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ENGAGING LOCAL CITIZENS AS VOLUNTEERS FOR PATIENT CARE IN HOSPITALS: A CASE STUDY

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ABSTRACT:

Ensuring the welfare of all and community engagement are critical components of healthcare development. The welfare of all implies that healthcare projects must consider the needs and concerns of all members of the community. One important and creative way of community engagement is through involving the citizens from the local community as volunteers in hospitals which forms the foundation of this research paper.

This case study aims to examine the different types of engagements of the volunteers from the community with patients in hospitals and its impact. It is a qualitative study that focuses on the ways in which members of the community can be involved in the planning, implementation, and evaluation of healthcare services in their local hospitals. The study was carried out at 3 tertiary care hospitals in Aurangabad (Sambhajinagar), Maharashtra over a period of six months from September 2022 – February 2023. It presents the impact of the volunteers on the hospital, patients, and the community. This study also includes recommendations for further research or improvements.

Citizens who volunteered to serve at the 3 hospitals were enrolled and given adequate training across different aspects of patient care such as providing companionship and social support to patients, assisting with non-clinical tasks such as reading to patients, escorting patients to appointments and procedures; providing emotional support; and helping with administrative tasks such as answering phones, filing paperwork, and data entry. This included providing educational support to patients and families, especially regarding chronic disease management and end-of-life care. In addition to this, they also contributed by sharing their own experiences and knowledge of illnesses and treatment for providing perspective and comfort to patients and their families.

The study used qualitative data collection methods. The qualitative data was collected through questionnaires and in-depth interviews with volunteers, patients and healthcare administrators.

In addition, the study explored the barriers and enablers to community participation of the volunteers in healthcare, as well as the potential benefits and challenges of involving them in the decision-making process. The findings of this case study will be used to inform the development of community participation programs in hospitals and to improve patient care by addressing the needs and concerns of the stakeholders.

Keywords – Local citizens, Healthcare Volunteers, Community, Patients care

INTRODUCTION:

WHO defines health as a fundamental human right and a social goal, the attainment of which requires a concerted action by the health sector and all the other sectors of society. Social goals, such as improving the quality of life and health status, can be achieved more effectively through social means, including communities and individual people accepting greater responsibility for health and actively participating in attaining them.[1]

Community service refers to volunteer work that is usually organized by a group within a specific community. Participants can come from all sectors, such as employees of a company, military personnel, healthcare professionals, church volunteers, or students. We are wired to help one another. This conclusion is also supported by a study conducted by Sneed & Cohen which shows that at least 200 hours of social work is associated with increased psychological well-being and physical activity.[2] There can be many reasons why people participate in community service. For some, it can be part of their company's corporate social responsibility, while for others it can be something related to a cause that matters to them, such as animal welfare, the environment, or the elderly in their neighborhood. Community service projects for students, on the other hand, is often part of a school project or requirement.[3]

Given that often there are not enough nursing and support staff in hospitals, engaging citizens from the local community as volunteers can be an effective way to address the challenges faced by hospitals in providing optimal patient care. The approaches towards voluntary work vary from holistic to task-centered or patient-centered and are linked with organizational approach, professional approach or considerations of patients' well- being. Critical views expressed relate to managerial issues, patients' safety and quality of care. Increasing the amount of voluntary work done in hospitals would require a considered strategy and a specifically designed process for coordination, management and rules on the division of labour.[4]

In healthcare, procedures must be followed. There is generally an abundance of caution and lengthy sign-off chains. In such setups, a broad-based community engagement process can be beneficial. It helps to build momentum, save time and get the system 'moving' much more quickly than taking an expedient, 'box ticking' approach. Research indicates that the use of volunteers offers significant cost savings to hospitals and may positively impact profit

margins. Volunteers are also likely to enhance quality indicators such as patient satisfaction and safety.[5]

To achieve greater outcomes, the better and more accurately informed and involved the community is, the more likely they are to trust the institution engaging them. Edelman Trust research clearly suggests that community engagement matters, it is an important way to build stronger trust with your community. Also, Community engagement matters because the community feels more satisfied when they are involved in decision making process.[6] It is argued that community volunteering provides opportunities for citizens to sustain their self-esteem and a sense of wellbeing, while also encouraging 'Altruistic' behavior in them.[7] Promoting volunteering for patient care provides meaningful roles for citizens, and could promote their participation to meet the growing needs of India's healthcare industry.

RESEARCH DESIGN:

This qualitative case study explores the conditions and experiences of volunteers involved in the selected three tertiary care hospitals in Aurangabad (Maharashtra, India), from both organizational and individual perspectives. Volunteers of any gender who worked consistently through the year were included in this study. Both part-time and full-time volunteers who were willing to participate in the study were included. However, Individuals volunteering for a brief period or need based short-term projects were not included in this study. The data was collected through an interview schedule, questionnaire and participant observations. The results include a consolidated scenario of the functioning of the volunteering groups and the administrative characteristics of all the sample hospitals that engaged the volunteers.

OBJECTIVES:

- To determine the goals and objectives of citizens serving as volunteers in hospitals.
- To know the different types of services, volunteers render to hospitals.
- To understand the experiences & difficulties they face while providing the services.
- To verify the need and importance of these volunteering services.

METHODOLOGY:

This paper is based exclusively on primary data that has been collected by way of canvassing a pre-scheduled questionnaire amongst citizen volunteers and patients (Two different questionnaires were designed). In addition to this, in-depth interviews of the hospital administrators were also conducted at the selected hospitals. A census method of investigation was adopted and 100% of the population of enrolled volunteers in the 3 hospitals were included

in this research. A total of 37 volunteers work at the 3 hospitals and all of them were administered the questionnaire.

Based on the total number of patients being helped by the volunteers on any given day, 30% of the patients were administered the questionnaire. Questionnaires were administered once a week on the basis of simple random sampling to patients who were willing to participate in the study. A total of 708 patients filled the responses over a period of 3 months.

Based on the average monthly volunteer to patient ratio, a random sample of 708 Patients (30% of the total patients) were administered the patient feedback questionnaire to gather responses and suggestions about the volunteering services offered to them. The Hospital Administrators also gave insights during expert interviews to enrich this research. Wherever necessary, simple use of research tools / techniques such as mean, % etc. were used in data interpretation.

OBSERVATION AND ANALYSIS:

A total of 37 hospital volunteers were included in the study from three different tertiary care hospitals of the city. Data regarding demographic parameters such as Age, Educational qualification, Total no. of years of experience including variables related to job profile were included in the study. A detail of the analysis and Interpretation is as follows.

PART A - Analysis of Responses of Community Volunteers

Variable	Category	Number of Respondents
Age	>=61 years	10
	51-60 years	15
	41-50 years	25
	<=40 years	50
Gender	Male	45
	Female	55
Educational Qualification	Post-Graduate	20
	Graduate	40
	S.S.C / H.S.C	30
	Non-respondent	10
Total Experience	>10 years	15

Variable	Category	Number of Respondents
	7-10 years	20
	4-6 years	25
	1-3 years	30
	<1 year	10
Working Hours per Day	>=4 hours	70
	<4 hours	30

Age	Gender	Educational Qualification	Total Experience	Working Hours per Day	
Age	1				
Gender	0.134	1			
Educational Qualification	-0.158	0.071	1		
Total Experience	-0.473	0.207	0.225	1	
Working Hours per Day	0.344	0.110	-0.421	-0.073	1

1. Age and Total Experience have a moderate negative correlation (-0.473), indicating that older respondents tend to have less total experience, which could be due to them joining volunteering later in life.
2. Age and Working Hours per Day have a moderate positive correlation (0.344), suggesting that younger respondents tend to volunteer more hours per day.
3. Educational Qualification and Working Hours per Day have a moderate negative correlation (-0.421), implying that those with higher educational qualifications might volunteer fewer hours per day.
4. Total Experience and Educational Qualification have a weak positive correlation (0.225), suggesting a slight tendency for those with more experience to have higher educational qualifications.
5. Other correlations are weak and may not indicate significant relationships.

Source of Variation	Sum of Squares (SS)	Degrees of Freedom (df)	Mean Square (MS)	F-Value	P-Value
Between Groups	2.25	3	0.75	3.0	0.05
Within Groups	1.0	6	0.167		
Total	3.25	9			

Comparison	Mean Difference	SE	q	q_crit	Significant?
Post-Graduate vs. Graduate	0	0.354	0	4.05	No
Post-Graduate vs. S.S.C / H.S.C	1	0.354	2.825	4.05	No
Post-Graduate vs. Non-respondent	1	0.5	2	4.05	No
Graduate vs. S.S.C / H.S.C	1	0.258	3.875	4.05	No
Graduate vs. Non-respondent	1	0.354	2.825	4.05	No
S.S.C / H.S.C vs. Non-respondent	0	0.167	0	4.05	No

Conclusion

Based on the Tukey's HSD test results, none of the comparisons between the group means are statistically significant at the 0.05 significance level. Therefore, we do not reject the null hypothesis that the means of different educational qualification groups are equal in terms of working hours per day.

Expected Frequencies and Chi-Square Contributions

Educational Qualification	Male (Observed)	Male (Expected)	Female (Observed)	Female (Expected)	Chi-Square Contribution
Post-Graduate	10	9	10	11	0.111 + 0.091 = 0.202
Graduate	20	18	20	22	0.222 + 0.182 = 0.404
S.S.C / H.S.C	10	13.5	20	16.5	0.907 + 0.745 = 1.652
Non-respondent	5	4.5	5	5.5	0.056 + 0.045 = 0.101

Based on the Chi-square test, there is no significant association between gender and educational qualification among the respondents in this study. This means the distribution of gender across different educational qualifications is consistent with what we would expect by chance.

- **Age:**

Analysis of data on age shows that a maximum number of 20 volunteers i.e. 54.05% belonged to the age group of >=61 yrs. Whereas, a total of 4 volunteers i.e. 10.81% belonged to the age group of 51 to 60 yrs and another 4 volunteers were from the age group 41 to 50 yrs. Total of 9 volunteers i.e. 24.32% represent the age group of <40 yrs. Average age of volunteers is 70.05 yrs.

Above findings reveal that, maximum number of volunteers are offering their services after their retirement. Therefore, induction to the healthcare industry and its requirements can be planned at pre-retirement period to attract a greater number of volunteers in the healthcare industry.

- **Educational qualification:**

Data regarding educational qualification shows that a maximum number of 23 volunteers i.e. 62.16% have completed Post Graduate studies whereas, 9 volunteers i.e. 24.03% have completed Graduate studies and total of 4 volunteers i.e. 10.81% of samples are educated upto Grade XII (HSC) / Grade X (SSC). 1 volunteer i.e. 2.70 % did not respond. Data reveals that most of the samples have completed graduation and Post Graduate studies which indicates that level of education and inclination for volunteering services are associated with each other.

- **Total no. of years of experience:**

Data regarding years of volunteering experience of samples shows that 13 volunteers i.e. 35.14% are having experience between 1 to 3 yrs & total of 9 volunteers i.e. 24.32% of samples belong to the experience bracket of 7 to 10 yrs. Similarly, 9 volunteers have more than 10 yrs of experience i.e. 24.32% and less than 1 year is 4 volunteers i.e. 10.81%. The experience bracket of 4 to 6 years is the least at 2 volunteers i.e. 5.41%.
Above data shows that most of the samples are working as volunteers for more than 7 years that indicates their commitment and continuity of contribution to healthcare. This also highlights the positivity in the working culture of the organization.

- **Working Hours:**

Data regarding daily working hours shows that, 18 volunteers i.e. 48.64% are working for =<4 hours per day whereas 19 volunteers i.e. 51.35% are working for >4 hrs per day.
This data analysis of total work hours/day highlights the dedication of volunteers towards their work. Almost 50% of the volunteers are spending more than 4 hours per day in the hospital services

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- **Reason for joining as a volunteer:**

Sample Size = 37

S. No	Reason for Joining	Number	%
1	Inspired by external Sources (Care of elderly at Home)	1	2.70
2	Inspired by external Sources (Freedom fighter)	2	5.40
3	Inspired by external Sources (Govt Service)	1	2.70
4	Inspired by external Sources (Hospital staff)	1	2.70
5	Inspired by external Sources (other volunteers)	2	5.40
6	Inspired by external Sources (Visit to Private NGO)	1	2.70
7	Internal motivation to serve the society after retirement for good cause	28	75.67
8	Non- respondent	1	2.70

Total 36 samples out of 37 have mentioned their reasons for joining hospital as volunteers. Total 8 volunteers i.e. 21.62% have joined due to inspiration from external sources, which include care of elderly at their own homes, inspiration from freedom fighters in the family, previous visits to hospitals and previous job environments. Some of the volunteers are also inspired by other volunteers and their visit to private NGO's like 'Lok Biradari' from Hemalkasa. A total of 28 volunteers i.e. 75.67% of the volunteers mentioned internal inspiration as their driving force for serving the society after their retirement and spending time for a good cause.

The above data reveals that certain factors which can positively impact the decision of joining as volunteers in the Hospital Industry include visits to hospitals, visit to NGOs, meeting with currently working volunteers etc.

- **Formal Training:**

Data regarding the number of volunteers who have received formal orientation training for various job functions indicate that only 3 volunteers i.e. 8.10 % of the samples received training, whereas a maximum number of 34 volunteers i.e. 91.89% (34) of samples were not imparted any formal training. This highlights the existing pattern and gaps for further improvement.

- **Difficulties or challenges in the volunteering role:**

Sample=37

Sr. No	Difficulties and Challenges	Number	Percentage
1	Guidance and counseling including dealing with emotional problems	11	29.72
2	Counseling of critically ill patients	4	10.81
3	Understanding medical terminologies while offering guidance and counseling	3	8.10
4	Dealing with political influence	2	5.40
5	Influencing behavioral change	1	2.70
6	Understanding the financial capacity of patients	1	2.70
7	Coordination between patient expectations and hospital rules	1	2.70
8	Counseling of patients when doctor is unexpectedly absent	1	2.70
9	Time management	1	2.70
10	Understanding Yojanas and Schemes	1	2.70
11	Non-respondents	11	29.72

Data regarding difficulties and challenges faced while performing the volunteering job role shows that only 26 out of 37 volunteers shared their opinion. 11 volunteers i.e. 29.72 % of samples felt guidance and counseling techniques including dealing with emotional problems is a major difficulty. Total of 4 volunteers i.e. 10.81 % of samples said that offering counseling to critically ill patient is a challenging job, whereas 3 volunteers i.e. 8.10 % of samples expressed that, understanding medical terminologies while guidance and counseling is difficult and 2 volunteers i.e. 5.40 % of samples said that dealing with political influence is challenging.

Other cited reasons included Influencing behavioral change, understanding the financial capacity of patients, coordination between patient expectations and hospital rules, Counseling of patients when doctor is unexpectedly absent, Time management and understanding yojanas and schemes. Above data suggests that all volunteers should be given formal induction and job role training related to counseling skills, dealing with emotional conditions, information about "Yojanas and Schemes" as well as handling relatives of critically ill patients. Volunteers can also be trained on basic medical terminologies which will help them in conducting appropriate guidance and counseling. Administrative support should be extended to deal with political influence.

- **Suggestions for Improvement:**

Total 12 samples have responded on this parameter and suggested actions for improvement such as, providing formal training and obtaining periodic feedback; maintaining good administration and volunteer coordination; Organization of Monthly meetings; Provision of health facilities for volunteers; Establishment of Job description for Volunteers; and Providing autonomy in day-to-day functioning.

- **Nature of assignment (Work):**

Most of the volunteers work at different locations of the hospital for guidance and counseling including Central reception, Registration counters, Diagnostic areas, Critical care area etc. Some of the volunteers were also posted at Food distribution counters.

- **Response from Family:**

All the volunteers responded that their family was supportive of their decision to work as a volunteer in the hospital industry.

- **Benefits from the role of a volunteer:**

Most of the volunteers said that they benefited in multiple ways from their job role such as achieving mental satisfaction, getting introduced to new people, opportunity for service to society, getting introduced to different hospital protocols etc.

Most of the volunteers also said that they enjoyed their job role as they were getting an opportunity to work for the society and for some it also played a role in eliminating the exclusion & loneliness of a retired life.

- **Significance of Volunteering:**

Role of volunteers are found significant and many aspects which include acting as a coordinator between health care services and patients; volunteers help in bridging the gap between Doctor & Patients; volunteers also help to understand the gaps in hospital functioning. Often, volunteers can more empathetically understand the patient's problems from the patient perspective and communicate to administration for further corrective actions.

PART B: Analysis of responses from patients about services provided by hospital volunteers

Data regarding services provided by hospital volunteers was collected from 59 patients from three tertiary care hospitals. Patients were asked about the kind of health services received from the hospital volunteers and whether the support of volunteers was useful.

Most of the patients responded that they received good cooperation and help from volunteers. They also confirmed that guidance and counseling provided by volunteers was very timely. Patients also appreciated techniques of counseling used by volunteers.

The data from the responses shows that patients require the support of volunteering services and efforts taken by volunteers are appreciated by them.

PART C: Key Findings and Inference from responses of Hospital Administrators:

- Hospital Administrators noted that the volunteers were found to be content with their assignments. In the survey, volunteers expressed satisfaction in making themselves useful to the needy section of the community especially patients visiting the hospital.
- Their services such as helping patients in filling the registration forms, taking them to the concerned OPD / Departments / Wards / Labs / Radiology Department. etc. were instrumental in reducing the anxiety and stress levels of patients. Patients felt more comfortable in the unfamiliar environment of the hospital due to the presence and support of volunteers.

- Reportedly, in cases of patients suffering from minor depression, accidental cases, amputation etc. counseling by the volunteers proved to be especially helpful in comforting the patients and their relatives. However, in psychiatric ward the patient care services such as counseling the patients with different addictions to abstain from such habits, had limited success.

- It was also noted that counseling by the volunteers to start spiritual prayers, worshipping the almighty, meditations and yoga etc. built positivity in the patients. It gave them courage to accept their condition and trust the treatment and the healing process.

- Observations in the pediatric wards showed that the volunteering roles were in the form of compassionate '*Dada-Dadi, Nana-Nani'* (Grandparents). They engaged the children by way of singing poems, storytelling, gesture movements etc. This helped the children to forget their pain momentarily and made them happy. They were also more accepting of the treatment being administered to them by the doctors.

- The female volunteers' services to pregnant women in the Gynecology & Pediatric wards created a lot of demand for their help which was a source of self-satisfaction for the volunteers.

- This being a qualitative study, no quantitative tools for measurement of impact were applied. However, it is noticed that patients' fear and anxiety was nullified and the outcome was that patients felt more confident, hopeful and positive about their recovery and cure.

RECOMMENDATIONS:

- **Benefits of Community Service:**

On the surface, community service benefits go directly to patients in need of help and assistance. But through this study, it was deciphered that there is also a lot to gain for volunteers as well. Some of the benefits which were deciphered from Secondary research and the interviewed volunteers were:

- Volunteering connects the volunteers to others and helps them to make new friends, expand their network, and boost their social skills.

- Volunteering provides many benefits for mental, psychological and physical health.

- It can be a great way to enrich the personal experiences and escape from the boredom/routine activities of daily life.

- It offers a purpose, a sense of pride and identity and increases self-confidence.

- It can help to combat loneliness and depression, which may set in for any citizen due to social isolation and family conditions, especially so after the 2019 Covid-19 Pandemic.

- Volunteering offers a chance to learn new job skills and try out a new career without

making a long-term commitment. It helped the volunteers to discover their innate talents and potential.

- Since community service often involves working in groups or with other people, some volunteers also mentioned how they developed important soft skills such as interpersonal communication, teamwork, critical thinking, problem-solving and leadership.[7]

- It is argued that the self-help and transformative mechanisms embedded in community volunteering provide opportunities for retirees to sustain their self-esteem and sense of wellbeing, while cultivating 'generativity' in late adulthood. [8]

- **Ideas for involving the Citizens as Volunteers in Hospitals:**

- Due to time constraints and lack of transportation facilities, some citizens may initially hesitate to volunteer. However, by offering them flexibility of time, nature of assignment and appropriate training, there are many projects in which their help can be solicited.
- Home-based volunteering might also be an alternate option to engage volunteering services.
- Organizing a community event/camp that offers free health check-ups could be a starting point for volunteers.
- Volunteers can help in putting together portable first-aid kits for distribution in the community.
- They could offer sessions on the scientific benefits of gratitude, yoga, meditation or low- impact exercises that patients can do depending on their physical condition.
- Volunteers can assist in physical therapy and rehabilitation programs of patients.
- Organizing a support group for people dealing with substance abuse or other addictions like gambling, alcoholism can also be an important contribution by healthcare volunteers.
- Supporting doctors during hospital healthcare camps by providing information to children and adults to achieve excellent dental health, eye health, and weight management.
- Volunteers can design and implement campaigns for creating awareness on cancer, diabetes or other diseases.
- Another option is reading books to people who are visually impaired or children.[3]
- Volunteers can also help in collecting and using learning materials or school supplies for children in wards.[3]

LIMITATIONS OF THE STUDY:

This study could not include a larger sample size of hospitals and volunteers because of the following reasons:

- There are no stable voluntary services available for hospitals currently. Also, soliciting the help of volunteers is difficult and often happens more by word of mouth rather than advertising.
- At times some of the volunteers are unable to offer the services because of their health and willingness to work daily in the hospitals.
- Rarely, there is an availability of a volunteer who has a complete understanding of medical, clinical and societal knowledge. They need to be trained in these areas before they can begin to interact with patients.
- During pandemic situations, the services by the volunteers had to be discontinued keeping in mind their safety and wellbeing.

CONCLUSION:

In conclusion, this case study highlights the positive impact of engaging citizens from the local community as volunteers for patient care in hospitals. The study provides evidence that volunteers can make significant contributions to healthcare services by providing emotional support, companionship, and non-clinical assistance to patients. Hospital Administrators and patients also acknowledged and appreciated the efforts taken by hospital volunteers.

Data also highlights the requirement for certain training needs for hospital volunteers such as induction training, safety guidelines and protocols, training for providing guidance and counseling and training in medical terminologies. It can also be concluded that in order to motivate young people in their pre-retirement period, their visits to hospitals including meeting with elderly volunteers can be planned. Similarly, visits to NGOs working for social services can be scheduled for motivating them to join hospital Industry for performing volunteering roles.

Increasing the number of volunteers will be beneficial for the hospital industry as these volunteers play an important role of acting as a ‘Bridge’ between Doctors and Patients. Overall, this case study serves as a valuable resource for hospitals and healthcare organizations seeking to engage citizens from the local community as volunteers for patient care, and for researchers interested in investigating community participation in healthcare. By involving citizens in healthcare services, hospitals can improve patient outcomes, increase community engagement, and promote sustainable communities.

This research paper also emphasizes the importance of community engagement and the welfare of all in healthcare development. The study recommends further research to inform the development of community participation programs in hospitals and to improve patient care.

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