table 2 for the list of topics).

### e-Delphi 2

37 completed surveys were received for e-Delphi 2 from the four partner sites. The table below (Table 2) shows the collective ranking of topics across organizations arranged from the highest ranking i.e. most important to the lowest ranking i.e. least important.

Developing strategies to optimize the recruitment of volunteers with key skills was collectively identified as the highest priority topic to direct future initiatives. Finding the balance between volunteer needs/motives and organizational needs (including those of patients and clinical teams) was the second highest ranking topic, followed by building and implementing HR processes for volunteers that mirror paid staff practices. Incorporating volunteers into unionized environments was identified as the lowest priority topic.

Table 2

<b>Answer Choice</b>	<b>Average ranking</b>
Developing strategies to optimize the recruitment processes in order to attract volunteers with key skills required by the organization.	8.17
Assessing how to strike a balance between meeting patient/clinical team needs and the individuals' motives for volunteering for a given program.	6.94
How to build and implement Human Resource practices (including orientation, supervision, performance evaluation, termination) for volunteers that mirror paid staff management practices.	6.22
Developing strategies to promote good working relationships between volunteers, and	6.00

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with staff.	
Determining how to create an environment that fosters patient centered volunteerism, including staff education about volunteers/volunteerism, innovative program development, and shared supervision of volunteers).	5.94
Determining how to minimize risk issues related to volunteerism (patient safety, privacy and confidentiality, volunteer safety).	4.83
Developing measurement approaches that can accurately assess the value of volunteers' contribution and subsequent return of investment (including the cost of onboarding for both the organization and the volunteer).	4.61
Developing strategies to recognize 'problem volunteers', and techniques to manage scenarios involving these volunteers.	4.42
Figuring out how to 'remunerate' volunteers for their contributions (including education, continuing professional development opportunities, volunteer recognition, and retention strategies).	4.03
Determining how to incorporate volunteers into unionized environments.	3.83

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## Conclusions and next steps

Individuals with expertise in hospital volunteerism including clinicians and administrators reinforced the concept of volunteers as a valuable resource in healthcare. Topics of interest identified by council members were validated and expanded on by experts in the field.

Volunteers' potential as contributing members of the healthcare workforce is augmented by recruiting volunteers with key skills. Desired volunteer skills vary according to context, so do the organizational policies governing recruitment. Developing strategies to guide organizational identification of crucial volunteer skills, and creating corresponding recruitment practices contributes to the Council's goal of building volunteer best practices for improved patient experience and health outcomes.

The Delphi results were shared and discussed with the Hospital Volunteerism Knowledge Network Council members. Implications and future actions to translate these findings into context-appropriate initiatives were also reviewed. Discussions are on-going among council members to identify the exact nature of the action oriented collaborative next phase. Council members are also identifying individuals within their own organizations with the skills and

expertise to act as working subgroups within the leadership council to support organization-specific volunteer initiatives.

A large scale meeting of council members plus additional representatives from the four partner sites is scheduled for January 2015. Working subgroups will be created from organizational representatives to support individual initiatives at each site.