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Dixon, Liz

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‘I’m only a volunteer’: unravelling the complexities of the mundane in roles undertaken by volunteers.

Liz Dixon, University of Huddersfield, UK.

SCUTREA Conference July 2017

Background to the research



Teacher
Educator

PhD student

Hospice
director

- Year 4 of a PhD
- Research is looking at the everyday work of volunteers in a hospice.
- Volunteers and learning within a professional workplace.

Key research questions

- What contribution do volunteers make within a hospice?
- How is the volunteer role perceived by volunteers and by paid staff?
- What is the nature of the learning of volunteers?

Overview of the presentation

- Background to the research: Hospices and volunteering;
- Brief explanation of the methodology;
- Complexity of the volunteer role;
- The landscape of volunteers' learning:
 'Workplace responsiveness'
- Challenges and opportunities for volunteers and the organisation.

Methodology

Ethnographic case study

- Institutional ethnography (Smith, 2006)

The stories of the hospice volunteers provide the basis for the investigation of the institutional processes that are shaping that experience.

- Research methods include:
 - Observation and shadowing within the hospice
 - Attending hospice meetings and events
 - Formal and informal interviews
 - Structured focus groups (paid staff and volunteers)

Development of the hospice movement

- UK Hospices operate within the charitable sector, providing holistic, palliative care to people in the final stages of life.
- Workforce includes both volunteers and paid staff in all aspects of the service they provide.
- Increasing demand for volunteers as hospices expand their services.

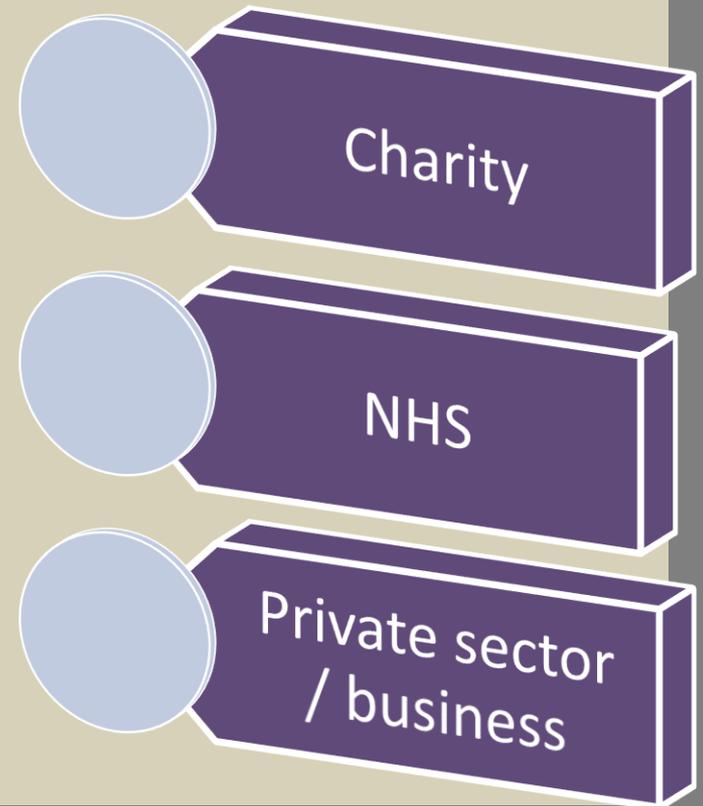
Hybrid organisations

- Organisations that possess 'significant' characteristics from more than one sector : Public, Private and Third.
- Hospices : roots and ethos firmly in the charitable 'Third' sector, have seen a blurring of boundaries and more influence from both the public and private sectors.
- With the increasing influence of adjacent sectors there is a danger of the potential loss of independence and possible mission creep, where voluntary organisations 'lose their soul'. (Billis, 2010).

Hospice as an emerging hybrid organisation?

Influences, tensions and competing demands:

- Ethos, values, strategy and ways of working
- Increased complexity
- Finance / Funding / Budget
- Management
- Governance
- Regulation
- Inspection
- Accountability



Volunteering

The National Council for Voluntary Organisations (NCVO) defines volunteering as:

- Any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives. Central to this definition is the fact that volunteering must be a choice freely made by each individual.

Case study : Hospice details

- Situated in North of England, opened in 1981
- Purpose built 12 bedded In-Patient Unit (IPU) and Day Hospice opened in 1995
- Currently over 500 volunteers registered with the hospice : approx. **5 volunteers to 1 (FTE) member of staff.**
- Volunteers Roles include: **In Patient Unit, Day hospice, Drivers, Receptionists**, Gardening, Fundraising, Charity Shops, Board of Directors

Volunteer profile

- Not an amorphous group : although often referred to as such.
- Age range 16 – 90 +
- More females; predominately age 50 +
- Reasons and motivations for volunteering : very varied
- Inclusive organisation including volunteers with: learning difficulties; health problems; post-bereavement; older age range; people with no experience of hospices.
- Organisation is actively seeking to attract a more diverse range of volunteers.

Role of volunteers

- Volunteers occupy a 'boundary' position in hospices, between patients and staff, and are also an important conduit between the hospice and the local community (Morris et al 2013).
- They can act as ambassadors of the hospice informing communities of the work that hospices do and in some instances dispelling cultural myths and taboos about death and dying and the hospice movement.

The role of volunteers: what do they do?

The study suggests:

- There is a shared understanding amongst volunteers and paid staff of some aspects of the work of volunteers and some specific knowledge and skills required to carry out a particular role.
- There is a complexity inherent in the volunteers' work and learning which is not necessarily recognised or acknowledged by staff or the volunteers themselves.

Volunteer learning



- Difficulty articulating
- Not recognised
- Not acknowledged
- Hidden

Navigating the landscape of volunteers' learning !



Formal

Invisible
Learning

Communities
of Practice

Situated



Informal

Emotional
Labour

Workplace
learning

Conceptualising learning : Hierarchies, binaries, continuum?

Criticism of categorising learning:

- Unhelpful binaries
- Polarising
- Hierarchical

(Colley et al 2003, Solomon et al 2006)

Professional Knowledge
v Lay Knowledge

(Payne 2002)

‘Head work’ comes before
the ‘heart work’ and emotion
comes after knowledge.’

(Benozzo and Colley 2012)

Conceptualising learning : Hierarchies, binaries, continuum?

Despite the existence of borderline cases there is a formal/informal distinction. There needs to be a rethink of the balance between formal and informal learning and that currently the balance is too far towards the formal, whilst marginalising informal learning.

(Hager and Halliday 2007)

Informal learning is often not acknowledged as learning within organisations and as such is rendered invisible.

(Boud and Middleton 2003),

Volunteers' Training : Varied and inconsistent

- **Formal:**
 - Induction; mandatory training; professional courses and events.
- **Formal / Informal:**

Buddying up (routines; skills; procedures) periods of working with a more experienced volunteer or member of staff may be formally arranged for the new volunteer, the learning is characteristically informal in the sense that it is unplanned and contingent upon events and circumstances which prevail at the time.
- **Groups and networks** : meetings of groups, depending on volunteer role.

Volunteers' learning

- Hospice volunteers develop a range of skills but they also acquire culturally transmitted knowledge about death and dying and find themselves needing to learn about palliative care and dealing with the unexpected.
- This learning is situated and contingent upon the hospice culture, and characterises the work and learning of hospice volunteers.

How volunteers learn

- Organise their own systems eg Reception area: individual and shared practices.
- Own networks – formal and informal; sometimes with paid staff.
- Make use of and develop existing skills and expertise
- Adapt to the ethos and culture.

Volunteers' Learning

Situated

- A consequence of volunteers being immersed in the setting and being exposed to the patient experience and the culture of the hospice.
- For some volunteers such learning challenges their previous understanding and assumptions.

'I mean I just thought you went into the Hospice and came out in a box, to put it crudely. But it's not like that, the number of times they go in, just to have their medications sorted and respite, which is for them and for the carer, isn't it? So I mean and it's just such a happy place.'

(JL : Volunteer driver)

Complexity and 'Workplace responsiveness'

- Most volunteers had not had formal training or worked in similar settings and some had never been alongside people going through end of life care,
- Volunteers are often confronted with complex situations which have no apparent 'blue print'.
- This learning, or 'workplace responsiveness' is characterised by a complex interaction of finely balanced emotional, cognitive and practical judgments.
- This aspect of the work was not reflected in the description of the role as laid out in the hospice documentation; the data provided examples of a dissonance between role descriptors and actual practice.

Workplace Responsiveness

Comprising elements of:

- Spontaneity,
- Judgement,
- Intuition,
- Cognition
- Emotion.
- An immediacy is required which does not allow for consultation or reflection.

Volunteers' "Workplace responsiveness"

- Volunteers may draw upon a deep reservoir of lived experience; learning born out of years of life events.
- Integral to this learning is the volunteers' commitment and enthusiasm to the organisation, and in the enactment of their role finding opportunities to emulate and replicate the culture, values and purpose of the hospice.

Canonical and Non-canonical practices

(Brown and Duguid 1991)

Canonical practice

- The role of the volunteer as espoused by the organisation, is presented.
- The roles are descriptive, highlighting specific skills and qualities as a prerequisite of the job.

Non-canonical practice

- The actual practices that staff, or in this case, volunteers engage in and learn through to get the work done.

The dissonance of described and actual practice

**Examples of the dissonance of described
and actual practice**

Canonical Practice

- Extract from the hospice volunteer leaflet (Publicity and Induction material)



Canonical Practice

Volunteer receptionist (Hospice website)

- *Good interpersonal and telephone skills are essential. The reception desk is the first port of call for most people visiting the hospice; therefore, a warm and welcoming manner is required.'*

Volunteer drivers (Hospice website)

- *'We require careful drivers to bring our patients to Day Hospice (using their own cars) and take them home again. Mileage/petrol costs will be reimbursed.'*

The Volunteer receptionist

- Front of house
- Deal with everything that comes through the door
- Staff
- Patients ,relatives, visitors
- Money / donations / sales
- Deliveries
- Phone calls : wide ranging; sensitivities; information;
- Computer
- Reputation

Non-canonical Practices

Volunteer receptionist AB talked about her first day on the reception:

The first Sunday I was on, then somebody died, so of course all the relatives are coming out, so I have to sit them down, would you like a cup of tea, bring round the tissues and you know, behave appropriately and then some child brings in some money and they're going oh look at me, I've brought all this.....'

Volunteer receptionist, AS spoke of an incident which captures both the mundane and the complex

'..... yesterday, when I was on reception, she probably was only in her late twenties, thirties, and she'd come in with her partner and she was looking a little bit, you know, nervous and she'd obviously sort of was visibly upset and I said, you know, are you ok, and she said oh, we've just come to see the leaf and they'd bought a leaf for the mosaic.

Next thing, she's walking back, obviously after the school had finished, with her three children. So she said I've brought them to see, you know, the leaf. Well the older child was visibly, she was visibly upset. The two younger ones were more interested in what we had for sale in the fridge and by the time we'd finished, I was going round to the kitchen to get spoons for them because they ended up buying chocolate cake and cream. So they were all sat in reception, but it's nice that they can feel that they can do that, because how could you do that at the hospital?'

Volunteer receptionist MR describing her first day

'I did Reception one day and there was a really awful case, ... I had to go into see one of the patients, with the phone, because what they did in those days, if somebody wanted to talk to them, they'd ring us and we'd say right can you ring the mobile phone and then we'd take the mobile phone in there and there was like a five minute gap and I was sat with this girl, who was only in her twenties, desperately ill, very, very upset and it was horrible and raining outside...

I can talk to anybody about anything. I hadn't a clue what to say to her, I just didn't know, I couldn't say, Isn't it a nice day? Have you watched television? you know, What are you doing? How are you feeling? because I could see

No, I hadn't expected that, well I didn't know,...I didn't realise that you did things like that.'

Non canonical practices

The volunteer drivers :



Brian

'I brought a patient this week and it was her first time of coming to the hospice. She was terrified. I realised as soon as I collected her... but she was great going home. She'd loved it and I couldn't stop her talking!'



Dave

'You never know what you'll find when you get there. You just have to use your initiative. They might have gone to hospital.. They might have just gone out ...they might have died and nobody let the hospice know....'



Mary

'And they chat to you on the way home.... There was an empty chair for a couple of sessions and she asked me where x was. I had to tell her he'd died. She'd waited all day to ask.....'

Non-canonical practices (The Researcher)

“ Did you get that one? I knew it was something to do with James Bond....’

Almost in the same breath she began to tell me about her decision to come to the Day Hospice

“... they said why don't you try it? I thought that's somewhere you go if you're dying But then I thought to myself well I suppose I am Did she say it's a Walt Disney?”

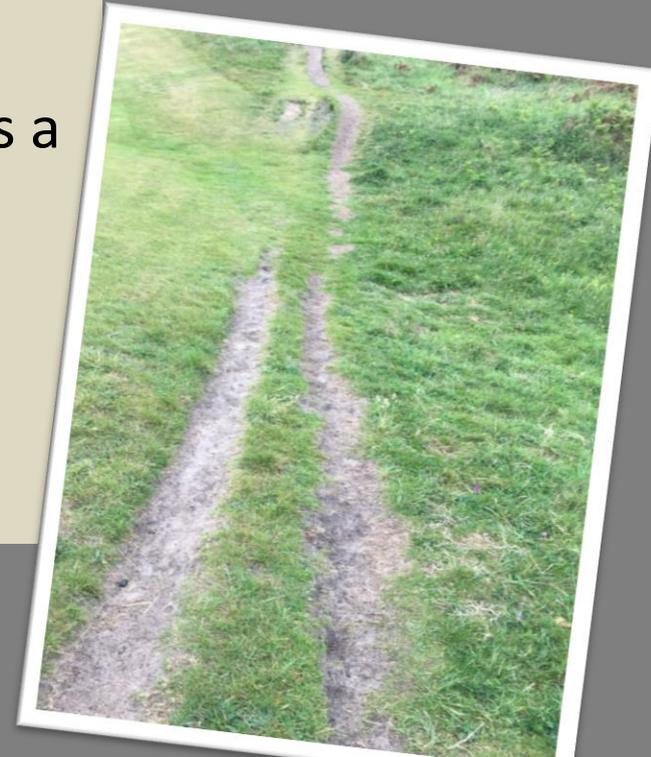
Journal entry:

Today it made me realise how challenging it all is. Although the atmosphere is full of smiles and banter – deliberately so. Sherry and Baileys tipples before lunch. Lots of laughing. But at the same time you are sitting talking to someone quite openly about them dying.

What a span of emotion in the same breath! ...conversations volunteers are likely to have with patients in the course of their work at the hospice. There's no explicit training for the volunteers for that – and could you train someone anyway?

Navigating the landscape of volunteers' learning

- Metaphor of **Desire Paths** or **Desire Lines**.
- Attributed to Gaston Bachelard (2014) Poetics of Space.
- Landscape architecture
- Emerge where there is no formal route or as a short cut. Sometimes circumvent the intended, designated route.
- Created through experience, over time.



‘What a dynamic, handsome object is a path! How precious the familiar hill paths remain for our muscular consciousness! Each one of us should speak of his roads, his cross-roads, his roadside benches; each one of us should make a surveyor’s map of his lost fields and meadows...we cover the universe with drawings we have lived. ‘

(Bachelard 2014:33)



Final thoughts

The dissonances of role description and role enactment highlights the importance of further discussion about the extent and nature of any training and support required and/or made available to volunteers to prepare and sustain them in their role.



Dilemmas

- The offer, or indeed requirement for wider and on-going training for its volunteers.
- Formal training focusing on 'workplace responsiveness' could lead to a reductionist outcome.
- It could be counter-productive to make volunteers explicitly aware of the possible complexity of actual practice, since some volunteers might feel daunted and shy away from the role, thinking it would be something they should not or could not do.

'Managing' volunteers

- 'Messy to Manage'
- Volunteers, unlike paid staff can to an extent 'work' on their own terms in relation to: availability; time; ways of working; and can say 'no'.
- Fitting volunteering in with other commitments such as: holidays, family and work which in some cases take priority.
- Volunteers can have agency and arguably be more difficult to 'control' which requires sensitivity, tolerance and more creative approaches to management from individual staff and managers who cannot naturally assume conformity and performativity from volunteers.

Conclusions

- The research is making more explicit the rich and often hidden complexity of the volunteer role.
- The study suggests that the organisation's descriptions of volunteer roles and in many instances the volunteers' own accounts, oversimplify the role they actually perform, and those descriptions belie the complexities of the volunteers' work and associated learning.
- Allen (2015) argues that so-called simple tasks of gerontological nursing are actually highly complex but made to look simple, because of the expertise of nurses, and this study suggests that the same can be said for the volunteers' activity within the hospice.
- The 'unknowing' or 'unconscious naivety' of volunteers about the nature of their work, seems to enable the sophisticated 'workplace responsiveness' characteristic of their work and learning, arguably enables them to carry out those aspects of their role and confirms the value and unique contribution of volunteers within a professional workplace.

The last word...

Q . What would the hospice be like without volunteers?

A. *Beige. It'd be boring.*

Sometimes my job would be a lot easier. I could be firmer with paid staff and they'd be in every day – but it would be a much sadder place. The extra sparkle – we'd lose so much.

(Fundraising and retail manager)

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