PRACTICALLY SPEAKING:
Maximizing Volunteer Impact through Management Innovation

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What is YOUR value proposition?

A compelling 10-second, fact-based, data-informed justification for why your hospital or system should not just completely do away with its volunteer services function.
1. If you reward something, do you get more of the behaviour you want?

2. If you punish something, do you get less of the behaviour you want?
How **strategic** is your volunteer department?

- Job design
- Recruitment & staffing
- Training & development
- Performance management & supervision
- Communication, recognition & rewards
Job design: 1, 5, 5, 1, 1 = 13
Recruitment & staffing: 1, 1, 5 = 7
Training & development: 5, 5, 5, 5, 1 = 21
Performance management & supervision: 5, 1, 1, 1 = 8
Communication, recognition & rewards: 1, 5, 1, 5 = 12
TOTAL: 13, 7, 21, 8, 12 = 61
My volunteer services department...

- Has a formal, written mission statement that I could fairly accurately recite right now. [Y=5, N=1]
- Has clearly-stated goals we wish to achieve for the current fiscal year. [Y=5, N=1]
- Has written service guidelines (position descriptions) for ALL our volunteer roles. [Y=5, N=1]
- Reimburses volunteers for all approved or pre-approved work-related expenses. [Y=5, N=1]
- Conducted a “needs assessment” within the past 24 months. [Y=5, N=1]
RECRUITMENT & STAFFING

My volunteer services department...

• Uses 3 or more media outlets (Internet, direct mail, recruitment fairs, bulletin boards, etc.) to recruit volunteer applicants. [Y=5, N=1]

• Seeks out specialized and highly-skilled volunteers, in addition to general applicants, in an effort to get specialized tasks completed. [Y=5, N=1]

• Uses a formal volunteer screening and selection process (applications, interviews, background checks, etc.). [Y=5, N=1]
TRAINING & DEVELOPMENT

My volunteer services department...

• Conducts an orientation for ALL new volunteers. [Y=5, N=1]
• Provides ongoing training and professional development for volunteers. [Y=5, N=1]
• Offers training to paid hospital staff on working with volunteers. [Y=5, N=1]
• Works with all hospital departments to ensure that all paid staff hires are told about why and how volunteers are involved at the hospital. [Y=5, N=1]
• Provides an allowance for at least the primary volunteer administrator to participate in professional development activities. [Y=5, N=1]
My volunteer services department...

- Has a single person designated as responsible for overseeing volunteer services at my hospital. \([Y=5, N=1]\)
- Has someone who is involved in executive-level hospital planning and strategy. \([Y=5, N=1]\)
- Maintains a high degree of supervision of our volunteers, and makes sure they are “working to task.” \([Y=1, N=5]\)
- Ensures that each and every volunteer has a designated supervisor or hospital contact (could be one supervisor/contact for multiple volunteers). \([Y=5, N=1]\)
COMMUNICATION, RECOGNITION & REWARDS

My volunteer services department...

• Regularly uses 2 or more media channels (mail, email, bulletin board, etc.) to provide volunteers with information about organizational issues or events. [Y=5, N=1]

• Creates a monthly newsletter for volunteers. [Y=5, N=1]

• Regularly gives rewards and recognition to volunteers for their contributions. [Y=5, N=1]

• Regularly gives rewards to paid staff in recognition of their support for volunteers. [Y=5, N=1]
Let’s discuss YOUR strategic orientation

• You should have a total between 21 and 105
  – 105 to 85: High level of strategic management
  – 84-60: Moderate level of strategic management
  – 59 and below: Low level of strategic management

• Given what we know about the benefits of strategic VRM, all departments should strive to be high!

• Are you at all surprised by your results?
• Not high: what are some challenges you perceive?
• High: how are you able to do so?
Your hospital or system’s strategic orientation

[Agree = 1, Disagree = 0]

My hospital...

1. Seeks to provide the highest quality patient care, even if it means higher costs for the hospital and its patients
2. Keeps operational and employee costs as minimal as reasonable and feasible
3. Prides itself on delivering higher patient satisfaction and higher quality patient care than other nearby hospitals
4. Provides patients the quality care they need, but doesn’t go out of its way to be an industry leader, especially if that means spending extra money
5. Provides its paid employees above-average industry wages and benefits
6. Does not have a wealth of money and resources, so upgrades to buildings and medical equipment sometimes lag behind other hospitals
Let’s discuss...

• Add up your responses to #1, 3, and 5
  – Total between 0 and 3
  – Call this number “quality-maximization, or QM”

• Add up your responses to #2, 4, and 6
  – Total between 0 and 3
  – Call this number “cost reduction, or CR”

• Which number is higher, QM or CR?

• Higher # minus lower # = spread
Now, compare...

- Your department’s level of strategic management
- Your hospital’s strategic orientation

- For many, the two will be correlated
• Hospital strategies may create cultural and operational dynamics that “pull” or “push” volunteer management in certain directions
  – More or less strategic
• Departments in cost-minimization environments need to be especially vigilant about...
  – Managing volunteer services strategically
  – Knowing and articulating your “value-add” to the hospital
HOMEWORK

• For any VRM practices you scored a “1” on (instead of “5”), go back home and talk with your colleagues about what it would take to get to a 5

• Identify 3-5 specific hospital goals that volunteer services can help to contribute to
  – Create a roadmap for how your department will do that

• Create a dashboard, balanced scorecard, etc. that spells out your department-specific achievements

• In 2016, make sure that the DVS gets a 1-on-1 meeting with your hospital/system CEO!!

Any Questions?