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INFORMAL CARE IN A FORMAL HEALTH CARE SETTING – POSSIBILITIES AND CONSTRAINTS FROM THE POINT OF VIEW OF PROFESSIONAL STAFF MEMBERS

Preliminary findings of an explorative study from South-West Finland

1 INTRODUCTION

Finland represents one of the Nordic welfare states where the role of the public sector as the organiser as well as the main provider of health and social services is strong despite the introduction of purchaser-provider models and governance structures of new public management since 1990s. Health and social work and social care professions are regulated by legislation and bylaws in formal health and social service settings, whether run by public, private or non-profit sector. The role of informal care done by relatives or unrelated volunteers is important and valued but its role varies depending on a service field and service setting. The strongest bastion of keeping the volunteers and informal carers outside "the fortress" is hospitals and health centres. At the same time hospitals and health centres are suffering from shortages of professional staff and on the other hand staff members are reporting lack of time to provide needed care and support for their patients. The article studies the attitudes and views of professionals working in hospitals towards informal care given by volunteers.

The article is based on an empirical study done by semi-structured interviews and role play method in two health care institutes, one situated in an urban area and the other in a rural area in South-West Finland. The data was collected during April-May 2013 by researchers and by a research assistant, a nursing student Jenni Malinen. The interviewees (total of 22) represent nursing staff and ward assistants working in elderly and long-term care units. The purpose of the study is to explore how the staff sees the values and possibilities of volunteering at hospitals and on the other hand, how they assess the demands and the constraints of volunteering in regards to the division of work division and professional roles, coordination and management.

In the beginning of the article (chapter 2) the conceptual and theoretical framework of volunteering and informal care is discussed based on previous literature and studies. The methods, collection of data and data analysis are presented in chapter 3 and the main results are presented in chapter 4. Chapter 5 contains final conclusions and discussion of the results in brief. The findings presented in the article are preliminary and will be elaborated further in a later article.

2 INFORMAL CARE AND VOLUNTEERING

2.1 Conceptual framework

European council has defined volunteering as referring to "all types of voluntary activity, whether formal, non-formal or informal which are undertaken of a person's own free will, choice and motivation, and is without concern for financial gain" (European council 2009).

The definition includes three types of volunteering: *formal*, *non-formal* and *informal*. Formal volunteering refers for voluntary activities that take place in organised structures. The informal and non-formal volunteering is often used as synonyms and refers to unorganised, spontaneous helping. (Angermann & Sitterman 2010, 3.)

In Finland there is no set definition of volunteering and thus a range of different definitions are being used. Researchers Nylund and Yeung define volunteering as "unpaid activity from free will for the benefit of others, which often takes place in an organised setting" which refers to formal volunteering. (Nylund & Yeung 2005, 13.)

Finnish volunteering agency Citizen's Forum has defined volunteering as "all activity carried out for the public good, which is based on civic movement and voluntary action and is not paid for" thus expanding the definition to cover all kinds of volunteer work (Study on Volunteering in the European Union, Country report Finland 2011.)

The key words uniting most definitions are: unpaid activity, for the benefit of others and action taken in free will. Organised volunteering can be differentiated from non-organized informal activities like neighbourly help. (See Volunteering in the European Union 2010.) In this research we focus on formal volunteering in health care, excluding informal volunteering as private interaction with neighbours or relatives. Formal volunteering in health care we take to mean, similarly to the definition used in the recent literature review by the Kings Fund **"unpaid work that benefits others to whom one owes no obligation via on organisation that supports volunteering in health can social care"** (Mundle, Naylor & Buck 2012, 4).

There are several studies related to the scope of volunteering in European countries. According to one of them about 22-23% of Europeans are involved in volunteering. Interestingly the top three countries in volunteering are Denmark, Finland and Sweden where on average about 45 % of adults participate in voluntary and charitable activities. (McCloughan et al. 2011, 13.)

According to the latest Euro barometer the percentage of citizens who declaring active participation in volunteering for an organisation varied from 60% in Austria to 10% in Bulgaria in 2006. In this research the percentage in Finland was 50 %. European Values Study survey from 1999/2000 (published in 2001) for 26 Member States studied the percentage of adult population who volunteer in at least one association (except for trade unions and political parties. Participation rates in volunteering in associations were highest in Sweden (54 %) followed by the Netherlands (49 %), Slovakia (47 %), UK (43 %), Greece (38 %), and Finland (36 %). (Study on Volunteering in the European Union 2010, 64-65.)

According to the latest national survey from Finland about 40 % of the population over 10 years old had volunteered during the last 12 months (Hanifi 2011). Based on the studies the amount of volunteers in Finland can be estimated to be about 1,3 – 1,5 million.

However, in Finland, though existing, volunteering in hospitals is largely unseen and unrecognized. This is due to the fact that volunteering is often not organised and not systematically documented (Hartikainen 2009, 12). Since in Finland the responsibility of organising, and largely also providing social and health care services lies on the public sector, volunteering has sometimes been criticized being a threat for professionalism and employment. However due to the economic constraints after 1990s the role of volunteering has been re-defined to being complementary to professional services and substituting the lacking social networks. Whether volunteering is a substitute or a complement to professionally-led is a topic for a debate. As stated also by Mundle, Naylor and Buck (2012, 2), it can be both.

Volunteering is interlinked with the third sector, non-profit organisations which account for the most of the volunteer services. Non-profit organisations can have various roles in present day social and health care services. The role can vary from being a

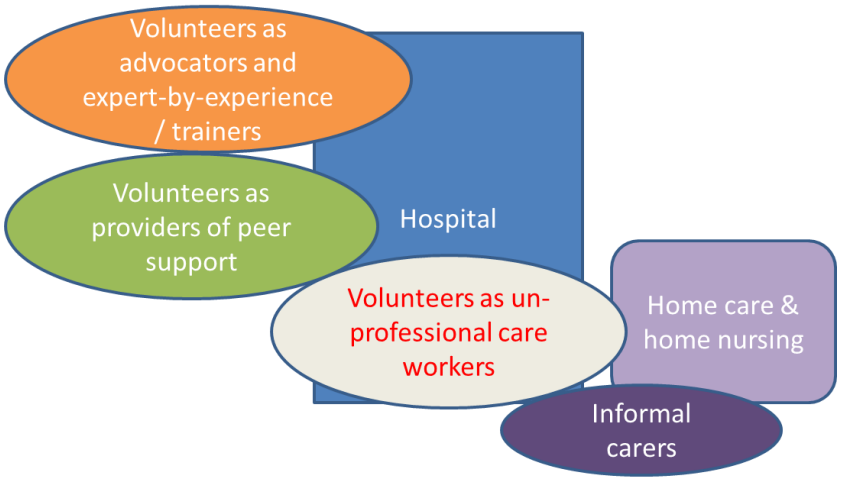
- A service provider (the role being similar to that of private sector in public tenders)
- A volunteer work organiser (providing formal volunteers for services settings, e.g. hospitals or to individuals)
- An advocator (to represent the issues of the interest group, e.g. people with disabilities)
- A self-help and peer support group

Some of the third sector organisations cover all these roles, some concentrate on just few. (See e.g. Helander 1998)

Volunteering can take place in various health and social services: in hospitals and institutions, in housing services or group homes, in day service centres and meeting places, at home and even on-line. In this study the focus is on **formal volunteering taking place at a hospital setting**. Informal care done by relatives or spontaneous neighbourly help is excluded from this research.

Volunteering differs from informal care done by relatives in several ways: Volunteers can choose when, how long and where they do volunteering based on the agreement done with the organisation they volunteer for. Volunteering is based on free will and a volunteer can stop volunteering whenever he/she wants to do. Being an informal carer means often commitment to a long-term and being available around the clock.

The following picture (Picture 1) illustrates the different forms and roles volunteering can have in health care services.



Picture 1. Different forms of volunteering in health care

The roles of volunteers can be varied from "activists", "self-helpers" to "assistants". (See Koivula 2011, 149.)

The purpose of this research is focusing on volunteering as providing unprofessional care in hospital settings.

2.2 Historical evolution of volunteering in social and health care in Finland

Helping each other within a family and a community has existed from the dawn of mankind. As organised activity for providing care for others, less fortunate, volunteering dates back to medieval times when belonging to a guild or vocational brotherhood included some mutual self-reliance. During the time of industrialization in Finland in late 1800 volunteering was organized both by workers' unions and by bourgeoisie, especially women's associations. The philanthropic aims behind volunteering for the poor's well-being were mixed with political and educational ones.

After the establishment of a state based social security system since the 1960s the state took over many of the functions that earlier had been fulfilled by the informal sector. Volunteering was seen as a transitional phase which was believed to disappear in a welfare state. The vast extension of public services during 1970s and 1980s left little space for citizen's engagement. (Hilger 2008, 2; Koskiaho 2001, 20.) Volunteering was not so much appreciated and was often seen also as a threat to recent professionalization in care, especially in social care. It was tolerated however when it filled the gaps in the public services. (Ruohonen 2003, 46; Hilger 2008, 3)

The attitudes and the role of volunteering changed in 1990s after the deep economic recession which resulted in cuts of the public funding. The welfare mix –model was introduced as being a solution to the funding crisis of public services. The belief in the capacity of the public sector to carry on providing the services decreased. The Act on Informal Care Support came into force in 2006 which marked that informal care given by relatives was recognized as part of the official way of providing care for elderly or persons with a disability introducing a compensation payable for informal carers from municipal funds. Politically

the trend shifted towards a more pluralistic and new liberalistic welfare society with an increasing emphasis on self-reliance and mutual self-reliance. (Patomäki 2007.)

The role of associations was strengthened and new forms of partnership in service provision were created between public sector and third sector in municipalities. Though people still trusted in the public sector as the main responsible sector for welfare services the role of associations and volunteering increased. Volunteering in Finland is characterized by a strong membership culture in associations. Officially there are more than 120 000 registered associations out of which 70 000 are estimated to be active. In addition there are about 30 000 unregistered associations. (Harju 2006.) Around 75 % - 80 % of the Finns are members of voluntary organisations and many individuals hold memberships to several different organisations over the course of their lifetime (Helander 2006, 99; Study on Volunteering in the European Union, Country report Finland 2011, 2)

Volunteering is also organised by the public sector itself. For example in child protection volunteers are serving as support persons or support families for children-at-risk. However voluntary organisations (associations) count for two thirds of the volunteering activity, about one third takes places in informal way. The public sector's role as a volunteer organizer is minimal.

Volunteers are active in a wide variety sectors ranging from sport to animal welfare to environmental conservation and voluntary activities relating to the armed forces. The most popular sector is sport (30%), closely followed by social and health (25%), children and young people (22%), religious activities (16%) and community activities (10%). (Study on Volunteering in the European Union, Country report Finland 2011, 9)

The usual model of volunteer work organisation is via volunteer centres, which are usually attached to associations. These are kind of brokerage institutions which match interested individuals to volunteer opportunities. (Hilgren 2008, 4.) One of the best known and the biggest volunteer centres for health care is the Red Cross which has about 90 000 volunteers in Finland (Laasanen 2010, 13.) In South-West Finland where this research is done, one of the main volunteer centres for hospital work is "Mummon kammari", Granny's Corner. It was established by the Evangelic-Lutheran Parish of Tampere and it advocates, trains and provides volunteer help especially in elderly care but besides it, organises versatile group activities for the elderly. (See:http://www.mummonkammari.fi/)

Typically Finnish volunteer centres are usually small and integrated into the local area. The Citizen's Arena (Kansalaisareena) is an umbrella organisation for volunteering. It was established during the time of economic crisis with a focus on self-help and the unemployed but has develop into a lobbying, training and information centre and has a volunteer brokerage service on the internet. The Citizen's Arena has also been active in formulating a national strategy on volunteering. Its goals are to develop a common understanding of volunteering, to define good practice of volunteering and its border to professional work. (Hilgren 2008, 6.)

As a summary, volunteering in Finland is surprisingly widespread and popular. Depending on the source the estimates of volunteering varies from about 30 to 50 % of adult population. As statistics show about 25 % of volunteering takes place in social and health care which, as a rough estimate, based on the estimate of 1,3 million volunteers means 325 000 volunteers engaged in social and health care. However, volunteering in hospitals is a fairly recent phenomena but has increased lately especially in long-term care.

2.3 Previous research

The Finnish research related to volunteering and especially volunteering in social and health care has been concentrated mostly on qualitative and micro level studies. The majority of the studies have been small scale thesis works done in universities of applied scences or project reports or evaluations. The third major category of studies is the surveys done about volunteering in Finland or in Europe.

The following table (Table 1) introduces the main topics of studies done in Finland related to volunteering excluding. The summary is based on the list of studies collected by Citizen's Arena.

Table 1. Finnish studies related to volunteering during 2008-2012 and their focus

Micro level	**Meso level including managerial issues**	**Macro level**
Motivation and experiences of volunteers (Grönlund 2012; Sipilä & Seppälä 2012; Myllyniemi 2012; Naukkarinen et al. 2008)	Management of volunteering (Väisänen 2010)	Associations' voluntary work – surveys (Pessi & Oravasaari 2010) Volunteer centres in Finland (Hilger 2008)
Client's views on volunteering (Koivula 2012)	Partnership structures (Oravasaari & Järvensivu - Vapari-project 2012;	Service structure (Botero, Paterson & Saad-Sulonen 2012; Seppelin 2011)
Staff's views on volunteering (Kauppinen 2012; Ahokas 2012	Coordination of volunteering (Aro 2012; Kyngäs 2011)	Strategies of volunteering (Hellevaara 2011)
Interaction and experiences between clients and volunteers (Hartikainen 2009; Mikkonen 2009)	Work supervision for volunteers (Laimio 2010)	Study on volunteering in the European Union. Country report Finland. (2011)
Effects and impacts on volunteering (Laasanen 2010)	Volunteering and social capital in elderly care (Koivula 2011)	

Most of the studies have been focusing on the motivation, interest and experiences in volunteering mainly from the volunteer point of view. In the previous research the topic of management and coordination of volunteering has been much more limited as also the topic of professional relationship and attitudinal barriers to volunteering. At the macro level the research done has included mainly surveys of volunteering in general.

The Kings Fund summarized key literature on volunteering in health and care in 2012. The review showed similar shortage of research regarding prevalence and roles of volunteering in the health and social care sector and also regarding strategies to attract and train volunteers (Mundle, Naylor & Buck 2012, 12, 19.)

Thus professional relationships and managerial issues of volunteering have been in the side-lines of previous research both in Finland as well as in England.

3 PURPOSE OF STUDY AND METHODOLOGY

3.1 Purpose of study and research questions

Previous studies have little touched the topic of volunteering in hospitals in general and especially about the options and demands for organisation and managerial issues of volunteering. To introduce volunteering in a hospital (or any other service institution) needs coordination and collaboration by and with professional staff. Professionals by their attitudes and managers by their organisational methods can either support or hinder volunteering to take place and effect on its success if it takes place.

The purpose of the study is to explore the attitudes and the points of view of the professional health care staff towards volunteering in hospitals. The main research question is

- How professional staff see the options and constraints of volunteer work in a hospital environment? Is it a possibility or a threat?
- How staff members evaluate the conditions for increasing volunteering regarding division of work, management and coordination?

The main questions are elaborated from two main viewpoints: a. How the opinions are interlinked with the professional status and occupation of the staff or b. with the location of the health care institute, whether in urban or rural area.

3.2 Collection of the empirical data

The empirical data was collected in three hospitals/health centres in two locations.

The urban location is a city of about 200 000 inhabitants in South-West Finland. The interviews were done in the city hospital A in its department of psychogeriatric ward and in another city hospital B in its two inpatient wards for the elderly and long-term ill.

The rural location is situated in a small town of about 7000 inhabitants. The interviews were done in a public health centre C in its two inpatient wards.

The semi-structured interviews (See Annex 1: List of questions) were done in focus groups with different professional staff groups. The staff categories and their number in the data are: ward nurses (5), registered nurses (6), practical nurses (5) and ward assistants (6). Ward nurses were interviewed individually, the other staff groups in pairs except one practical nurse who was interviewed individually. Total number of interviewed staff members was 22 out of which 8 from rural are and 14 from urban area.

The interviews were recorded and transcribed fully. The duration of the interviews varied from 25 minutes to 70 minutes.

In addition to the interview a role play method was used. Role play method is a tool reflecting attitudes and hidden patterns of thought. (See Eskola 1997.) In the end of each interview the informants were asked to write a story about a day in a hospital where there have been volunteers working. The beginning of the story given was either positive or negative (See Annex 2). Story lines were randomly selected for each interviewee. The total number of received role play stories is 15, out of which seven from the rural area and eight from the urban area. Some of the informants denied of doing the role play story writing because they received a negative story line. Though anonymous they seemingly did not want to express their possibly negative attitudes. Also some did not return the story writing though promised to do so.

The following table summarizes the types and number of the empirical data.

Table 2. Number and types of empirical data

Staff category/N	**Interviewed persons**	Urban area	Rural area	**Role play stories**	Urban area	Rural area
Ward nurses	5	3	2	3	2	1
Registered nurses	6	4	2	4	2	2
Practical nurses	5	3	2	4	2	2
Ward assistants	6	4	2	3	1	2
Total	**22**	**14**	**8**	**15**	**8**	**7**

The informants were used anonymously and the names of hospitals or are not mentioned in the report to ensure that the informants' identity cannot be traced. The study permit was received from the organisations prior to the interviews in early April.

3.3 Methods in analysis

The interview and role play stories were analysed by qualitative content analysis by two researches. One of the researches did the initial analysis of the interviews and the other, in respectively from the other, from the role play stories.

The thematisation was based initially grouping the answers related to the themes in the semi-structured interviews (conceptual analysis) and checking the possible similarities and differences in the answers of informants representing different professional category and on the other hand the location (urban or rural area). The analysis was done first separately from the interviews and role play stories and then the results were combined together to find out the main themes reflected in the answers.

The reliability of the content analysis is strengthened by using two researchers and two different empirical data which complemented each other. The interpretations were discussed and reviewed together for final results to ensure reliability.

4 PROFESSIONAL STAFF'S VIEWS ON VOLUNTEER WORK IN A HOSPITAL

The results of the interviews and role play stories are first reviewed separately and then compiled into a summary related to the themes found, to the professional category and to the location of the hospital.

4.1 Basic attitudes towards voluntary work in a hospital

Generally the attitudes towards volunteering in hospital varied from *positive* to *conditional*. None of the interviews expressed directly negative attitudes. Some of the interviewees had even own experience of volunteering.

Volunteer work was seen important and valued especially for the benefit of the wellbeing of patients. There were no big differences among different staff groups. Also most of the interviewees thought that their colleagues share the same opinion. The meaning of volunteering was seen mainly as an extra resource because of the minimum human resources that exist today in health care field.

> *"Quite positive. I am looking forward to have volunteers. When the staff ratio is what it is I am not expecting that we (professionals) get help but that the patients would get more. We are not expecting them to take part in actual nursing work." (Ward nurse, rural area)*

> *"I feel that it's really important, especially for the recreation purposes for the elderly and also for other functions here since today we take of care everything by minimum staff so without volunteers there is nothing for the elderly…" (Practical nurse, urban area)*

The importance of volunteer work was seen especially in offering social contacts, compassion and recreation for the patients.

> *"There is a need since there are a lot of patients who do not have any next of kin or they live far away and the patients feel themselves lonely, so they feel it is good that there are volunteers…also to be with a dying patient since we cannot release somebody to stay beside the patient all the time..." (Practical nurse, urban area)*

It was also expressed that through every day small things, e.g. combing hair, reading a book, a contact can be formed with the patient and volunteers have time for that which professional workers necessarily do not have.

> *"It surely helps workers and makes the ward assistant's work lighter." (Ward assistant, rural area)*

However there were some who expressed some conditions:

From the management point of view, it was expressed that volunteering needs clarification of roles of professional staff.

"It's really important in geriatric ward…I think the colleagues think positively too but they need quite a lot of encouragement and to clarify what is their role, meaning the volunteers'…Positive attitude requires that the roles are known." (Ward nurse, urban area)

Conditional views were raised more by nursing staff than other staff members. These included the questions of responsibility of care and confidentiality. In rural area, where there were more short-term patients, the conditional views were raised a bit more often and proper induction training was called for.

Table 3. Summary of basic attitudes towards volunteering

Positive	**Conditional**
Extra resource; helps professionals in their work	Questions of responsibility of care
Enabling more social contacts, compassion and activities for patients	Needing for briefing, induction training and encouragement
Improves the well-being of patients	Professional staff needs briefing and encouragement too to welcome volunteers

4.2 Work division and suitable tasks for volunteers

Interviewed were asked about the work tasks that would be suitable for volunteers. The most mentioned tasks were to give time and companionship for a patient.

"Just being there, to listen and be with…" (Ward assistant, urban area)

Loneliness of patients was raised as a problem several times in long-term care. Provision of different recreational activities were mentioned in all interviews e.g. reading, going out for a stroll, discussion, playing games, going to a concert or other events with patients.

Staff members expressed the division between professional and volunteer work stressing that the responsibility of care lies on the professionals. Also especially registered nurses mentioned that e.g. helping in nutrition is not necessarily a suitable task for a volunteer since it might be difficult. Also the often mentioned task of taking the patient out for a stroll in a wheelchair or for a walk might be unsafe if not done properly. Registered nurses mentioned more questions of hygiene and importance of avoiding spreading hospital bacteria. One nurse expressed in addition that even cleaning is not suitable for a volunteer without a proper training because of the hygiene demands.

"All the tasks that are given to volunteers should not be too demanding so that it creates fear and anxiety. To start with simple things to avoid anxiety. If in feeding the patient starts to gag a volunteer might think that never again. Even I, however experienced, can think in that situation that no way, I do not dare..." (Practical nurse, rural area)

"It should be understood, at the political level, that there is a need for professionals for certain tasks but if you just push a wheelchair out to look if the birch leaves have come out already…There needs to be a clear division of what you can do." (Practical nurse, rural area)

Table 4. Suitable and non-suitable tasks for volunteers and conditions/demands

Suitable	Unsuitable	Conditions/Demands
Relieving loneliness and providing social contacts	Nursing tasks	Not too demanding tasks in the beginning
Recreation and activities	Helping in the patient's nutrition (not necessarily possible) if the patient is paralytic or has multiple health problems	Briefing and induction needed to orientation for hospital milieu and rules of confidentiality
Providing access to "outside life": taking out for walk or events outside the hospitals	Tasks possibly risky without proper knowledge of hygiene	Volunteers need support and should not be left alone
Acting as support person when shifting a patient between nursing units or returning home		

4.3 Requirements of a volunteer worker

"Having common sense" and *"being a human being to another human being"* were the slogans repeated in interviews. Most of the qualifications and competences expected from volunteers were related to their personality, attitudes and motivation, not so much to their actual knowledge or practical competences. Genuine motivation to help and bring joy to the patients was seen as a key issue. As a negative example, one of the staff members in a rural area told that some volunteers have come and been nosy about who patients are. This is a violation of confidentiality.

Table 5. Requirements demanded from a volunteer

Personality and attitudes	Knowledge	Skills	Motivation
Positivity, flexibility, social and outgoing, sense of humour, reliability	Confidentiality rules	Practical skills	Genuine willingness to give time and joy to the patient
Respectful attitude towards patients	Work safety	Special talents e.g. music a plus, though not necessary	Commitment
Initiative and activity to do things	Importance of hygiene instructions		Continuity (for at least a certain time period)
Having patience	Knowledge about hospital as a working environment		

Finding a good fit, a suitable person for a ward/a patient is important than what are the detailed characteristics or competences of a volunteer.

4.4 Organisation and coordination of volunteering

Briefing the work community and creating a positive environment to accept and welcome volunteers was seen as a starting point for introducing more volunteers in hospital environment. This was considered to be the responsibility of the management of the hospital and ward.

> *"Staff members need to have the right attitudes towards volunteers, that they are not coming as a nuisance and can give help in practical work. It is management's job to market the idea both to volunteers and too the staff." (Registered nurse, rural area)*

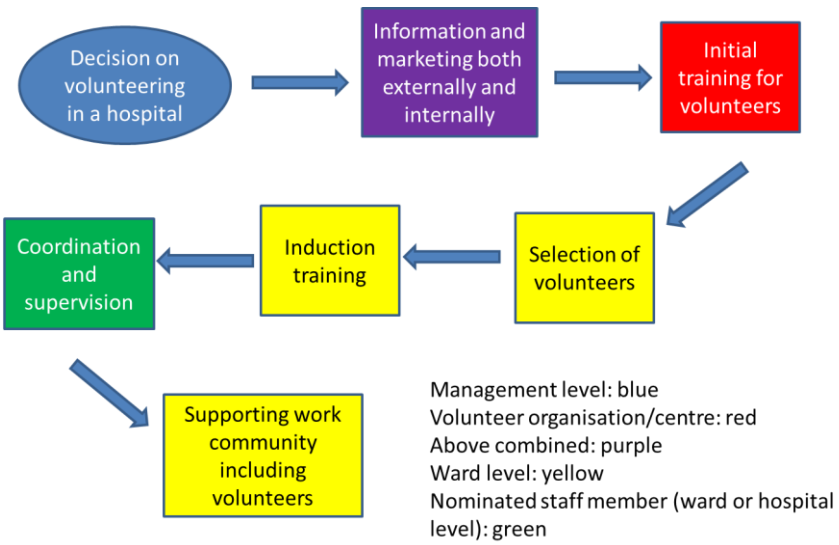
Induction training for volunteers was raised as a key condition and demand. The staff felt that the responsibility would mostly lie on the staff working in the ward, especially on the ward nurse and nursing staff. Induction training and briefing was seen as a process starting from a general, intensive period by a volunteer organisation and after individual guidance and support when working at ward.

> *"I'm thinking how long it would take. It should be a kind of intensive induction for all the volunteers who will join in the ward. But there are many things that cannot be clarified at once. How long should induction go on and who will take care of it…" (Registered nurse, rural area)*

Taking volunteers as partners in a working community: Staff members also recognized their own role as working partners with volunteers. Collegial support and taking volunteers as part of the working community was mentioned. Volunteers should be valued and appreciation should be shown to them.

It was generally expressed by all workers that voluntary work needs organisation, management and training.

Based on the interviews the necessary process steps needed for introducing volunteering in a hospital is mapped in the following process chart (Picture 2).



PICTURE 2. Process chart of necessary steps for volunteer work management

Volunteering in a hospital needs to be a planned activity and a strategy set by the management. Staff members also saw that volunteering needs marketing efforts to become more known. The actual organisation of volunteers and their basic training should be taken care of, not by the hospital itself, but a voluntary organisation. Volunteers' training was seen essential and important. Some suggested that volunteer workers should have a same kind of central coordinator named as is done for students' trainees inside the hospital. The wards would like to be involved in selecting volunteers from the rota of potential to ensure the suitability of a person and also wards like to carry out the responsibility of more detailed work orientation to work. Written work guidelines for volunteers are needed and were already in use in the hospital B in the urban area where there had been more volunteering already.

Positive example:

> *" We were told about what kind of volunteer group were trained and how many will come and work in the ward and how often they come. I think this was a good process. We were properly informed. " (Ward nurse, urban area)*

In the rural area where volunteering was not organised yet there were more concerns and questions about how to organise training and coordination:

> *"Whether the training should be task-centred or unit-centred, so I do not know if to train for certain tasks or more comprehensive to volunteering in a certain ward..." (Registered nurse, rural area)*

The role of the general management, volunteer organisation, coordinating person in a hospital and ward staff should be clear to enhance a clear process of volunteering. The importance of staff members in the ward to be welcoming and appreciative was also mentioned as part of a good practice.

4.5 Volunteering: option or a threat?

The data used under this theme has been combined from the interviews and from the role play stories.

The general view was that volunteering is a positive resource and an option that should and could be increased in hospital environment as well, especially in the long-term care and gerontology work.

The typical elements of positive stories and negative stories are summarized in the following table (Table 6).

Table 6. Positive and negative story lines of volunteering based on role play texts

	Positive/Option if…	**Negative/Threat if…**
Related to volunteer worker	Volunteer worker is active and friendly and creates a good contact with patients and staff.	Volunteer worker is unreliable and does not come when he/she has promised. Motivation is not based on helping the patients but helping him/herself.
Related to tasks	He/she helps the patient in dressing and takes her/him out to walk and sometimes also to movies. He/she listens to patient's stories and has time to chat. He/she is active and shows own initiative.	Over-enthusiastic and over-active. Does not listen to patients but has his/her own interests. Does too much or too little.
Effect on patients	Patients are more calm and happier, atmosphere is relaxed and joyful. The depression and loneliness of patients has decreased as well as the need for medication.	Patients' afety is endangered. Patients are afraid.
Effects on staff and working environment	Staff's work has become easier and they have more time to core tasks of nursing.	Staff is stressed because the need to check and monitor the work of volunteers. Volunteer work creates confusion and uncertainty.

The threats experiences were mostly related to the volunteer workers, their motivation, skills and way of doing the work. In the interviews the similar threats were raised up. The solution offered was to have a good orientation and selection process of volunteers.

There was only one interview in which the issue of volunteers being a threat to professional work or towards its value was mentioned.

5 KEY FINDINGS AND DISCUSSION

The key findings of the explorative study are summarized in brief based on the research questions.

5.1. Increasing volunteering in a hospital - possibilities and constraints?

Volunteer work in hospital is seen as a possibility. There some conditions mentioned related to the necessity of briefing and induction training, coordination and division of work. Volunteers are expected to have a genuine motivation for volunteering and a suitable personality. Volunteers are not required to have specialist skills or competences, just being "a human to another human".

There were some differences between professional staff groups in relation to which kind of conditions or demands/constraints were raised up.

Table 7. Differences in the attitudes towards volunteering by professional staff groups

	Ward nurse	**Registered nurses**	**Practical nurses & Ward assistants**
Approach	Holistic view	Task-centred view	Patient-centred view
Focus	Organisation	Professional role	Patient's well-being

While ward nurses were looking at volunteering from the perspective of the organisation and holistic care, registered nurses were more thinking about specific tasks; what is possible and what is not for volunteers. Professional roles were discussed more than with other staff group representatives. Practical nurses and ward assistants had the most client-centred focusing on the add-on to patients' well-being. This can be explained by the fact that these staff members actually have more person to person contact with clients during the day and thus see the value volunteers can bring to the well-being of a patient.

Increasing volunteering was seen as a possibility but it would need more public marketing and collaboration with volunteer organisations. The role of the general management of the hospital is seen as an enabler and a supporter for volunteering. Volunteer organisation's role is seen as a providing basic training for volunteering and brokerage services. Hospital coordinator for volunteering was seen as a possible solution for coordination of coming and going of volunteers but the actual briefing and work supervision need to be done at the ward level. The interaction between professional staff and volunteers is a key towards a positive collaboration. The views and opinions expressed in this study were similar to that of other studies regarding health care staff's opinions related to training and collaboration (Kauppinen 2012;

In general, volunteering needs to be planned and evaluated activity to be successful part of the care.

5.2. Differences between rural and urban environments

The differences between rural and urban hospital were small. The general attitude was positive in both locations but in rural setting there were more issues raised concerning confidentiality. Since in rural area people know of each other more, there was an explicitly expressed threat of volunteers coming to “nose around who patients are” and threat for violating confidentiality was mentioned more often. Rural hospital offered, contrary to the urban hospitals, also short-term, acute care. This might have effected to a more limited view towards volunteering possibilities.

The questions of work roles and limitations of tasks were raised also more frequently in the rural area but this might also be due to the fact that in the urban hospital B volunteering was a more regular thing. This leads to a conclusion that the more experience the staff members have on volunteers working in the wards, the more positive the attitudes were.

Since the study is a qualitative the differences between rural and urban settings or between professional categories are preliminary and should be studied further by a quantitative study.

5.3 Discussion

Professionals see the value and need for volunteering in hospitals and would welcome more volunteers especially for long-term care provided that it is organised and coordinated activity with proper training and support for volunteers. Volunteers are seen as an extra resource to perform tasks that professional staff do not have enough time for. In long-term care patients are often left too much alone and many are lacking social contacts. Ability to go out for a stroll to smell the fresh air and see the seasonal changes of the nature, was most often mentioned as a single positive act that volunteers can provide for long-term patients. The benefits of volunteering were firstly seen in bringing more comfort and well-being to patients, adding a human touch to health and social care (See Casiday et al. 2008).

Though in Finland volunteers in hospitals are fairly recent and rare phenomena, volunteers are regarded also in this study an “add on”. Volunteers were seen enabling the staff to concentrate to their core tasks. Volunteers were regarded to provide something “extra”. These results are similar to study published by the Kings Fund in England (Naylor et al. 2013, 14-15). The importance in introducing volunteering in hospitals is preplanning the roles and tasks of volunteers.

The attitudes and views of the health care staff in this small-scale study were more similar than different when compared with professional status or rural/urban environment. In the hospital which has more experience having volunteer workers (urban hospital B), the attitudes were slightly more positive and the work divisional problems have already been solved and thus the staff raised less conditions and threats compared to the rural area where volunteering was more rare. On the other hand the more the hospital has acute care or short-term patients, the more conditional the attitudes were.

Organisation of volunteering is the major issue. Coordination and clear division of work between professional staff and volunteers are key success criteria. It is also felt that volunteers should be taken as members of the team. Building mutual trust is a key to having a good collaboration with professionals and volunteers.

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Annex 1. List of interview questions

1. What is your opinion and attitude towards volunteering in a hospital? What do you think your colleagues are thinking about it? A

    - Analysis: Positive – negative – neutral/conditional)

2. What kind of experiences about volunteering in hospital you have?

    - Posivite experiences and examples
    - Negative experience and examples?

3. What is required from volunteer organisation and management?
    - From professional staff?
    - From ward management?
    - From general management?
    - From others?

4. What are the tasks and roles volunteers can have?

    - Most suitable tasks
    - Competences required
    - Attitudes
    - Work division and roles in relation to professional staff
    - Coordination

5. What are the weaknesses or negative things in volunteering in a hospital?

6. What are the strengths and positive things in volunteering in a hospital=

7. What kind of possibilities there are to increase volunteering in a hospital, in practice?

8. What kind of threats do you see in volunteering in a hospital? How to relieve them?

9. Other comments related to volunteering in a hospital and toward management and coordination of it?

Annex 2. Role play story

A. Positive story line

It is April in 2016. Blue violets are already blooming. You are just about to finish your shift in the hospital. You are thinking how nice day it was. From the time that volunteers have come to help the professionals all is going better. Both the patients and the staff are enjoying themselves.

Please write a small story what has happened? How days are going compared to earlier? What has improved in work, work environment, work division, atmosphere or in other work related things?

B. Negative story line

It is April in 2016. Blue violets are already blooming. You are just about to finish your shift in the hospital. You are thinking how awful day it was. From the time that volunteers have come to help the professionals all has gone for worse. Both the patients and the staff are complaining.

Please write a small story what has happened? How days are going compared to earlier? What has weakened in work, work environment, work division, atmosphere or in other work related things?