Virtual volunteers: the importance of restructuring medical volunteering during the COVID-19 pandemic

Zachary Pickell ,[1,2] Kathleen Gu,[1] Aaron M Williams[2]

ABSTRACT

Healthcare systems have postponed medical volunteering services in response to the COVID-19 pandemic. However, much of the aid provided by these volunteers is crucial to patient care and hospital functioning in the American healthcare system. The adoption of online video conferencing platforms in healthcare—telehealth—offers a novel solution for volunteering during this pandemic. Virtual volunteering can alleviate pressures on medical workers, enhance patient experiences, reduce the risk of viral infection and provide a sense of normalcy for patients and families. Although further study is required, this should be an avenue considered by health systems.

INTRODUCTION

Over the last two decades, medical volunteers have become ubiquitous across healthcare in the USA. Medical volunteers are quasi-trained individuals who donate their time and service to assist with patient care, medical staff, familial support, and clerical work. These volunteers are a diverse group of individuals spanning a wide range of ages and occupations, from students to retirees. Upon entering many hospitals or care facilities, medical volunteers can be seen performing a variety of patient contact and non-patient contact services. They may be the first people who patients and their families interact with. Volunteers are a valuable resource that enhance patient care and augment healthcare experiences through physical means, emotional support and educational enrichment. They are widely integrated into the modern American medical system, and healthcare has become virtually unrecognisable without them. However, COVID-19 has halted medical volunteering to minimise infection risks to volunteers, patients and medical staff. In this opinion article, we highlight the importance of volunteers in the medical field and the adaptability of telehealth platforms to propose virtual volunteering options during the COVID-19 pandemic.

[1]Department of Biology, University of Michigan, College of Literature Science and the Arts, Ann Arbor, Michigan, USA
[2]Department of Surgery, University of Michigan Medical School, Ann Arbor, Michigan, USA

Correspondence to Dr Aaron M Williams, Department of Surgery, University of Michigan Medical School, Ann Arbor, MI 48109, USA; willaaro@med.umich.edu

MEDICAL VOLUNTEERS PROVIDE IMPORTANT PATIENT-CENTRED CARE

Studies have found that using volunteers to perform complementary contributions to professional care such as comforting patients and managing logistics is a cost-effective method that increases positive patient experiences.[1–3] Commonly, patients are greeted by volunteers who help provide directions to their desired destinations in addition to a friendly welcome. From there, hospital volunteers accompany younger children in emergency rooms and bring emotional-support animals around hospitals to inspire joy and hope in patients. Additionally, they can provide more individualised care through inpatient tutoring and through reading to and talking with patients. Moreover, volunteers provide vital human companionship for patients facing compassionate palliative or end-of-life care without friends or family to support them.[4–7] This companionship has implications on patient wellness including decreased feelings of loneliness, isolation, depression and anxiety.[8] Volunteers significantly attenuate the cost of hospice care, and they improve standards of care and efficiency by allowing medical professionals to focus on treating the physiological needs of the patients.[1 4] Increased volunteering in hospitals is also associated with increases in patient satisfaction as well as economic benefits, indirectly aiding future patients.[2 3] Additionally, while providing patient-centred services, many medical volunteers discover a passion for helping others and may ultimately devote their lives to it by pursuing a career in the medical field.

Moreover, the cumulative effect of volunteering on overall patient care may be linked to more positive treatment outcomes. Studies of patients enduring long-term hospitalisations have linked isolation and lack of communication with low levels of satisfaction and worse overall patient outcomes.[9] Conversely, providing patients with stimulating visitations, engaging activities and entertaining escapisms are crucial components for meeting the psychosocial needs of patients.[10] Importantly, studies have suggested that the social services brought to patients by volunteers helps them feel in-control of their treatments and increases their adherence to treatment plans.[10] Volunteer services improve patient satisfaction and leave medical staff free to focus on physiological aspects of the disease.[2] Thus, volunteering supports medicine in looking beyond the pathophysiology of a disease to also address patients' needs more comprehensively. Volunteers are vital to bridge the gap between excellent clinical treatment and patient satisfaction by improving mood, providing hope and increasing adherence to treatments, ultimately culminating in better patient outcomes.

IMPACT OF COVID-19 ON MEDICAL VOLUNTEERS, PATIENTS AND PHYSICIANS

Despite the clear benefits volunteers provide to patients, hospitals and physicians, many health centres are enduring unprecedented prolonged periods without volunteers. The COVID-19 pandemic that originated in Wuhan, China has drastically altered daily practices of health centres, medical professionals and people across the world. By late February, the Centres for Disease Control and World Health Organization were cautioning the public about local transmission occurring within the USA, and in March, Americans were introduced to social distancing guidelines, self-quarantine, 'Stay Home, Stay Safe' orders and economic shutdowns. As the number of cases in the USA began to increase, hospitals across the nation made decisions to cancel all medical volunteering indefinitely as their institutions started receiving COVID-19-positive patients. With a few keystrokes, healthcare facilities lost one of their most valuable, economical and patient-centred teams.

Without volunteers, medical personnel have been forced to take on the tasks that volunteers would typically perform. This has caused departments to make dramatic alterations to long-standing organisational procedures and logistics. At a time when medical staffers are already working overtime, experiencing resource shortages, unable to safely see their loved ones and dealing with death on an unprecedented level, removing volunteers has added additional strain. Although hospitals are able to redistribute some of the

tasks customarily assigned to volunteers, duties deemed non-essential may be left unattended. Specifically, end-of-life care programmes have been cancelled at a time when they are needed most.[11] Because medical personnel are desperately needed elsewhere to treat sick patients and because visitation is not allowed, many severely ill patients are left completely alone in their final hours. Countless media reports spotlight distraught family members who were not even able to virtually contact their loved ones before they succumbed to COVID-19.[12 13]

The loss of hospital volunteering does not uniquely affect patients with COVID-19. Many hospitals regularly run programmes that depend on volunteers to provide academic support for patients who are not able to attend school. Currently, patients remaining in the hospital have lost access to the tutors they have come to rely on. These patients are already at a disadvantage from missing school for their treatments, and now they can no longer receive the individualised tutoring services that prepared them for returning to school after treatment. For long-term patients, feeling prepared and excited to return can be an important source of hope, helping drive their recoveries. It may be postulated that these student-patients can integrate into their new virtual classrooms. However, many of them may be too far behind to participate in these online classes due to the recent lack of support from teachers who were rapidly preparing for the switch to these online classes and from volunteers who were not allowed to assist these patients.

ADAPTING TELEHEALTH SUCCESSES TO VOLUNTEERING

Even prior to COVID-19, healthcare systems were beginning to adopt virtual options.[14 15] Telehealth is a high-yield solution to increase healthcare efficiency and patient satisfaction while decreasing wait times and increasing accessibility.[14–16] However, telehealth may confer disproportional benefits to members of higher socioeconomic classes as they are more likely to have reliable internet connections and devices.[17] Given the complex nature of economic and healthcare disparities and their relationship with systemic racism, the lack of access to technology may prevent benefits of telehealth from being available to the populations most severely affected by COVID-19.[18 19] While this issue further highlights the disparities rooted in race/ethnicity and socioeconomic status, telehealth does augment the ability for most people to consult a physician. The COVID-19 pandemic has rapidly accelerated the implementation of telehealth.[9 10] As the virus continues to surge in the USA, telehealth is an important risk-reduction strategy to providers, patients and patient families.

The spreading of COVID-19 through asymptomatic carriers has been well-documented and supports the implementation of telehealth and limitation of hospital staffing to essential personnel.[20] Hospitals are not the only healthcare systems using telehealth, as many primary care practices have also adopted strictly virtual appointments.[14 21] Virtual appointments and meetings have become commonplace options in non-medical fields as well, notably in education and business. Across the country, universities have converted to online classes, and businesses have cancelled inperson operations and switched to remote work. Nevertheless, there has been a paucity of work to implement virtual volunteering programmes in hospitals. Hospital volunteers clearly perform important emotional and educational services that benefit patients, and like other fields, volunteering programmes should endeavour to develop virtual alternatives.

Importantly, many strengths of telehealth are directly translatable to virtual volunteering. Virtual volunteering would be an important risk-reduction strategy in providing patients and the front line with vital support during this pandemic. Virtual volunteering decreases the risk of viral exposure by minimising face-to-face contact while adhering to the strict guidelines hospitals have set for essential personnel. Importantly, a combination of asymptomatic carriers and an inability to implement widespread testing makes the reinstatement of inperson volunteering in hospitals unlikely in the near future.[20] Developing virtual programmes for some of the services that volunteers regularly provide is an important way to protect volunteers, community members, patients and physicians that are at high-risk for COVID-19. Overall, this could be an effective way to increase the safety of our heroic front-line workers and to confer protection to the greater community.

The necessity for telehealth has already forced hospitals to develop contracts with video conferencing software companies.[22] Moreover, social distancing guidelines have created proficient users of different video conferencing platforms; ample resources are also available to teach beginners how to use these platforms. Volunteers could use Health Insurance Portability and Accountability Act (HIPAA)-compliant, encrypted video platforms such as Zoom and BlueJeans that have pre-existing contracts with many health systems. These platforms are also widely used by the public, making them attractive platforms for virtual volunteering. Notably, their excess of screens and technology makes hospitals well poised to implement virtual volunteering programmes for patients regardless of their COVID-19 infection status. Despite the clear need for virtual volunteering programmes, they do have limitations that must be addressed. There must be a way to monitor the manner in which volunteers are interacting with patients, as well as a function to disable screen recording functions to bolster HIPAA compliance. However, such issues are far outweighed by the potential benefits and can be addressed through mandatory virtual training sessions before patient contact is allowed.

Virtual hospital volunteering cannot replace the physical tasks volunteers usually perform in hospitals, but it can address important patient contact services that volunteers provided before the pandemic. Virtual hospital volunteering could allow for patients to once again begin to receive the vital educational support they previously had before COVID-19. Importantly, virtual volunteering minimises the risk for all parties involved to prevent further spreading of the virus. Additionally, virtual programmes can be expanded beyond hospital patients to help provide palliative care or hospice patients with crucial end-of-life support—or even to provide educational support for the families of those risking their lives on the front lines each day. As social distancing guidelines remain in place, virtual volunteering offers emotional support and comfort to patients who do not have friends or family to contact or who cannot contact their loved ones due to a lack of access to technology.

Although virtual volunteering may serve as a proxy for inperson volunteering during the pandemic, it is not an absolute substitute. However, establishing the infrastructure for virtual volunteering during this pandemic has the potential to be applicable in the future as well. Both during and after this pandemic, virtual volunteering can protect immunocompromised, isolated, or otherwise high-risk patients and volunteers while continuing to allow them to either receive or provide emotional and educational services.

WHAT CAN WE DO?

During this pandemic, people have risen to make masks for healthcare workers or to prepare and to pack food for people in need. Medical personnel are working tirelessly to save lives and to keep the public safe. Volunteers should continue to support this community, and the importance of their work must be recognised. Possible prolonged social distancing guidelines and long-term shutdowns of inperson volunteer programmes make developing virtual volunteer programmes especially vital and emphasise the importance of creating equal access to technology. Instead of simply postponing volunteer services, healthcare centres must be encouraged to restructure volunteer programmes to virtual platforms to provide patients and families with essential services without increasing the risk to themselves or to others.

CONCLUDING THOUGHTS

The COVID-19 pandemic has seen a cascade of protocol and personnel changes in healthcare systems across the country in an effort to limit infection transmission, but it is crucial that we recognise the drawbacks of changes like the cessation of medical volunteering. While volunteers are classified as non-essential personnel, they provide essential services to both patients and hospital staff. Although it would prove irresponsible to prematurely reinstate inperson volunteering programmes, restructuring volunteer services and support networks for virtual platforms offers an innovative approach to adapt medical volunteering for the current pandemic. Virtual volunteering minimises the risk of viral spreading and provides patients and families with important psychosocial and educational development. While volunteers should be encouraged to return to their inperson placements once it is safe to do so, virtual volunteering is currently the only safe option, and it will likely remain a prevalent component of medical volunteer programmes even after the COVID-19 pandemic.

Twitter Zachary Pickell @Z_Pickell

Contributors ZP and KG drafted the manuscript. ZP, KG and AMW significantly contributed to the conceptualisation and revision of this manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

To cite Pickell Z, Gu K, Williams AM. *Med Humanit* Epub ahead of print: [*please include* Day Month Year]. doi:10.1136/medhum-2020-011956

Accepted 20 July 2020

Med Humanit 2020;**0**:1–4. doi:10.1136/medhum-2020-011956

ORCID iD

Zachary Pickell http://orcid.org/0000-0002-0142-9031

NOTES

1. Femida Handy and Narasimhan Srinivasan (2004), "Valuing Volunteers: An Economic Evaluation of the Net Benefits of Hospital Volunteers," *Nonprofit and Voluntary Sector Quarterly* 33, no. 1: 28–32, 41–7. https://doi.org/10.1177/0899764003260961.
2. Renee Brent Hotchkiss, Myron D. Fottler, and Lynn Unruh (2008), "Valuing Volunteers: The Impact Of Volunteerism On Hospital Performance," *Academy of Management Proceedings,* no. 1: 1–6. https://doi.org/10.5465/ambpp.2008.33725078.
3. Renee Brent Hotchkiss, Lynn Unruh, and Myron D. Fottler (2014), "The Role, Measurement, and Impact of Volunteerism in Hospitals," *Nonprofit and Voluntary Sector Quarterly* 43, no. 6: 1111–26. https://doi.org/10.1177/0899764014549057.
4. Nichole Egbert and Roxanne Parrott (2003), "Empathy and social support for the terminally ill: Implications for recruiting and retaining hospice and hospital volunteers," *Communication Studies* 54, no. 1: 18–32. https://doi.org/10.1080/10510970309363262.
5. Katrien G Luijkx and Jos M G A Schols (2009), "Volunteers in Palliative Care Make a Difference," *J Palliat Care* 25, no. 1: 30–9. https://pubmed.ncbi.nlm.nih.gov/19445340/
6. Steven Vanderstichelen et al. (2018), "The Liminal Space Palliative Care Volunteers Occupy and Their Roles Within It: A Qualitative Study," *BMJ Support Palliat Care*. https://doi.org/10.1136/bmjspcare-2018-001632
7. A Goossensen (2019). "Volunteering in the Netherlands. Practices of Being There," *Palliat Med Pract* 12, no. 4: 193–97. https://doi.org/10.5603/PMPI.2018.0010
8. Steven Dodd et al. (2018), "'Being with' or 'doing for'? How the role of an end-of-life volunteer befriender can impact patient well-being: interviews from a multiple qualitative case study (ELSA)," *Support Care Cancer* 26, no. 9: 3163–3172. https://doi.org/10.1007/s00520-018-4169-2
9. C. Janssen et al. (2007), "How to improve satisfaction with hospital stay of severely injured patients," *Lagenbeck's Archives of Surgery* 392, no. 6: 757. https://dx.doi.org/10.1007/s00423-007-0186-1.
10. M Barbieri et al. (2017)., "Volunteering in hospitals to improve the quality of long stays in rehabilitation units," *Funct Neurol*. 22, no. 4: 171–72. https://doi.org/10.11138/fneur/2017.32.4.171.
11. Simon N. Etkind et al. (2020), "The Role and Response of Palliative Care and Hospice Services in Epidemics and Pandemics: A Rapid Review to Inform Practice During the COVID-19 Pandemic," *Journal of Pain and Symptom Management*. (2020): 1–8. https://dx.doi.org/10.1016/j.jpainsymman.2020.03.029.
12. Glenn K Wakam et al., 2020, "Not Dying Alone - Modern Compassionate Care in the Covid-19 Pandemic," *N Engl J Med*: 1–2. https://doi.org/10.1056/NEJMp2007781.
13. Shubha Nagesh and Stuti Chakraborty (2020), "Saving the frontline health workforce amidst the COVID-19 crisis: Challenges and recommendations," *J Glob Health*. 10, no. 1: 010345. https://doi.org/10.7189/jogh-10-010345.
14. Michael T Kemp et al. (2020), "eClinic: increasing use of telehealth as a risk reduction strategy during the covid-19 pandemic," *Trauma Surg Acute Care Open* 5, no. 1: e000481. https://doi.org/10.1136/tsaco-2020-000481.
15. Erin Shigekawa et al. (2018)., "The Current State Of Telehealth Evidence: A Rapid Review," *Health Aff (Millwood)* 37, no. 12:1975–82. https://doi.org/10.1377/hlthaff.2018.05132.
16. Judd E Hollander and Brendan G Carr (2020), "Virtually Perfect? Telemedicine for Covid-19," *N Engl J Med* 382, no. 18:1679–81. https://doi.org/10.1056/NEJMp2003539.
17. Susie Q Lew (2020), "Measuring quality and impact of telehealth services in home dialysis patients," *Int J Qual Health Care*: 2. https://doi.org/10.1093/intqhc/mzz123.
18. Gregorio A Millett et al. (2020)., "Assessing Differential Impacts of COVID-19 on Black Communities," *Annals of Epidemiology*. https://doi.org/10.1016/j.annepidem.2020.05.003.
19. Christopher T Rentsch et al. (2020)., "Covid-19 by Race and Ethnicity: A National Cohort Study of 6 Million United States Veterans," *medRxiv*. https://doi.org/10.1101/2020.05.12.20099135.
20. Zunyou Wu and Jennifer M McGoogan (2020), "Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72 314 Cases From the Chinese Centre for Disease Control and Prevention," *Jama* 323, no. 13: 1239–42. https://doi.org/10.1001/jama.2020.2648
21. Thiago Dias Sarti et al. (2020)., "What is the role of Primary Healthcare in the COVID-19 pandemic?" *Epidemiol Serv Saude* 29, no. 2: e2020166. https://doi.org/10.5123/s1679-49742020000200024
22. J Vidal-Alaball et al. (2020)., "Telemedicine in the face of the COVID-19 pandemic," *Aten Primaria*. https://doi.org/10.1016/j.aprim.2020.04.003.

BIBLIOGRAPHY

Barbieri, M, M Maffoni, S Negro, D Maddalena, D Bosone, and L Tronconi. "Volunteering in hospitals to improve the quality of long stays in rehabilitation units." *Functional Neurology* 22, no. 4 (2017): 171–2.

Dodd, Steven, Matt Hill, Nick Ockenden, Guillermo Perez Algorta, Sheila Payne, Nancy Preston, and Catherine Walshe. "'Being with' or 'doing for'? How the role of an end-of-life volunteer befriender can impact patient wellbeing: interviews from a multiple qualitative case study (ELSA)." *Supportive Care in Cancer* 26, no. 9 (2018): 3163–72.

Hotchkiss, Renee Brent, Lynn Unruh, and Myron D. Fottler. "The role, measurement, and impact of Volunteerism in hospitals." *Nonprofit and Voluntary Sector Quarterly* 43, no. 6 (2014): 1111–28.

Hollander, Judd E, and Brendan G Carr. "Virtually perfect? telemedicine for Covid-19." *New England Journal of Medicine* 382, no. 18 (2020): 1679–81.

Egbert, Nichole, and Roxanne Parrott. "Empathy and social support for the terminally ill: implications for recruiting

and retaining hospice and hospital volunteers." *Communication Studies* 54, no. 1 (2003): 18–34.

Etkind, Simon N., Anna E. Bone, Natasha Lovell, Rachel L. Cripps, Richard Harding, Irene J. Higginson, and Katherine E. Sleeman. "The role and response of palliative care and hospice services in epidemics and pandemics: a rapid review to inform practice during the COVID-19 pandemic." *Journal of Pain and Symptom Management* 60, no. 1 (2020): e31–40.

Goossensen, A. "Volunteering in the Netherlands. practices of being there." *Palliat Med Pract* 12, no. 4 (2019): 193–7.

Handy, Femida, and Narasimhan Srinivasan. "Valuing volunteers: an economic evaluation of the net benefits of hospital volunteers." *Nonprofit and Voluntary Sector Quarterly* 33, no. 1 (2004): 28–54.

Hotchkiss, Renee Brent, Myron D. Fottler, and Lynn Unruh. "VALUING volunteers: the impact of VOLUNTEERISM on hospital performance." *Academy of Management Proceedings* 2008, no. 1 (2008): 1–6.

Janssen, C., O. Ommen, E. Neugebauer, R. Lefering, and H. Pfaff. "How to improve satisfaction with hospital stay of severely injured patients." *Langenbeck's Archives of Surgery* 392, no. 6 (2007): 747–60.

Kemp, Michael T, Aaron M Williams, Hasan B Alam, M. T Kemp, and H. B. Alam. "eClinic: increasing use of telehealth as a risk reduction strategy during the covid-19 pandemic." *Trauma Surg Acute Care Open* 5, no. 1 (2020), e000481.

Lew, Susie Q. "Measuring quality and impact of telehealth services in home dialysis patients." *International Journal for Quality in Health Care* 32, no. 3 (2020): 173–6.

Luijkx, Katrien G, and Jos M G A Schols. "Volunteers in palliative care make a difference." *Journal of Palliative Care* 25, no. 1 (2009): 30–9.

Millett, Gregorio A, Austin T Jones, David Benkeser, Stefan Baral, Laina Mercer, Chris Beyrer, Brian Honermann., *et al*. "Assessing differential impacts of COVID-19 on black communities." *Annals of Epidemiology* 47 (2020): 37–44.

Nagesh, Shubha, and Stuti Chakraborty. "Saving the frontline health workforce amidst the COVID-19 crisis: challenges and recommendations." *Journal of Global Health* 10, no. 1 (2020), 010345.

Rentsch, Christopher T, Farah Kidwai-Khan, Janet P Tate, Lesley S Park, Joseph T King, Melissa Skanderson, Ronald G Hauser., *et al*. "Covid-19 by race and ethnicity: a national cohort study of 6 million United States veterans." *medRxiv* (2020), 20099135.

Sarti, Thiago Dias, Welington Serra Lazarini, Leonardo Ferreira Fontenelle, and Ana Paula Santana Coelho Almeida. "What is the role of primary health care in the COVID-19 pandemic?" *Epidemiologia e servicos de saude : revista do Sistema Unico de Saude do Brasil* 29, no. 2 (2020), e2020166.

Shigekawa, Erin, Margaret Fix, Garen Corbett, Dylan H Roby, Janet Coffman, M. Fix, G. Corbett, D. H. Roby, and J. Coffman. "The current state of telehealth evidence: a rapid review." *Health Affairs* 37, no. 12 (2018): 1975–82.

Vanderstichelen, Steven, Joachim Cohen, Yanna Van Wesemael, Luc Deliens, Kenneth Chambaere, J. Cohen, and K. Chambaere. "The liminal space palliative care volunteers occupy and their roles within it: a qualitative study." *BMJ Supportive & Palliative Care* (2018): bmjspcare-2018-001632.

Vidal-Alaball, J., R, N Acosta-Roja, U Pastor Hernandez, D Sanchez Luque, Morrison, S. Narejos Perez, J. Perez-Llano, F. Lopez Segui, and A. Salvador Verges. "Telemedicine in the face of the COVID-19 pandemic." *Atencion primaria* (2020).

Wakam, Glenn K, John R Montgomery, Ben E Biesterveld, Craig S Brown, G. K Wakam, and C. S. Brown. "Not Dying Alone - Modern Compassionate Care in the Covid-19 Pandemic." *New England Journal of Medicine* 382, no. 24 (2020): e88.

Wu, Zunyou, and Jennifer M McGoogan. "Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72 314 Cases From the Chinese Center for Disease Control and Prevention." *JAMA* 323, no. 13 (2020): 1239–42.