Former Volunteers Report on the Most Meaningful Factors Affecting their Service with the Oregon Long Term Care Ombudsman Program

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Abstract

Retaining the nation's current force of about 8,700 volunteer ombudsmen is a top priority for America's ombudsman program leaders. As part of a larger study on volunteer ombudsman attrition, 147 former ombudsmen were asked about the most meaningful aspects of their volunteer work. Among the 298 responses, three thematic domains emerged, each containing several subcategories: (a) power issues (45% e.g., resolving problems/helping residents), (b) affiliation issues (41%, e.g., positive social contacts), and (c) program issues (5%, e.g., staff support and training). Former ombudsmen were also asked what would have encouraged them to remain on the job. This resulted in 251 replies categorized in five distinct domains: (a) program issues (53%, e.g., better staff support), (b) personal issues (14%, e.g., better health), (c) power issues (14%, e.g., success in causing change), (d) system adversity issues (9% e.g., better enforcement), and (d) boredom items (1%, e.g., need more to do). This study suggests that volunteer ombudsmen's meaningful work motives included the altruistic power drive of resolving problems to help residents and the desire for positive work relationships. Implications for these motives are discussed including the concern that strong relationships with facility staff may dilute the ombudsman's watchdog/reformist role. Findings suggest that former volunteers may have been encouraged to remain in service by improved program factors, especially better staff support. Implications and recommendations regarding training, retention, and enhanced long-distance management techniques are presented including the need for web and video based applications to improve volunteer work role socialization and retention.

Key Words: ombudsmen, motivation, retention, volunteer, advocate

Since the grass roots based Long Term Care Ombudsman Program (LTCOP) was mandated by the Older Americans Act in 1978, state and local LTCOP leaders have struggled to recruit, train, and sustain enough volunteers to investigate and resolve complaints, defend patients' rights, and advocate changes to improve resident care and quality of life (Netting, Borders, Nelson, & Huber, 2010).

Throughout this paper we use the term volunteer to exclusively refer to the 8,688 investigatory non-paid ombudsmen who represent the great majority of the LTCOP staff nationally (Netting, et al., 2010). This number has never been sufficient to cover the nation's long-term care facilities and will fall far short of meeting tomorrow's looming baby boomer advocacy needs. To help LTCOP leaders meet this recruiting challenge, in this study we report what former volunteers in one state identified as the most psychologically meaningful aspects of their work and what would have encouraged them to stay. We begin with a review of literature on ombudsman work motives followed by study results, discussion, and implications.

Volunteers in Ombudsman Programs

Research on volunteer ombudsman morale and motivation found that volunteers who share their parent program's advocacy values were more satisfied with their jobs, were more productive, and stayed with the program longer (Nelson, Hooker, DeHart, Edwards, & Lanning, 2004). Researchers have also linked the fulfillment of altruistic work motives and positive work relationships to both organizational loyalty and to higher productivity (Nelson, Netting, Huber, & Borders, 2004). Conversely, sources of dissatisfaction and attrition include the volunteer role's complexity,

isolation from other ombudsmen, the nursing home's bleak environment, inadequate training, excessive conflict, discomfort with program leadership, and weak regulatory enforcement (Litwin & Monk, 1984; Nelson, Netting, Borders, & Huber, 2004).

Study Methods

The chief investigator (then the Oregon program's Deputy Director), assisted by paid staff, selected four veteran volunteer chairs from among the program's 13 citizen recruitment and screening committees and trained them in phone survey techniques. During the summer of 1996 these callers contacted 170 former ombudsman volunteers from a pool of about 350 who had previously resigned from the program.

As part of a larger, quantitative study, the researchers decided to more deeply probe volunteer sentiments about work supports and hindrances by asking them to provide at least two responses to four open ended questions. Responses to two of these questions probed the volunteers' perceptions of discouraging influences and reasons for leaving. These responses were reported earlier (Nelson, Netting, Borders, et al., 2004). The two remaining open ended questions regarding the former volunteers' feelings about the most meaningful facets of their jobs and what would have encouraged them to stay with the program are reported here for the first time.

The principle investigator and the agency's volunteer resource manager independently reviewed (with assistance from the caller-recorders) each of the 549 responses to the two questions about meaningful and encouraging work influences. Using a minimum of two coders who are familiar with the program is considered acceptable and can reduce problems of coder misinterpretation and unreliability (Fitzgerald, 1996; School of Psychology University of New England, 2000). Content based coding was used to group responses according to key words and obvious meanings. A relatively small number of distinct yet comprehensive domains emerged. These, in turn, subsumed thematically related, yet implicationally different sub-categories. Many of the respondents gave more than two answers per question or made statements with more than one distinct meaning resulting in a larger than expected number of statements. Nevertheless, when the two separately ranked response lists were jointly compared only a few adjustments were needed to combine them into a single master list. This process suggests good interrater reliability.

Results

Sample Demographics

Of the 170 volunteers contacted, 147 (85%) responded. These former volunteers were largely retired with an average age of 64 years. There were twice as many women as men. Respondents were more highly educated than their age cohort peers in the general population. Nearly half held college degrees and almost a quarter had completed some graduate work.

Research Questions and Answers

The first question about the most meaningful aspect of the volunteer work yielded 298 responses falling into three domains: power issues, affiliation issues, and program issues. Each domain contained several subcategories. The three domains could have been predicted from previous ombudsman research (Keith, 2001; Litwin & Monk, 1984; Nelson, Hooker, et al., 2004).

The dominant power domain involved the former volunteers' sense of exercising influence through their resident advocacy (159 responses, or 54%). The single most meaningful power subcategory

was resolving problems/helping residents (134 responses, 45%). This reflects the core function of the investigative ombudsman: complaint resolution.

The second ranked affiliation domain involved the volunteers' perceptions of having meaningful work related social interactions, accounting for 123 responses (41% of all answers). The affiliation subcategory of visiting with residents accounted for 33% of the affiliation drive (99 responses), followed by relationships to facility staff (20 responses) which accounted for 7% of the affiliation motive. Distantly trailing were two subcategories in the program domain pertaining to staff support and training. These accounted for only 5% of all identified most meaningful factors.

The second question asked the former volunteers: What would have encouraged you to remain in service? There were 251 responses to this question resulting in five domains with multiple subcategories: (a) program issues, (b) personal issues, (c) power issues, (d) system adversity issues, and e) boredom issues (Table 2).

The 13 sub-categories in the dominant program domain appeared to have the greatest potential for encouraging continued service (132 responses, 53%). The leading subcategory for this domain was the need for better staff support (42 responses, 17%). The third ranked power domain's top subcategory, success in effecting change, was mentioned by 29 former volunteers (12%), followed by the personal domain's subcategory of better health (20 responses, 8%). The fourth and fifth ranked system adversity and boredom domains accounted for only 10% of the total responses (26 answers) for question two.

Discussion and Implications

This study is one of a very few that have attempted to more precisely identify the factors what were seen by former

volunteer ombudsmen as contributing to meaningful volunteer experiences and that, by presumptive extension, may have encouraged continued work involvement had they been experienced more strongly. Previous analyses focused on the reverse of these data – what factors discouraged volunteer participation (Nelson, Netting, Borders, et al., 2004) and explored how current and former volunteers differed with respect to organizational commitment, role conflict and ambiguity, and other select variables (Nelson, Netting, Huber, et al., 2004). In this analysis, power and affiliation issues emerged as major motivators for many former volunteers while some reported that they would have been encouraged to stay longer by better support, different work requirements, and changed leadership.

Given the meaningfulness of helping residents by wielding power to influence the resolution of problems appears to be a considerable psychological incentive which logically, increases the volunteers' commitment to the LTCOP—the source of this gratifying opportunity (Nelson, Pratt, et al., 1995). At a theoretical level the power to help residents broaches the fundamental question of the importance of altruism to volunteer motivation. Like many before and since, Flashman and Quick (1985) argued that altruism is absolutely essential to sustaining effective volunteer service (1985)—a fact confirmed by other research on Oregon volunteers showing that they valued altruism over affiliation or other important motives (Nelson, Hooker, et. al., 2004).

Still, affiliation may be meaningful to volunteers in ways that are not always complementary to their roles. For instance, the second most commonly reported meaningfulness response, visiting with residents (99 responses, 33%) is desirable if volunteers visit residents to build trust and

gain insight into resident needs as a platform for advocacy. However, if friendly visiting is pursued out of a sheer longing for sociability it may temper or even supplant the ombudsman's watchdog and reform focus. That this is a major problem is reflected by research showing that 53% of 745 volunteer ombudsmen in several states preferred straight up visiting to resident advocacy (Keith, 2000).

Far more troublesome is a problem suggested by the affiliation subcategory of relationships with facility staff (Table 1). This was cited as most meaningful by 7% of the former volunteers in this study. The danger here is that these staff friendly ombudsmen may become more sensitive to providers' needs than to residents' needs, representing a values based conflict of interest that potentially undermines the volunteer's duty to promote residents' interests over facility interests (Nelson, 2003).

Management attempts to realign misguided affiliation values with incompatible expectations for partisan advocacy can strain the volunteer's mental bond with the program. This can lead to disaffection with the program that may be suggested by this study's findings that some former volunteers preferred better staff support, different policies, different paid staff, and different volunteer roles.

Fortunately, any dysfunction driven by an inappropriate affiliation impulse seems to be outweighed by the former volunteers' stated preferences for resolving problems and helping residents. This suggests that pure friendly visiting and facility over-coziness are less widespread in Oregon than elsewhere (Keith, 2000). In fact, the combined meaningfulness subcategories of visiting with residents and resolving problems (78%) may actually indicate mutually complementary roles that combine problem solving with much needed human interaction that benefits the residents' needs for human connections and social contact.

Limitations

It is important to note that this study focused on only one state and that the data were collected in 1996. However, the current Oregon Deputy State Ombudsman Fade, who was with the program when these data were collected, confirms that nothing about the volunteer job, program structure, training, volunteer demographics or patterns of participation, or, even the agency's directorship (until July 2009) have markedly changed since then (Personal Communication, April 26, 2010). In fact, volunteer recruiting and training protocols and policies have been relatively stable for the last 15 years. The agency's 150 plus volunteers are still expected to spend an average of four hours in their assigned facilities and complete at least eight hours of continuing education per year. Monthly local volunteer support group meetings are provided by six paid regional staff who work out of an office in the state capitol, which limits their contact with volunteers primarily to phone calls and emails (A. Fade, Personal Communication, April 26, 2010). The director of the National Long Term Care Ombudsman Resource Center (NORC) concurs that these data are still relevant and provide insights obtained from former volunteers, adding that inadequate training, weak support, sub-optimal recruiting efforts, and the conflict prone nature of the job remain perennial problems (L. Smetanka, Personal Communication, September, 21, 2010).

Implications and Recommendations

The Oregon volunteers' apparent penchant for the *power* motive of *resolving resident problems* may be the fruit of the program's values-based recruiting,

screening, and selection procedures. It must be accepted that instilling program values and role appropriate behaviors will be especially difficult if the right volunteers are not attracted in the first place. To help ensure this, recruiting materials, position descriptions, public service announcements, membership brochures, and probing yet informative screening processes must strongly signal the program's reform orientation to prospective recruits (Nelson, Netting, Borders, et al., 2004).

Even then some ill-matched people will slip through the firewalls. Consequently, initial training should be designed as a backup filter that flushes out lingering role misapprehensions. Trainers need to recognize that much of the broader gerontological, health, and macro policy content that is common in many volunteer training programs may need to be scaled back in the beginning, providing time to focus on the development of foundational practice skills first. The broader educational content can then be provided for seasoned veterans, who have already mastered many of the practical challenges faced by new volunteers. New volunteers must learn to solve hitherto unfamiliar nursing home problems by arguing claims with decision makers who often have differing views and priorities (Nelson, 2003). Academically oriented trainers, especially, must keep in mind that the volunteers in training may not be researchers who enjoy the Gerontological Society of America annual meetings or even the more practice oriented American Society on Aging—they are training very caring lay people to identify problems and advocate for those who may not be able to advocate for themselves.

To set new volunteers on the right course and to minimize role confusion, trainers might adapt Litwin's (1982) *Ombudsman Role Perception Research Scale* as a self-assessment instrument that

can provide volunteers valuable feedback about their own penchant for issue advocacy, problem solving, friendly visiting, resource brokering, resident education, and so forth. Trainees should also take one of the widely available conflict self-assessment measures such as the Thomas-Kilmann Conflict Mode Instrument (2007). This can help volunteers assess their own tendencies to over-rely on any one of the five basic conflict tactics: avoidance, accommodation, compromise, collaboration, and forcing. It can also help trainers drive home how in heavily regulated nursing facilities, advocates must often politely and professionally assert evidenced backed arguments to compel, as opposed to negotiate, statutory compliance and to exact change when resident needs are urgent or resistance is disingenuous, errant, or entrenched (Nelson, et al. 2001)

Modeling flexible and stylistically appropriate conflict skills can be challenging in the classroom. Fortunately, many conflict management DVDs are available and some programs have developed them internally. The Kentucky Ombudsman program, for example, recently unfurled a YouTube channel showcasing friendly visiting as a means to gain trust as a gateway to advocacy (National Long-Term Care Ombudsman Resource Center [NORC], 2011). As valuable as video modeling can be, it must be augmented with plenty of practice opportunities. Case studies, and semi-scripted small group roleplays allow volunteers to vicariously, but safely, experience novel and possibly threatening situations.

Later, in the field, new volunteers must continuously hone these skills while actively reflecting on whether their actions are consistent with program purposes. To support this, managers must structurally reinforce program roles, values, and goals by translating them in performance

contracts, newsletters, recognition events, support group meetings, continuing education workshops, conferences, and annual work evaluations (Nelson, Netting, Borders, et al., 2004).

All this will only go so far if the program does not hire paid staff who can motivate volunteers and keep them attached to the LTCOP's ideals and standards. Finding the right people can be challenging because paid staff in many of the nearly 700 sub-state LTCOPs not only carry their own case loads, but must collect program complaint data, interpret laws and regulations, as well as promote ongoing recruitment and training initiatives among other sometimes erratic and diverse administrative responsibilities. Improving staff support may be even more difficult in a state level centralized program like Oregon's, especially given impending budget cuts (R. Savitt, Certified Volunteer Ombudsman, personal communication, May 30, 2010).

Nevertheless, supervisory burdens can be reduced by honing long-distance management techniques involving routine phone and email contacts with volunteers, and by expanding online-volunteer management applications. The latter can help ombudsmen supervisors maintain skill banks, track service hours and special complaint assignments, and tally award criteria. Of course, the need for phone and email support will not diminish, but actual field visits by paid staff will have to be carefully allocated based on case urgency.

Programs should also support their increasingly Web savvy volunteers in tapping into online ombudsman resources including special topic legal analyses and highly detailed facility specific quality rankings (Medicare.gov, 20110), topical Ombudsmen job aid checklists (Center for Medicare and Medicaid Services, 2007), webinars and audio listening forums, all of which can be easily accessed from home (cited in NORC, 2011). Volunteers may appreciate the encouragement to surf the web and be current on longterm care problems nationwide.

Reducing the ill-effects of system adversity will be difficult at best as these involve structural factors that are largely outside the LTCOP's control. Still, many of the hindrances mentioned in the system adversity domain, including poor enforcement, excessive bureaucracy, poor facility cooperation, and the unending pressure of serious and often urgent resident problems can be partly mitigated by creating realistic expectations during training, by improving supportive staff and volunteer contacts through long-distance management techniques mentioned above, and by promoting peer affiliation. These can be accomplished by fully exploiting participative social media by using social networking sites, having volunteers post personal photos and profiles on program web-pages, promoting a State Ombudsman blog, and by sponsoring regularly scheduled chat rooms moderated by experienced volunteers.

Certainly, face-to-face role socialization opportunities should not be neglected. Proven veteran ombudsmen should be encouraged to help mentor local area volunteers by modeling successful behaviors, and providing emotional support during trying cases. Peer-to-peer job shadowing may also help cement the new volunteer's (or a wavering veteran's) appropriate role orientation in the face of various affiliation needs based temptations.

Conclusion

The current recession and impending budget cuts will certainly strain the program's capacity to increase the quality and quantity of much needed volunteer advocates. This study provides some

direction to improve organizational supports in the quest to enhance volunteer loyalty, confidence, and competence in the face of rapidly growing system demands. It also stresses the centrality of altruism in fueling the drive to meet these challenges by providing volunteers with meaningful opportunities to protect residents from "unnecessary suffering" (Flashman & Quick, 1985, p. 167).

Attracting and keeping quality volunteers demands that LTCOP leaders impart effective resident-centered messages throughout all program activities that inspire peoples' basic, helping instincts while recognizing that affiliation drives and numerous peripheral needs are also at play and mitigated by personal and other program factors. Thus, supervision and oversight of volunteers is multidimensional and complex, as is the training and education of volunteers. In the face looming challenges this study provides guidance on how to develop values driven recruitment, training, and other management practices that can help sustain increasingly valuable volunteers who are fundamental to the success of the LTCOP. It also emphasizes the importance of peer mentorship and support in helping volunteers address the challenging mission of mercy and care.

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Table 1
Most Meaningful Aspects of the Ombudsman's Job

	Response	n	%
1. Power Domain, n = 159, 53%			
1.1	Resolving problems/helping residents	134	45
1.2	Sense of personal accomplishment	13	5
1.3	Importance of work	12	4
2. Affiliation Domain, n = 123, 41%			
2.1	Visiting with residents	99	33
2.2	Relationships with facility staff	20	7
2.3	Relations to people	4	1
3. Program Domain, n = 16, 5%			
3.1	Support from staff	9	3
3.2	Training	7	2
	Totals	**298**	**100**

Table 2
What Would Have Encouraged Continued Service

	Response	n	%
1. Program Domain, n = 132, 53%			
1.1	Better staff support	42	17
1.2	Different program policies	18	7
1.3	Having a buddy system	15	6
1.4	Different paid staff	11	4
1.5	Better training	10	4
1.6	Need to change facility assignments	9	4
1.7	Less conflict between volunteers	7	3
1.8	Different volunteer roles	6	2
1.9	Change reporting requirements	4	2
1.10	Continued good central staff support	4	2
1.11	Increased local support	4	2
1.12	Less legislative involvement	1	0
1.13	Fewer meetings	1	0
2. Personal Domain, n = 58, 23%			
2.1	Better health	20	8
2.2	Change personal circumstances	16	6
2.3	More time	13	5
2.4	Transportation	8	3
2.5	Less stress	1	0
3. Power Domain, n = 35, 14%			
3.1	Success in effecting change	29	12
3.2	Less adversarial	5	2
3.3	More authority	1	0
4. System Adversity Domain, n = 22, 9%			
4.1	Increased system enforcement	12	5
4.2	Fewer problems with residents	4	2
4.3	Reduce system bureaucracy	4	2
4.4	More support from facility	2	1
5. Boredom Domain, n = 4, 1%			
5.1	More difficult challenge	2	1
5.2	If role was actually needed	1	0
5.3	More to do	1	0
	Totals	**251**	**100**