

PERCEPTIONS OF TRAINING AND SUPPORT RECEIVED BY
SHORT-TERM VOLUNTEERS: A QUALITATIVE STUDY

Kelly Elaine Lenart

A thesis submitted
in partial fulfillment of the
requirements for the degree of

Master of Public Health

University of Washington

2015

Committee:

LaRelle Catherman

Ian Painter

Clarence Spigner

Program Authorized to Offer Degree:

Department of Health Services- Public Health

© Copyright 2015

Kelly Elaine Lenart

University of Washington

Abstract

PERCEPTIONS OF TRAINING AND SUPPORT RECEIVED BY
SHORT-TERM VOLUNTEERS: A QUALITATIVE STUDY

Kelly Elaine Lenart

Chair of the Supervisory Committee

Clarence Spigner

Professor, Health Services
Adjunct Professor, American Ethnic Studies
Adjunct Professor, Global Health
Department of Health Services

Background: Global health short-term volunteerism is growing worldwide and has received both praise and criticism. If non-career international volunteers are improperly trained prior to departure, harm may ensue to both themselves and their recipients.

Purpose: This study explores perceptions of short-term international volunteers about best training and support practices to prevent unintentional harm to participants and recipients.

Methods: A semi-structured, one-on-one interview gathered insight from six volunteers on training they received while participating in the Nursing Assessment Program. All interviews

took place between December 2014 and January 2015, were audio-recorded, and transcribed to hard-copy.

Analysis: A thematic analysis guided by grounded theory was then conducted. Five major categories were created. Within those categories, 15 themes emerged and were subsequently validated through inter-rater reliability until saturation was reached.

Results: Social support emerged as a significant finding in the reduction of reported anxiety and stress while job performance improved.

Conclusion: Providing only comprehensive training to short-term international volunteers may not be sufficient for adequately preparing volunteers to serve in foreign environments. Social support experienced by volunteers emerged as integral, especially for short-term projects as reported in this study. Further research is needed to fully understand the dynamics of effective training and support for all divergent short-term international volunteers.

TABLE OF CONTENTS

LIST OF FIGURES	iii
LIST OF TABLES	iv
ACKNOWLEDGMENTS	v

CHAPTERS

1. SHORT-TERM VOLUNTEER RELIEF EFFORTS	1
Introduction.....	1
Specific Aims.....	2
Background and Significance	3
The Volunteer Process	3
Benefits of Volunteerism	3
Negative Effects of Volunteerism.....	4
Contributing Factors to Negative Outcomes.....	5
Strategies to Decrease the Risk of Negative Consequences	6
2. ABOUT THE ORGANIZATION.....	8
MEDRIX.....	8
The Volunteer Process	9
The Nursing Process	9
The Nursing Assessment Program.....	10
3. METHODS	13
Purpose.....	13
Study Design.....	13
Study Population/ Recruitment	14
Instrumentation: Questionnaire.....	14
Background Demographics.....	14
Instrumentation: Interview Guide	15
Grounded Theory and Analysis	16
Inter-Rater Reliability	19

4. RESULTS	21
Categories and Themes Revisited	21
Volunteers' Expectations Fulfilled	21
Volunteers' Expectations Unfulfilled	24
Support Systems	27
Pre-Departure	28
In-Country	29
Upon Return	31
Understand the Learners	32
Perceptions of Success	34
5. DISCUSSION	36
Recommendations	40
Limitations	42
Implications	42
REFERENCES	43
 <u>APPENDICES</u>	
A. Survey Questionnaire	46
B. Interview Questions	47

LIST OF FIGURES

Figure

2.1	Nursing Process Steps: Adopted from the ANA.....	10
3.1	Conceptual Diagram	20
4.1	Social Support.....	27

LIST OF TABLES

Table

3.1	Emergent Conceptual Themes	17
3.2	Categories and Themes	18

ACKNOWLEDGEMENTS

This research project would not have been feasible without the help of certain individuals whom I would like to extend my deepest sincerity of gratitude. With profound gratitude, I wish to thank:

My thesis committee: Clarence Spigner (Chair), Ian Painter, and LaRelle Catherman. Thanks to all of you for your expert advice, guidance, and supportive feedback throughout this project.

MEDRIX- Without your acceptance into a volunteer program, this study would not have been possible. I am truly grateful for all members of this organization who have assisted me throughout the project.

MEDRIX Volunteers- Thank you for your time, open honesty, and willingness to participate in this study.

Family and Friends- You have all played a major motivational and supportive role for me over the course of this project. I would like to especially thank Dawn Aldinger for your encouragement and support from the beginning to the very end and to my big brother Josh Lenart. Thank you for all of your expert advice, encouragement, support, and, most importantly, your continued encouragement to reach for my dreams.

And lastly to my husband, Matt Nelsen- I cannot express the extent of my appreciation to you for all of your love, encouragement, and support. Everyday you encourage me to be the best version of myself and it is never taken for granted.

CHAPTER 1

SHORT-TERM VOLUNTEER RELIEF EFFORTS

Introduction

Short-term volunteer global health relief efforts are growing in popularity worldwide in attempts to redress the needs of those less fortunate. One estimate claims as many as 1.6 million people have volunteered on short-term relief efforts every year between 1990 and 2009 (Guttentag, 2009). Volunteers performing this work often leave their home countries and careers to travel abroad from one to four weeks and provide medical care and/or health education in low-resource environments. A common trend or theme among these health care volunteers is to improve access to health, reduce the burden of disease, improve health care systems, advance medical education, improve local public health and care standards, and build long-term relationships with local communities (Asgary and Junck, 2013; Crump & Sugarman, 2008; Hunt, Schwartz, & Elit, 2011; Green, Green, Scandlyn, & Kestler, 2009).

Well intentioned efforts by short-term volunteers have been met with both praise and criticism by experts in the field as well as by recipients of these efforts in various host communities around the globe. In part this dichotomy is the result of negative perceptions and outcomes in past programs. Asgary & Junck (2013) argue that good intention alone is not enough to reduce and prevent risks associated with inflicting unintended harm caused by this altruism on receiving communities. Many experts in the field agree that whether volunteers serve as part of a finite project or an ongoing mission, without proper training, preparation, and support adverse

consequences often negatively impact the communities served (Asgary & Junck, 2013; Guttentag, 2009; Hunt, Schwartz, & Elit, 2011; Seymore, Benzian, & Kalenderian, 2012).

Many questions arise as to whether the benefits of volunteerism outweigh unintended negative consequences, such as: What are the cost-benefit ratios involved with volunteerism? Or, What are effective strategies of how to best train and support volunteers? A literature review for this project found limited data regarding how to properly support prospective short-term health care volunteers. Therefore, the research question propelling this project asks, “What are the optimal strategies to support and train short-term volunteers in an attempt to reduce the risk of harm on receiving host communities?”

The purpose of this qualitative research study is to thoroughly investigate preparatory training, process, and support practices of the Nursing Assessment Program (NAP) offered through the Medical, Educational, and Development of Resources through International Exchange (MEDRIX). Together specific aims, outlined below, and the research goal identified successful global strategies of MEDRIX’s charitable work as well as characterized processes which can be used in other, future divergent programs.

Specific Aims

The specific aims of this qualitative study are to:

- Explore international volunteer perceptions of training and support received from MEDRIX to ascertain both effective and ineffective strategies for future operations.
- Identify best practices for international volunteer organizations to better equip and prepare nurse educators for traveling and serving abroad.
- Discover the best methods to support short-term international volunteers in order to reduce the risk of harm among host communities.

Background and Significance

The Volunteer Process

Short-term health care volunteers typically serve for one to four weeks and return home to their fulltime careers after this experience. Volunteers often seek out experiences in low resource settings to advance health education and training, provide care in emergent and non-emergent environments, fulfill clinical requirements as students, and/or serve as practitioners where health care access is scarce (Asgary & Junck, 2013). Volunteers are typically sent through universities, non-governmental organizations (NGOs), and religious affiliations. The ultimate goal of performing short-term volunteerism is to improve access to health and reduce the burden of disease while individuals potentially benefit themselves, organizations, institutions, and the communities they serve (Asgary & Junck, 2013). MEDRIX is one example of a NGO that utilizes the support of short-term volunteers to carry out longstanding projects and goals.

Benefits of Volunteerism

Research shows that volunteers benefit personally and have positive effects on the communities they serve.¹ Students who volunteer abroad as part of a global health course, or nursing and medical students, are said to gain perspective on whether or not to choose a career in primary care public health while improving their diagnostic skills (Crump, Sugarman, & Working Group on Ethics Guidelines for Global Health [WEIGHT], 2010). Research has

¹ Personal benefits include: personal growth by gaining new perspective on life (Guttentag, 2009); intercultural experience; the perception they are benefitting others by improving access to health which in turn creates self-worth (Green, Green, Scandlyn, & Kestler, 2009); and enhancement of diagnostic skills (Crump, Sugarman, & Working Group on Ethics Guidelines for Global Health, 2010).

identified benefits for host communities from short term volunteer efforts as well.² Similarly, Dodard, Vulcain, & Fournier (2000) claim that some recipients receive health care for perhaps the first time in their lives through such volunteer efforts.

Negative Effects of Volunteerism

Concerns are raised by any action on host communities even if they initially appear positive. Asgary & Junck (2013) argue that, “Even with good intentions, it is important to remain cognizant that our actions have consequences...” (p. 625). In the 1960s, Ivan Illich (1968) addressed concern for the effects of aid workers in Mexico, stating: “[T]o hell with good intentions... you will not help anybody by your good intentions.” Similarly, Crump et al., (2010) and Proehl (2015) researched the long-term effects of short-term projects and the potential to gradually cause unintended harm to receiving communities by raising ethical challenges and negative consequences. Negative consequences of short-term volunteer trips vary widely; for example, Green et al., (2009) report that short-term, volunteer health care can undermine local providers and eventually reduce health care access in the long-term and further increase dependence on foreign aid. Donated supplies also cause a dependency on foreign aid because recipients are unable to replace them from domestic suppliers (Seymore, Benzian, & Kalenderian, 2012). Patients can also incur harm if medications are not taken properly or effectively monitored. Levi (2009) cites two hypothesized cases of such examples; in the first, ibuprofen was administered, which caused stomach ulcers among patients during times of food and water scarcity. In the second case, patients experienced anaphylactic reactions because

² These include: access to highly trained specialist, access to free or discounted care, access to procedures not commonly available in their area, short-term inundation of medical supplies and medications and the exchange of information and knowledge (Green, Green, Scandlyn, & Kestler, 2009).

antibiotics were administered and subsequently not monitored (Levi, 2009). Just as negative consequences vary widely, so do their contributing factors.

Contributing Factors to Negative Outcomes

Crump illustrates that global health students have the potential to burden host communities, negatively impact patients, and misappropriate already scarce domestic resources. Language barriers between volunteers and local populations also potentially compromise patient safety and wellbeing (Crump et al., 2010). When volunteers decide to perform international work, they must consider their mission to “Do No Harm,” but also their motives for volunteering. It is crucial that volunteers balance personal ambitions with actual promotion of long-term health and well-being to the served communities; misguided intentions can ultimately create unintentional harm (Atkins, 2012).

Several factors contribute to negative outcomes on receiving hosts, such as: 1) volunteer organizations not working with local communities and governments (Green et al., 2009), 2) unskilled volunteers, and 3) ill-equipped or undertrained practitioners to perform tasks, and 4) volunteers helping for wrong or egregious reasons (Atkins, 2012), and 5) insufficiently supervised volunteers (Asgary & Junck, 2013). Outcomes of poorly trained volunteers alone can also result in negative effects including:

Neglect of locals’ desires caused by a lack of local involvement, a hindering of work progress and completion of unsatisfactory work caused by volunteers lack of skills, a decrease in employment opportunities and a promotion of dependency caused by the presence of volunteer labor, and a reinforcement of conceptualizations of the ‘other’ and rationalizations of poverty caused by the intercultural experience (Guttentag, 2009, p. 537).

Growing evidence suggests organizations and institutions sending volunteers overseas often lack proper planning, preparation, and basic public health principles and, therefore, do not

recognize the dangers their actions cause on receiving host countries (Snyder, Dharamsi, & Crooks, 2011). Of the estimated 93% of medical schools sending volunteers overseas to perform medical care, only 22% offer pre-departure preparation training (Dodard et al., 2000). Lack of adequate training increases the risk of enabling practitioners to practice beyond the scope of their education and ability; troublingly, rarely are they held accountable for their mistakes, (Dodard et al., 2000). Hunt et al. (2011) argue, “pre-departure training is not the panacea, but is the first step to reducing harm and supporting volunteers” (p. 97). Therefore, volunteers should be adequately trained prior to departure, and supported once in the field in order to reduce the risk of harm because they do not have the luxury of time to learn from, and correct their mistakes where they occur once overseas.

Strategies to Decrease the Risk of Negative Consequences

The responsibility for preventing negative consequences to host communities falls largely on parent organizations or institutions sending volunteers abroad. “Health care practitioners can provide effective care in low resource settings for several weeks or less without putting patients or communities at risk but only if they have proper knowledge, skills, and ethical preparation” (Asgary & Junck, 2013, p. 629). Many organizations such as MEDRIX provide specialized pre-departure training, while others have volunteers receive training from outside sources. Yet, others do not offer or require any pre-departure training (Hunt et al., 2011). While some individuals plan their own trips without any training, support, or collaboration with NGO’s or other philanthropic agencies (Hunt et al., 2011), it is this lack of training and inadequate support that increases the risk of harm to host countries.

For all the “free” help volunteers provide, volunteerism is clearly far from a cost free industry. It costs money to train, support and supervise these efforts (Orr, 1984). Orr (1984) claims that volunteers must be trained and valued as much as paid employees, or better, in order to retain their services. Similarly, the National Organization for Women (NOW), a NGO which relies heavily on volunteers, acknowledges their high volunteer retention due to a commitment to volunteer training (Orr, 1984). Lewis (1951) argues such training should include, “telling, showing, and trying” while complimentary information should cover “what must be known, what should be known, and what one might like to know” (p.148). All sending organizations and institutions should be required to allocate invaluable financial resources to conduct optimal training, preparation, and support to first, “Do No Harm.” Asgary and Junck (2013) state:

Without preparation and experience in global health as career humanitarians, short-term volunteers may lack appropriate knowledge, clinical and technical skills relevant to international and low resource medicine and may benefit from more comprehensive training. Without adequate preparation and training, volunteers may risk causing additional harm to patients and their communities. (p. 626)

Wessells (2009) argued, “The longer ones’ engagement in humanitarian work, the greater ones’ appreciation of...the potential to do harm...” (as cited in Asgary & Junck, 2013, p. 625). This qualitative study was performed to understand the perceptions of short-term volunteers on training and support. This information can be utilized by MEDRIX and other philanthropic institutions to optimally train, prepare, and support volunteers to improve their efficiency, effectiveness and decrease the risk of negative consequences.

CHAPTER 2

ABOUT THE ORGANIZATION

MEDRIX

MEDRIX is one of many organizations that utilizes volunteer work force to execute longstanding goals and projects within the organization. For this reason, and their willingness to assist researchers, MEDRIX was selected as a case study to conduct this research project. MEDRIX is a licensed international, non-government organization (INGO) and a 501(c)(3) nonprofit organization based in Redmond, WA whose mission is to create “Sustaining relationships and maintain a strong commitment to partnerships to further benefit the communities and lives of the people we serve” (MEDRIX, n.d.). MEDRIX was created soon after its cofounder, LaRelle Catherman, visited Vietnam to conduct research on parents’ understanding of home treatments for diarrhea management. Her preliminary research revealed that there was a direct correlation between children who acquired diarrhea and inadequate supplies of safe drinking water in Vietnam (MEDRIX, n.d.). Since 1994, LaRelle and Robert Catherman have committed to providing safe drinking water to impoverished communities in Vietnam. In 2002, MEDRIX received official licensure as a nongovernmental organization

(NGO) to operate in Vietnam (MEDRIX, n.d.). Their work has expanded to provide medical resources, sponsor life-saving heart surgeries for children, and offer health education to urban and rural communities and health care professionals stationed in those communities. For their part, MEDRIX utilizes short-term volunteers, in-country trained trainers, and native Vietnamese government trained doctors and nurses from various backgrounds—educational, medical, and/or water treatment specialists—to carry out their mission in a variety of in-country projects. These facilitators collaborate with local communities to develop appropriate, self-sustaining projects while promoting public relations with other local and international stakeholders.

The Volunteer Process

MEDRIX volunteer applicants submit resumes and are asked to write a one-page summary on their personal worldview as it relates to global health and wellbeing. They must also submit a cover letter stating their qualifications and areas of volunteer interest with their travel application. Applications collect and organize the following information: contact and passport information; areas of interest; prior experience which aids in volunteer preparations; physical limitations which may hinder work in remote, resource limited settings; interests, hobbies, ability to speak Vietnamese; past criminal activities; and other personal considerations which may affect travel and performance. Candidates must be adaptable and flexible in new cultures. From this pool of applicants, MEDRIX selects volunteers based on suitability, past experience, and willingness to learn and grow in diverse environments. Once MEDRIX accepts volunteers into the program they go through orientation training on the functions and duties of the project in which they will serve. Of the many projects MEDRIX facilitates, the Nursing Assessment Program is one of their most popular programs, which is why it was chosen as this study's topic.

The Nursing Process

The nursing process, developed by Ida Jean Orlando in 1958, incorporates a modified scientific method to address patient needs and creates a course of action to address and solve patient problems (Nursing Process, 2015). The process is cyclical and incorporates critical thinking in each step of the nursing process (O’Sullivan et al., 2010) which is essential for delivering safe, efficient, and skillful nursing intervention (Papathanasiou et al., 2014). It is a framework for providing quality nursing care because it directs nursing activities for health promotion and protection, disease prevention, and is used by nurses in all practice settings and specialties and is universally accepted (“Nursing Process,” n.d.). This model serves as the basic organizing system for the national council licensure examination (NCLEX) for registered nurses. MEDRIX utilized the nursing process in the development of their NAP. Figure 2.1 depicts the nursing process as a cyclical and ongoing process which integrates the following five steps:

- Assessment
- Diagnosis
- Outcome Identification and Planning
- Implementation
- Evaluation



Figure 2.1: Nursing Process Steps: Adopted from the ANA.

The Nursing Assessment Program

MEDRIX created and facilitated the Nursing Assessment Program (NAP) in 2010 and was developed in collaboration with Vietnamese hospital leaders to increase the knowledge and skillsets of their professional nurses to improve their standards and practices. The goal of the program for Vietnamese nursing professionals is to provide exposure to Vietnamese nurses to American standards of nursing care practices, which aims to improve standardized care. The NAP utilizes United States registered nurse volunteers to educate Vietnamese nurses to identify patient care problems and symptoms. Hospitals typically select nurse leaders and managers to participate in the NAP with the goal of having the Vietnamese participants educate fellow colleagues on acquired knowledge and skills. Educational topics include, but are not limited to: a) nursing process theory; b) anatomy and physiology; c) medical terminology with English pronunciations; d) nursing physical assessment and theory application through a systems approach to lessons on pain, cardiovascular, gastrointestinal, nervous, and respiratory systems; and e) the appropriate use of basic diagnostic tools, such as the stethoscope, to assist in conducting initial and subsequent nursing process steps. This process aids nurses in planning more holistic patient care, setting goals, and implementing better overall patient support.

Currently, the NAP has been carried out six times, twice at the National Hospital of Pediatrics in Hanoi, three times at Hue Central Hospital, and once at the Hue University of Medicine and Pharmacology School of Nursing (MEDRIX, n.d.). The NAP sessions have lasted from two to three weeks, depending on the amount of time the volunteers have to donate, and is enacted in both classroom and clinical settings. To date, seven volunteers have donated their time, skills, and abilities leading NAP sessions. Approximately, 95 Vietnamese nurses have participated in the program and overall thousands of lives have been positively influenced by the

NAP (MEDRIX, n.d.). Past Vietnamese participants have made numerous promotional comments about MEDRIX's NAP. For example one participant exclaimed, "Teachers are friendly and enthusiastic, professional and highly responsible" (participant A). Another participant stated, "The lessons are interesting and useful and can be able to apply to the work of the nurses. The teaching method is very good" (participant B). A third participant claimed, "The lessons make the nurse love their work and studying English [...]. The nursing process is very clear and suitable" (participant C). All sessions were regarded as successful and were considered a valuable resource leading to the enhancement of the nursing profession in Vietnam as evidenced by Vietnamese participants' promotional claims and hospital leaders' continued requests of MEDRIX facilitating the NAP.

CHAPTER 3

METHODS

Purpose

The purpose of this research was to thoroughly investigate preparatory training processes and support practices of the NAP offered through MEDRIX. The research goal and specific aims of the study were to identify successful global strategies as well as characterize processes which can be used by MEDRIX and by other, future divergent programs to: (a) reduce unintentional harm among host communities, (b) enhance job performance, and (c) reduce stress and anxiety among short-term volunteers.

Study Design

This retrospective, qualitative study used two assessment tools: (a) a self-administered 15-item background questionnaire and (b) a face-to-face interview. Both assessments were designed to gather in-depth information from volunteers on their perceptions of training and support received while participating in the Nurse Assessment Program. The Human Subjects

Division at the University of Washington approved this study under exempt status Category Two.³

Study Population/ Recruitment

MEDRIX sent a letter informing past volunteers of an opportunity to take part in this study; inclusion criteria included: any MEDRIX volunteer who worked on the Nursing Assessment Program outside of a university affiliated program and were willing to sign a consent form. Exclusion criteria included: any participant affiliated with this research project. The solicitation letter included study aims and participant requirements. Once volunteers elected to participate, they were instructed to contact the primary researcher by phone or email. A total of six qualified volunteers (n=6) met the inclusion criteria and participated in the study.

Instrumentation: Questionnaire

The 15-item, self-administered questionnaire (Appendix A) was facilitated through SurveyMonkey (SurveyMonkey, Inc, 2015) and gathered demographic background information including past volunteer history and motivations for volunteering with MEDRIX. The researcher conducted a frequency analysis of the demographic information in order to obtain descriptive data of the sample population.

Background Demographics

³ Research-utilizing education tests poses little to no risk for human subjects involved. (UW Human Subjects Division, 2015).

All six participants were female (6/6) between 18-60 years of age. All held a Bachelor's degree or higher in Nursing; the highest degree was a Doctorate of Nursing (1/6). All were certified Registered Nurses (RNs). Three had 3-5 years nursing practice while the remainder had more than 23 years nursing experience prior to their first volunteer experience on the Nursing Assessment Program. Three had taught as clinical nurse instructors while one taught nursing in a classroom setting. Two had volunteered with MEDRIX a total of two times and the other four volunteered once on the NAP international program. Five reported other international volunteer experience with organizations other than MEDRIX. One omitted the question.

When asked about motivations to participate on the NAP, four out of the six expressed a desire to learn and engage with other cultures while helping impoverished communities. Three described a desire to work with MEDRIX because of the organization's reputation, admirable mission, and appreciation for past global mission projects. Two stated a desire to teach nursing while all informants claimed that if given the chance to volunteer with MEDRIX again, they would do so in the future.

Instrumentation: Interview Guide

The one-on-one interview (Appendix B) was conducted after the background questionnaire was completed and analyzed. The eight interview questions were designed to gather in-depth information about the volunteers' experiences with MEDRIX. The six interviews took place between December 2014 and January 2015. Participants selected the meeting time and place for the interview: three chose coffee shops, two a restaurant, and one a local hospital. Each interview lasted approximately 20-35 minutes, and each participant signed a consent form prior to the interview. Informants were made aware they could end the interview at anytime and

refrain from answering any question(s). Participants were given freedom and flexibility to exhaust all queries; interviews were concluded after no further responses were offered. Interviews were recorded on a digital Sony IC Recorder with electronic files downloaded and transcribed verbatim by a professional transcriber to hard copy for thematic analysis.

Grounded Theory and Analysis

Grounded theory analysis requires an intimate understanding of the data in order to conceptualize it and generate an emergent theory, which “involves a process of research” (Glaser and Strauss, 1967, p. 6). As a methodology, this approach employs four stages of analysis: open coding, axial coding, selective coding, and memo-writing. Throughout the analysis process an emergent theory is generated, because predetermined codes, themes, categories, and conceptual diagrams are avoided. Data analysis is executed as a way to understand relationships, cause and effects, and conditional matrixes within the data. Through this analytic process, an emergent theory is generated from the data, which is not bound or restricted by limiting factors or predetermined boundaries. Grounded theory was employed, by researchers, as a means of encouraging freedom of exploration to identify and decipher individual experiences while offering a systematic approach for making meaning of the volunteers’ perceptions regarding the training and support they received from MEDRIX.

The first step in the grounded theory method employed was open coding in order to uncover the core conceptual categories that provided an exploration of the possible theoretical components in the data while limiting researcher bias. The primary researcher systematically examined all six transcripts, identified key words, and assigned codes to selected phrases, terms, and concepts within the data. Each code was then assigned an identifier (name: interview, page,

line) and recorded in a codebook (a record of codes, themes, and categories). As the quality and quantity of codes increased, major themes emerged. These codes and themes were the outgrowth of a spiral, not linear, pattern similar to the process Creswell (2007) describes: “The processes of data collection, data analysis, and report writing are not distinct steps in the process- they are interrelated and often go simultaneously in a research project” (p. 150). During this initial open coding process, twenty-three conceptual themes emerged and are shown in Table 3.1.

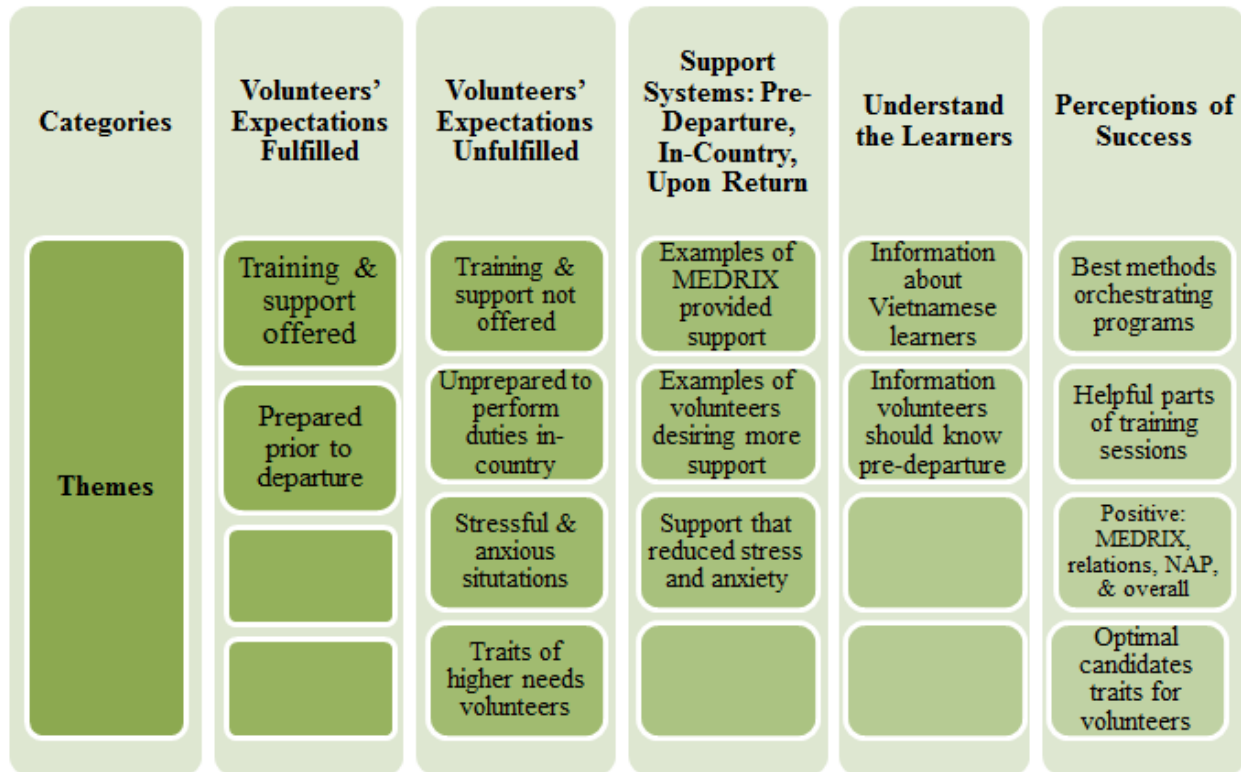
Table 3.1: Emergent Conceptual Themes

<ul style="list-style-type: none"> • Unfulfilled training expectations • Fulfilled training expectations • Felt unprepared prior to departure • Felt prepared prior to departure • Support: pre-departure, in-country, upon return • Desire to understand learners • Recommendations • Lack of support • Understanding the NAP purpose • Information provided during training sessions • Would return to volunteer for MEDRIX 	<ul style="list-style-type: none"> • Relationships-MEDRIX & Vietnam • Mission worth money to run program • Traits of the ‘desired’ volunteer • Pre-departure trainings • Important aspects of successful training programs • Few expectations because experienced • Traits of ‘higher needs’ volunteers • Debriefing sessions • Setbacks to volunteering • Stressful and challenging aspects • Benefits from the programs • Positive experiences
---	--

Axial coding: The primary researcher performed open coding twice in order to condense redundancies and omit needless repetition of codes. As a result, the original twenty-three themes were collated into fifteen themes from which the five major categories were revealed. The five major categories, with correlate themes, are presented in Table 3.2, and include: Volunteers’ Expectations Fulfilled; Volunteers’ Expectations Unfulfilled; Support Systems (pre-departure, in-country, upon return); Understand the Learners; and Perceptions of Success.

Selective coding. The primary researcher created different types, styles and designs of conceptual diagrams to analyze themes and categories, understand interconnections in the study

and present the emergent theory. The conceptual diagrams provided a visual tool illustrating



better understanding of how the emergent theory helps make meaning from interpreted volunteers' perceptions. The conceptual diagram depicted in Figure 3.1 represents causality, interconnections, and the identified theory. Also present is a hypothetical scenario based upon

Table 3.2: Categories and Themes

literature findings on what happens when volunteers are inadequately trained and poorly supported by sending organizations. At the outset of a grounded theory study, the operative theory is unknown from the outset and is revealed only as data analysis occurs and is concluded.

Memo-writing is the final process that occurs within grounded theory. The researcher performed memo-writing, on the five key themes, which bolstered the development of ideas and encouraged analysis refinement. These actions were later used to develop an outline for the manuscript, which portrayed the backbone of the analytical interpretation of the data.

Inter-rater Reliability

Once the primary researcher finished documenting the major categories and coded the emergent themes in all six transcripts, a second researcher independently rated and verified preliminary results by sorting transcript content into results which exhibited similar categories and/or themes. Where differences occurred, the researchers discussed discrepancies to validate the analysis until a mutually-agreed upon consensus was reached regarding nascent findings.

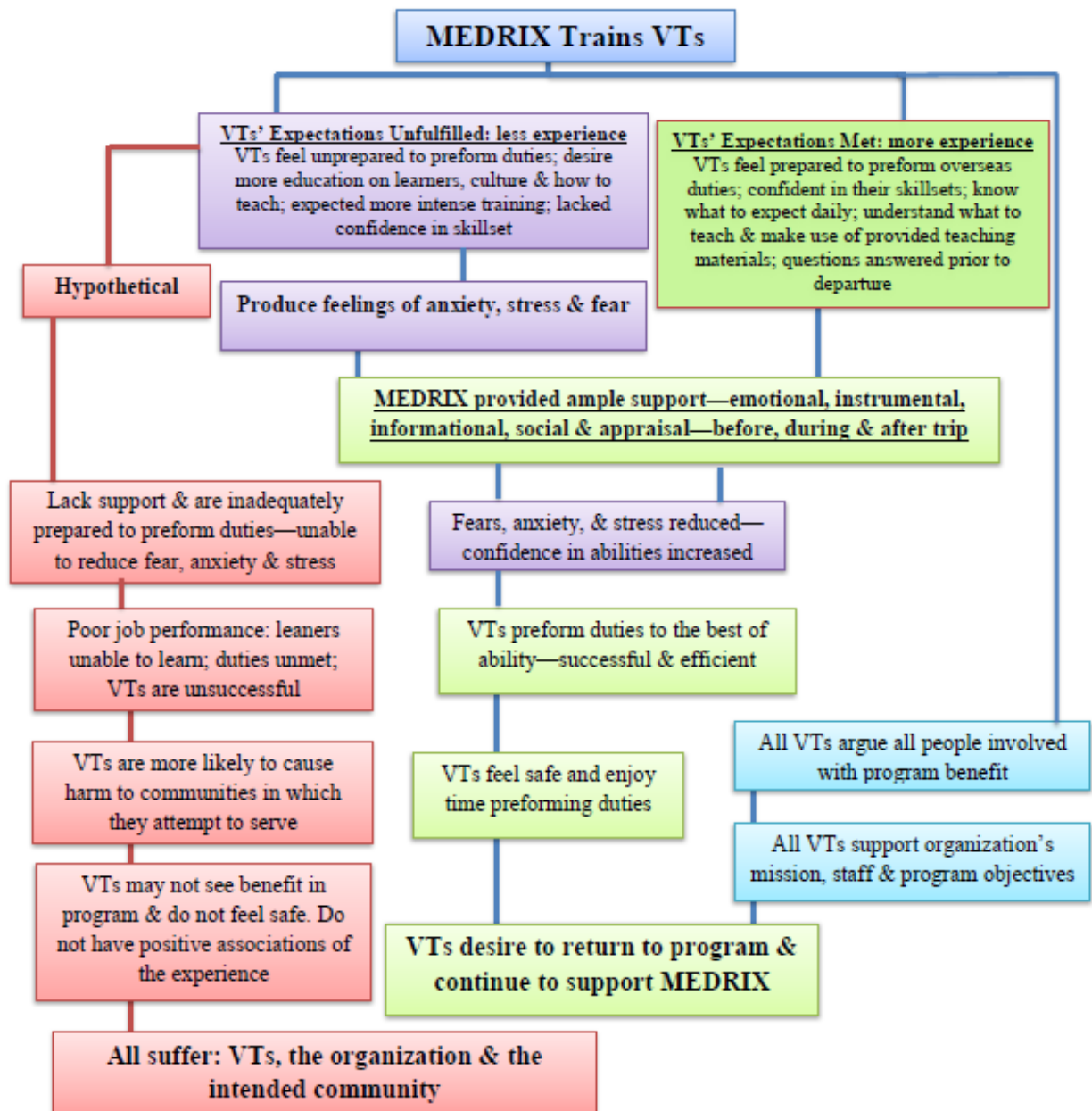


Figure 3.1: Conceptual Diagram

CHAPTER 4

RESULTS

Categories and Themes Revisited

After conducting grounded theory on all available data, five major categories and 15 themes became visible. Of the five categories the first two, Volunteers' Expectations Fulfilled and Volunteers' Expectations Unfulfilled, revealed the fulfilled and unfulfilled expectations of all six volunteers regarding training sessions in which they participated. The third category, Support Systems, exposed themes involving MEDRIX social support systems; this theme was further sub-divided as follows: pre-departure, in-country, and upon return. The fourth category, Understand the Learners, helped uncover volunteers' perceptions concerning how knowledge of Vietnamese learners prior to departure turned out to be a key component of efficient and successful service. The final category, Perceptions of Success, highlighted volunteers' knowledge of what makes a sending organization successful considering short-term volunteers in international settings. The following sections detail results that emerged from the analysis.

Volunteers' Expectations Fulfilled

All participants stated they were prepared, to varying degrees, from training and orientation sessions and added they understood the NAP's purpose(s), the course content they would teach, and had an idea of the students they would work with once abroad. All participants described some of the books, curriculums, materials, translators and other supplies provided by

MEDRIX, which they found necessary for carrying out their duties and aiding in the preparation process. Consider, for example, the following statement:

I love the fact that **I was given the [course] content...it was great, excellent.** I felt that **I was very well prepared by the fact that she gave us the syllabus for me to study**, to do my homework...I really **practiced on how to teach.** (Volunteer 5, emphasis added)

Understanding the scope of the project and having the necessary support materials (i.e. curriculum, syllabus and lecture and clinical experience materials), volunteers' expectations were met and study participants felt prepared to perform their duties while overseas.

Other information MEDRIX presented in training and orientation included: cultural education, trip logistics, roles and responsibilities, volunteer expectations, and a trip itinerary. One volunteer commented these components were essential for preparation and absolutely necessary in any short-term volunteer experience:

Her [MEDRIX director] **training was very well organized.** She was just **organized**; she had the **power points. I knew exactly what was expected on each day.** She had the **schedule** set up. Again, just **culturally**, what would really happen at the hospital...**I had no questions left, like what I would be teaching or where my support was...I was extremely pleased with the training.** (Volunteer 6, emphasis added)

Interestingly, (2/6) participants who had over 23 years of nursing practice and several years of teaching and/or volunteer travel experience had no expectations unfulfilled and did not mention any ways in which they were unprepared. Volunteers (2/6) with the most experience displayed confidence and independence to perform duties and made only minor suggestions for improving pre-departure training and sessions:

I already knew the organization and was **familiar with trips** they'd taken in the past. **I don't know that I had a lot of expectations**, in terms of training, because **I was already familiar with it.** (Volunteer 3, emphasis added)

Volunteer 3 had few expectations because she was already familiar with the organization, course content, and prior trips. She required no additional assistance with performing her duties because of her familiarity with the needs, goals, and outcomes of past programs. Volunteer 3's only questions for MEDRIX regarding training sessions were directed at the learners and the relationship between MEDRIX and Vietnam hospitals and schools; these concerns were subsequently answered during pre-departure training sessions. Consequently, her expectations were met, she was prepared for the trip, and the study reveals successful implementation of pre-departure training for experienced, qualified participants.

Similarly, Volunteer 6 had over 24 years of teaching and nursing experience and was impressed by the amount of preparation and training conducted by MEDRIX prior to departure. Volunteer 6 cited that all her expectations were met, she felt well prepared pre-departure, and did not voice any comments on improving future training sessions.

I was **not aware of how much preparation volunteers need**. I just kind of thought we'd go over there and show up. And then once I got involved, **the pre-training support while we were there was really beneficial**. And **it didn't hurt to have three, four meetings before we left to review the information**, adjust it, go over it, and **review expectations**...So I really **did appreciate the pre-planning and all the organization that went into it**. (Volunteer 6, emphasis added)

It is evident from this study that Volunteer 6 had little or no pre-departure expectations about the training MEDRIX offered and was both surprised and grateful to receive the thorough preparation which she understood would be beneficial while overseas. This general trend was reiterated throughout the study as all volunteers said their expectations were fulfilled, for the most part, and they felt well prepared for their trip even if the degree of preparedness varied. Not surprisingly, those volunteers with the most experience had few or no expectations unmet and were not unprepared for the trip prior to departure; conversely, this differed from volunteers with

less experience who had more comments and suggestions about how the training program could be improved to enhance future training and education sessions.

Volunteers' Expectations Unfulfilled

Participants (4/6) with fewer years of nursing, teaching, and/or volunteer travel experience had more expectations unfulfilled during training and orientation and expressed more statements of feeling unprepared prior to departure. They also expressed more sentiments of stress and anxiety while even doubting their own abilities and skillsets to perform duties required of them. The main issues that volunteers (4/6) expressed unpreparedness toward were: a) lack of pediatric knowledge, b) knowledge of how to teach, c) familiarity with cultural differences they encountered, and d) a comprehensive understanding of learners' needs. Less-experienced volunteers claimed they spent more time in-country studying and preparing for lessons because their pre-departure training was insufficient for satisfying learners' needs; they also had to make up for an individual lack of pediatric knowledge. Overall, these participants (4/6) had more comments about how to improve the training prior to departure. Consider the following account:

When I went to Vietnam, **I realized that there was a lot more that needed to be covered, that we needed more time, and that we had to go home [hotel in Vietnam] and research more information to better teach the students...** I feel that I should have **expected the training to be more intense than it was.** (Volunteer 1, emphasis added)

In this statement, Volunteer 1 expresses confidence in her pre-departure preparedness because of her familiarity with teaching objectives and training lessons, which eventually gave way to a type of frustration because she felt ill- or under-prepared once she arrived in county. The teaching materials and her pediatric knowledge were simply not robust enough to assuage the unexpected, highly intellectual questions her learners asked. She stated she was not prepared for

such well-informed questions and spent a considerable amount of unanticipated time increasing her knowledge and supplementing lesson plans with more specific details in subsequent training sessions. This experience failed to meet her pre-departure expectations because she thought any training/preparation offered by MEDRIX would have prepared her for everything she needed to know once abroad.

Half of the volunteers (3/6) recommended that subsequent training sessions incorporate pediatric education and assessment simulations into practice prior to departure because these volunteers were adult, not pediatric, nurses. They also thought their pre-departure training would incorporate at least a basic level of pediatric education and simulations precisely because this area was not in their employment background; thus, this aspect of training received left unfulfilled expectations and feeling of unpreparedness. In particular, these experiences caused stress among half of the volunteers surveyed who feared they would unintentionally or unknowingly offer misinformation to their learners. In one instance, this is what Volunteer 5 had to say about providing learners with wrong or misinformation:

There were some **concerns I had**, prior to going over there. I was **uncomfortable** because **my background was adult, and not pediatric**. That was my primary concern...I wish that I **would have had a sim lab for the little babies, the little kids**. I thought, **“What if I did something wrong? What if the kids do not respond the same way as the adult?”** That is what I was apprehensive about, that **I was afraid** of. (Emphasis added)

Volunteer 5, along with several other volunteers (3/6) who lacked pediatric experience, recommended that future training sessions incorporate lessons and time to practice pediatric scenarios.

In a similar situation, several volunteers' (4/6), expectations were unmet and volunteers felt unprepared to teach learners because they were not provided sufficient instruction or information on best teaching practices. Nevertheless, each of these volunteers (4/6) had a

combined average of 8.25 years of nursing experience regardless of the fact they had received no formal teacher training. These participants claimed they were well prepared on the teaching material content, but they were less certain on how to best communicate and present the material. As a result, these volunteers agreed it would have been more expedient had they not had to learn ‘on the job’ as it were, but, instead, had the opportunity to develop ideas and practice lesson delivery prior to departure. This is a significant finding of the study considering the severe time constraints placed on volunteers, and limited amount of interaction they are afforded in country, as exemplified in the following two statements.

I think that’s **one of the hardest things we had as teachers there: we’re teaching concepts that were not processes...**Teaching them what it meant to create a nursing diagnosis was abstract. And **it was challenging for the students to learn, but it was also really challenging for us to figure out how to teach that without a teaching background.** (Volunteer 4, emphasis added)

I had a lot of apprehension, because I’ve never done this before. Just the fact that I need to stand in front of the professional nurses, and I’ve been told that these are the charge nurses, nurse managers, the cream of the crop. That, alone **scared the heck out of me, because I didn’t think I had enough experience in being a teacher to teach.** (Volunteer 5, emphasis added)

Revealed after analysis, the majority of study participants argued that education on how to teach is an important and necessary component of pre-departure training which aids and enhances job performance.

Ultimately, and perhaps not surprisingly, volunteers with less experience expressed more sentiments of stress and anxiety because they were in point of fact less prepared to deal with unknown factors associated with volunteering abroad. To MEDRIX’s credit, all volunteers mentioned repeatedly the many ways the organization did provide support both prior to departure, in-country, and upon return, which aided study participants in dealing with a lack of knowledge, understanding or experience.

Support Systems

MEDRIX supported all volunteers through defining attributes throughout their involvement such as: instrumental, informational, emotional, and appraisal. Throughout every interview each participant stated ample descriptions of how MEDRIX provided the volunteers with support. Figure 4.1 represents the different types of social support and examples of the methods MEDRIX used to encompass all areas. Volunteers had different needs during different stages of involvement which required different types of accommodations. A summary of the types of support provided is broken into three sub-themes: pre-departure, in-country, and upon return and are described further below.

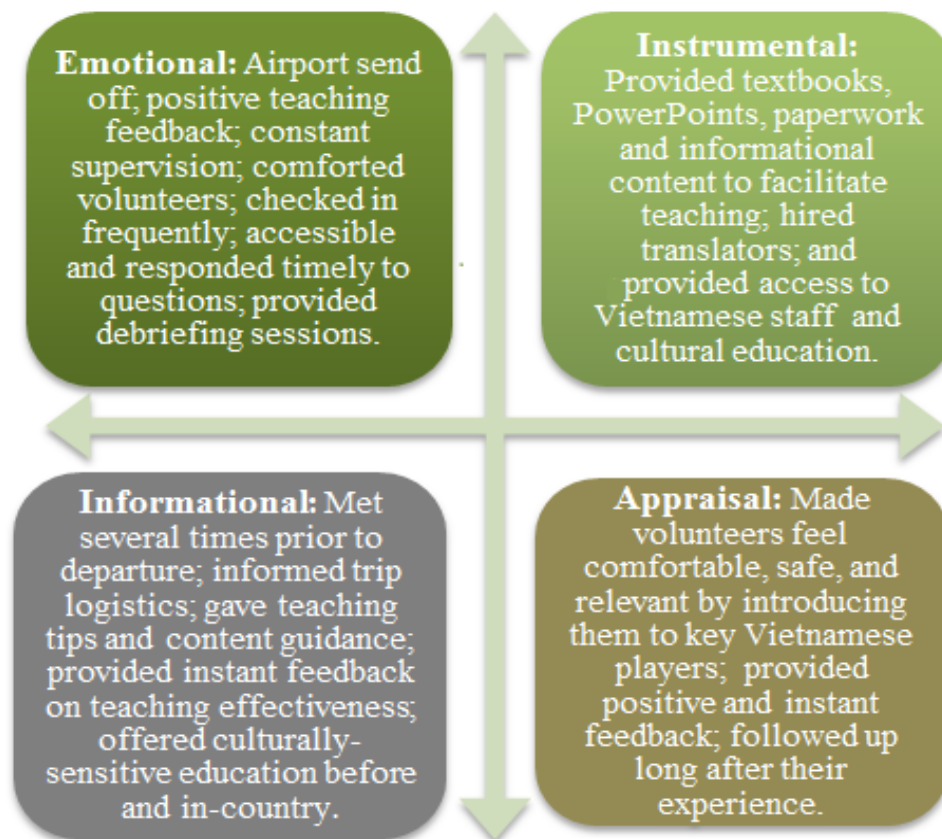


Figure 4.1: Social Support

Pre-departure

MEDRIX demonstrated pre-departure emotional, informational, and instrumental support during training and orientation sessions. All volunteers stated they had several sessions with MEDRIX prior to departure which provided informational support on the organization and the NAP, trip logistics, teaching content, Vietnamese culture, daily activities, in-country residence, and population they would teach:

We were able to **meet with [MEDRIX director] a few times [prior to departure]** and she **went over the booklet of everything that we were teaching**, so I **felt prepared** in that sense. (Volunteer 1, emphasis added)

MEDRIX's display of emotional support included a "send off" for volunteers at the airport (1/6), and answering all of the questions the participants had prior to departure (4/6).

[MEDRIX director] and her husband **met us at the airport**, and I felt that was a wonderful way to, **make us feel comfortable**. (Volunteer 1, emphasis added)

[MEDRIX director] and I **met several times. I got what I needed from her. And if I needed something else I just asked**. (Volunteer 3, emphasis added)

Participants stated the materials supplied by MEDRIX made preparing for their class and performing their duties easier. Instrumental support MEDRIX provided included: PowerPoints, syllabus curriculum, textbooks, handouts, compact disc's containing lessons, course documents, and photos of key Vietnamese figures the volunteers would work with in-country:

We **were given some textbooks** to use, which were really **helpful in our preparation**...We were given **photos of the students and key players** that were going to be on the trip, which was **in our binder that we went with**, which actually were **really helpful**. (Volunteer 4, emphasis added)

Support offered during pre-departure met different needs of the volunteers at that time. Support encompassed providing volunteers with informational, instrumental, and emotional support that led to volunteers not only feeling prepared for the trip but also increased sentiments of feeling comfortable, confident and safe.

In-Country

Support MEDRIX displayed in-country was the most widely talked about sub-theme throughout all interviews. MEDRIX incorporated all four different types of support while in-country. Volunteers mentioned a variety of ways they experienced support from MEDRIX including: staff were easily accessible, constant supervision, positive and instant feedback, introduced to important Vietnamese personnel, and provision of translators.

I felt like **we were supported in-country very well**, with **our translator** [MEDRIX liaison] who **was with us all the time**, who was **wonderful**, and **able to provide us feedback** from her experiences, **and what she was understanding culturally, and understanding of the class and how it was being interpreted**. I **felt very supported there** and I knew [MEDRIX director] was **easily accessible**. She would be **ready to assist** us in any way possible; you know **any way she could**. (Volunteer 2, emphasis added)

All volunteers mentioned how MEDRIX staff was constantly present with them as they carried out their duties. They were not left alone anywhere at anytime if the volunteer did not feel comfortable. This made participants comfortable and confident in both themselves and MEDRIX as is seen here:

She [MEDRIX director] **introduced me to everybody**. She **made sure I was settled in teaching before she ever would go anywhere**. She didn't just drop me off and say, "Have fun" you know; she **made sure that I knew what I was doing and what I was going to be needing**, **And then she checked back with me...**She was definitely **making sure that I was comfortable with whatever it was**. (Volunteer 3, emphasis added)

Participants (5/6) stated they received some cultural education during the training sessions. However, a significant finding revealed four out of the six volunteers recommended that MEDRIX provide more descriptive and enhanced cultural education during training sessions and include information on the following topics: roles, responsibilities, education and training of Vietnamese nurses; health care infrastructure; cultural differences volunteers will encounter; ways to be sensitive to Vietnamese culture; and common health beliefs and practices. Cultural

education that was not provided during the training sessions was made up through in-country support. All volunteers mentioned that MEDRIX had a Vietnamese staff member with them nearly all times while performing duties and at various times outside of working hours.

On-site we had a **MEDRIX worker** who **was in class with us most of the time**. She **helped give us live feedback** and **would have meetings after class in the evenings**, and **talk about what was effective** and **what wasn't and how we could adapt it**. I think **that was really helpful**, to kind of have a **real-time mentor who could help us adapt**. (Volunteer 4, emphasis added)

This Vietnamese staff member was mentioned with a great deal of admiration. More than just providing Vietnamese translations she provided cultural translations of situations that volunteers experienced. Participants mentioned that she provided culturally sensitive feedback, education, told instructors if the learners understood or misunderstood something, provided examples of how to improve lectures, and answered all cultural related questions for volunteers.

Other participants mentioned how the MEDRIX director would jump in and help out if a volunteer was stumped or needed assistance in the classroom. Participants stated that she was easy to get ahold of, responded in a timely manner, answered all questions, and provided solutions for problems or questions in real time. When referring to the MEDRIX director, all participants did so with admiration of her support, contributions to Vietnam, knowledge, and relationships with Vietnamese partners, as exemplified in the following two statements:

I loved the fact that **whenever I was stumped...[MEDRIX director] stood up and took over**. I was so glad for **[MEDRIX director]; to step up and guide us back to where we were**. That was **the best thing**. (Volunteer 5, emphasis added)

When I went with her **everywhere we went**, **people knew [MEDRIX director] name**, they **recognized her**, they were **excited to see her** again, **happy to have her back**. You, know so that certainly **gave me a lot of confidence** that **whatever was going to happen was going to be okay**, because **[MEDRIX director] knew everybody and knew everything**. (Volunteer 3, emphasis added)

The presence of MEDRIX staff members allowed volunteers to feel safe, confident, and capable of carrying out their duties accurately. The constant supervision and instant feedback provided a component of safety while performing short-term international work when not all of the volunteers were trained pediatric nurses or educators. Analysis unveiled how MEDRIX staff members clearly played a major supportive role for volunteers. The support provided did not cease once the volunteers returned home.

Upon Return

Support received upon return included: checkups through emails, notifications of continuing efforts of MEDRIX, and time for debriefing. Some participants (5/6) did express their desires for a formal debriefing session once home so they could process their experiences and review components of the trip that went well and other areas that could be improved. However, this did not appear to be a main concern among any of the participants who had mentioned the topic. Consider the following statements:

There could have been **more reflection** and really **looking at the processes** to see what **could have been done better** and **processing, coming back**. (Volunteer 2, emphasis added)

I don't know if a **debriefing would have been nice or not**; I **didn't feel the need for one**...It **might have been nice just to see what we could have done better**. (Volunteer 6, emphasis added)

Volunteers that mentioned having a debriefing session expressed that they enjoyed the time they had to reflect upon situations that went well in the classroom and ways that techniques could be improved upon for the next group of volunteers. For example, Volunteer 4 appreciated the time allotted to debrief in order to strategize new methods for enhancing the NAP.

I do remember **meeting with MEDRIX afterwards being helpful in talking about things that could have gone better, and what did go well.** (Emphasis added)

All volunteers stated they were well supported in-country. The support helped them overcome their insecurities, lack of appropriate knowledge and skills, and decreased their stress and anxiety. The most significant discovery revealed that support provided by MEDRIX was the most important and heavily weighted category among all study participants.

Understand the Learners

Understand the Learners was a strong category that emerged from all of the informants. All informants mentioned how exhaustively understanding the learners would contribute to enhancing their performance overseas, enabling them to thoroughly plan and prepare catered lesson plans to fit the needs of their students. Participants also stated in order to be effective and efficient at cross culturally teaching the NAP, they needed to understand who would be in their classroom, why they were taking the class, and how they were chosen. Consider, for example, Volunteer 3's statement which shows she was familiar with MEDRIX and the NAP, and spent most of her training reviewing this topic:

[MEDRIX director] and I **talked a lot about who the learners were**, because I **didn't quite understand the relationships** between the **hospital** and the **school** and **who was who**. And so **we did a lot of talking about** that, just so that I was clear about **who** it was that **was going to be in the class, learning from me.** (Emphasis added)

All study participants wanted to know the learners' base of knowledge on topics that were to be covered, what they wanted to learn, how they learned best, what roles Vietnamese nurses play, what nursing looks like day to day, and their interests.

More than half of the volunteers (4/6) provided strategies that would assist in gathering Vietnamese learner information to enhance their job performance overseas. This included distributing pre-assessment surveys to assess: baseline knowledge, why they were taking the course, what they wanted to learn, their roles and responsibilities, and current job descriptions. Participants (4/6) mentioned that not having this information presented during the training and orientation sessions ultimately created challenging circumstances for the volunteers to overcome in-country. Take, for example, the following anecdote:

I think a lot of courses that I've taken myself, as a student, have sometimes included, like a **pre-assessment quiz...to see how much you know**. And I think **that kind of assessment would have been really, really valuable for us to figure out where their [Vietnamese learners] gaps were**. If not that, something where they were able to define a little bit closer **what they wanted, what they were hoping for and what their baseline knowledge was**. I think **that would have allowed us to hone the information faster**. I think **it took us a while to figure out what they needed and wanted**, and it **would have saved all of us a little time and energy figuring that out**. (Volunteer 4, emphasis added)

I **received a lot of information regarding whom I would be teaching and why I was teaching**...I didn't realize that the nurses' thirst for knowledge was so intense, and that when I was in Vietnam, we really wanted to give them answers to all of their questions, and **we thought that they would have been more prepared...In training we could have been told how these nurses were chosen, why they were chosen, what they wanted to learn**. So possibly **having them fill out a questionnaire**, or giving us their test results that let them into our class, so we could see **what these nurses knew**. (Volunteer 1, emphasis added)

Additional time, resources, and energy were needed to redact and modify existing lesson plans in order to meet the expectations of the learners. Limited free time spent changing lesson plans at the last minute caused feelings of inefficiency, stress and anxiety among four out the six volunteers. Collectively, all volunteers recommended that Vietnamese learner education is a necessary component of training and orientation sessions; deliberate emphasis in these areas improved efficiency and efficacy.

Perceptions of Success

All participants described ways sending organizations could be successful in preparing volunteers to achieve intended goals. Informants stated that future volunteers should understand and emanate passion for the sending organizations mission and goals, future volunteers should be methodically selected to serve, and they need to be independent, motivated, flexible and confident. Collectively, participants felt pre-departure ‘hands on’ training, as well as the need for in-country support was critical. They stated that provisions should be made for a ‘contact person’ in-country dedicated to answering questions and addressing concerns. Participants also felt prior knowledge of the receiving countries culture health issues and practices would be beneficial to a successful mission.

I think that **cultural information** that can be learned...**is helpful for volunteers**. You know, countries have such specifics about what people believe, what people do, what things are allowed and culturally acceptable or not. And I think **the more that MEDRIX can give their volunteers about that the more people can be, or appear culturally sensitive**. I think that’s what **people** want to do, but **don’t always know how**. (Volunteer 4, emphasis added)

Organizations that provide support and are adequately organized are included as key factors in how an organization is successful as exemplified by claims made by Volunteers 2 and 3, respectively:

I think **it’s successful to know you’re supported, and that you’re not alone in whatever you’re doing, that they’re going to be there for you**. (Volunteer 2, emphasis added)

I think **organization inspires confidence in the volunteer**. That **they know that this is not some random thing, but somebody’s been thinking about this. And thinking about the volunteer**, and kind of **imagining what their needs or questions** would be and **trying to address those during the orientation period**. (Volunteer 3, emphasis added)

Study participants acknowledged all parties involved (recipients, MEDRIX, and the volunteers) benefitted in some way from the NAP, fostering a successful program. Their observations of the

learners desire for further NAP education identified an affirmative benefit to the recipients.

Concurrently, all volunteers fervently declared their aspirations to return to Vietnam with MEDRIX if given the chance to do so:

Yes, I **most definitely would volunteer with MEDRIX again**. I have a **passion for volunteering in foreign countries**. I have a **passion for progressing nursing in countries**. And more specifically, I really **believe in what MEDRIX is doing**. **I believe in the long-term effect of it**. (Volunteer 4, emphasis added)

Many small non-profit NGO's use short-term volunteers to carry out program objectives.

Volunteers that participate on a project and desire to support the organization through future missions and/or monetary donations help the organizations continue to operate, thus leading to a measurement of success. Volunteers who believe in the organization's mission and programs assist in cultivating a healthy organization that can continue to provide services in the future, as demonstrated in the following two accounts:

You know in a way **it's [NAP] kind of priceless**; so how do you put a cost on that? It costs money to go, but I think **the benefits**, again **for both the recipients** of the trainings and the benefits to the people who are providing it **are really priceless**. (Volunteer 3, emphasis added)

Looking at the big picture, as a whole, I think that **[the NAP] benefits the patient and the family**. **Or else, we wouldn't have done it**. **Or else MEDRIX wouldn't have done it over...a decade or so**. (Volunteer 5, emphasis added)

All volunteers saw benefits of MEDRIX, the NAP, and considered it to be a 'priceless' program. Collectively, participants have continued to support MEDRIX in various ways including monetary donations, educating others about the organization, and continuing to volunteer on various programs. The testament of continued support allows the work of MEDRIX to continue carrying out various projects and programs.

CHAPTER 5

DISCUSSION

Asgary and Junck (2013) argue, “short-term volunteers lack relevant knowledge and the clinical and technical skills necessary to work in low-resource settings, which causes unintentional harm inflicted on receiving host patients and communities” (p. 626). The responsibility for preventing negative consequences remains largely that of the sending organizations and institutions. Researchers have identified several strategies to best prepare and train volunteers for short-term work.⁴ Therefore, training should focus on providing education in the following cluster areas: cultural, economic, social-political conditions, local epidemiology and standards of care, health care systems, hands on simulations, global health training, cultural humility, and stress management. In addition, Citrin (2011) argues that volunteers must be provided with logistical support, including translators and current language materials. Similarly, Atkins (2012) contends a volunteer’s skill level must meet the needs of their project, volunteers should be supervised to ensure proper interactions with locals, while also limiting the overall number of short-term volunteers required in a given situation. Green et al. (2009) concurs with Atkins’ assessment and adds that organizations should work with local governments and local health care workers. This study demonstrates that due to a lack of experience, some volunteers will still feel unprepared or underprepared to perform their duties effectively despite having received comprehensive training and preparation. Social support is an integral instrument that

⁴ See, for example: Decamp et al., 2013; Levi, 2009; Asgary and Junck, 2013.

enables volunteers to overcome their inexperience, decrease stress levels, and enhance job performance while minimizing the risk of harm on the host community.

Study participants identified with one of two groups based on their experience level. Volunteers (2/6) who identified with Group A had significant teaching, nursing and/or volunteer travel experience. Group A voiced more sentiments of contentment, and felt their needs and expectations were met during training and orientation sessions. They considered themselves well prepared for performing overseas duties and voiced no significant concerns in-country. Group B volunteers (4/6) had fewer years' experience nursing, teaching, and/or volunteer travel and this Group expressed greater sentiments of pre-departure unpreparedness and unfulfilled expectations from training sessions. They felt they were ill equipped, ineffective in delivering the necessary knowledge, and lacked the requisite skillset to perform duties, which exacerbated feelings of stress, anxiety, and uncertainty. Volunteer 5 amplified this point as she exclaimed: "No matter how much training is done I still would have been nervous, because I've never done this before."

For their part, MEDRIX provided all volunteers ample social support throughout their experience, which helped thwart feelings of fear, despondency, and stress. As a result, the support received became a panacea for Group B's lack of experience, knowledge, and qualifications. MEDRIX's varying levels of support provided volunteers with at least five tangible results, including:

- 1) answers to many of their questions,
- 2) assistance in troubleshooting and solving their unfamiliar complications,
- 3) increased confidence in their ability to perform duties effectively and efficiently,
- 4) a positive outlook on the work they performed, and
- 5) enabled volunteers to feel safe and comfortable in unknown environments.

Additionally, all volunteers adamantly expressed their constant and passionate support for MEDRIX's mission and felt the NAP was an important and necessary program in Vietnam. These sensibilities, combined with the training and social support received, created a positive and safe experience among all volunteers. Ultimately, the emergent theory generated from this study demonstrates that providing only comprehensive training may not be sufficient for all volunteers in the effort to reduce the risk of harm among host communities and patients. Ample amounts of social support must be in place at all levels of the short-term volunteer experience, especially where less- or unexperienced volunteers are concerned.

The social support depicted in Figure 4.1, reduced volunteer's fear, stress and anxiety levels, while also providing them appropriate resources to improve their efficiency and enabling them to be successful at performing their duties. Langford, Bowsler, Maloney, & Lillis (1997) broadly define social support as, "the assistance and protection given to others, especially to individuals" (p. 95). Although this study does not evaluate direct correlations between high social support and job performance improvement, several researchers (detailed below) have insisted on such correlations.

Research has identified social support as a primary intervention that improves job performance and effectiveness. AbuAlRub (2004) conducted a study on the effect of job-related stress on job performance and the effect of social support on stress-performance relationship among hospital nurses. It was discovered that social support from hospital nurses enhanced their reported level of job performance and decreased job related stress. Another study by Rees and Freeman (2009) found that, social support increased self-efficacy, which improved performance among workers with moderate to high levels of stressors. Hauck, Snyder, and Cox- Fuenzalida (2008) cite a study performed by Sarason and Sarason (1986) that found significant differences

in objective performance measures due to the manipulations of social support. They conclude high social support received was directly related to high job performance (Hauck et al., 2008).

Further research conducted has recognized positive relationships between social support and health (Langford et al., 1997). Benefits of receiving social support have led to positive health states and behaviors including, among others: developing healthy coping abilities, increasing personal competence in stressful situations, recognizing self-worth, promoting a generalized positive affect, decreasing anxiety, offering a sense of stability, and claims of overall life satisfaction and psychological well-being (Langford et al., 1997). Lakey and Cohen (2000) argue that social support protects people from adversity by promoting self-esteem and self-regulation, regardless of current states of stress. In this study, MEDRIX provided social support to all volunteers at the times and in the ways they needed it the most, which aided in overcoming their inexperience. Ultimately, these actions reduced the risk of harm to recipient learners because MEDRIX was a visible and accountable resource for knowledge, information, safety, and reassurance for the volunteers throughout their involvement.

It is a viable possibility that inexperienced volunteers can cause damaging or negligent harm to either themselves or their host community if social support is inadequate. Because, the Nursing Assessment Program volunteers were conducting education promotion and not direct patient care, the risk for harm in this study may be less than that of a direct health care provider. Volunteers were also self-aware of their potential to cause in-direct harm to the patient by providing Vietnamese nurses with wrong information. This self-actualization by volunteers may further reduce the potentiality to cause unintentional negative outcomes. However, had social support been inadequate in this study, volunteers' experiences and results of their efforts would amount to disparate outcomes. Langford et al. (1997) states, "If social competence is inadequate,

a sense of social isolation may ensue, only to produce a state of negative psychological and subsequently, physiological health” (p. 96). Therefore, if support was not provided to volunteers it is possible they might not have overcome their inexperience leading to negative health and harm to both themselves and hosts. This observation harkens back to Asgary and Junck’s (2013) argument that, “a lack of organizational support indirectly affects patient beneficence by allowing stressed clinicians to continue to serve in low resource settings, possibly making more emotionally driven choices” (p. 627). The potentiality could have caused hosts to receive incorrect information from volunteers’ lack of knowledge and skillset. Unmanaged stress and anxiety could have changed the overall experience and perceptions of the organization at the same time decreasing their effectiveness in the classroom.

While these situations have the potential to cause unintentional negative outcomes to the volunteer, organization, community and recipients of aid, it also draws attention to ways in which short-term volunteer organizations can continue to grow and enhance future training and orientation sessions. This study defends the argument that social support is an integral component to the success of short-term volunteer projects as it completes what the training and orientation sessions fail to provide the inexperienced volunteer.

Recommendations

Effective measures, outlined in Chapter 1, should be taken to understand the experience level of volunteers during recruitment and identify better ways of supporting such individuals. Jasper, Herst, and Kane (2012) agree that individuals need varying levels of training based on education and previous experience. Similarly, Norbeck (1981) argues, “assessment procedures should determine relevant factors from each of these areas as a basis to weigh need versus

availability of social support to judge whether the existing support is adequate or inadequate” (p. 52). Sending organizations and universities can use a pre-assessment tool to determine whether potential volunteers possess the necessary skills and knowledge to execute their duties, assess level of experience, and measure baseline personality type. Questions that must be asked include:

- Do reasons for volunteering match the mission and goals of the organization?
- What is a volunteer’s experience and skillset level?
- Do volunteers meet the needs of the project?
- What information and resources do volunteers need to perform the job?
- What can the organization do pre-departure to help volunteers perform their duties in an effective and efficient manner? And, lastly,
- What types of support will volunteers need to be successful in the field?

Once an organization does everything necessary to prepare and comprehensively train volunteers, they must then offer continuous and ample amounts of divergent social support to meet volunteers’ needs precisely because not everything offered in a training session is robust enough for *in situ*, non-career humanitarians. To echo Volunteer 2’s sentiment: “in order [for an organization] to be successful they must offer support.” Sending organizations and institutions need to also provide constant supervision and oversight to protect both the volunteer and the people in which they serve. Crump et al. (2010) and Citrin (2011) both agree, adequately monitoring and evaluating volunteers’ efforts, institutions and organizations can better ensure their volunteers are not causing undue harm to communities or patients. The risk of harm increases when adequate training, preparation and support are not provided consistently to short-term volunteers.

Limitations

Limitations of this study stem from the nature of conducting qualitative research. For instance, a larger ‘sample’ size from more than one organization might have generated more perceptions. Perceptions of the six participants were analyzed to a saturation point and no further information was made available. All study participants were female and it is possible that international volunteers of a different gender may have different points of view. Participants in this study were particularly impressed with a key staff member within the organization and it could be argued that without this staff-person, the overall findings would have been different. The fact that this was a retrospective study also influenced results as some participants had difficulty recalling specific details of their training and support.

Implications

This study reveals that volunteers with less experience require additional training as well as more comprehensive and ample amounts of divergent social support throughout their experience. Providing diverse and extensive amounts of support aids in further reducing the risk of harm to host communities while increasing effectiveness and efficiency in job performance and reducing sentiments of stress and anxiety. Organizations and institutions sending short-term volunteers overseas can utilize this information to enhance participants’ performance and further reduce the risk of harm on receiving host communities. Further research is needed to fully understand the dynamics of effective training and support of all types of divergent short-term international volunteers.

REFERENCES

- AbuAlRub, R. (2004). Job Stress, Job Performance, And Social Support Among Hospital Nurses. *Journal of Nursing Scholarship*, 36(1), 73-78.
- Alfaro-Lefevre, R. (1999). *Critical Thinking in Nursing: A practical approach* (2nd ed.). Philadelphia: W. B. Saunders.
- Asgary, R., & Junck, E. (2013). New trends of short-term humanitarian medical volunteerism: professional and ethical considerations. *J Med Ethics*, 39(10), 625-631. doi: 10.1136/medethics-2011-100488.
- Atkins, S. (2012). Smartening-up voluntourism: SmartAids's expansion of the personality-focused performance requirements form (PPRF). *International Journal of Tourism Research*, 14,369-390. doi: 10.1002/jtr.875.
- Citrin, D. (2011). "Paul Farmer made me do it." A qualitative study of short-term medical volunteer work. Thesis submitted for the Degree of Master in Public Health, Department of Global Health. University of Washington.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage Publications.
- Creswell, J. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks: Sage Publications.
- Crump, J. A., & Sugarman, J. (2008). Ethical consideration for short-term experiences by trainees in global health. *JAMA*, 300(12), 1456-1458.
- Crump, J. A., Sugarman, J., & Working Group on Ethics Guidelines for Global Health, T. (2010). Ethics and best practice guidelines for training experiences in global health. *Am J Trop Med Hyg*, 83(6), 1178-1182. doi: 10.4269/ajtmh.2010.10-0527.
- DeCamp, M., Rodriguez, J., Hecht, S., Barry, M., & Sugarman, J. (2013). An ethics curriculum for short-term global health trainees. *Globalization and Health*, 9(5), 1-10. doi: 10.1186/1744-8603-9-5.
- Dodard, M., Vulcain, A., & Fournier, A. (2000). Project medishare: A volunteer program in international health at the university of miami. *Academic Medicine*, 75(4), 397-400.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New Jersey: Aldine Pub. Co.

- Green, T., Green, H., Scandlyn, J., & Kestler, A. (2009). Perceptions of short-term medical volunteer work: a qualitative study in Guatemala. *Globalization and Health*, 5(4), 1-10. doi: 10.1186/1744-8603-5-4.
- Guttentag, D. A. (2009). The possible negative impacts of volunteer tourism. *International Journal of Tourism Research*, 11(6), 537-551. doi: 10.1002/jtr.727.
- Hauck, E.L., Snyder, L.A., & Cox-Fuenzalida, L.E. (2008). Workload variability and social support: effects on stress and performance. *Curr Psychol*, 27, 112-125.
- Hunt, M. R., Schwartz, L., & Elit, L. (2011). Experience of Ethics Training and Support for Health Care Professionals in International Aid Work. *Public Health Ethics*, 5(1), 91-99. doi: 10.1093/phe/phr033.
- Hupcey, J.E. (1998). Clarifying the social support theory-research linkage. *Journal of Advanced Nursing*, 27(6), 1231-41.
- Illich, I. (1968, April). *To Hell with Good Intentions*. Speech presented at the Conference on InterAmerican Student Projects (CIASP), Cuernavaca, Mexico.
- Jasperse, M.L., Herst, P.M., & Kane, J.P. (2012). Evaluation of the training and support received by facilitators of a cancer education and support programme in New Zealand. *European Journal of Cancer Care*, 21, 224-232.
- Lakey, B., & Cohen, S. (2000). Social support theory and measurement. In Cohen, S., Underwood, L., & Gottlieb, B. (Eds). *Social support measurement and intervention: A guide for health and social scientists*. (pp. 29-52). New York: Oxford University Press.
- Langford, C.P.H., Bowsher, J., Maloney, J.P., & Lillis, P.P. (1997). Social Support: a conceptual analysis. *Journal of Advanced Nursing*, 25, 95-100.
- Levi, A. (2009). The ethics of nursing student international clinical experience. *JOGNN* 38, 94-99.
- Lewis, R. C. (1951). Training volunteer health workers. *Adult Edu. Quarterly*, 1(4), 145-149.
- McLennan, S. (2014). Medical voluntourism in Honduras: 'helping' the poor. *Progress in Development Studies*, 14(2), 163-179.
- MEDRIX. (n.d.). Retrieved March 14, 2015, from <http://www.medrix.org>.
- Norbeck, J. (1981). Social support: a model for clinical research and application. *Advances in Nursing Science*, 43-59.
- Nursing Process. (2015). Retrieved March 4, 2015, from <http://www.nursingprocess.org/>.

“Nursing Process” (n.d.). Nursing process: definition, objectives, functions, steps. Retrieved on March 15, 2015 from http://intranet.tdmu.edu.ua/data/kafedra/internal/magistr/classes_stud/English/First%20year/Nursing%20diagnosis/4%20Nursing%20process%20definition,%20objectives,%20functions,%20steps.htm.

Orr J. (1984). What's different about training volunteers? *Training and Development*, 20-25.

O'Sullivan, A., Barcott, J., Bonalumi, N., Collins, S., Darling, L., Davis, G., & Zolnierek, C. (2010). *Nursing: Scope and standards of practice*. (2nd ed.). Silver Spring, Md.: American Nurses Association.

Papathanasiou, I., Kleisariis, C., Fradelos, E., Kakou, K., & Kourkouta, L. (2014). Critical thinking: The development of an essential skill for nursing students. *ACTA INFORM MED*, 4, 283-286. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4216424/pdf/AIM-22-283.pdf>.

Proehl, J. (2015). Risks of voluntourism. *Emergency Nurse*, 22(9), 15-15.

Rees, T., & Freeman, P. (2009). Social Support Moderates The relationship between stressors and task performance through self-efficacy. *Journal of Social and Clinical Psychology*, 28(2), 244-263.

Sarason, I. G., & Sarason, B. R. (1986). Experimentally provided social support. *Journal of Personality and Social Psychology*, 50, 1222–1225.

Seymore, B., Benzian, H., & Kalenderian, E. (2012). Voluntourism and global health: preparing dental students for responsible engagement in international programs. *Journal of Dental Education*, 77(10), 1252-1256.

Snyder, J., Dharamsi, S., & Crooks, V.A. (2011). Fly-by medical care: Conceptualizing the global and local social responsibilities of medical tourists and physician voluntourists. *Globalization and health*, 7(6), 1-14. doi: 10.1186/1744-8603-7-6.

SurveyMonkey Inc., (2015). Retrieved from <https://www.surveymonkey.com/>.

UW Human Subjects Division. (2015). SOP exempt determination. Retrieved from <http://www.washington.edu/research/hsd/docs/1254>

Wessells, M.G. (2009). Do no harm: Towards contextually appropriate psychological support in international emergencies. *American Psychologist*, 64, 842–54.

Wong, J., Newton, J.D., Newton, F.J. (2014). Effects of power and individual-level cultural orientation on preferences for volunteer tourism. *Tourism Management*, 42, 132-140.

APPENDIX A

SURVEY QUESTIONNAIRE

1. What age bracket do you belong to? Please select from the following: 18- 30; 31-40; 41-50; 51-60; 61 and above.
2. Are you male or female?
3. What is the highest level of education you have completed? Please select from the following: graduated from high school; graduated from college; some graduate school; completed graduate school; some doctorate; completed doctorate.
4. Please list all of your vocational qualifications.
5. What is your ethnicity? Please select all that apply: American Indian or Alaska Native; Asian or Pacific Islander; Black or African American; Hispanic or Latino; White/ Caucasian; Prefer not to answer; other (please specify).
6. How many times have you volunteered on an overseas project with MEDRIX? (This question includes school related trips with MEDRIX).
7. How many times have you volunteered on the Nursing Assessment Program?
8. How many years have you been a practicing RN?
9. How many years of nursing practice have you had prior to volunteering on the Nursing Assessment Program (on your first trip if you have volunteered more than once)?
10. How many years has it been since your first volunteer experience with MEDRIX on the Nursing Assessment Program?
11. How many total experiences have you had volunteering internationally with any type of organization other than MEDRIX?
12. How did you hear about MEDRIX?
13. Why did you volunteer on the Nursing Assessment Program with MEDRIX?
14. Would you volunteer with MEDRIX in the future?
15. How would you rank your overall experiences with MEDRIX?

APPENDIX B

INTERVIEW QUESTIONS

1. Please describe what your expectations were from the training process, prior to your departure. In what ways were your expectations fulfilled and unfulfilled?
2. What information do you think is vital to receive from MEDRIX during the training process?
3. From your past experiences, do you feel that the training process can be improved? If yes please provide examples. If no please explain what makes the training process complete.
4. Can MEDRIX better support you during your training sessions, onsite, and upon return? If yes, please describe ways in which MEDRIX can better support you during the training sessions, onsite, and upon return. If no, please describe ways MEDRIX provided support during the training sessions, onsite and upon return.
5. What thoughts do you have about how successful volunteer programs prepare volunteers?
6. If you had to decide today, would you go back for another experience, would you? Why or why not?
7. From your point of view, who benefits more from a volunteer medical program, such as MEDRIX?
8. From your point of view, does the cost-benefit of a medical resource program seem to be positive? Why or why not?

This page intentionally left blank.