



# *Strategic Management Practices Help Hospitals Get the Most from Volunteers*

By Sean Rogers

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## EXECUTIVE SUMMARY

**H**ospital administrators are facing twin challenges with regard to their volunteers—a generational change that may mean fewer volunteer hours in the future, and the need to set strategies to manage and recognize the value of current volunteers. This report, based on a survey conducted with a group of more than 100 hospital officials, identifies a specific set of 23 management practices to improve the volunteer experience, grouped into four categories: job design; recruitment and selection; orientation, training, and development; and performance management and supervision. The report also highlights the importance of making a complete accounting of the volunteer contribution, by calculating the equivalent financial value of volunteer services, as well as their contribution to patients' health outcomes. The study findings indicate that the use of strategic volunteer management practices in hospitals leads to better performance by volunteer labor and, in turn, may improve the hospitals' bottom line.

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## ABOUT THE AUTHOR

**Sean Rogers, Ph.D.**, is an assistant professor at the School of Hotel Administration (SHA) in the Cornell SC Johnson College of Business. Prior to joining SHA, Rogers was the management Ph.D. program director and an assistant professor at New Mexico State University, and was a visiting assistant professor at the Anderson School of Management at the University of New Mexico.



Before earning his Ph.D. in industrial relations and HR at Rutgers University, Rogers spent several years working in the airline industry and logistics. His corporate experience includes positions in industrial engineering, airline network planning, schedule planning, pricing, and financial analysis at US Airways, America West Airlines, ATA Airlines, AirTran Airways, and UPS. Rogers also spent nine years in the U.S. Army Reserves as a transportation management coordinator and stevedore. His current research interests include unions and labor-management relations (especially in airlines and higher education), workforce diversity and employment discrimination, and volunteerism. His work has been published in *Industrial and Labor Relations Review*, *Industrial Relations Journal*, *Industrial and*

*Organizational Psychology: Perspectives on Science and Practice*, *Nonprofit and Voluntary Sector Quarterly*, *Journal of Health Organization and Management*, and *Hospital Topics*. Rogers is a certified Senior Professional in Human Resources (SPHR), and a Society for Human Resource Management Senior Certified Professional (SHRM-SCP). He received his B.S. and MBA degrees from the Embry-Riddle Aeronautical University College of Business. He received his Ed.M. degree from the University of Illinois at Urbana-Champaign and his Ph.D. from the Rutgers University School of Management and Labor Relations.

# *Strategic Management Practices Help Hospitals Get the Most from Volunteers*

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**T**he ways hospitals conduct their volunteer management practices can benefit the volunteers themselves, as well as improve patient satisfaction and other hospital outcomes. In addition to identifying the most effective strategic volunteer management practices, this research surveys volunteer administrators to suggest that for hospitals to adequately assess the performance of their volunteer departments they must find an appropriate way to report what the volunteer workforce does to improve patient care and reduce institutional costs. Volunteer directors are well advised to track the activities of their staffs while identifying the areas where volunteers can make the most contributions. It is also important to clearly define objectives for volunteers that mesh with the hospital's mission statement and to be creative in establishing a volunteer services department that can do more with fewer resources.

More than 4.1 million individuals volunteered at hospitals and healthcare facilities in the U.S. in 2015, saving those organizations some \$95 million in wage and fringe benefit expenses.<sup>1</sup> In the U.S., healthcare volunteerism represents the fourth most frequent type of volunteer work performed by people ages 16 and older.<sup>2</sup> The use of both paid staff and volunteers in hospitals is recorded as early as the 18<sup>th</sup> century, with Britain's volunteer hospitals, and nursing became established in the U.S. with the advent of Dorothea Dix and Clara Barton (among others) on America's Civil War battlefields.<sup>3</sup> Authorities were at first hesitant to allow women on the battlefield, and even in the present day Handy and Srinivasan report that hospitals are sometimes reluctant to engage a full complement of volunteers due to the "costs" of managing them.<sup>4</sup> In this article, I look at the opposite side of that coin, as I argue that voluntarism is essential but not always appreciated. Thus, I examine the importance of analyzing and reporting on the value of volunteers and I identify strategic volunteer management practices.

Improving the management of volunteers and demonstrating their value has become essential in today's "pay-to-play" healthcare environment, in which payments and reimbursements to hospitals are pegged to organizational performance metrics. In this study, I emphasize the need for a greater understanding of how to direct volunteer staffs so that they can improve their contribution to patient satisfaction and other healthcare outcomes. Non-profit leadership consultant Tracy Connors cites a dire need for research that can "demonstrate the value added and the significant impact of effective strategic volunteer engagement."<sup>5</sup>

This report is a first step toward answering Connors's call. It provides an evaluation of recent research on healthcare volunteer management, including new evidence of the link between strategic management of volunteers and hospital patient satisfaction. The findings presented here are based on a survey of management officials at

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<sup>1</sup> <http://www.bls.gov/news.release/pdf/volun.pdf>. The Independent Sector, a Washington D.C. nonprofit coalition, estimates \$23.56 per hour as the value of volunteer time in 2015. This figure is based on the national average of hourly wages of all production and non-supervisory workers on private, non-farm payrolls, with an estimated increase to account for fringe benefits. See [https://www.independentsector.org/volunteer\\_time](https://www.independentsector.org/volunteer_time) for details.

<sup>2</sup> <http://www.bls.gov/news.release/pdf/volun.pdf>

<sup>3</sup> See: Alice P. Stein, Northern Volunteer Nurses of America's Civil War; [www.historynet.com/civil-war-nurses](http://www.historynet.com/civil-war-nurses).

<sup>4</sup> F. Handy and N. Srinivasan. 2005. The demand for volunteer labor: A study of hospital volunteers. *Nonprofit and Voluntary Sector Quarterly*, 34: 491-509.

<sup>5</sup> Connors, T. D. 2012. *The volunteer management handbook: Leadership strategies for success*. Hoboken, NJ: John Wiley & Sons.

more than 100 hospitals in the northeastern and southern U.S.<sup>6</sup> The survey examined: (1) what hospital executives and administrators view as the most pressing challenges and opportunities in healthcare facility volunteer management; (2) how volunteer management practices may influence individual volunteer performance and hospital patient satisfaction outcomes; and (3) how hospital administrative characteristics (such as the size of the volunteer management staff and its location within the managerial hierarchy) influence the ways volunteers are managed. The data presented, and subsequent discussion of their implications, may help healthcare operators make better use of hospital volunteer workforces and improve patient care.

## Research Design

I sent two flights of paper surveys to the "Director of Volunteers" at 496 hospitals in the Northeast and Southern U.S. between August and December 2011. By the end of 2011, I received 131 completed surveys, for a response rate of 31 percent. Because of missing data on certain items in the returned questionnaires, the number of usable surveys ranged from 105 to 122 depending upon the specific ideas being explored and analyses being performed.

Given the absence of scholarship on the effects of volunteer management on healthcare outcomes, or the explicit link between volunteer management practices to patient satisfaction, I sought to establish hypothetical relationships between volunteer management and such key outcomes. Thus, survey questions addressed aspects of volunteerism, hospitals, healthcare administrators and management practices, and organizational structure.

## Major Challenges and Opportunities in Healthcare Volunteerism

With regard to the first research issue, 105 hospital volunteer administrators provided responses to the question, "Regarding volunteer resource management, what do you see as the biggest challenges and opportunities for volunteer administrators in your position?" The hospitals represented by these 105 respondents together employed

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<sup>6</sup> Rogers, S.E., Rogers, C.M., & Boyd, K.D., (2013), Challenges and opportunities in healthcare volunteer management: Insights from volunteer administrators, *Hospital Topics*, 91:43-51; Intindola, M., Rogers, S.E., Flinchbaugh, C., & Della Pietra, D., (2016), Hospital administrative characteristics and volunteer resource management practices, *Journal of Health and Organization Management*, 30:372-389; and Rogers, S.E., Jiang, K., Rogers, C.M., & Intindola, M., (2016), *Strategic human resource management of volunteers and the link to hospital patient satisfaction*, *Nonprofit and Voluntary Sector Quarterly*, 45:409-424. Sample sizes for each study vary based on response rates.

## Volunteer management challenges and opportunities for hospitals

Challenges	Administrative challenges	Opportunities
Recruitment and retention	Leadership support for volunteers	Linking volunteers to outcomes
Changing nature of volunteer workforce	Interaction between paid and volunteer staff	Expanding recruitment pools
	Effects of healthcare regulations and economic conditions	Enhancing volunteer roles

39,008 volunteers who donated 5.3 million volunteer hours during a 12-month period between 2010 and 2011.

### Analysis

The survey generated two bodies of raw narrative data—one for challenges, and another for opportunities. All of the challenges data are used to create one word cloud, and all of the opportunities data are used to create a different word cloud. If a respondent wrote a paragraph that stated three distinct opportunities, for instance, each of these opportunities was recorded as an individual response. The purpose of creating word clouds here is to identify major themes in the narrative data. Some themes emerge from the challenges cloud, and different themes emerge from the opportunities cloud (see Exhibit 1). Once the initial, rough themes are identified, raters go through each written challenge one-by-one and categorize them into one of these major themes. They do the same for opportunities. While doing this they make judgment calls about how well everything fits into the initially-identified themes. In some cases, refinement occurs because what looked like separate themes (recruitment, and then retention) are more likely a single topic because when one (recruitment) is mentioned by a respondent, they frequently also talk about the other (retention).

After the themes are refined, a third rater is asked to also classify narrative data into newly refined themes. That rater's classification scheme is compared to that of the previous two raters. When multiple raters are asked to classify the same data, their level of agreement can be measured via a number of statistical tests. To assess rater agreement, I applied the Kappa statistic, and drew from previously published papers that indicate what ranges of agreement are considered excellent, good, or acceptable.<sup>7</sup> The results of this ratings comparison analysis revealed levels of agreement for the various categories from "moderate" to "almost perfect."<sup>8</sup>

<sup>7</sup> Rust, R.T., & Cooil, B. (1994). Reliability measures for qualitative data: Theory and implications. *Journal of Marketing Research*, 31:1-14.

<sup>8</sup> Landis, J.R., & Koch, G.G. (1977). The measurement of observer agreement for categorical data. *Biometrics*, 33:159-174.

Regarding recruitment and retention, many administrators expressed concerns about the changing nature of the volunteer workforce. They perceived the aging of their current retiree volunteer workforce as a potential problem, and also noted that many of the retirement-age volunteers they had regularly relied upon were now "working for pay much longer, perhaps into their 70s" and "just don't seem to be coming [to volunteer] as much."<sup>9</sup> On the other end of the age spectrum, volunteer directors pointed out that an increasing number of younger volunteers get involved primarily to fulfill a high school or college service requirement, which creates an unstable volunteer labor supply and varying levels of commitment to completing volunteer duties on the part of these students.

Administrative challenges include hospital leadership support for the use of volunteers, the quality of interaction between paid staff and volunteers, and the work-related pay, status, and demands of volunteer directors. Several volunteer administrators shared the sentiment of a respondent who noted, "Facility administrators never really understand the depth of [the] volunteer services department's responsibilities, functions, and level of productivity." Another wrote, "Being a 1-person department... getting everything done correctly in a timely fashion [is] my biggest challenge." Pointing to a potential root of the relative neglect of volunteer services, one respondent said that in their facility the director of volunteer services (or DVS) "is the lowest paid manager in the institution," "is not considered a real manager," and "is not acknowledged as part of [hospital] leadership."

Survey participants also cited the challenge of managing pressures on volunteer services from external forces, such as economic instability and changes in healthcare regulations. Labor market fluctuations that affect the jobs of individuals, for example, also influence their volunteering behavior. Regulatory requirements increasingly link medical funding and reimbursements to organizational and patient outcomes. Multiple volunteer leaders described these and similar developments as critical issues,

<sup>9</sup> Rogers, Rogers, & Boyd, *Challenges and opportunities*, 46.

especially in the face of a perceived lack of executive and institutional support for volunteer administration.

## Key Opportunities

The biggest opportunity for healthcare volunteerism is doing a better job of linking hospital volunteer efforts to patient, organizational, and community outcomes. One volunteer director stated, "In these days of pay for performance, volunteer management has an unprecedented chance to be really creative in providing programs and amenities via volunteers that touch the lives of both patients and visitors, and improve patient satisfaction scores." A majority of respondents identified the potential for volunteers to influence patient satisfaction scores as an opportunity for their departments.

Another is expanding recruitment pools and enhancing volunteer roles to capture the contributions of individual volunteers. This can be done with flexible scheduling, continuous cross-training and job rotation, managing volunteer performance through software programs, and using webinars and social media to reach specific populations of potential volunteers (such as professionals with key skills, or persons with disabilities, or the unemployed).<sup>10</sup> Multiple volunteer administrators stressed the need for their departments to become more efficient in the ways they used volunteers. Respondents also cited better hospital support for volunteer programs as an important opportunity for volunteer leaders. Calls to action included "involving senior management...to support the work of volunteers" and "working closely with the administration and management team to increase our hospital's dedication to volunteers."

## Management: The Missing Link between Volunteers and Patient Satisfaction

To address the second research question, I applied strategic human resource management theory to establish potential relationships among hospital strategy, the use of certain volunteer management practices, volunteer performance, and patient satisfaction. I found positive statistical associations among all of these variables, suggesting that managing volunteer services in ways that enable volunteers to contribute to organizational and patient outcomes may create even greater value for hospitals.

This analysis drew on patient satisfaction data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), which is a U.S. government-run database, augmented by hospital facility data (number of beds and employees) from the data viewer website of the American Hospital Association.<sup>11</sup> On average, the 107

<sup>10</sup> Volgistics (<https://www.volgistics.com/>) is an example of such software, and was specifically mentioned by several respondents.

<sup>11</sup> <http://www.hcahpsonline.org/home.aspx>; <http://www.ahadataviewer.com/>

hospitals in this sample (limited by missing questionnaire responses) had been in existence for 96 years, had 261 patient beds, employed 341 volunteers annually, and had just under 1,900 paid employees.

## Measures and Analysis

The key variables were hospital strategy, volunteer management practices, volunteer performance, and patient satisfaction. Hospital strategy was measured on a continuum between cost reduction on one end and quality maximization on the other end. Hospitals were placed on this continuum based on the administrators' responses to questions about their hospitals' approach to doing business, resulting in two groups, one focused on controlling costs and the other on maximizing quality.<sup>12</sup> To assess volunteer management, I developed a list of 23 management practices from four frequently cited articles, because no single list of "best practices" exists.<sup>13</sup> These 23 volunteer management practices are listed in Exhibit 2.

From the 23 practices, I developed a scale that I label "strategic volunteer management," as follows. The survey asked the administrators to indicate the extent to which they used each volunteer management practice on a 1-5 rating scale. Then, for each hospital I calculated a single composite rating scale representing all 23 practices. The closer to 5, the greater the hospital's use of strategic volunteer management. Volunteer performance ratings were based on the administrator's perceptions of her or his volunteer workforce's performance on three dimensions: ability to perform, motivation to perform, and opportunity to perform.<sup>14</sup> Patient satisfaction at each hospital was measured using an average of two

<sup>12</sup> Takeuchi, N. (2009). How Japanese manufacturing firms align their human resource policies with business strategies: Testing a contingency performance prediction in a Japanese context. *International Journal of Human Resource Management*, 20: 34-56.

<sup>13</sup> Brudney, J.L. (1999). The effective use of volunteers: Best practices for the public sector. *Law and Contemporary Problems*, 62: 219-255; Ellis, S.J. (2010). *From the top down: The executive role in successful volunteer involvement*. Philadelphia, PA: Energize Publishing; Hager, M.A., & Brudney, J.L. (2004). *Volunteer management practices and retention of volunteers*. Washington, D.C.: The Urban Institute; and The UPS Foundation. (2002). *A guide to investing in volunteer resources management: Improve your philanthropic portfolio*. Retrieved June 25, 2016 from: [https://www.energizeinc.com/sites/default/files/invest\\_vrm\\_guide.pdf](https://www.energizeinc.com/sites/default/files/invest_vrm_guide.pdf).

<sup>14</sup> Dimensions drawn from: Hackman, J.R., Oldham, G., Janson, R., & Purdy, K.A. (1975). New strategy for job enrichment. *California Management Review*, 17: 57-71; Park, H.J., Mitsuhashi, H., Fey, C.F., & Björkman, I. (2003). The effect of human resource management practices on Japanese MNC subsidiary performance: A partial mediating model. *International Journal of Human Resource Management*, 14: 1391-1406; and Youndt, M.A., Subramaniam, M., & Snell, S.A. (2004). Intellectual capital profiles: An examination of investments and returns. *Journal of Management*, 41: 335-361.

## Strategic volunteer management practices

Written statement of philosophy regarding hospital volunteer involvement
Written position description for all volunteer roles
Written policies and procedures for paid staff working with volunteers
Periodic needs assessment to determine how volunteers should be involved to address hospital objectives
Liability coverage or insurance protection for volunteers
Reimbursement for work-related expenses incurred by volunteers
Multiple media outlets (e.g., internet, direct mail, recruitment fairs) used to recruit volunteers
Volunteers are sought based on having skills that match specific position requirements
Formal volunteer screening and selection process (applications, interviews, etc.)
Orientation for new volunteers
Ongoing training and development for volunteers
Training for paid staff on how to work alongside volunteers
Paid staff new hires are told about why and how volunteers are involved in the hospital's work
Volunteer administrator provided resources for professional development
There is a designated administrator responsible for overseeing the management of volunteers (such as a Director of Volunteer Services)
Volunteer administrator is involved in top-level hospital organizational planning
Level of autonomy afforded to volunteers
Each volunteer has a designated supervisor (could be one supervisor for multiple volunteers)
Formal conflict resolution and grievance procedures for volunteers
Volunteers are provided information about organizational issues and events
Newsletter for volunteers
Rewards and recognition activities for volunteers
Rewards and recognition activities for paid staff in their support for volunteers

HCAHPS ratings: the percentage of patients who gave the hospital a quality rating of 9 or 10 (on a 10-point scale), and the percentage of patients who reported that they “would definitely” recommend that hospital to others.

I controlled for the following aspects of each facility, because these factors have influenced outcomes in other research: hospital size (number of patient beds), the total annual volunteer hours worked, and the ratio of volunteers to paid staff.<sup>15</sup>

Structural equation modeling was used to simultaneously test the hypothesized model comprising relationships among hospital strategy, volunteer management practices, volunteer performance, and HCAHPS patient satisfaction scores. Preliminary tests of the hypothesized

model against alternative models demonstrated that this model was the best representation of these relationships.<sup>16</sup>

### Volunteer Management Findings

Nearly all of the predicted links among the four main variables were statistically significant, indicating that the associations are not likely random. However, causality cannot be assumed in this particular study.

Hospital strategy was positively related to the increased use of volunteer management practices ( $\beta = .33$ ,  $p < .01$ ). A hospital that was rated as having a quality-maximizing organizational strategy was more apt to use strategic volunteer management. The use of volunteer management, in turn, was positively related to all three volunteer performance attributes measured—volunteer ability to perform ( $\beta = .46$ ,  $p < .01$ ), volunteer motivation

<sup>15</sup> For example, Hager & Brudney, *Volunteer management practices*. For example, Guthrie, J.P. (2001). High involvement work practices, turnover, and productivity: Evidence from New Zealand. *Academy of Management Journal*, 44: 180-190.

<sup>16</sup> These preliminary tests included: chi-square, root mean square error of approximation, the comparative fit index, and standardized root mean square residual.

to perform ( $\beta = .18, p < .05$ ), and volunteer opportunity to perform ( $\beta = .55, p < .01$ ). Two of these attributes were positively related to patient satisfaction: volunteer ability to perform ( $\beta = .18, p < .05$ ) and volunteer opportunity to perform ( $\beta = .30, p < .01$ ).

Although this study cannot establish causality, the statistical associations identified here provide insight into the potential of volunteerism in hospitals and healthcare facilities. Volunteer administrators can use the findings from this second survey to determine how their departments may influence hospital outcomes. The data also can help hospital executives understand the potential returns from investments in volunteer management.

## Designing Hospitals to Enable Strategic Volunteer Management

The findings regarding the third research question, regarding organizational characteristics, address the rising issue of making the best possible use of volunteers. The results of this survey suggest that volunteer management is most effective when hospitals allocate more paid staff to this task, allow the paid staff to concentrate on managing employees (as opposed to making this an ancillary responsibility), and involve volunteers in patient care.

This part of the survey explored the potential relationships among five organizational characteristics and the use of the strategic volunteer management practices listed in Exhibit 2, again using structural equation modeling. These organizational characteristics were: (1) size of the paid volunteer management staff; (2) the primary volunteer administrator's scope of responsibility; (3) the location of the volunteer management function in the organizational; (4) hospital size; and (5) the extent to which volunteers were involved in performing direct patient service duties. This study used responses from 122 of the 131 responding administrators.

## Measures and Analysis

I addressed the five organizational characteristics as follows. The size of the volunteer management staff was measured by the number of paid full-time equivalents specifically tasked with conducting volunteer management duties. Scope of responsibility of the primary volunteer administrator was determined through a content analysis of the job title, many of which indicated responsibilities beyond the management of the volunteer workforce (e.g., director of customer service and volunteers). The location of volunteer management in the organizational hierarchy indicated whether the volunteer services department reported to the hospital's foundation, to the human resources department, to marketing, to hospital executives, or to some other department (e.g., nursing). Hospital size was a tally of the number of paid employees at each facility. Finally, the service nature of volunteer jobs

was based on the extent to which the volunteer workforce performed direct versus indirect patient services.

Starting with the 23 volunteer management practices used in the second survey, I conducted a confirmatory factor analysis (CFA) to assess the extent to which these practices could be examined as coherent groups of practices. This CFA procedure identified four highly correlated practices (leaving 19), and clustered the remaining practices into four categories: namely, job design; staffing (or recruitment and selection); orientation, training, and development; and performance management and supervision

As part of the structural equation modeling to test the relationships among the organizational characteristics and the use of volunteer management, I applied the standard preliminary tests for normality and fit. All were satisfactory.

## Organizational Characteristics Findings

Size of the paid volunteer management staff, the volunteer director's scope of responsibility, hospital size, and volunteer involvement in providing direct and indirect patient services were all statistically related to specific strategic volunteer management practices. The number of paid volunteer management staff was positively related to the use of job design ( $\beta = .27, p < .05$ ), orientation, training, and development ( $\beta = .25, p < .05$ ), and performance management and supervision practices ( $\beta = .23, p < .05$ ). Scope of responsibility was positively related to recruitment and selection practices ( $\beta = .25, p < .05$ ). Hospital size was positively related to job design ( $\beta = .26, p < .05$ ) and recruitment and selection practices ( $\beta = .34, p < .01$ ). Volunteer involvement in direct patient services was positively related to recruitment and selection ( $\beta = .23, p < .05$ ) practices.

Contrary to what some people might have expected, the volunteer management department's location within the managerial hierarchy had no effect on the use of these strategic volunteer management practices.

In sum, the findings here indicate that hospitals using strategic volunteer management practices allocate more paid staff to managing volunteers, allow those paid staff to focus only on managing employees (as opposed to making volunteer management an additional responsibility), and involve volunteers in providing direct care to patients. Finally, these results underscore the finding that strategic volunteer management practices are associated with improved patient satisfaction scores.

## Practical Recommendations

The survey responses depict a changing pattern of volunteer support, as well as a need to ensure that volunteers' contributions will be appreciated. Maintaining the continued value of volunteer contributions will require

an active strategy on the part of hospital administrators, embracing the following steps.

**Collect data.** To accurately assess their impact on hospital outcomes, volunteer departments must have detailed information about their staffs at the individual and group levels, and about the ways these volunteers can contribute to those outcomes. These data can be obtained using volunteer management software such as VSysOne or Volgistics – which allow directors to collect, store, and management volunteer inputs (e.g., number of hours worked) and outputs (e.g., number of patients served, or tasks performed). Hospitals may also track volunteer data in an MS Excel spreadsheet or even by hand.

**Analyze data.** Once the department data are collected volunteer directors must mine this information to learn how their volunteers add value to hospital outcomes, and inform all hospital stakeholders of that added value. With an increasing focus on efficiency and effectiveness in today's healthcare environment, it is no longer sufficient for volunteer directors to simply tout the contributions of hospital volunteers. Instead, directors now must articulate, with the backing of quantifiable data, how their volunteer workforces enhance the hospital's bottom line. I give an example of such a report in the next paragraph.

**Speak the language of management, using concepts and terms that hospital executives and other officials value and understand.** Rather than just give the number of volunteers and the time they have spent, a compelling report would connect those hours to other financial or operational outcomes. Here is an example:

“During the past year, our 300 volunteers worked a combined total of 62,400 hours, saving the hospital approximately \$1 million in labor expenses. Our volunteers had over 40,000 hours of direct patient interaction, and helped to generate more than \$800,000 in gift shop sales revenue and fundraising contributions. Patients in hospital units with greater use of volunteers generally reported higher satisfaction levels during their stay, and medical professional staff also reported that volunteers enabled them to focus more time and attention to their own professional duties. The \$1.8 million in value created by our volunteer services department, in addition to our positive effect on the patient experience and on medical staff, was accomplished on a lean departmental budget expense of \$100,000. In just the past year our volunteer services department has created a return-on-investment for the hospital that is at least 18 times greater than the cost of running the department.”

**Establish volunteer services department vision and mission statements and objectives that clearly align with, and meaningfully contribute to, the vision, mission, and objectives of your hospital.** The vision, mission, and goals of a volunteer services department should mesh

with the larger aims of the hospital it supports. Volunteer administrators and staff, and volunteers themselves, should understand larger hospital targets and how they can help contribute to meeting key goals. While a hospital's vision and mission are unlikely to change often, goals and objectives can be more fluid and responsive to internal and external pressures. Volunteer services departments must be flexible enough to adapt to these organizational changes.

**Be creative about developing the strategic management capacity of your hospital's volunteer administration function.** Some hospitals maintain paid volunteer administrative staff who are solely responsible for volunteers, while others make volunteer management an add-on responsibility or use volunteers as managers. Volunteer departments are often asked to do more with less—less money, fewer staff, and smaller space. If these departments are to survive and thrive, they must adapt and integrate the management practices that have a demonstrably positive effect on patient and hospital outcomes. If volunteer directors do not have the time to develop these management systems in addition to their everyday tasks, one solution is to hire skilled volunteers who can provide help. Hiring a local master's degree student as a summer intern, offering this or similar projects to a doctoral student as a research project, or partnering with a local university faculty member or program director to offer this task as a class-based project are just a few ways volunteer directors can obtain help in developing strategic management capabilities.

## Strategic Volunteer Management

Given the major challenges and opportunities facing hospital volunteerism, strategic volunteer management presents a promising avenue for linking volunteer services to valued outcomes, most notably, patient satisfaction. The findings in this report show that the adoption of strategic volunteer management practices is statistically related to improved volunteer performance, and that performance is linked to an enhanced patient experience and higher HCAHPS patient satisfaction scores. Organizational investments in volunteer management, such as more paid staff who dedicate their efforts to managing volunteers, enables volunteer administrators to enact these outcome-enhancing strategic management practices in their volunteer departments.

Healthcare volunteerism will always face challenges. The question is whether enough of those challenges can be transformed into opportunities. Strategic volunteer management is one way to make the most of healthcare volunteers, both in terms of increasing the number of volunteers and for establishing their value to the organization. ■

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