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Volunteerism in a Health Care Delivery System in Nigeria: A Cottage Hospital Experience

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KEYWORDS

Volunteer,

Obio Cottage Hospital,

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ABSTRACT

Introduction
The need for volunteerism in the implementation of National Programmes is becoming more obvious now than before, especially in resource poor countries. The activities of volunteers are required in all aspects of life, especially in the developed countries, and they cut across age groups, gender, occupation and geographical barriers. Unfortunately there is paucity of information on the activities and constraints of volunteers in developing countries.

Aim
To evaluate the contribution of volunteer staff involved in implementing the Community Health Insurance Scheme of a cottage hospital in Southern Nigeria

Method
The study design involved a descriptive analysis of all volunteering activities at Obio Cottage Hospital in Port Harcourt, Rivers State South-south Nigeria, from January 1, 2011 till December 31, 2011. Primary and secondary sources of data were used.

Results
The total number of applicants who wished to volunteer during the period was 131, thirty-four of these were selected as 'Participants' in the programme. Women were more likely to volunteer than men, and highly educated Nigerians, including medical doctors and degree holders participated. Obio Cottage Hospital benefitted from the scheme in financial terms to the tune of more than 4 million Naira. (about 27 thousand US Dollars) within the one year of study while the participants all agreed that the scheme assisted them in actualizing their career and positioned them to getting paid jobs. The clinical output of the hospital more than doubled during the period.

Conclusion
Organized volunteerism is of great benefit to the participants, institution, community and country and should be encouraged.

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INTRODUCTION:

There is increasing awareness of the usefulness of volunteer services. Globally, people are called upon daily to volunteer their resources in the service of humanity. Volunteering is the principle of donating time and energy for the benefit of other people in the community as a social responsibility rather than for any financial reward.[1] In many developed countries like United States of America, the concept of volunteerism is neither new nor uncommon. In these countries, volunteerism cuts across age groups, gender and occupation and volunteers are involved in all aspects of service to humanity: providing health care, policing, educating, safety, involvement in construction works and assisting in emergencies, etc. For example, 80% of the manpower needs of local fire departments in the United States are provided for by volunteers.[2]

In all situations, volunteers add to the quality and capacity of programmatic services. They also provide extra resources and much needed skills.[3] They supplement the normal workforce during times of crisis and especially when workload demands peak. They also often provide services outside the normal purview of government employees, such as fund raising and advocacy. Despite these and many more advantages, volunteerism is not as popular in developing countries.

Indeed many volunteers in developed countries provide their services in Africa and other developing countries.[4] Unfortunately there is paucity of information on local studies on volunteerism not imported from the developed countries. It thus became necessary to evaluate the effect of local bred volunteerism in a Health institution in Nigeria where volunteerism is utilized to identify the gains and constraints.

Background

Health care provision in Nigeria is a concurrent responsibility of the three tiers of government in the country However, because Nigeria operates a mixed economy, private providers of health care have a visible role to play in health care delivery. The Federal government's role is mostly limited to coordinating the affairs of the University Teaching Hospitals, Federal Medical Centers (tertiary health care) while the State Governments manage the various general hospitals (secondary health care) and the Local Governments focus on dispensaries (primary health care),[5]

One of the problems affecting the health sector in Nigeria is the lopsided distribution of health professionals and health service infrastructure in favour of urban centres. The rural communities are not adequately represented and many people with health challenges have to overcome the additional burden of going to the urban centres to access health care.[6] Nigeria has one of the largest stocks of human resources for health (HRH) in Africa but, like the other 57 HRH crisis countries, has densities of nurses, midwives and doctors that are still too low to effectively deliver essential health services (1.95 per 1,000).[7] Also, some categories of health manpower are in short supply. There is therefore an uncomfortable mix of under-utilization and over-utilization of the skills of health professionals depending on the geographic location and professional category/sub-category involved. It is assumed by some scholars that the health care service in Nigeria is inversely related to the need of the patients.[7]

In May 1999, the government created the National Health Insurance Scheme. The scheme encompasses government employees, the organized private sector and the informal sector. Legislative wise, the scheme also covers children under five, permanently disabled persons and prison inmates.[8] Unfortunately, only a fraction of government

employees benefitted from the scheme. There is therefore a compelling need to have Health Insurance schemes structured to meet the needs of the rural communities as this will go a long way towards achieving MDGs 4 and 5 and providing Primary Care Facilities that cater for the Mother and Child.

The Obio Cottage Hospital is the institutional service provider of a novel Community Health Insurance Scheme (CHIS) championed by the Shell Industrial Area (Port Harcourt) Cluster Communities. Other collaborating agencies include the Rivers State Government, Obio Akpo Local Government Council, the Shell Petroleum Development Company (SPDC) and Health Care International. The operation of the Community Health Insurance Scheme (CHIS) is targeted to the grass roots and touches all and sundry. The Cluster Communities are made up of Rumuomasi, Rumuoiakani, Rumuozeolu and Oginigba.

The CHlS, which started in February 2010, is a non-profit making enterprise by the partners involved.Rather, it is a health care strengthening initiative that creates accessible and quality care that is affordable by the members of the communities. Quality healthcare is capital and personnel intensive. With a premium of N7,200 ($45.00) per annum for non-indigenes and N3,600 ($22.50) per annum for indigenes, it is understandable why this insurance scheme is highly subscribed.

The resultant pressure on the personnel and resources of the operations of Obio Cottage Hospital

necessitated the concept of volunteerism as a solution. This was conceivedas an important and valuable program that will help build and sustain the quality health care delivery system for those who subscribe to the Community Health Insurance Scheme. This formal volunteer program commenced in January 2011. As a result of the tremendous interest showed by applicants, it was decided that each participant will spend a maximum period of six months before exiting. In addition, participants were only assisted with lunch and transport allowance.

Definition of Terms:

Applicants are referred to as Prospects while those who participated in the scheme are known as Participants.

Participants: There were two categories of participants:

Part Time – those who did not volunteer the entire working hours of the day or working days of the week

Full Time – those who volunteered the eight working hours per day and five days a week.

STUDY OBJECTIVES:

1. To assess the contribution (financial and goal-oriented) of formal volunteer work towards the successful implementation of the health care objectives, including the Community Health Insurance Scheme at Obio Cottage Hospital, Port Harcourt.
2. To identify the challenges and suggest ways of improving on the volunteer service in Obio Cottage Hospital (OCH) and elsewhere.

METHOD:

This study analyzed the volunteer programme from January 01, 2011– December 13, 2011, by analyzing the

1. Records of all applicants into the programme, including their curriculum vitae.
2. Recruitment procedure for a Volunteer.
3. Service records of those recruited into the programme.

4. Exiting Questionnaires from those recruited into the programme.

The information obtained from these forms and questionnaires were analyzed. The financial benefits to the hospital and scheme were calculated from the data obtained from the Human Resource Department. Economic benefit per year was calculated using the sum of the monthly amount that would have been paid each volunteer if he/she was full hospital employee and multiplying it by 12 calendar months. The increase in the clinical service delivery during the period was also analyzed.

Data were entered and analyzed using Statistical Package for Social Sciences (SPSS) version 14.

RESULTS

One hundred and thirty one volunteers applied for various positions during the period. Of this number, thirty four were selected as Participants after interviews. Table I shows the demographic profile of the applicants. From the table, it can be seen that the applicants were predominately females (78%), young people aged 21-30 years (69.4%) and had formal education (91.6%). Almost all the selected volunteers (97.1%) worked full time.

Table I: Sex, Age and Educational Qualification of Applicants and Selected Participants

VARIABLE	APPLICANTS N=131 Frequency (%)	PARTICIPANTS * N=34 Frequency (%)
Sex		
Male	29 (22.1)	6 (17.6)
Female	102 (77.9)	28 (82.4)
Age group		
15 – 20	12 (9.2)	1 (2.9)
21 – 30	91 (69.4)	30 (88.2)
31 – 40	21 (16.0)	3 (8.9)
41 – 50	7 (5.4)	0(0.0)
Educational level		
Primary	11`(8.4)	1 (2.9)
Secondary	20 (15.3)	5 (14.7)
National diploma	19 (14.5)	3 (8.8)
Bachelors and Higher National Diploma (HND)	72 (55.0)	23 (67.6)
Master's degree	5 (3.8)	0 (0.0)
Medical doctor	4 (3.1)	2 (5.9)

*Thirty three (97.1%) of those selected were on full time.

Table II shows the growth in the clinical service arms (which is about 50% of clinical output) during the period. This growth can be attributed to the Community Health Insurance Scheme. However, it could not have been sustained without the Volunteer Scheme.

Volunteerism was found to be beneficial to both the institution (Obio Cottage Hospital) and the participants. Table III shows the amount of man hour and cost saved by the institution. During the year of study, the hospital saved a total personnel emolument of over N4 million. This is in addition to the ability of the institution to accomplish its various healthcare delivering programmes in clinical and preventive care.

Table II: Growth in the Clinical Service

Service	Percentage increase
OPD Attendance	10
Surgery	60
Admission	59
Infant Welfare	36
Home Visit	84
Immunization	-13% (Due to lack to vaccines

Table IIIA: Participants' benefits

Description	**Participants** N = 34
Job placement opportunities	19 (55.9)
Duration of training/experience	
Up to six months	11 (32.4)
Less than six months (& exited)	18 (52.9)
Less than six months but still volunteering	5 (14.7)

IIIB: Institutional Benefits

Description	**Amount**
Working hours gained	34, 320 hours
Economic benefits	N4 087 400.00 (approx. $27,000)

IIIC: Departmental (Internal Customers) Benefits

Department	**Employed Staff**	**No Of Volunteers**	**Total**	**% volunteers**
Pharmacy	2	2	4	50%
Clinical (Medical Doctors)	6	2	8	25%
Immunization	6	3	9	50%
Accounts	1	3	4	75%
Laboratory	3	3	6	50%
Counseling	1	1	2	50%
Nurse/Midwife	16	6	22	28%
Reception	1	2	3	67%
Medical Records	2	4	6	67%
House Keeping	5	1	6	17%
Laundry	1	1	2	50%

Figure 1: Advertising volunteering

Figure 2: The community health insurance poster.

Also reflected (Table IIIA) is the training benefits and employment opportunities the participants had. Participants had over 30,000 hours of certifiable work experience which many found useful in their employment search, while almost 20 of them (55.9%) became employed both at Obio Cottage Hospital and elsewhere during the period. Also reflected in table IIIB and IIIC are the institutional and departmental benefits from volunteerism.

Table IV shows the response of the participants to their experience and benefits of volunteerism at Obio Cottage Hospital. All participants acknowledged that volunteerism gave them opportunities to improve their professional skill, contribute positively to humanity and gave them a feeling of personal fulfillment. Furthermore, almost all described the rating of their experience during the programme as 'great'. (Table V)

Table IV: Participants' views of volunteerism.

Comments	Frequency	Percentage
Opportunity to improve my skills	34	100%
Opportunity to affect lives positively	34	100%
It gave me exposure about a hospital environment	34	100%
Opportunity to expand my social network	34	100%
Personal Fulfillment	34	100%
Personal Fulfillment	34	100%
It gave me self confidence	30	88%

Table V: Overall rating of the volunteering experience by participants:

Variable	Frequency	Percentage
'Great'	27	93%
'Average'	2	7%
'Terrible'	0	0%

DISCUSSION

This study has shown the significant impact that volunteerism can have in the health care delivery sector of the economy if properly harnessed.

During the period studied volunteerism was structured with interview of participants and selection of volunteers in places of need. In some other settings it could be informal and on ad hoc basis.[9] Volunteers cut across age, sex and the professional groups. Previous reports indicate that youth volunteering leads to adult service.[10] In the present study, 88.2% of the selected volunteers were within the age group of 21 to 30 years while all the participants were under the age of 50 years. This

may be due to the type of work they are expected to do. In some other studies, a high percentage of volunteers were 50 year or older.[11] The reasons for these may be due to type of assistance required from the volunteers or level of awareness and selflessness in the community studied.

More women than men enrolled in this programme. This may be as a result of the fact that the workforce in the departments needing volunteers (Nurses and Midwives, Laboratory, Medical Records and House Keeping) are predominantly women. There may also be a feminine preference by some of the heads of departments. Similar sex distribution was also observed in another study on volunteering in the United States where in 2000, it was observed that women were more likely to have volunteered than men (46% and 42% respectively).[12] Despite the sex differences, the important thing to note is the zeal of the individuals in the community to volunteer when requested.

The previously held view that only unskilled workers volunteer and that 'unpaid' somehow equates with 'unprofessional'[12] has been further proved wrong by this study. Many qualified nurses and doctors freely gave their time and service.

Volunteerism certainly can be an important vehicle in harnessing human skills and energy towards social and economic development. It also certainly can be very useful in health care programmes in low-resource Primary or Secondary health care units in the country. The cost saving benefits of volunteerism observed in this setting has also been observed in several other settings.[10]

Besides the above mentioned advantages, several non-quantifiable benefits also exist in volunteerism. Though not obvious in this study, these include psychological benefits that volunteerism had on the morale, work ethics and work environment of the regular staff. The internal customers who benefitted from this voluntary scheme were the various departments with improved output of their services to their clients. It can be seen that some departments had 50% (or above) volunteers out of the total workforce complements rendering services - the notable exceptions being Clinical (Doctors, Nurses and Midwives) and House Keeping departments. Thus it is easy to substitute volunteers for staff and vice versa, using who is available.

This study has however shown that voluntary service as practiced in OCH may not completely be altruistic but a means of looking for an opening for job or a means of occupying one's self when everything else has failed in the world of unemployment. A greater percentage of the participants were able to give all working hours and days in a week because they did not have anything else to do. This is particularly true in developing countries because of the high unemployment rate among school leavers, unlike in the developed nations with better economies.In such countries, to encourage volunteerism, Charitable Tax Incentives are given to those who give alms (financial volunteers).[15]

Researchers consistently posit that situational factors are important in encouraging formal volunteering.[16] These situational factors are the capital or resources that make volunteering possible. Curtis et al[17] and Wilson & Musick[16] suggest that three types of capital, namely human capital (Country wealth & Education), social capital (collectivism & liberal democracy) and cultural capital (religion) provide critical resources that enhance the likelihood of volunteering. At an individual level, human capital refers to those resources attached to individuals that make volunteering possible[14]. Two important aspects of individual human capital that are related to volunteering are income and education.[17, 18] It is argued that those who have more income are more likely to have resources and ability to volunteer, an argument substantiated by empirical research[18, 19] but largely unsupported by this study.

In this study, all the participants were educated. Education is regarded as a human capital that provides individuals with more resources to volunteer. However, it must be emphasized that apart from the economic benefits and costs that an organization may gain from having volunteers, it must not be forgotten that people do give up their time for reasons of culture, ethical behavior, and social capital.

For an establishment to reap the maximal benefits of formal volunteer programme, considerable planning, management, feedback and reviews are required. Formal volunteerism definitely does need resources such as reimbursement of transport expenses, provision of stationeries, photocopying and social functions. In addition, the budget of the department responsible for coordinating the programme must be borne in mind.

CONCLUSION

The untapped resources of volunteerism in national development are enormous if properly harnessed. Volunteerism is a powerful means of encouraging people in tackling developmental challenges. Volunteerism is beneficial to the community, country and the volunteer too stands to benefit.

Recommendation: Nigerian health institutions can benefit from the untapped resources of volunteerism if the prospects and participants are organized. There should be a system for positive reinforcement i.e. an indirect motivation of volunteers. Experience gained as a volunteer would be an added advantage in job applications.

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