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**Participation of Surveyors in
Safety and Quality Accreditation**

Literature review on accreditation surveyor management

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Table of Contents

Literature review on accreditation surveyor management.....	i
Contents	iii
Participation of surveyors in safety and quality accreditation.....	1
Accreditation surveyor management: a literature review	1
Introduction	1
Literature search method.....	1
Scope and limitations of existing literature	2
Structure of the current literature review	2
Components of surveyor management	3
Surveyor selection and recruitment.....	3
Initial training and certification	3
Supervision, continuing education and professional development	3
Performance assessment and continuing appointment (re-certification)	3
Surveyor management approaches and practices.....	3
Surveyor typology	5
Surveyor motivation and commitment	6
Guidelines and recommended practice in surveyor management.....	7
Summary and key issues	8
Appendix: Summary of research findings on volunteer recruitment and retention.....	10
Volunteer recruitment	10
Volunteer retention	11
Organisational support.....	13
References	14

Participation of surveyors in safety and quality accreditation

Accreditation surveyor management: a literature review

Introduction

Accreditation of health care services through external review mechanisms is widely used to assess their compliance with national and international standards and improve the safety and quality of health care. Central to the accreditation process are surveyors¹, who are recruited to undertake safety and quality assessments using relevant standards. The extent to which standards are applied consistently across services both between and within surveyors (inter-rater and intra-rater reliability) is a key issue for the accreditation process. The role of surveyors as both assessors of service standards and educators to facilitate continuing quality improvement is also increasingly recognised (eg Greenfield *et al* 2008; Plebani 2001).

Given the high level of investment in accreditation and its implications for the safety and quality of health care, it is imperative to recruit and retain an appropriate accreditation surveyor workforce, and ensure that the skills and standard of surveyors are developed and maintained. The management of surveyors – from recruitment and selection to initial and ongoing education, training and support – is critical to the sustainability of credible and valid accreditation processes.

This literature review of accreditation surveyor management practices is undertaken as part of the Surveyor Participation in Safety and Quality Accreditation project. It aims to provide an overview of existing practices in surveyor management and identify elements of best practice in the management of surveyors. This literature review, together with documentation from relevant accrediting bodies, will inform the project and the design of consultation protocols.

Literature search method

An extensive search of the health care and management literature was undertaken. In the health care literature, the thesaurus term ‘Accreditation’ (exploded to capture subheadings) was used together with truncated keywords to cover the various terms used in the literatures to describe ‘surveyors’. These terms included surveyor*, assessor*, auditor* and inspector*. These search strategies were used with the international databases Medline, the Cumulative Index of Nursing and Allied Health Literature (CINAHL), and the Australian database Meditext provided by Informit. The websites of the International Society for Quality in Health Care (ISQHC or ISQua) and its member organisations were also searched.

The same keyword synonyms were used in searching broader management and social sciences literature. As well as ‘accreditation’, the key terms ‘quality assurance’ and ‘safety’ were used with the international databases Expanded Academic ASAP, Social Sciences Citation Index, ProQuest, and the Australian Public Affairs - Full Text (APA-FT) database.

The health care literature search located 200 articles of broad relevance. However, most of these articles were dated and anecdotal in nature. In the broader social science and management literature, a considerable volume of material was found addressing a range of issues in quality assurance, patient, customer and employee safety, and accreditation of professionals, organisations and work practices. Relatively few of these papers directly addressed the characteristics, careers, or training of surveyors.

There is greater reliance on volunteers than on paid personnel in the accreditation surveyor workforce in Australia (relative to the US and Canada). Therefore, an earlier literature review on volunteer workforce recruitment and retention has been used to inform this project. In that review, journal articles were identified using electronic databases including PsycINFO, Proquest

¹ The terms ‘assessor’, ‘auditor’ and ‘inspector’ are also commonly used to refer to the surveyor role.

and Academic ASAP. Hardcopy articles and books were also accessed and websites for volunteer bodies such as Volunteering Australia and Volunteer Canada were explored. Many of these websites had links to documents such as National Standards for Volunteers, and information resources developed for other volunteer organisations. Key words searched were 'recruitment', 'selection', 'retention', 'volunteers' and 'not for profit organisations'. The most extensive source of information tended to be books and websites, since a number of non-profit organisations and individual authors have created resources targeting volunteer organisations to aid the implementation of best practice procedures. A summary of relevant research findings from the volunteer workforce literature is presented in an Appendix.

Scope and limitations of existing literature

Since Greenfield and colleagues have produced comprehensive literature reviews on health care accreditation, the current literature review has focussed specifically on issues relevant to the management of accreditation surveyors.

The research on accreditation surveyors is very limited. The most relevant articles located were those by Greenfield and colleagues (Greenfield & Braithwaite 2008; Greenfield *et al* 2008; Plebani 2001, and Bohigas *et al* 1998). Together, these articles give an overview of surveyor management approaches across international accreditation bodies. Recognising the lack of empirical research on accreditation and surveyors, Braithwaite *et al* (2006) proposed a design for research in health sector accreditation involving the use of a prospective, multi-method, multi-disciplinary and multi-level approach. More recently, Greenfield *et al* (2008) conducted a study on the survey styles of accreditation surveyors.

While empirical research on accreditation surveyors is limited, guidelines for recruitment and training of surveyors are offered by international bodies in safety and quality standards such as ISQua and the International Standards Organisation (ISO) as well as individual researchers (eg Plebani 2001). ISQua, for example, has produced resources to guide the development of accreditation programs, including a *Toolkit for Accreditation Programs* (Shaw 2004) and guidelines for surveyor training programs (*ISQua Surveyor/Assessor Training Program Standards*, ISQua 2004).

There is a lack of empirical research examining the effect of surveyor management approaches on the reliability of accreditation assessments (surveyor standard or performance) and the performance of clinical health care services (eg Braithwaite *et al* 2006; Greenfield *et al* 2008).

Structure of the current literature review

Drawing on the relevant materials identified, this paper first outlines the key components of surveyor management and related issues.

It then summarises the similarities and differences, the advantages and disadvantages, associated with different approaches to the management of surveyors. Guidelines and recommended practice in the various aspects of surveyor management are also reviewed.

Finally, we present a summary of the key findings and issues emerging from the literature, and draw out the implications of these findings for designing relevant discussion topics for the consultation protocols.

Components of surveyor management

Effective management of surveyors is critical for ensuring the quality and sustainability of the surveyor workforce, and in turn the credibility and validity of the accreditation process (eg Greenfield *et al* 2008; Plebani 2001). While there are variations across accrediting bodies, surveyor management (for a given accrediting body) generally encompasses the following components:

Surveyor selection and recruitment

The surveyor selection and recruitment process involves establishing the selection criteria (eg knowledge, experience, qualifications, personal attributes), roles and responsibilities of surveyors, and the relationship between the surveyor and the accrediting body (eg volunteer, part-time, full-time, contractual). It also includes developing and implementing the recruitment process (eg written application, interview, assessment).

Initial training and certification

Suitable candidates are typically required to take part in an approved surveyor training course, which may form a part of an orientation program. Training and orientation as a surveyor of an accrediting body include learning about the accrediting body and its standards, the role of the surveyor, interpreting standards, assessing compliance, and surveying techniques. A range of methods such as workshops, teleconferences, self-study assignments and mock surveys are used in this initial training. Successful completion of training leads to time-limited certification as a surveyor.

Supervision, continuing education and professional development

Following certification as a surveyor, the (early-career) surveyor is generally provided with support and supervision from a senior or more experienced surveyor in his or her initial surveys. Surveyors are usually required to participate in continuing education and professional development activities.

Performance assessment and continuing appointment (re-certification)

Continuing appointment or re-certification as a surveyor is generally contingent on the surveyor meeting his or her role requirements (which may include satisfactory completion of a specified number of surveys and participation in professional development activities) and may include (formal or informal) performance reviews.

Surveyor management approaches and practices

Bohigas *et al* (1998) made a comparison of surveyor management approaches and practices across six hospital accreditation programs (Joint Commission on Accreditation of Health Care Organisations [JCAHO], Canadian Council on Health Services Accreditation [CCHSA], Australian Council on Health Care Standards [ACHS], King's Fund Organisational Audit [KFOA], Hospital Accreditation Program [HAP], New Zealand Council on Health Care Standards [NZC]) covering five countries (United States of America, Canada, Australia, United Kingdom and New Zealand). This comparison found that surveyors across these accreditation programs shared a number of features in their professional background, roles, contractual arrangements, and training.

Experience (ranging from two to five years) in the health sector, whether as a doctor, nurse, administrator or chief executive, was the main criterion for the recruitment and selection of surveyors. As a minimum, surveyors were required to have educational qualifications specific to their profession and experience in senior management positions. Surveyors were primarily

recruited from accredited hospitals. Accrediting bodies that use volunteers tended to recruit those currently holding a position in the hospital.

On average, surveyors from these accrediting bodies participated in two to four days of training at the beginning of their survey career. Their initial surveys were typically conducted with the supervision and support of a senior surveyor, and their performance on these initial surveys was often used to determine their selection for future surveys. The methods used in surveyor training were participative in nature, and training topics generally covered standards knowledge, surveying processes, communication, interviewing and report writing.

The minimum and/or maximum number of surveys that the surveyor would undertake was specified, especially for volunteer surveyors. A survey team comprised an average of three members – typically a doctor, a nurse, and an administrator – and one member was appointed as team leader.

The cost of surveys ranged from approximately 11% to 35% of the accrediting body's total expenses. Full-time surveyors were salaried, while others were paid by day or hours or received an honorarium or reimbursement for survey-related expenses.

Bohigas *et al* (1998) suggested that similarities in practices across accrediting bodies were likely to be the result of shared objectives to improve or further develop safety and quality standards, rather than a sole focus on assessing compliance with standards.

There were also notable variations across these accrediting bodies. The Joint Commission (JCAHO), in particular, was different from the other accrediting bodies on a number of dimensions. With a high volume of surveys conducted per year, JCAHO employed full-time surveyors and had more formal contractual relationships with its surveyors. Those using primarily volunteers or contractors tended to have lower workloads. The number of surveyors employed by the accrediting body and the basis on which they were employed were therefore linked with the volume and complexity of surveys conducted. Of the six accreditation bodies, JCAHO also had the most stringent requirement in terms of surveyor education qualifications and training.

While Bohigas *et al* (1998) made these comparisons almost a decade ago, examination of current publicly available information from the six targeted hospital accrediting bodies indicated that there remains a great deal of similarity in the general requirements for accreditation surveyors (eg selection criteria, processes of training and continuing education) across these accrediting bodies.

JCAHO continues to rely more heavily on a paid (full-time, part-time and intermittent) surveyor workforce in comparison with the other accrediting bodies (eg ACHS, KFOA [now known as the Health Quality Service], CCHSA [now known as Accreditation Canada]). Surveyors employed by JCAHO generally have an advanced degree (ie a master's or doctor's degree), undergo more intensive orientation, initial training, assessment and certification processes, and undertake a higher volume of surveys per year (see The Joint Commission 2008).

Bohigas *et al* argued that while full-time surveyors had mastery of surveying techniques and more surveying experience, volunteers were considered to be more familiar with current hospital management issues as they were working in the health system at the time.

Plebani (2001) also highlighted the advantages and disadvantages of different types of surveyors. Plebani's analysis indicates that part-time or volunteer peer surveyors are more familiar with current management and professional issues, as they are engaged in the health system, and are thus more likely to include an educational role in their surveyor role. However, arrangements may need to be made to those who are required to leave their posts to undertake surveys. The use of part-time or volunteer peer surveyors is also associated with risk of conflict of interest that may jeopardise the independence of the accreditation (Bohigas *et al* 1998; Plebani 1991). To avoid conflict of interest,

Plebani emphasised the importance of ensuring that volunteers and part-time surveyors do not survey the health service in which they are employed (or a service perceived to be a competitor).

Plebani (2001) pointed out that full-time peer surveyors, in comparison to full time volunteers, have greater surveying experience, sound knowledge of standards, accreditation programs and roles, and are available to undertake a larger number of surveys. However, they tend to be more distant from the reality of health care practice and place greater emphasis on compliance with standards than quality improvement.

According to Plebani (2001), external (non-peer) surveyors provide the most independent assessment because they are removed from the sector in which they survey. They have surveying experience across categories of services and therefore have the benefit of allowing the exchange of survey experiences across service categories. However, they may not have an education role in the survey process owing to their lack of area-specific knowledge.

In terms of the costs of managing surveyors (see Bohigas *et al* 1998), it is apparent that JCAHO has the largest surveyor expenditure (including payment, initial training and ongoing training costs) as a result of employing salaried full-time surveyors and its training requirements for surveyors. While full-time surveyors may incur greater financial costs to the accrediting body, Plebani (2001) argued that volunteers 'require the accrediting body to invest more resources in survey organisation and management' (153).

Plebani (2001) argued that competence and credibility (as a surveyor) are the essential attributes of surveyors – whether they are volunteers or paid – and that the 'ability of staff from one organisation to experience the culture and the practices of another organisation is of crucial importance in improving the state-of-the-art of the discipline and in promoting continuous improvement of quality in the health sector' (154).

Drawing on the work of Bohigas *et al* (1998), Plebani (2001) suggested the following practice in the management of surveyors:

- Have clearly defined criteria for the selection, training and appraisal of surveyors
- Ensure that surveyors have sound understanding of standards, the assessment process and aims of the survey through orientation and initial and ongoing training
- Have a balance of clinical, technical and managerial expertise in the survey team
- For the purpose of quality improvement, education and self-regulation, part-time surveyors who are professionals currently practising in a health care facility are more desirable
- Where standards compliance is the focus and education is a less relevant aspect of the survey, full-time and external surveyors may be used
- To ensure an independent but competent and qualified survey, a team of surveyors with the team leader being a full-time peer or an external surveyor and the remainder of the team being part-time professional volunteers could be used

Surveyor typology

In a recent study on survey styles among accreditation surveyors, Greenfield *et al* (2008) identified three surveyor styles ('interrogator', 'explorer' and 'discusser') and proposed a fourth style ('questioner'). According to Greenfield *et al*, these four surveyor styles varied on two dimensions – a questioning dimension (opportunistic *vs* structured), and a recording dimension (explicit: written *vs* implicit: memory):

1. The interrogator has a highly structured approach to interviews, engages explicitly in the educator role and explicitly records learning gained through the survey process

2. The explorer has an opportunistic or a less structured approach to the interview, is less inclined to engage in the educator role and makes explicit learning gained from the survey process
3. The discussor has an interactive approach to the interview such that the interview takes place as a discussion rather than a structured interview, and assessment, education and learning are incorporated in the discussion (ie implicit rather than explicit)

Although only three styles were identified in the study, the authors hypothesised a fourth style based on the two dimensions:

4. The questioner is proposed to be characterised by a structured approach to the interview and an implicit learning or recording style

Greenfield *et al* (2008, 440) argue that identifying surveyor style in this way has ‘practical relevance for surveyor training and development’. Accrediting bodies can adopt this typology of surveyors as an assessment tool for surveyors, and in order to encourage self-reflection among surveyors. Pairing a surveyor with a mentor sharing a similar survey style can promote initial role learning by the early career surveyor. On the other hand, pairing a surveyor with a mentor possessing a contrasting survey style can help expand the skills of the early career surveyor.

Furthermore, Greenfield *et al* suggest that the allocation of surveyors to survey teams based on surveyor style can enable a more targeted approach to accreditation by matching surveyor style to the organisational context or culture of the service to be accredited. For example, discussor or explorer surveyors, who are more opportunistic and participant-centred, could be used to reduce “interviewee apprehension and potential organisational barriers” (440). The application of the typology proposed by Greenfield *et al* is in line with research (eg Huby & Rees 2005; Naveh & Stern 2005) indicating that a quality improvement tool is more likely to be effective when attention is given to the organisational context of the service to be accredited (eg by considering the match between surveyor style and the organisational context).

Surveyor motivation and commitment

Research on volunteer recruitment and retention highlights the importance of individual motivation and organisational commitment for understanding volunteerism (see Appendix for a more detailed summary of research findings).

Dutta-Bergman (2004), for example, pointed to the sense of reciprocity or exchange between the volunteer and the organisation – in particular, the perceived benefits or rewards to self as a result of volunteering (eg gaining new knowledge, satisfying one’s desire to contribute to the community) – as a key factor underlying volunteerism. Dutta-Bergman’s research also showed that there are a number of characteristics associated with people who volunteer, including a high level of personal responsibility, an internal locus of control, belief in responsible living and action-orientation.

Research conducted by Self *et al* (2001) identified a range of factors that influence individual decisions to continue or cease their participation as a volunteer. These factors include job satisfaction, feelings of respect and acceptance, role clarity and expectations and personal recognition.

Organisational commitment, which is affected by (1) the extent to which the organisation contributes positively to, and is consistent with, the volunteer’s self-image and (2) pride and respect experienced by the volunteer, has also been found to influence volunteers’ decisions to stay or leave an organisation (eg Boezeman & Ellemers 2007, 2008).

An understanding of the motivations underlying accreditation surveyor participation as well as the needs of accreditation surveyors has therefore implications for both recruiting and retaining surveyors.

Guidelines and recommended practice in surveyor management

While there is no empirical research to identify best practice in the various components of surveyor management, the ISO and ISQua provide related guidelines and recommended practice.

The personal attributes of surveyors, as outlined by the ISO (ISO/CD. 2 19011:2001) include:

- open mindedness: willingness to consider alternative ideas or points of view
- diplomacy: tact and skill in dealing with people
- being observant: to be constantly and actively aware of physical surroundings and activities
- perceptiveness: ability to use their instincts to understand and adapt to situations
- tenacity: persistence, the ability to be focused, oriented towards objectives
- decisiveness: ability to make decisions based on logical reasoning and analytical skills
- self-reliance: ability to act and function on one's own while interacting effectively with others
- integrity: needs to be fair, truthful, sincere, honest and discreet

In relation to surveyor training, the ISO recommends that surveyors are “trained and assessed by externally recognised training bodies, which approve auditor training programs and officially certify inspectors who have passed certified courses” (cited in Plebani 2001, 152).

ISQua offers three separate accreditation services for external evaluation bodies in health care and standards setting bodies – accreditation of (1) an organisation against a set of standards, (2) standards for accreditation purposes and (3) assessor training programs.

ISQua's *Toolkit for Accreditation Programs* (Shaw, 2004) provides a set of guidelines for accrediting bodies using surveyors:

- The number of surveyors should be determined by the volume of surveys planned, the duration of surveys (ie the number of surveyor days required), the number of days each surveyor would provide per year less the number of surveyors expected to withdraw per year
- Surveyor selection criteria should be clearly stated and fairly applied, and include basic core competencies and levels of professional experience required. Common profiles of part-time surveyors include:
 - professional experience at senior level
 - experience in senior management
 - good interpersonal skills
 - specific education certification
 - good physical and mental health
 - current or recent working experience
- The professional background, culture and skills of surveyors should reflect the function and scope of the accreditation program
- Surveyors must be committed to comply with the rules of the accreditation body, especially rules of confidentiality and independence

- If surveyors are employed directly rather than recruited as volunteers from accredited institutions, the accrediting body must accept greater legal responsibility for them and provide extra liability insurance
- Training on additional knowledge of standards and skills of assessment required should be identified and provided systematically through initial induction and supported by continuing education.

In ISQua's (2004) publication on *Surveyor/Assessor Training Program Standards*, guidelines and criteria for assessing surveyor or assessor training programs relating to their management, development, delivery and evaluation are provided. They encompass the following domains:

- Management of the program – establish an operational framework to ensure the provision of a quality program
- Personnel requirements – recruit, manage and develop program personnel to achieve the program's goals and objectives
- Program planning – the program is systematically planned and developed to meet its objectives
- Information for trainees – provide trainees with information that enables them to make informed decisions and meet their training needs
- Program delivery – use appropriate learning methods and resources that meet trainees' needs
- Assessment requirements – assess trainee's achievements against the expected outcomes of the program, using adequate and appropriate assessment systems
- Program evaluation – demonstrate that the program has met its objectives and trainees' needs and is used to continuously improve the training

Although the effectiveness of the suggested practice and guidelines on surveyor standards and performance has not been specifically tested empirically, the literature on volunteer recruitment and retention (see Appendix) provides some support for the guidelines and recommended practice on the management of accreditation surveyors (eg need for clearly defined selection criteria, initial and ongoing training, performance assessment). It also highlights the impact of factors such as volunteer motivation and organisational commitment and support in retaining volunteers.

Summary and key issues

While no empirical research has tested the links between specific surveyor management practices (eg training methodology, supervisory arrangement) and surveyor standards and performance, it is apparent that the ways in which surveyors are managed by accrediting bodies are influenced by a range of factors and have implications for the sustainability of credible and valid surveying processes.

Existing literature and available information from accrediting bodies nationally and internationally shows surveyor management practices (selection criteria, contractual arrangements, training) vary as a function of the volume of surveys per year, the category of service to be assessed (hospital, aged care facilities, scientific laboratories), the accreditation standards to be applied (eg Evaluation and Quality Improvement Program [EQuIP], ISO), and the purpose of accreditation (compliance assessment, quality improvement).

The quality of the survey conducted and the extent to which standards are applied consistently (ie the credibility and validity of accreditation processes) can be linked to surveyor management practices such as the nature and quality of surveyor selection, training and support, as well as

surveyor motivation and other characteristics associated with the surveyor and the organisation being accredited.

Guidelines and recommended practices offered by organisations such as ISQua and researchers (eg Plebani 2001) highlight the importance of:

- Having clearly defined criteria for the selection, training and assessment of surveyors
- Matching the selection criteria and contractual arrangements of surveyors with characteristics of the accrediting body and the purpose of the accreditation
- Having surveyors with sound and relevant expertise and experience
- Providing relevant training and support for surveyors, and encouraging continuing professional development

Appendix: Summary of research findings on volunteer recruitment and retention

Volunteer recruitment

There is extensive research on the recruitment and selection of paid workforce. It is not always clear how far these research findings could be applied to volunteers or an accreditation surveyor workforce, but a number of factors are worthy of consideration in ensuring the sustainability of the surveyor workforce in Australia.

To maximise the likelihood that appropriate personnel are recruited, a job is analysed to develop the selection instruments and identify criteria that allow feedback and appraisal (Gatewood & Field 2001). Job analysis, which involves developing a job description, person specifications and key selection criteria, improves decision-making objectivity and job relevance.

Through a meta-analysis of 71 studies on recruitment, Chapman *et al* (2005) identified predictors of job choice (that is, whether a preferred candidate accepts an offer) and job performance. Factors found to be important for successful recruitment were:

- An accurate description of the job and the organisation
- Critical contact (the information provided, and the training and temperament of the recruiter)
- Perceptions of 'fit' – that is, a match in the values and goals between the applicant and the organisation (see also Boezeman & Ellemers 2007, 2008)

The least useful predictors of successful recruitment were pay, compensation or advancement, and the availability of perceived alternative work.

Volunteerism takes multiple forms, each inspired by a different set of values, and different groups attach different values to the same voluntary work (Wilson 2000). Understanding individual motivation to volunteer therefore has implications for volunteer recruitment. Dutta-Bergmann (2004) pointed to the need for 'an exchange' between the organisation and the volunteer, not simply shared values. She argued that 'the choice to actively participate in the community is driven by a strong sense of reciprocity and exchange, with an understanding that responsible participation in the community rewards the individual in the form of better resources, stronger impact on policy, better health and so forth' (7).

The psychographic variables related to volunteerism, as identified by Dutta-Bergman (2004), are:

- Health consciousness
 - intrinsic motivation to maintain good health
 - demonstrate internal locus of control
 - underlying notion of responsible living
 - engages in healthful life choices
 - high level of personal responsibility
 - correlation between manifestations of responsibility in the public and private domains
- Consumerism
 - aware of his/her needs and actively participates in the exchange process in the marketplace to satisfy those needs
 - seeks out information, is sensitive to the quality of products or services
 - action-oriented, a willingness to take charge and to take responsibility for one's consumption choices
- Environmental consciousness

- likely to engage in those activities that protect the quality of the environment
- volunteering for community organisations and caring about one's environment are both markers of a sense of responsibility directed outwards.

Dutta-Bergman's research (2003, 2004) indicated that organisations wishing to attract volunteers should appeal to the volunteer's high self-efficacy and active orientation; emphasise strong arguments that highlight the quality of the product or service; respond to consumer needs by providing adequate information; monitor and publicise health benefits of the product or service; and fundamentally demonstrate that the organisation's strategic choices embody social responsibility.

Chapman *et al* (2005) provide the following advice for recruitment:

- early in the process use personable, trained recruiters
- emphasise the positive characteristics of the work environment and the organisation's image
- ensure fair and considerate treatment throughout the process; provide explanations for selection procedures; keep applicants informed; avoid undue delays in responses
- focus on the values and needs of the organisation that seem most in line with the values and needs of the applicant.

Volunteer retention

Research on volunteer workforce retention highlighted a number of factors that influence volunteers' decision to continue or cease their participation.

Self *et al* (2001) found that volunteers were more likely to continue when they felt:

- needed, appreciated and competent
- a sense of accomplishment
- job satisfaction
- there is opportunity to express their belief or support to the organisation's purpose
- respected as a team member
- there is opportunity to develop friendships, communicate and develop support groups
- there is opportunity for personal recognition

In contrast, factors associated with ceasing volunteerism include:

- work and family obligations
- communication
- status
- acceptance problems between volunteers, paid staff and clients
- unrealistic expectations
- unclear roles
- inadequate training
- insufficient use of volunteer staff

Organisational commitment is also important in volunteers' decision to stay or leave an organisation. Boezeman and Ellemers (2007, 2008) found that normative commitment (ie feelings of responsibility) was a stronger predictor of intention to stay in an organisation than affective commitment (ie emotional attachment). This finding is in line with Dutta-Bergman's (2003, 2004) research into the psychographic variables of volunteerism, which emphasised the need to

embody social responsibility in the strategic choices and actions of the recruiting organisation. Boezeman and Ellemers (2007, 2008) also found that volunteers were more likely to stay when the organisation contributed positively to the volunteers' self-image. Pride and respect emerged as the two key reasons for attachment to an organisation, which in turn leads to identification with and commitment to the organisation.

According to Cuskelly and Auld's model (Active Australia 2000a, 2000b; see also Active Australia 2000d), which is endorsed by the Active Australia Volunteer Management Program, five core elements need to be considered when addressing the retention of volunteers:

- Orientation to provide information about the organisation and the roles and responsibilities of the volunteer
- Training and development, which involves:
 - identifying training needs (eg through a training needs analysis) to allow the organisation to identify the skills, knowledge, and area of training required and plan program and allocate resources. A training needs analysis also ensures that all relevant people are involved in and affected by the training and development activities and ensure that training outcomes are relevant to organisational and individual needs.
 - implementing a training program that makes clear the links between training activities, organisational objectives, and the volunteers' immediate work, and tailored to individual needs where possible.
 - transferring and maintaining skills gained by encouraging the use of skills developed while volunteering. Having a team leader or 'buddy' to assist and guide the application of skills and knowledge obtained during the training is important.
 - evaluating the benefits of the training program to the organisation and the services it provides by monitoring the performance of volunteers and the impact of their training
- Performance appraisal provides a formative way by which to recognise and reward volunteers and identify areas for improvement (Active Australia 2000a). Performance management is a valuable learning experience and is vital in the development of the volunteer (Active Australia 2000e), particularly as an individual's knowledge of how they are progressing in their role can influence their job satisfaction and determine their level of competence. Feedback should be provided more frequently when the volunteer is new to the organisation. Even when volunteers are established in their role, feedback should be provided at regular intervals. Further, it should address the core issues of their role, namely their progress, areas for improvement and recognition of achievements (Brighton and Hove Volunteer Bureau 2004).
- Rewards and recognition programs allow an organisation to demonstrate the value of volunteers to the organisation (Vineyard & McCurley 2001). Research has found that rewards and recognition can provide a link between an individual volunteer's motivation and the satisfaction that they receive from the role (Self *et al* 2001). Effective reward and recognition is immediate, specific, and genuine and should be presented enthusiastically (Noble *et al* 2003). To retain volunteers, it is important to reward those who contribute to the organisation in a greater capacity than what is expected of them to maintain their motivation to serve the organisation and for the volunteer to experience a sense of satisfaction (Active Australia 2000b). The acknowledgment of volunteers' contribution to and involvement in the organisation should be continual.
- Retention or replacement of the volunteer by having an exit strategy in place is important. An interview or questionnaire may be used to discuss and understand why a volunteer decides to leave and identify ways to improve the organisation (Feldman & Klass 1999).

By attempting to discover the specific reasons for turnover, the concerns of remaining employees can also be addressed and appropriate adjustments can be made to the volunteer program (Active Australia 2000b; Feldman & Klass 1999).

These five core elements, however, will not be successful if they are not implemented and endorsed in a supportive organisational environment (Self *et al* 2001).

Organisational support

Positive organisational support will be achieved if the organisation is flexible in adapting to the needs of the individual volunteer, if the supervisor and managers are accessible, and support is available from a number of people and sources. The main components of effective organisational support are: effective communication, relationships and leadership.

- Communication – The most commonly reported communication problems reported by volunteers are: not being adequately informed, experienced difficulty reaching staff, lack of feedback from leaders regarding the status of the volunteer and the organisation, policies and procedures not being communicated or misunderstood, and not being briefed by their supervisor on current events and activities (Self *et al* 2001). To reduce these concerns, Self *et al* (2001) recommended that periodical briefings be held, bulletin boards be utilised, a list of recommended materials be listed and operational manuals be developed.
- Relationships – Relationships between volunteers and their direct supervisor, and with paid staff, the management board, and other volunteers also influence the way in which organisational support is perceived. Common concerns regarding workplace relationships reported by volunteers include not being taken seriously by staff, open and underlying conflict between staff and volunteers, the disregard of suggestions made by volunteers, and volunteers being viewed as a ‘nice extra’ rather than a necessity (Self *et al* 2001). To alleviate relationship problems, particularly between paid staff and volunteers, it is proposed that staff be trained on how to work with volunteers, and encourage staff to participate in volunteer training and for volunteers to participate in staff training where appropriate (Self *et al* 2001).
- Leadership – Effective leadership for a volunteer program requires a leader to consider the strategic direction of the organisation whilst maintaining a genuine regard for individuals, and to interact with them and understand their needs (Noble, Rogers & Fryar 2003). Volunteer coordinators should be included in all human resource management decisions that impact on volunteers, know and value each volunteer, be able to assess volunteers’ needs and easily accessible to volunteers (Active Australia 2000c, Vineyard 1991). Volunteer coordinators are more likely to be perceived as effective leaders if there are clear communication channels between volunteers and their coordinators.

Organisational support can also lead to perception of respect, which can be achieved through expressions of appreciation for time and effort; personalised communication to individuals; and concrete forms of assistance, such as mentoring, guidance or additional resources when confronted with a problem.

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