

Data Category	Supporting Quotes (source)	Researcher Notes (selected from Field Notes/Memos)
<p>Volunteers have a role on the clinical team</p> <p>But</p> <p>Do Not feel like a member of the team</p>	<p><i>I think of [volunteers] almost as part of the healthcare team on a unit, where the volunteer program is actually part of the core business of a program. When volunteers come in, we know they're starting at this time and they're finishing at this time, and that they're coming in, signing in. So we have a direct line of accountability. They're enhancing the already high functioning team, not a program off on their own that no one is aware of... They're part of the team. (Administrator)</i></p> <p><i>I'm open to any development of volunteer roles. The one thing I'd be aware of as manager is that I know that they cannot be doing something that is currently being done by paid staff. (Administrator)</i></p> <p><i>So if the staff can feel that volunteers are part of the team, it creates the culture that we're all here for the same purpose. And we all want the patients to have the best experience. (Inpatient Clinician)</i></p> <p><i>"I can have also a clerical [volunteer]. Like you know, a little bit of filing, a little bit of help out, you know, in the [team] station. That would be a need to help, you know, do some more work, you know. Like get a little bit of help there sometimes. I think that's one thing." (Administrative Assistant)</i></p> <p><i>"Yeah. The volunteer can come to help us like talking with the patients, calming down the patients, or at mealtimes, assist the patients. It's a big help." (Inpatient clinician)</i></p> <p><i>"I think about opportunities to train volunteers to identify who is appropriate to come and go, to help them with [gym] equipment, to be in the environment for emergency response-type purposes. I think some of those are fantastic opportunities and in alignment with our goals to have patients be self-managing. It gives [patients] access to things that are right there, and can be used. So there are activities where I think we absolutely can leverage volunteers." (Inpatient Clinician)</i></p> <p><i>"But I would honestly say we actually could use volunteers on the unit mainly in terms of, you know, just even just sitting down with some of our patients, just talking to our patients, taking them in the TV room, flipping the channel on for them to changing the channels and so on because some of them are not able to do that, right. Just basically move them around, take them down to, where is that, the 5th floor. Take them upstairs to the 10th floor, all those different</i></p>	<p>Administrators seem amenable to volunteer engagement in rehab setting and activities. Volunteers are ‘almost’ part of the team but they also suggest that they should be viewed as part of core business...</p> <p>Volunteers are in – but out of the team. Needed but not necessary?</p> <p>Clinicians within the inpatient unit were enthusiastic about engaging volunteers in more focused rehabilitation activities – both as an extension of the rehab services, but also as a way to provide supports outside of clinical services and therapy.</p>

	<p><i>programs. Because sometimes a lot of them, they just sit in their room.” (Inpatient Clinician)</i></p> <p><i>On a unit right now, we may have a speech language pathologist sick. Patient care continues...We do try to make sure that the normal routine of the floor continues irrespective of the person who wasn't present. And that would be my idea for a volunteer program. It can't be individual-specific. It's got to be part of the core value of the team of what we function as to enhance the patient's care. (Administrator)</i></p> <p><i>Volunteers are valued members of the [Hospital Name] care team. Volunteer participation is key to achieving our vision and mission to make patient lives better. As a volunteer at [Hospital Name] you will:</i></p> <ul style="list-style-type: none"> • <i>Have high patient interaction while enhancing the patient and family experience</i> • <i>Help maintain and improve patients' cognitive and physical functioning, to reduce the risk of functional decline</i> • <i>Improve our patients' quality of life by helping them to participate in activities and events</i> • <i>Become a pillar of support to patient, families and staff (Org. Website)</i> <p><i>If we had to take volunteers in outpatient [rehabilitation unit], it would be better if they helped the administrative staff rather than clinicians. (Outpatient Clinician)</i></p> <p><i>I could not go so far as saying that I feel like a member of the team” (Volunteer).</i></p> <p><i>Let us understand (the patient situation). I think that the volunteers really need to be part of the team. If you want the volunteer to be part of it, give us the tools to do our jobs. (Volunteer)</i></p>	<p>Organizational documents related to volunteer roles clearly identify volunteers as a valued member of the 'team' and that their role is to improve patient experience and outcomes.</p> <p>Not all staff are amenable to volunteer engagement. Some outpatient clinicians did not support the idea of volunteers in the rehabilitation service, citing previous experiences and unreliability as the key issue.</p> <p>Volunteers stated that they wanted to be seen as members of the team, but did not feel they were seen that way.</p>
Organizational and structural support needed to integrate volunteers into clinical teams	<p><i>“Volunteers need to be supported in the program or a team. You can't just drop them in there and expect it all to go well.” (Inpatient Clinician)</i></p> <p><i>“...I think there's just that balance with the union and what the roles are of the unionized employees. But I think in other hospitals they have clearly defined roles for volunteers on the units. So I don't see why we couldn't do it here too.” (Administrator)</i></p>	<p>There was acknowledgement of the need to support volunteers in their role and in the teams they work with.</p> <p>Both clinicians and administrators recognized the need for the oversight and support of volunteers at the organization level</p>

	<p><i>“In theory, we give [the volunteer position description] to the Volunteer Services and then they're supposed to be like HR, and that they would advertise it. It does and doesn't work. It seems like some of our best connections have been people who have come directly to this department saying they want to do something or former students that we've gone to saying we could really use some help in this particular area, would you be willing to do some volunteer work here?”</i> (Inpatient Clinician)</p> <p><i>“Well, I do think the hospital has to do something to maintain a better database. We need to do a better job keeping track of which volunteers are being supervised by whom”. (Administrator)</i></p> <p>Another participant emphasized the need for administrative consistency in the management of volunteers across the organization: <i>“This isn't a decision to be made by 1 or 2 individuals. It has to be a consistent approach... to say here is how we think we will have the most effective management of volunteers, to maximize their resources, and we have to be able to have that conversation, that negotiation - and have it established foundationally as an organization.”</i> (Inpatient Clinician).</p>	
<p>Volunteer roles need to be based on patient needs and clinical needs, and volunteers need to be matched to these roles</p>	<p><i>Orientation Materials for Volunteers:</i> <i>You will be placed based on our current needs; your skills and interest; availability; and suitability (Organizational Documents)</i></p> <p><i>“If we have 40 active volunteers, and there are programs that need to operate, then we have these 40 volunteers doing their work. But when we suddenly end up with a vacancy in a priority program, what's the opportunity to shift resources to have those volunteers meet that need? Is there a way that we could potentially prioritize volunteer roles and activities? Not the people but prioritized based on impact to patient care or patient programing.”</i> (Inpatient Clinician)</p>	<p>Organizational documents related to volunteer orientation indicated that both the hospital's needs (informed by patient needs), and the volunteers' skills and interests would be taken into consideration when placing volunteers into roles and programs.</p> <p>One of the inpatient clinicians identified the importance of ensuring that certain programs are prioritized over others in terms of having enough volunteers, and noted this prioritization should be based on the impact they have on patient needs.</p>

<p>Volunteers can't replace paid roles</p>	<p><i>Orientation Documents for Volunteers:</i> <i>Your role is to enhance the patient experience. Volunteers do not replace or infringe on the work of paid staff. (Organizational Documents)</i></p> <p><i>“Well, the other thing is we... You know, I don't think we want to be looking at volunteers as replacement for the assistants. They do require specific training to be able to assist.” (Outpatient Clinician)</i></p> <p><i>“We sit down and we talk about the role and we ask questions about what will the volunteer be doing, who will be their supervisor, what benefits are there for the volunteer, what benefits for the patient, etc. Then I will create the position description. I will then send it to our Labour Relations manager just to make sure that we're not touching any union position roles. And then they will give us the okay.” (Administrator)</i></p> <p><i>“I guess the challenges in terms of in general, I would say that there's a fine line, again as I alluded to earlier, a fine line with because this is a unionized environment, there's a careful balance in terms of what is considered "union" work. And if it is then it's something that should not be performed by anyone other than a unionized member. So that in the past has caused us some challenges where the lines may have been blurred slightly, and in fact did result in us having to eliminate the volunteer role at one point.” (Administrator)</i></p> <p><i>I guess some fear that [the volunteer] will take someone's job. It is not about taking; it's about enhancing the patient experience. This ultimately enhances the staffs' experience. (Inpatient Clinician)</i></p> <p><i>I think of [volunteers] almost as part of the healthcare team on a unit, where the volunteer program is actually part of the core business of a program. When volunteers come in, we know they're starting at this time and they're finishing at this time, and that they're coming in, signing in. So we have a direct line of accountability. They're enhancing the already high functioning team, not a program off on their own that no one is aware of... They're part of the team. (Administrator)</i></p>	<p>Organizational documents related to volunteer orientation definitively state that volunteers are not a replacement for paid staff, and their work, as such, cannot infringe upon the work being done by paid staff.</p> <p>Administrators speak to policies in place that govern the creation and approval of volunteer roles within the hospital, policies with the purpose of protecting work and roles meant for paid staff.</p> <p>Some participants view volunteers not as a replacement for paid staff, but rather as an extension of the team. Additionally, some participants thought of volunteer programs as supporting the core business of the hospital, and enhancing patient and staff experience.</p>
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Volunteers are outside the circle of care	<p><i>“You know, like you want to provide enough information so they know about the patient but then not too much. They don't need to know their entire medical history. So it's just trying to figure out what that balance is, depending on what they're doing, right. So how much do they need to know?” (Administrator)</i></p> <p><i>I'm assuming that they sign a confidentiality agreement. Confidentiality is a big issue with volunteers... you can't give them that much info about patients. The biggest barrier is liability. So that's not to say we're not happy to have them or we're not appreciative of them but there's always that confidentiality issue, there's always that safety issue because they're not trained personnel.</i> (Inpatient Clinician)</p> <p><i>“In order to protect the patients' right to privacy, I [the volunteer] agree and understand that as a volunteer, I must not read patient charts nor ask about personal information regarding patients. Any facts important to my volunteer assignment will be given to me. This and any other confidential information that I might learn about patients, their families and staff, I will keep confidential and will not discuss with other people in or out of [NAME OF HOSPITAL].”</i> (Confidentiality Agreement – Organizational Document)</p> <p><i>“I've been volunteering here for 3 years one afternoon a week. I see 2 patients for the [Program name] program. And both the patients that I currently see, although we're not allowed to look at the chart, it's easy to figure out that they had a stroke.” (Volunteer)</i></p> <p><i>“I think that the volunteers really need to be part of [the patient care team]. But sometimes I find the staff, “Oh, we can't tell the volunteer that,” or, “The volunteers, are they allowed to touch the patient chart?” There's no real need for a volunteer to have a patient chart. But if a volunteer is going to do friendly visiting, you really need to sit down with them and say to them, “Okay, this patient is a little bit this or has this, has no family, or has family that comes in.” Let us understand. You wouldn't do that to a colleague coming in. So if you want the volunteer to be part of it, give us the tools to do our jobs...” (Volunteer)</i></p>	<p>Participants were concerned about protecting patient confidentiality, and struggled with knowing how much information about patients to share with volunteers. They also worried about being held liable for disclosing personal information of patients to volunteers.</p> <p>The confidentiality agreement that volunteers are required to sign sets them outside of the care team, restricting them from accessing patient charts and from asking for patient information. Their only source of patient information is the staff, who are responsible for determining what and how much patient information to give volunteers.</p> <p>Volunteers report being able to gain information about the patient from the patient. They also stated they want enough patient information to feel comfortable and capable in their roles, and recognize that having access to some patient information would move them into the direction of being part of the care team.</p>
Volunteers are not reliable	<p><i>On a unit right now, we may have a speech language pathologist sick. Patient care continues... We do try to make sure that the normal routine of the floor continues irrespective of the person who wasn't present. And that would be my</i></p>	<p>An administrator recognized that currently the work being done by volunteers falls outside of core business, which means they if and when a volunteer does not</p>

	<p><i>idea for a volunteer program. It can't be individual-specific. It's got to be part of the core value of the team of what we function as to enhance the patient's care. (Administrator)</i></p> <p><i>Organizational Expectation regarding Volunteer Commitment: Commit to one 4-hour shift weekly (might be shorter depending on program) for a minimum of 6-12 months. (Organizational Document)</i></p> <p><i>My experience with volunteers is they are an addition. We cannot depend on them to run a program. They are just not dependable enough. So it's hard to build a relationship in terms of the volunteer when they're not here all the time or I don't know if they're even coming. (Outpatient Clinician)</i></p> <p><i>"The thing is like the problem with a lot of them is like they're not like really consistent and they're not here at a set time. And so what happens, you end up still having to go do those things." (Inpatient Clinician)</i></p> <p><i>"You need volunteers to be consistent. I would prefer either they come regularly or they don't come at all...As a staff member, you expect them to show up because you plan your day. You have to prioritize what you have to do." (Inpatient Clinician)</i></p> <p><i>"My experience with volunteers, especially young people, they'll come one day and next week, they'll say, "I can't make it." And they'll come the following week, and then the other week, they can't make it. So it rains a little. They'll say, "Oh, it's raining too much. I won't be able to come in." (Inpatient Clinician)</i></p>	<p>come in or is sick, it is not seen as necessary to find others to fill that gap and continue to provide that service or program.</p> <p>Organizational documents relating to volunteer onboarding clearly outline the time commitment volunteers are required to make.</p> <p>Clinicians working alongside volunteers on the units report that they struggle with being able to depend on volunteers to be present when they say they will be. They recognize that this affects the relationship they are able to build with the volunteers.</p>
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