

What helps volunteers to continue with their work?

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SUMMARY

Aim

The aim of the study was to understand what volunteers perceived to be the factors helping them to continue working as volunteers, thereby assisting project leaders to improve the recruitment procedures, as well as quality of service, in the future.

Methodology

A focus group interview was held with the 14 most active volunteers in order to understand their perceptions about their work and their ability to continue their work as volunteers. The recorded interview was transcribed, translated and analysed.

Findings

The volunteers feel that their work consists of various forms of support to patients. They see themselves as mediators (advocates) for the patients within the health care services. They have difficulties with some patients, who have high expectations of them. They also feel deeply about the difficulties experienced by many patients, particularly poverty. They are strongly motivated by their desire to help their own community. This is reinforced when they are thanked by patients whose health has improved as a result of the assistance they provided. They feel that, as people, they have gained knowledge and confidence. The support from the project coordinators/fieldworkers is very important to them.

Conclusions

The findings above represent what would be motivational in general: internal motivation, the ability to see the importance of your work, positive feedback, a plan to deal with difficulties and support from senior colleagues. It is therefore important to ensure such support and cooperation at various levels. (*SA Fam Pract 2004;46(1): 25-27*)

BACKGROUND

The rewards of being a home-based care volunteer are perceptions of personal effectiveness, as well as emotional and social support from other health workers. The stressors of volunteer caregivers include emotional overload, patient problems, lack of support and lack of training.^{1,2,3,4,5} Ross *et al.*¹ found that dropout was associated more with

being overwhelmed by the stressors and with burnout than with the lack of rewards.

In a review of seven home-based care projects in South Africa, Uys found that volunteers felt positive about their contributions to patients, which consisted mainly of psychosocial support.⁶ The poverty and complexity of the problems faced by patients were among the main

difficulties with which they had to cope. The collaboration that developed with the hospice association was perceived to be an asset to the projects described by Uys. Nashman and Hoare found that the combination of being able to provide comfort, support and education, as well as knowing that "I am doing good/ making a difference"; obtaining patient's appreciation; and see-

ing progress in patients were the most important reasons for satisfaction amongst volunteers. They also found that support to the volunteers played a very important role in home-based care to Aids patients.

This short report concerns a qualitative study that was done as part of an evaluation of the home based care project in the Tzaneen municipal area. Tzaneen is situated in the eastern part of the Limpopo Province. The project is a joint venture between a local NGO (Choice Comprehensive Health Care) and public sector health workers. During the latter half of 1999, volunteers were identified through a participatory process with communities in the area. Seventy-one were volunteers and twenty-five people living with HIV were trained. They all attended one of the five-day introductory courses in home-based care. Forty-six of the trained volunteers (including two people living with HIV) were still active in the programme after one year (August 2000). Of these, only 12 were male and all except seven were over the age of 30. Thirty-two were unemployed. The project leaders (authors) embarked on this investigation in order to understand the volunteers' perceptions of what helped them to continue working.

METHODS

A qualitative research methodology was used. The aim of the study was to develop an understanding about volunteers' perceptions of what helps them to continue with their work. Volunteers who were visiting more than ten patients per week were selected. The selection was done through a questionnaire and was confirmed by the project coordinators responsible for the volunteers. Fifteen volunteers met the selection criteria. A free attitude interview was conducted with a single focus group by one of the researchers (GM) in Tsonga on 1 August 2000.

The focus group interview was conducted in the vernacular. The introductory (exploratory) question was as follows: What are your views regarding what it is that is making it possible for you to continue to support patients? The researcher facilitated the focus group only through reflections, clarifications and periodic reflective summaries. No additional question was posed. The focus group interview was recorded on audio- and videotapes. The two recordings were compared to verify the transcribed text. An independent person transcribed and translated the taped interviews. Different members of the research team identified the list of themes separately in both Tsonga and English. Discussion and verification was done with the members of the focus group after the analysis was completed. Volunteers who were not part of the focus group also confirmed the results during the end-of-year function, which was attended by all volunteers.

The researchers were aware of possible bias, as it is likely that both the volunteers and the patients would report findings that would please the researcher. The fact that they also reported the difficult aspects of being a volunteer can be seen as confirmation that they gave a truthful account.

All participants gave written consent. Approval for the study was given by both the Research, Ethics and Publications Committee of Medunsa and the Department of Health and Welfare of Limpopo Province.

FINDINGS

The themes discussed below were identified from the focus group interview with home-based care volunteers. These themes were raised by several of the participants. Most of the themes were consensus opinions of the group. The themes confirmed by less than five of the volunteers were excluded. The quotations that were chosen were

considered to be the most representative.

The volunteers explained how they support their patients. They said: *"If we are there as volunteers and they can talk about what is bothering them things seems better"*.

The volunteers felt that they were mediators between the community and the health workers: *"We encourage people to go to the health facility. After we have encouraged them to go to the hospital and receive help, they come back to us"*.

There were high expectations of them as volunteers, which they did not always feel that they could meet. As one participant put it: *"The day before yesterday, somebody was sick, and the relatives of the sick person were running all over the village looking for us. They requested us to take the sick person to the hospital"*.

Patients were difficult to understand at times: *"When they come back (from the hospital) they will only use traditional medicines"*.

They felt sorry for some patients who have the odds stacked against them. This also impacted on them as volunteers: *"People were dying in the community without knowledge. Some patients have no money to go to the hospital. They really have nothing"*.

There were certain issues from within themselves that made it easier for them to do their work as home-based care volunteers: *"We want to help our own people; we have a concern about their health. It makes us happy to bring health to the community"*.

The fact that patients appreciated what they did and actually got better with their support was a very important motivator for them to continue. As one participant put it: *"The patients in the community are giving back thanks to us as care givers"*.

The volunteers appreciated the support from the project coordinators. This made it easier for them to

go on with their voluntary work. As one participant said: *“During the meeting on the report day, we even visit those problem patients with Jamela, our coordinator. Then Jame-la will say a word of encouragement, then the situation becomes better and easier”*.

DISCUSSION

The results of the focus group interview mainly indicate the significance of the individual person who becomes a volunteer because of a desire to help his/her own people. The volunteers feel good about what they are doing. This echoes the findings of Nashman and Hoare² and Uys.⁶ The fact that patients get better and appreciate what they are doing motivates them. The support from the project coordinators also motivates them. Regular meetings with volunteers in the community are therefore very important for the future of the project.

Problems such as poverty and the high expectations of patients make it difficult to be a volunteer. The findings indicate the importance of addressing issues such as high expectations, burnout and support. This correlates with what Ross et al. wrote on the predictors of dropout and burnout among volunteers.¹

The volunteers value the fact that they are acting as mediators between the community and health workers. This highlights the importance of collaboration between different service providers and the community that they serve. In the project described above, several NGOs, the Department of Health as well as the local community are role-players. The collaboration between the different role-players is difficult at times. The volunteers are frequently caught in between them. This is

an area that would benefit from further research.

CONCLUSION

To some extent, the findings above represent general human motivators: internal motivation (the desire to help), the ability to see the importance of your work (the specific role of the volunteers as mediators), positive feedback, a plan to deal with the difficulties of the work and support from supervisors or senior colleagues.⁷ It is therefore important to create opportunities for volunteers to vent and discuss the difficulties they experience. Because their role as mediators with the health services is so significant, it is vital to facilitate a healthy relationship between the local clinic sister and the volunteers.✎

[See CPD Questionnaire, Page 47](#)

REFERENCES

1. Ross MW, Greenfield SA, Bennett L. Predictors of dropout and burnout in AIDS volunteers: a longitudinal study. *AIDS Care* 1999;11(6):723-32.
2. Nashman HW, Hoare CH. Stress and satisfaction among professionals who care. *Hospital Topics* 1990;68(1):22-9.
3. Andeson S, Kaleeba N. The challenge of AIDS homecare. *World Health* 1994;47(4):20-3.
4. Bellani ML, Furlani F. Burnout and related factors among HIV/AIDS health care workers. *AIDS Care* 1996;8(2):207-22.
5. Guinan JJ. Stressors and rewards of being an AIDS emotional-support volunteer: A scale for use by care-givers for people with AIDS. *AIDS Care* 1991;3(2):137-51.
6. Uys LR. The practice of community caregivers in a home-based HIV/AIDS project in South Africa. *J Clin Nurs* 2002;11(1):99-108.
7. Arenofsky J. 10 ways to motivate yourself. *Career World* 1999;28(3):6-12.