Health Care Practitioners' Perceptions of Volunteering at a North Seattle Free Health Care Clinic

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Abstract

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Abstract

Background: Volunteer health care practitioners are essential to free clinics providing medical care to millions of uninsured and underinsured people in the United States. However, little is known about what factors influence the recruitment and retention of volunteer health care practitioners at free health clinics and which free clinic factors enhance functionality for their practitioners.

Methods: The study conducted semi-structured interviews with ten volunteer practitioners at a North Seattle free clinic. The interview transcript data were analyzed using the established qualitative method, Grounded Theory, to identify emerging categories and themes that explain the two study objectives.

Results: The data revealed that intrinsic humanitarian and spiritual desires motivated practitioners to begin and remain volunteering at free clinics. Free clinic networks with colleges, churches, and health care facilities arose as a factor that increased recruitment and improved

clinic function. The multi-ethnic make-up of a free clinic's patient population emerged as a volunteer recruitment and retention motivator. Practitioner satisfaction of clinic characteristics showed to be an aspect that influenced volunteer practitioners to stay. A lower volunteer obligation for practitioners emerged as a volunteer recruitment and retention motivator and an aspect that made the free clinic function more effectively.

Conclusion: The results suggest that a free clinic can increase volunteer practitioner recruitment and retention by promoting practitioner's spirituality and humanitarian values, expanding their network, advertising the multi-ethnic make-up of the free clinic patient population, ensuring practitioner's clinic satisfaction, and reducing practitioner volunteer obligations. Lastly, the data indicates that a large health care network and decreasing practitioner responsibilities can improve a clinic's function for volunteer practitioners.

Introduction

An estimated, 28.5 million people lack health care insurance in the United States, preventing their ability to acquire affordable and quality health care.[1] Though there are numerous reasons for these individuals' lack of coverage, the most commonly cited explanation is the inability to obtain health insurance due to its high cost, being cited 46% of the time.[1] The percentage of individuals lacking health insurance is not expected to decrease as insurance premiums continue to outpace income growth.[2] Currently, eight in ten uninsured families have incomes below 400% of the Federal Poverty Line (FPL), making it difficult for the majority of uninsured individuals to pay health care costs out of pocket.[1,] In fact, 53% of individuals without health insurance reported having problems paying their medical bills.[3] This results in a large number of individuals going into bankruptcy or choosing to forego needed medical care each year.[4-7]

Vulnerable populations such as racial minorities and immigrants also disproportionately lack health insurance. The uninsured rate for Hispanics and Blacks is 17.2% and 12.2% respectively, which is much greater than the 8.1% uninsured rate among Whites.[1] A lower percentage of health care coverage among racial minorities is especially worrisome because these populations are more likely to suffer from diseases like hypertension, diabetes, and obesity. Without health insurance, minority populations are less likely to have access to treatment for these diseases and will continue to disproportionately suffer from the disease burden and life loss that they cause.[8-10] Documented and undocumented immigrants are less likely to have health care coverage (23% and 40% respectively) compared to U.S. born citizens (10%), often due to financial barriers.[11] Of the nearly 42.2 million immigrants in the U.S., 83% make incomes below 250% of the FPL, making it challenging to purchase insurance or pay for medical bills out of

pocket.[11,12] Even with the enactment of the Affordable Care Act (ACA) in 2010, one-third of all documented immigrants and all undocumented immigrants remain ineligible for federal health care assistance due to factors like their residency and citizenship status. This makes millions of immigrants in the U.S. unable to acquire health insurance and therefore unable to access affordable medical care they need.[11]

Historically, free health clinics filled this health care coverage gap. These clinics are private nonprofit organizations that provide health care at no or little charge to individuals who are economically disadvantaged and/or uninsured.[13] The first free health clinic began operating in the late 1960's and since then the number of free clinics has grown to over 1000 nationwide.[13,14] These clinics now provide primary, emergency, and preventative services to the uninsured and vulnerable individuals that remain after the enactment of the Affordable Care Act.[13]

Two studies conducted by Gertz et al. (2010) and Darnell (2010), provide the most recent and comprehensive analysis of free health clinic characteristics in the country.[13,15] The studies show that in the U.S. there are over 1000 free health clinics providing approximately 1.8 million patients with 3.5 million health care appointments annually.[13] These patients are among the most vulnerable in our society with 92.2% being uninsured, 96.9% making less than 200% of the FPL, and roughly half being a member of a racial minority group.[13] Despite free health clinics providing millions of free or greatly discounted medical appointments, the majority operate on relatively small budgets that average around $447,730 annually.[15] To acquire the funding for their operating budgets, 58.7% of free health clinics rely solely on private, corporate, church, and foundation donations and receive no government funding.[13]

To stretch their thin budgets, most free health clinics must minimize paid staff and maximize utilization of volunteer health care practitioners. The 2010 Darnell study showed that while only 38.8% of free clinics have more than three paid staff members, 97.7% of free health clinics must use volunteers to operate.[13] This includes volunteer health care practitioners who are a necessity for providing the free/affordable direct patient care. Volunteer practitioners are so important to free clinics that 82.1% of free health clinics must use volunteer physicians, 72.6% must use volunteer nurses, and 54.9% must use volunteer nurse practitioners/physician assistants to operate.[13] This reliance has generated difficulties for free health clinics as the number of health care practitioners volunteering at free clinics has declined nearly 10% over a decade.[16,17] The resulting volunteer deficiency has made the recruitment and retention of health care practitioners a top priority at free health clinics. In spite of this, volunteer recruitment and retention within a free health clinic setting has been poorly studied.

Currently, the largest body of health care practitioner recruitment and retention research comes from studies analyzing burnout within paid employment settings. Numerous studies show that understanding practitioner's perceptions of their work and workplace provides critical insight as to what motivates them to start and continue their employment in a particular setting.[18-21] One study showed that for physicians working in palliative care, burnout was more likely among physicians that worked in smaller teams, had fewer work related resources available to them, and had a sense that their expertise was under recognized by their colleagues.[20] A study conducted by Seo et al. (2016) uncovered that an insufficient number of nursing staff and equipment were associated with greater burnout.[19] Another investigation found that among primary care physicians, higher pressure to limit time with patients during visits, chaotic work conditions, less work control, and less emphasis on work-life balance within the workplace all

contributed to the lack of physician retention.[18] However, the results of these studies have limited applicability to free health clinics due to large differences in practitioner, patient, and setting characteristics.

Other studies examining community health worker's motivations to start and continue volunteering provide results that are more applicable to a free health clinic setting. A study conducted by Warren and Garthwaite (2014) found that for volunteer community health workers relevant training, successful communication, positive relationships between volunteers and staff, and appreciation and recognition of their contribution are all important factors for recruitment and retention.[22] Ludwick et al. (2014) found that time, family, education/training, good peer relationships, and a desire to improve the community are aspects that influenced the retention of volunteer community health workers.[23] Greenspan et al. (2013) uncovered that moral aspects and potential employment and position advancement motivate community health workers to start and continue volunteering.[24] Although these results grant a better understanding about volunteer recruitment and retention, their generalizability to volunteer health care practitioners in the U.S. is questionable due to their international settings and sole focus on community health workers as opposed to other health care practitioners (physicians, nurses, physician assistants, etc).

During our investigation, a qualitative study was published in 2017 by the Kaiser Permanente Group that attempted to fill this gap by investigating the perceptions and motivations of eight Southern California physicians volunteering in free health clinics.[25] The results revealed that faith and the perceived burnout-prevention qualities of volunteering increased physician volunteer motivations while lack of time, organizational problems, medical supply issues, and patient challenges decreased their volunteer motivations.[25] While these results contribute to a better understanding of the volunteer physician recruitment and retention problems that free

health clinics face, they neglect to include the perspectives of other health care practitioners that are crucial to providing health care at these clinics.

In addition to providing understanding about the factors that influence recruitment and retention at free health clinics, studies investigating volunteer practitioners' perceptions also contribute invaluable insight on improving how free health clinics function. Multiple studies have used free clinic volunteer health care practitioner perceptions to reform mental health programs, identify patient needs and care gaps, and improve free health clinic capacity.[26-28] However, no study has used this approach to assess free health clinic function as a whole.

This study's purpose was to investigate the perceptions of health care practitioners volunteering at a free health clinic in order to fill two knowledge gaps. First, it aimed to uncover what factors influence the recruitment and retention of volunteer health care practitioners at free health clinics so that effective recruitment and retention strategies can be developed. Second, it aimed to identify which aspects of free health clinics should be added, improved, and/or kept the same to enhance their functionality for practitioners and patients. To meet the study aims, Grounded Theory was used as the conceptual approach guiding the qualitative research.

Methods

Study Setting

A North Seattle free health clinic was chosen as the site of the study for three reasons. First, the clinic provides health care at multiple locations around the Greater Seattle area. Having multiple locations means that the clinic's volunteer practitioners are likely to have broad perspectives due to exposure to several different populations and settings. Second, many different health care services are offered to patients. This means that the volunteer practitioners could have valuable insight about the services that free clinics offer. Last, the clinic utilizes an

array of volunteer practitioner types (e.g. nurse, physician, physician assistant etc) commonly found in free clinic settings that can be recruited to provide a broad perspective of practitioner motivations and clinical function. This made the North Seattle free clinic an appropriate setting to investigate the study's two aims about what influences volunteer health care practitioners to start and continue volunteering at free health clinics and what factors of free health clinics should be and shouldn't be altered to improve their function.

Clinic Characteristics

The study was conducted at a Christian free health clinic based in North Seattle that provides free primary and preventative health care to underserved people in King and Snohomish Counties of Washington State.[29] The clinic is funded by community grants and private donations and has an annual operating budget of approximately $1.4 million.[30] To adequately perform administrative tasks, the clinic has thirteen full and part-time paid employees.[29]

Clinic Locations

The clinic provides health care services by appointment at one fixed location in Seattle's Northgate neighborhood and three mobile medical clinic sites in Seattle's Green Lake neighborhood, the city of Snohomish, and the city of Lynnwood.[29] The Northgate neighborhood and Green Lake neighborhoods are located in North Seattle, eight and seven miles north of Seattle City Hall respectively. Snohomish is a rural/suburban city north of Seattle, approximately thirty miles north of Seattle City Hall on Interstate 5. The city is located in Snohomish County, has a relatively small population of 9,437, and a prominent agricultural industry.[31] Lynnwood is a city located seventeen miles north of Seattle City Hall. It is the fourth largest city of Snohomish County with a population of 36,491 and is made up of a mix of urban and suburban infrastructure.[32]

Patient Population and Services

To be eligible for medical services, patients must have an income <300% of the FPL and either be uninsured or have insurance with a premium that's greater than 7% of their monthly income.[30] The clinic's patient population consists largely of immigrants who have resided in the US for less than 5 years, undocumented immigrants, and low income US citizens that have high premium insurance plans. In 2015, the North Seattle free health clinic provided 1,496 appointments for 1240 patients.[30] The bulk of the appointments were for primary care medical exams, but physical therapy, mental health counseling, chiropractic care, chronic disease management, foot care, and eye care appointments were also performed.

Volunteer Workforce

To provide the medical services to their patients, the clinic relies on volunteer health care practitioners. The clinic's 47 current volunteer practitioners consist of 22 physicians, physician assistants, naturopathic doctors, and nurse practitioners; 15 registered nurses; 6 mental health counselors; 2 physical therapists; 1 diabetes manager; and 1 chiropractor. Unfortunately, this number of volunteer practitioners is inadequate, resulting in 120 unfilled volunteer practitioner shifts and an estimated 720 patients not receiving health care each year.[30] In addition, the clinic has observed volunteer practitioner frustration towards various aspects of the clinic's function.

Instrument

An interview guide was developed for this study.[appendix 3] The interview guide was developed in two sections to cover both of the study's aims. One section covered the investigation of what influences health care practitioners to start and stay volunteering at free clinics. The second covered the exploration of what characteristics of free clinics should be added, changed, or kept the same to improve clinic function. For both sections, the major lines of

inquiry contained a set of sub-questions and probes to facilitate in-depth responses for each line of inquiry.

Volunteer Motivation Section

The first section included ten prepared questions focused on three major lines of inquiry, why a volunteer practitioner started volunteering at the free health clinic (e.g., Why do you volunteer at the free health clinic? And how did you learn about the free health clinic?), why practitioners remain volunteering at the free health clinic (e.g., What motivates you to continue volunteering at the free health clinic?), and suggestions for recruitment and retention improvement (e.g., If you were to recruit volunteers to the free health clinic, how would you do it?). The recruitment and retention major lines of inquiry were developed in collaboration with the clinic's Executive Director.

Clinic Function Section

The second section included ten prepared questions and focused on four line of inquiry, perceptions of clinic operations (e.g., In your opinion, how well does the clinic function in your position?), suggestions for alterations (e.g. If you could change anything at the clinic, what would it be and why?), perceptions of training (e.g., What is your opinion on the training you received for your role at the free health clinic?), and perceptions of support (e.g., In what ways are you supported in your volunteer role at the free health clinic?). The clinical function major lines of inquiry were developed through collaboration with the clinic's Executive Director.

Instrument Development

To confirm that all the questions were appropriately worded and relevant to the research questions, an initial draft of the interview guide was reviewed by the clinic's Executive Director and an expert in qualitative research at the University of Washington (CS). After the review,

necessary revisions to the interview guide were made. A pilot test was conducted with the revised draft on the study's first practitioner participant, to further refine the wording and question flow. Using feedback from the pilot test, revisions were made and a final version of the tool was developed.[appendix 3]

Recruitment of Subjects

Institutional Review

Before conducting the participant recruitment, an institutional review board (IRB) review by the University of Washington's Human Subjects Division was conducted. The review board determined on August 5th, 2016 that the study did not meet the federal definition of research and that the investigation may proceed. This decision was made because the data collected from consenting adults consisted of perceptions that held no personal or patient information. The review board deemed that the study fit the form of a case study that was being "prepared and disseminated for educational purposes" and thus no full IRB application needed to be completed.

Recruitment Strategy

Recruitment took place in 2016 from August through October. With permission from the Executive Director of the clinic, potential participants were approached in person at each of the four clinic locations (Northgate neighborhood, Green Lake neighborhood, City of Snohomish, and City of Lynnwood) during their volunteer shifts and verbally asked if they would participate in the study. If they declined, no further action was taken. If the participant accepted the invitation they were then given a consent form and demographic survey to read and fill out, officially enrolling them into the study.[appendix1,2] The investigators determined this purposive sampling method was the best strategy to enroll free clinic volunteer health care practitioners

because it avoided conflict with the practitioner's busy schedules and limited availability outside of their volunteer shifts.

Inclusion Criteria

To examine aims one and two, what aspects of free clinics attract and keep volunteer health care practitioners and what qualities improve free clinic function respectively, health care practitioners were recruited based on a set of inclusion criteria. Participants needed to be active volunteers at of the free clinic where the investigation was set and be a health care practitioner. For the purpose of this study a "health care practitioner" was defined using the U.S. Department of Health & Human Services (HHS) definition. HHS states that a health care practitioner is an individual who is licensed or otherwise authorized by a State to provide health care services; or any individual who, without authority, holds himself or herself out to be so licensed or authorized.[30] This included chiropractors, mental health counselors, physician assistants, physicians, naturopaths, nurse practitioners, registered nurses.[33]

Approach

To explore what influences free clinic volunteer health care practitioner recruitment and retention and what factors improve free clinic function, a qualitative research approach was taken for two main reasons. First, with few previous studies examining the perspectives of free clinic volunteer health care practitioners; this study aimed to be exploratory. Second, the study focused on investigating volunteer health care practitioners' perceptions about volunteering at a free clinic and how their free clinic functions. A qualitative approach was appropriate for this study's aims.[34]

This study used Grounded Theory, with the approach of Strauss and Corbin (1998), to analyze the interview data.[35] Grounded Theory is an approach rooted in the sociological theory

of symbolic interactionism that uses a set of procedures to discern important categories and themes from data to help explain a phenomenon.[36] This is opposed to other conceptual approaches where the theory typically guides the data analysis about the phenomenon of interest.[37] The theory utilizes an inductive process approach that focuses on social dynamics and the idea that people create meaning from their interactions in the world. Grounded Theory was used because it allowed researchers to identify important categories and themes that help explain a phenomenon about which little was known.

Data collection

One-on-one interviews were conducted with each participant on the day they enrolled in the study. The one-on-one aspect gave volunteers privacy, so that their answers could be honest and unrestricted. An interview guide was used as the data collection tool.[appendix3] The interviews followed the questions of the interview guide in a semi-structured manner, only treading away from the guide when a particularly interesting topic arose or follow up on a response was needed.

All interviews were conducted during the participants' volunteer shifts, between their patient appointments. This was done to avoid potential conflicts with the volunteer practitioners' busy schedules and lack of availability outside of their volunteer shifts. As a result, interviews were designed to last 15-30 minutes, the time that the volunteer health care practitioners have available between patient appointments. The lead investigator (LS) conducted the interviews in a quiet private room within the clinic.

With consent of the participant, all interviews were audio-recorded for later transcribing. Recruitment and data collection continued through October with the aspiration that information saturation would be reached. Information saturation is the point when the researcher no longer gains more information from additional interviews.[38] From the audio-recordings, transcripts were

created for later analysis. The transcripts had all participant personal identifiers stripped and were each assigned an individual research code for identification by the researcher exclusively. No incentives were offered to the subjects for participation.

Data Analysis

The study used the grounded theory approach described by Creswell (2013) and Strauss and Corbin (1998) to analyze the data.[34,35] This approach involved using the data coding strategies of open coding, assigning codes to text within that captures it's meaning; axial coding, comparing open codes and organizing them into categories that provide further explanation of the data; and selective coding, using important and frequently occurring axial codes to form core themes describing the phenomena.[34,35]

The analysis process consisted of five steps: (1) The ten interviews were audio-recorded and transcribed verbatim to hard copy; (2) the primary investigator (LS) re-read each transcript for iteration and clarity; (3) In order to ensure inter-rater reliability, two investigators (LS, CS) independently read and re-read each transcript and, employing an iterative process, used open-coding to identify the concepts found in the text of the transcripts. Where there was a disagreement, discussion ensued until consensus was reached or the code was dropped; (4) two major categories were identified from the codes (practitioner factors and clinic factors); (5) further axial coding of the two major categories resulted in the emergence of six main themes and sub-themes.

Results

Participant Characteristics

Of the 47 volunteer health care practitioners at the clinic, ten were interviewed (21.3%). Table 1 shows the demographic and practice characteristics of the participants who enrolled in

the study. Of the participants, one was a physician (medical doctor), one was a physician assistant, two were nurse practitioners, four were registered nurses, one was a naturopathic doctor, and one was a mental health counselor. The mean age of the volunteer health care practitioners was 50.8 years. Time since becoming a volunteer practitioner of the clinic varied greatly by participant, ranging from one month to five years and seven months, but the mean time since the participants became volunteers of the clinic was 1.47 years. On average, each participant filled 13.5 volunteer health care practitioner shifts per year, or 1.13 shifts per month. Employment status of the participants varied with four working full-time, one working part-time, one being unemployed, three being retired, and one being a full-time student.

Categories and Themes

Two major categories and six themes with subthemes emerged from the content analysis of the transcript data (see conceptual model for relationships). The first category was 'practitioner factors', which included values and beliefs that provide an intrinsic influence on volunteer practitioner perceptions. The discerned themes from this category were (1) humanitarianism and (2) spirituality. The second category was 'clinic factors', which contained clinic activities and operations that provide an extrinsic influence on volunteer practitioner perceptions. The discerned themes from this category were (3) networking; (4) multiculturalism; (5) satisfaction, with the sub-themes of work environment and food availability; and (6) obligation of volunteering, with the sub-themes of staff support, electronic health records, and schedule commitment/flexibility. Each of these categories and themes emerged from the data analysis as having an important influence on three outcomes, volunteer practitioner recruitment and retention and/or free clinic function.

Category: Practitioner Factors

Humanitarianism

Humanitarianism emerged as an important factor influencing why health care practitioners choose to begin and remain volunteering at a free clinic. Analysis of the data illustrated that wanting to help others was a major reason why practitioners choose to volunteer, enjoy volunteering and were motivated to continue volunteering at free clinics. When asked why she volunteers at a free clinic, a twenty-six year old volunteer mental health counselor said,

> *"Of all the [internship] sites I could have chosen I like the vision behind this one, how they provide care for those with very little. That's something important to me. I love that volunteering here (the free clinic) gives me a chance to give back to the community."*

Like this quote exemplifies, volunteer practitioners were found to have an internal desire to help individuals less fortunate than them. Some practitioners stated in general terms that they volunteered because they wanted to make an impact or improve their community. Other practitioners were more specific, indicating that their volunteer role was an opportunity to use their status and skills to provide free or cheap medical care to marginalized people like immigrants and indigents. Either way, the data analysis showed that a major reason why practitioners volunteer at free clinics is that it permits them to make the humanitarian impact that they want to make. This theme helps provide important insight into the study's first aim, why health care practitioners are recruited and retained to volunteer at free clinics.

Spirituality

Spirituality emerged as another important theme describing why practitioners start and continue volunteering at free clinics. From the data, it was found that some practitioners both began and chose to remain volunteering in a free clinic setting because it provided them an opportunity to practice their religious beliefs. The analysis of the data showed that when a

participant described themselves as Christian, their religion was a major reason why they chose to volunteer and were motivated to volunteer at a free clinic. It was discerned that the practitioners saw free clinic patient populations as needing help and that it was their religious belief and duty to provide that help. A sixty-two year old doctor expressed this when he said,

> *"The main thing that motivates me to continue volunteering is that I know it's Jesus's work. The bible says that as Christians we should help those in need and that's what I feel I'm doing... Jesus is the ultimate healer and I feel like I'm working as his hands and feet to get people healthier, especially those who need it most."*

The analysis also revealed that practitioners saw their free clinic volunteer opportunity as a way to get closer to God. Many felt that it was by God's will that they ended up as a volunteer and so for them volunteer was a way to serve God. When asked why he volunteered, a forty-three year old physician assistant described this when he said,

> *"It's (volunteering) a form of worship."*

Overall, the data shows that practitioner spirituality is a major factor that contributes to the understanding of the study's first aim, why practitioners volunteer in free clinic settings.

Category: Clinic Factors

Networking

Analysis of the participant interview data revealed that a free clinic's network is an important factor influencing why health care practitioners start to volunteer at free clinics. A free clinic's connection to churches, colleges, and health care practitioner communities was found to play a major role in its exposure to practitioners and whether practitioners were willing to start volunteering there. The data showed that all of the health care practitioners in the study became first aware of the free clinic and its volunteer opportunities through individuals or organizations

they were familiar with. An example of this is when a sixty-four year old volunteer nurse practitioner said,

> *"Well typically the people in the medical community know each other. We just all know each other, so that's like how I got here, by word of mouth."*

A fifty-two year old volunteer nurse exemplified this as well when she said,

> *"How I became a volunteer is that [the clinic] partnered with the church I go to. That's how I learned about it, in church."*

Another example is when a twenty-six year old volunteer mental health counselor stated that she became a free clinic volunteer because,

> *"It was on the list of internships that I could pick from at my school… I know that [the clinic's lead counselor] actually went by the school that I'm at right now and told them about our plan and how we were looking for people to join our clinic. He actually trained at that school in the past so he had an in."*

Though this exposure was found to be an important first step for the practitioners to begin thinking about volunteering at free clinics, the data showed that it would not be enough to convince them to become a volunteer. For practitioners to take the next step and begin volunteering, it was discerned that they needed to have trusted sources give them an accurate representation of what the free clinic volunteer experience would be like before they committed. A forty-two year old volunteer nurse practitioner expressed this when she said, "

> *"The thing that would have best convinced me to volunteer is if I talked to someone else who currently volunteers at [the clinic]… Having an actually [clinic] volunteer or staff member talk to potential volunteers is crucial because I know just hearing about the clinic wouldn't actually get me to take the next step to looking into volunteering. The next*

step requires someone to say, "oh yeah this is what I do on my Wednesday nights and this is how it's done."

It emerged from the analysis that when free clinics network with practitioner communities, schools, and churches, trusted sources are abundant, making practitioners more willing to volunteer. Overall, a free clinic's network is one component that contributes to answering the study's first aim, why health care practitioners start and continue volunteering at free clinics.

In addition to influencing volunteer recruitment, it emerged from the data analysis that free clinic networking also affects how well free clinics functions. The data showed that when free clinics form relationships with other health care providers and facilities they can often receive free or cheap medical services and materials. This allows them to provide adequate medical care for their patients on a relatively small budget. It was found that free clinic networks helps them provide their patients with cheap or free supplements, medicines, and basic medical supplies that they can use to treat patients. Analyzing the data revealed that these networks also grant free clinics the ability to refer their patients to other clinics to receive inexpensive or free medical treatments that can't be performed in a free clinic setting. A forty-two year old volunteer naturopath illustrated this when she said,

"The one thing that I was really impressed with when I did start volunteering here (the free clinic) is how connected they are to other doctors and other clinics. A lot of work went into networking and getting connected and maintaining those relationships and getting other clinics to provide free or greatly reduced priced services."

Multiculturalism

Multiculturalism arose from the data analysis as another significant theme describing why health care practitioners start and continue volunteering at free clinics. It was discerned that

the diversity of free clinic patient populations was a reason why practitioners choose to volunteer, why they enjoy volunteering, and why they are motivated to stay volunteering. The data showed that the practitioners enjoyed how different the free clinic patient population was. At free clinics, health care practitioners were found to frequently provide medical care to immigrants from all over the world who often had unique living situations and health problems. This appealed to the practitioners because it allowed them to experience other cultures, learn about different beliefs, and hear unique stories that gave them a valuable new perspective on the world and medicine. This was expressed by a seventy-four year old registered nurse who said,

> *"I enjoy the patients. They're just so completely different that when you can get inside their head you see a different part of the world. Just how they think, how they live, and what their beliefs are."*

From the data analysis, it emerged that this desire by practitioners to connect with patients of different cultures was one major reason why they chose to begin and remain volunteering at free clinics, shedding light on the study's first aim.

Satisfaction

Health care practitioner satisfaction emerged from the data analysis as an important factor contributing to why practitioners stay volunteering at free clinics. Two main factors influencing free clinic practitioner satisfaction (food availability, and work environment) were discerned from the data and their relation to the two study aims are described below.

Work Environment

Analysis of the data showed that one main element influencing practitioner satisfaction is the work environment they experience while volunteering at free clinics. It was discerned that work environment meant the intangible attitude or atmosphere within the free clinic that was

created by the staff and other volunteers. The data revealed that practitioners enjoy a work environment where they feel valued, supported, and perceive little stress. A fifty year old volunteer nurse illustrated this by saying,

> *"The environment is a good one. I never feel attacked or stressed like you sometimes feel in a regular work environment. It's just a good one."*

A volunteer work environment that practitioners are satisfied with was found to be important because it motivated practitioners to remain free clinic volunteers. When they felt valued and were surrounded by a pleasant atmosphere, practitioners wanted to keep coming back. A twenty-six year old volunteer counselor showed this when she said,

> *"Everyone is so nice and makes you feel like you're part of the team right away. That's something that I always look forward to when I head in."*

A free clinic's work environment arose as one element affecting a practitioner's volunteer satisfaction. As a result, it also influences and can help us understand the study's two aims, why practitioners volunteer at free clinics and what factors help a free clinic function effectively.

Food availability

The availability of food during volunteer shifts emerged as another major aspect influencing practitioner satisfaction. The data analysis showed that practitioners enjoy when a free clinic provides them with a meal during their volunteer shifts as it is then easier for them to come in for early morning shifts or shifts right after work. This satisfaction that the practitioners have from receiving a meal and not having to go hungry while at the free clinic prevents them from burning out and helps retain them as volunteers. A fifty-two year old volunteer nurse illustrated this when she said,

"If I came here to volunteer after a long day of work and there was no food I would probably go hungry and not eat until I got home at 10 or 11pm. That's fine to do every once in awhile, but if that consistently happened I think it would only make providers more tired and not want to be here."

Having food available during free clinic volunteer shifts was also found to keep the practitioners focused on their work rather than on their hunger. A fifty-two year old volunteer nurse expressed this by saying,

"But that whole function (providing meals) somehow is an important piece to physically taking care of the practitioners because when you are hungry and running from your job to here, it's a huge piece to not have to think about food."

Due to its effect on practitioner satisfaction, the availability of food while volunteering was discerned to be a factor contributing to the understanding of the study's first aim, why practitioners stay volunteering at free clinics.

Obligation of Volunteering

From the data analysis, it emerged that the obligation of volunteer practice at a free clinic was a factor that greatly influenced practitioner's motivations to begin and remain volunteering and played a role in how well the clinic functioned. The data showed that when the perceived mental, physical, and/or time obligation of a practitioner's volunteer position becomes too high, the less willing practitioners are to volunteer. An example of this can be seen when a sixty-four year old volunteer nurse practitioner said,

"I think that's what frightens (volunteer) practitioners the most, thinking that they're going to get pulled into something that's going to be a burden at some point."

Volunteer practice obligation was also discerned to have a negative effect on clinic function when it was perceived to be too high by practitioners. It was found to waste both the patient's and practitioner's time and cause the practitioners unwanted stress that can result in burnout and lower volunteer numbers. A forty-two year old volunteer naturopath described this when she said,

"I think volunteers can easily get burnt out when the expectations are too high."

The level of obligation experienced by health care practitioners volunteering in free clinic settings was found to be most affected by three areas, staff support, electronic medical records, and schedule flexibility and commitment.

Staff Support

Staff support for volunteer practitioners emerged from the data analysis as a highly valued free clinic characteristic because it reduced their volunteer obligations. The data showed that staff support, especially from the nurse case managers, guided the practitioners on how to access resources, initiate patient labs and imaging, coordinate their outpatient referrals, and answered any questions they had. It was discerned that this support had two major impacts. First, it made the free clinic volunteer experience enjoyable for practitioners by easing their volunteer obligations. This made practitioners more willing to stay free clinic volunteers. A sixty-four year old volunteer nurse practitioners illustrated this by saying,

> *"I think they (volunteers/staff) just want to make sure that they're not making it difficult for us because then we're not going to want to come back. I mean we're here on our days off so we'd like it to be a good experience for us and I think they're working hard to make that happen.*"

Staff support was found to not only affect retention of volunteer practitioners at free clinics, but also influenced how well free clinics were perceived to function. The free clinic staff aided the volunteer practitioners in completing critical clinical tasks such as ordering labs, imaging, and patient referrals. They also answered any of the practitioner's questions, directed them to the correct medical resources and reminded them how to perform any of the clinic's specific duties. A sixty-two year old volunteer doctor expressed his approval of the staff when he said,

> "*What impacts the patients' ability to get medical care the most and what I see as the overall key clinical position in [the free clinic] is the site RN (registered nurse) case manager. I can't praise [the case manager] enough for her knowledge of resources for low income people and her ability to make the lab, imaging, and referrals happen... She is a treasure chest."*

A forty-three year old volunteer physician assistant showed his approval as well by saying,

> *"The thing that keeps things running right now is [the case manager]. Every time I think I'm going to fly through clinic without needing help I don't. I always call [the case manager] by giving her the international sign of I need your help and she comes over. It usually has something to do with ordering labs, or paperwork, or how the electronic health records works, or what kind of drug, or what kind of pharmacy can we go with that will make things affordable. She doesn't always know what the answer is, but she always knows where to find the right answer."*

Because staff support plays a large role in the obligation that practitioners perceive when volunteering in a free clinic, it helps give insight into the study's two aims, why practitioners stay volunteering at free clinics and how free clinics can function effectively.

Electronic Medical Records

Electronic medical records (EMR) arose from the data analysis as a factor that markedly increased the obligation experienced by practitioners volunteering in a free clinic setting. Practitioners were found to use the free clinic's EMR every time they volunteered to write and store notes about their patients' appointments and medical histories. Unfortunately, the data analysis revealed that the free clinic EMR was hard to navigate, confusing, and hard to learn for the volunteer practitioners who were used to other EMRs. This wasted time and added stress that ultimately increased the volunteer obligation experienced by the practitioner. It was discerned that this increased volunteer obligation had a negative effect on volunteer practitioner retention at free clinics and on free clinic function. When focusing on retention, the data illustrated that the EMR was an often a barrier for practitioners and a reason for immense mental strain. A sixty-two year old volunteer doctor even went as far as to say,

> *"This is just speculation, but the difficulty in learning the EMR (electronic medical records) might be a reason for [the free clinic's] low retention. Again, that's just speculation, but it might play a role because I've see some providers get rather frustrated with it before."*

Adding on, when a sixty-four year old volunteer nurse practitioner was asked to describe what she liked least about volunteering at a free clinic she replied,

> *"What do I enjoy least? Probably this Practice Fusion (the electronic medical records program) thing. That's hard, the EMR's (electronic medical records) hard because it's not really complex, it's actually pretty basic, so it's actually really hard to get around it… It's not intuitive at all and you have to do multiple steps to do one thing. If it were a little more refined it would be better."*

The EMR was also discerned to negatively affect how well free clinics ran by wasting both

practitioners' and patients' time. Because the free clinic EMR was confusing and hard to navigate for practitioners, they often spent excessive time using it when they could have been treating their patient. A forty-one year old volunteer nurse practitioner illustrated this when she said,

> *"What do I enjoy least? I hate the EMR here… I find myself spending extra time trying to navigate the EMR while a patient is waiting or in the room."*

The free clinic EMR has shown to greatly affect the obligation that practitioners experience when volunteering at free clinics and subsequently influence whether they continue volunteering as well as how free clinics function. This means that EMRs are another factor that adds to the understanding of the study's two aims.

Schedule Flexibility and Commitment

From the data analysis, it was found that the flexibility and commitment level of a free clinic's volunteer schedule was a major component contributing to the obligation experienced by practitioners volunteering at free clinics. When the commitment level of the free clinic volunteer practitioners was low (once or twice a month) and the flexibility of their schedule was high (lots of dates and times available and the option to skip shifts as needed), the obligation perceived by volunteer practitioners was reduced. It was discerned from the data this reduction in the volunteer obligation of free clinic practitioners made them both more inclined to start volunteering at a free clinic and pleased to remain volunteering because they no longer feared that the experience would be too physically, emotionally, and time consuming. When asked how she would recruit other practitioners, a fifty-four year old volunteer nurse replied,

> *"I think that is one of the best qualities of [the free clinic], that it is so flexible and has multiple different times that people (practitioners) can volunteer at and should be one of*

the first things mentioned when presenting it. In my opinion, many nurses and doctors want to volunteer, but are just afraid of the commitment. Letting them know that the commitment is minimal would catch people I think."

When asked what supported her to remain a volunteer, a fifty-four year old volunteer nurse said,

"Flexibility is key. You're not forced to volunteer every second Thursday every month. If they ever did that I would have to tell them that I'm sorry, but I just can't continue volunteering."

Ultimately, the data analysis revealed that the commitment level and flexibility of a free clinic's volunteer schedule is one factor contributing to why practitioners start and continue volunteering at free clinics, the study's first aim.

Discussion

In this study, two main categories and six key themes with sub-themes emerged to describe why practitioners start volunteering in a free clinic setting, why they stay volunteers, and how free clinics can be enhanced to function better for practitioners (Conceptual model). Free clinic networking, practitioner humanitarianism, patient population multiculturalism, practitioner spirituality, and low volunteer obligation on practitioners were discerned as important factors contributing to why practitioners begin volunteering at free clinics. Retention of free clinic volunteer practitioners was observed to be affected by practitioner humanitarianism, patient population multiculturalism, practitioner spirituality, and practitioner satisfaction. The perceived effectiveness of free clinic function for practitioners was found to be impacted most by the free clinics network and the volunteer obligations that practitioners experienced. These themes may provide useful insight into the recruitment and retention of

volunteer practitioners to free clinics and the improvement of free clinic operations for their volunteer practitioners.

Not surprisingly, humanitarianism was also discerned from the data as a factor motivating practitioners to start and continue volunteering at free clinics. Numerous prior studies investigating community health workers and physicians have demonstrated that a desire to help others, the community, or the less fortunate was a major motivating factor to begin volunteering at community health centers and free clinics.[22-25] The results of this study were no exception. Practitioners in this study expressed that they chose to volunteer at a free clinic because they enjoyed or wanted to provide medical care for the marginalized and underserved. This suggests that the practitioners who choose to volunteer at free clinics may have an innate quality or feeling that makes them want to provide help to the less fortunate. That innate quality may be something that free clinics want to market to when trying to recruit more volunteer practitioners. Interestingly, unlike a similar study conducted by McGeehan et al. (2017), this study did not find that the humanitarian aspect of volunteering provided burnout protection.[25] McGeehan et al. (2017) found that physicians in their study volunteered at free clinics because it gave them relief from work-related stress, protecting them from feelings of burnout.[25] Overall, emphasizing the humanitarian aspect of volunteering may be effective in volunteer practitioner recruitment and retention at free clinics.

Another commonly cited volunteer motivator for practitioners in this study is their spirituality; the ability of the practitioner to practice their spiritual beliefs or worship through volunteering at a free clinic. Having a faith or spiritual belief that they should help others was discerned to be one of the most influential reasons why practitioners in this study chose to start and remain volunteering. Though it's possible that this result may be biased due to the religious

affiliation of the study's setting, the findings of prior studies suggest otherwise. Previous investigations set in non religiously affiliated organizations also found that faith, religion, or spirituality were motivators for physicians to start volunteering at free clinics and community health centers.[25,39] Our results, consistent with Curlin et al (2006), illustrate that practitioners often feel they have a religious calling to practice medicine for the underserved and volunteering at free clinics caters to that.[39] This implies that promoting the spiritual benefits of volunteering may help recruit and retain practitioners to free clinics.

The data showed that a free clinic's network was a major factor contributing to the recruitment of volunteer practitioners and to their perception of the clinic's functional effectiveness. The relationship between a free clinic's network and volunteer recruitment is intuitive because the more connections or partnerships a free clinic makes with churches, colleges, other health facilities and practitioner networks that can spread their name, the more exposure they get to potential volunteer practitioners. Though this exposure alone does not appear to influence an unmotivated practitioner to become a volunteer, it does expand a free clinic's pool of potential volunteer practitioners who are already motivated or can be swayed to volunteer. In this study, the data indicated that the free clinic's connection with a practitioner's church, college, or colleague was the factor that initially attracted the awareness of and/or motivated the practitioners to volunteer. This result was consistent with a study by Warren and Garthwaite (2014) that found community health workers were more motivated to become a volunteer at a community health center if the center was connected to other organizations or events that the community health workers were a part of previously.[22] Expanding a free clinic's network may prove useful in the recruitment of volunteer practitioners.

Interestingly, the data analyses also revealed that a free clinic's network can greatly affect how well the clinic functions for its practitioners. The analysis illustrated that when a free clinic has partnerships with other health care clinics and organizations it can acquire services and materials that it normally couldn't. Though on the surface this appears that it should have little effect on volunteer practitioners, the practitioners in the study indicated that the free clinic's network made it easier on them because they knew that all the services or materials needed to treat their patients were present. They didn't worry about having to improvise, search for other resources, or turn their patients away. The volunteer practitioners in the study felt that with the free clinic's connections, their patients would receive sufficient and non fragmented medical care, and they appreciated that. This relationship between networking and perceived clinical effectiveness is also consistent with the results of Aliu et al. (2016) and Bentham et al. (2015) that used the perceptions of volunteer practitioners in low resource and mental health setting respectively.[26,28] These studies, along with the present study, suggest that broadening free clinic health care networks may help them function better for their volunteer practitioners.

One particularly unique factor that emerged from this study as a reason why practitioners volunteer at free clinics was the multiculturalism of the patient population. The data showed that nearly every practitioner in the study said they continued to volunteer because they enjoyed how different the free clinic patient population was from what they experienced on a daily basis. The study's practitioners stated that because the patients immigrated from all over the world they got to hear about different cultures and beliefs that gave them a different perspective on the world and medicine. For some, it was even the reason why they chose to volunteer at all. Surprisingly, though patient population multiculturalism was an important volunteer motivator for practitioners in this study, no other identified analogous studies found this result. It's possible

that this was a manifestation of differences in study settings where the diversity of the patient population may vary greatly and influence the results. However, based on this study's data it may be beneficial for recruitment and retention of volunteer practitioners to promote the multiculturalism of the patient populations of free clinics.

Satisfaction arose from the data analysis as a theme influencing the retention of volunteer practitioners in a free clinic setting. Unsurprisingly, this result is consistent with many other similar studies investigating the volunteer motivations of community health workers and physicians.[18-21,25] The relationship between volunteering and satisfaction was found to be straightforward; that practitioners volunteered because they received internal satisfaction from it. However, this study also found that the satisfaction the practitioners received from the entire volunteer experience influenced their motivation to continue volunteering at free clinics. For example, food and the volunteer work environment were identified as both playing a major role in the overall satisfaction a practitioner receives from volunteering. When food is available for the practitioners when they volunteer, it increases their overall satisfaction by providing benefits like making it easier for the practitioner to come in for their shift and prevents hunger, which was found to protect them from burnout. A positive volunteer work environment was also found to increase volunteer practitioners satisfaction by making them feel valued and supported. Making sure both of these components are promoted within free clinics may be useful in retaining free clinic volunteer practitioners.

One important challenge to volunteering at free clinics that was revealed from the data was the volunteer obligation; the mental, physical, and time obligation that was required of the practitioners. The free clinic volunteer obligation was discerned to be a one of the most frequently cited sources of stress for the practitioners and was speculated to be a cause of low

recruitment and retention. This finding was consistent with previous studies investigating physician motivations in low resource settings.[25,40]

Adequate staff support was shown to greatly reduce a practitioner's volunteer obligation by minimizing their number of responsibilities. This was in agreement with volunteer community health worker and physician studies that have suggested that this support may impact volunteer recruitment and retention.[23-25] Unique to our study, yet somewhat intuitive, is the finding that adequate staff support also improves free clinic functionality for the volunteer practitioners and patients. With other similar studies not investigating clinic function, it's likely that this result went overlooked. However, the result of this study suggests that free clinics should focus on employing a sufficient support staff so the volunteer practitioners can perform to the top of their capabilities. Our results, consistent with McGeehan et al. (2017), also show that a free clinic's EMR greatly increases the obligation of volunteering for practitioners.[25,40] A previous study on physician well-being illustrated that difficulty using a clinic's EMR was a major source of wasted time, frustration, and eventual physician burnout.[41] This implies that making the EMR easier for practitioners to use may be key to volunteer retention and for the clinic to operate better. Lastly, our study found that a highly flexible and low commitment (low number of hours and shifts) volunteer schedule decreased the burden of volunteer obligation that practitioners experienced at the free clinic. Prior studies investigating volunteer motivations of community health worker and physician found similar results.[22,25,40] Similar to the Li et al. (1995) study, our data suggests that offering a variety of time and date options to volunteer and allowing practitioners to set their own hours could improve recruitment and retention at free clinics.[42]

The strength of this study is that it builds on the current body of work related to health care volunteer motivations. First, the diversity of the study population's practitioner professions, employment status, and age is relatively unique compared to other studies on volunteer motivations. The current field is dominated by investigations on community health workers and physicians, with few expanding to mental health counselors, nurses, nurse practitioners, or physician assistants.[22-25] However, these additional health care practitioner types are also crucial for free clinics to operate, so their experiences and perceptions should be studied.[13] This study design provides that variety. Second, this study also investigated how free clinic function could improve, a component often left out by other analogous studies. In addition to uncovering why practitioners choose to volunteer, our investigation identified crucial factors influencing how well and how smoothly free clinics operate for the volunteer practitioners. This not only provides insight into volunteer practitioner recruitment and retention, but also can help free clinics pinpoint important elements that should be improved, changed, or maintained to perform effectively for the volunteer practitioners and patients.

Limitations

There are at least four limitations of this study that must be noted. First, the study sample was drawn from only one religiously affiliated free clinic which may not be representative of all health care practitioners in the area, at free clinics, or as a whole. Study participants may differ in critical ways from volunteer practitioners at other free clinics, especially those that are not religiously affiliated. For example, they may be more motivated to volunteer due to their religious beliefs.[43] The generalizability of these results, especially to volunteer practitioners outside of faith-based free clinics, is unclear. Second, the convenience aspect of the purposive sampling method may have introduced bias into the results. Because this study could only select

participants from the study population that were readily available and willing to participate, the recruited participants may not be fully representative of the study population. Those participants who were available and chose to participate may have different experience or motivations than volunteer practitioners that were not available or willing to participate in the study. This could have introduced bias into the results. Third, this study only recruited participants who were current free clinic volunteer practitioners. It is possible that practitioners who are not currently volunteering at free clinics may be different than those who are in meaningful ways that could influence their volunteer motivations. As a result, the generalizability of the study to practitioners who are not currently free clinic volunteers is uncertain. Fourth, though it appeared to the lead investigator (LS) that no new information was emerging from the transcripts, due to the time constraints of the study, it was not definitely confirmed that information saturation was reached. It is possible that further interviews could reveal additional insights not found by this study.

Conclusion

The study findings may have implications for the recruitment and retention of volunteer practitioners and clinical/administrative operations at free clinics. Free clinics have an extensive history in the United States and currently provide inexpensive or free medical care for nearly two million of the country's most vulnerable patients each year.[13] To operate, these clinics require an adequate pool of health care practitioners willing to volunteer their time to help.[13] However, over the years this pool has been found to be shrinking, making the recruitment and retention of volunteer practitioners a major concern for free clinics.[16,17,25,40,42] This study suggests that networking with faith-based centers, schools, health care facilities, and practitioner communities may be a critical key theme for free clinics. Networking may increase a free clinic's exposure

which could draw in more practitioners and expand the pool of potential volunteers. Once the exposure has grown, appealing to the humanitarian and spiritual desires of the practitioners and advertising the multiculturalism of the free clinic patient population could attract more to volunteer. Additionally, this study found that practitioners were more willing to be recruited when the volunteer schedule was flexible and with a low time commitment. Enforcing and emphasizing this low volunteer obligation may be another key to draw more volunteer practitioners to free clinics.

After attracting volunteer practitioners to a free clinic, this study suggests that free clinics should continue to cater to the practitioner's humanitarian and spiritual motivations as this may be an important factor in improving retention. Maintaining the practitioner's exposure to a number of culturally diverse patients may also be important. Retention may be improved through the promotion of satisfaction enhancing factors like the availability of food during volunteer shifts and a supportive, friendly, and positive volunteer work environment. The study suggests that keeping the volunteer obligation low could also be quite important for practitioner retention at free clinics. Allowing practitioners to choose their own hours as to not over-commit themselves time wise may help with this. Sustaining an adequate number of staff members for volunteer practitioner support may be crucial as well. In addition, this study indicates that finding a way to minimize the difficulties that practitioners experience with the EMR, whether that is through better training, the creation of manuals, or more support, could retain free clinic volunteers.

This study indicates that improving three administrative clinic elements may be key to enhancing a free clinic's functionality for volunteer practitioners and patients. First, expanding the free clinic's health care network may be crucial for acquiring necessary medical resources

and services, improving the clinic's performance. Second, supplying the free clinic with an adequate number of competent staff members to support, remind, and guide the volunteer practitioners may save time and keep the free clinic operating smoothly. Lastly, it could also be important to find ways to reduce or prevent EMR challenges as this may improve free clinic function by saving both practitioner and patient time.

The long-term goals of this study are twofold. First, that it helps free clinics more effectively recruit and retain volunteers by providing insight into the factors that may influence practitioner volunteer motivations. Second, that it helps free clinics enhance their functionality for their practitioners and patients by identifying clinic elements that may be particularly important to operations. However, future research is needed to test the exploratory findings of this study. Even with the enactment of the Affordable Care Act, free clinics continue to serve as an important source of medical care for millions of underserved individuals in the United States.[10] Further research and support is needed to help free clinics recruit and retain volunteer practitioners and improve their clinical operations so that their large patient population can receive adequate medical care for years to come.

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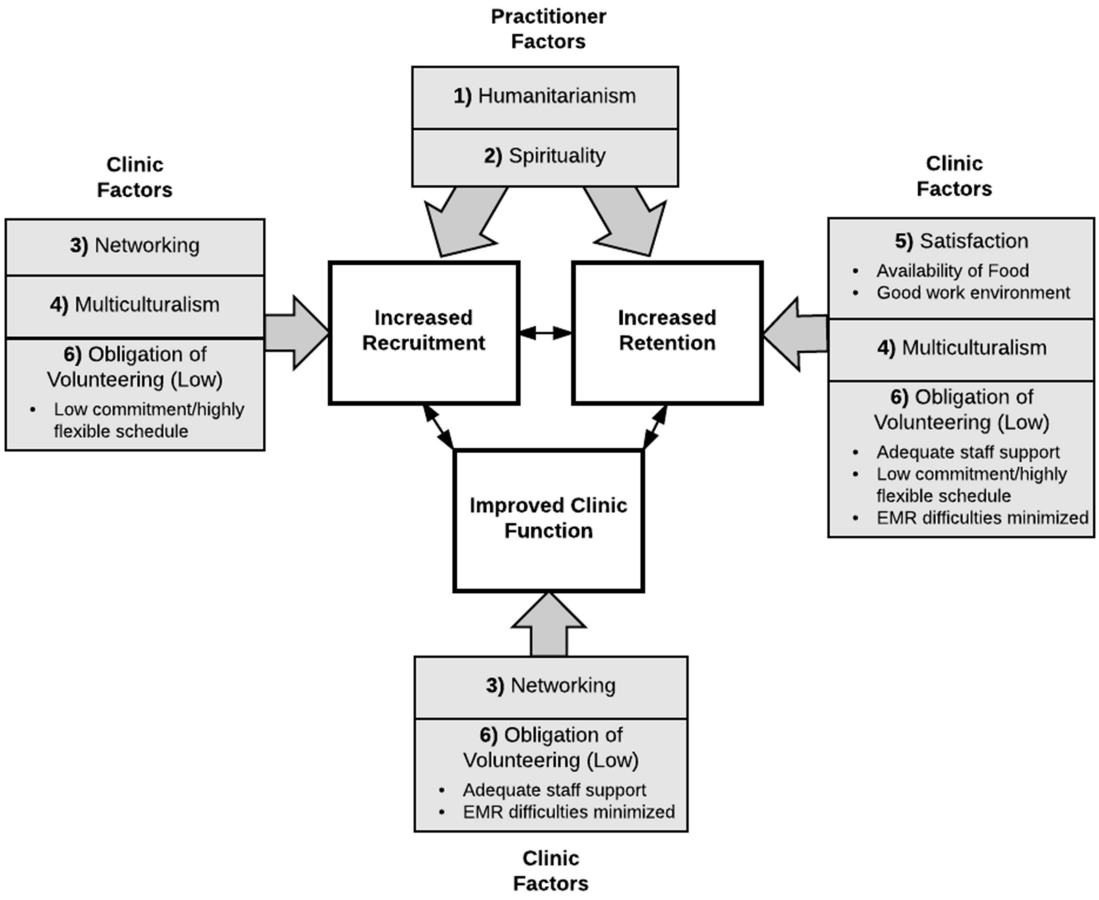
Table 1: Enrolled Volunteer Health Care Practitioner Demographics and Characteristics	
Practitioner Age (years)	
Mean Age	50.8
Gender (number of practitioners)	
Woman	8
Man	2
Other	0
Current Employment Status outside of the clinic (number of practitioners)	
Full-time	4
Part-time	1
Unemployed	1
Retired	3
Student	1
Other	0
Number of Volunteer Practitioners that live....	
With Just a Spouse/Partner	3
With Just children/a child	1
With a Spouse/Partner and children/a child	3
With a Roommate/family member (not specified above)	0
Individually	3
Volunteer Practitioner Role at the Health Care Clinic	
Naturopathic Doctor	1
Nurse Practitioner	2
Mental Health Counselor	1
Physician (Medical doctor or Osteopathic doctor)	1
Physician Assistant	1
Registered Nurse	4
Time Since Becoming a Volunteer Practitioner at the Clinic	
Average (mean number of years)	1.47
Range (years)	Min: 0.08, Max: 5.58
Number of Volunteer Shifts that a Practitioner Fills per Year	
Average (mean number of shifts per year)	13.5
Range (number of shifts)	Min: 7, Max: 24
Site of Volunteering (number of practitioners)	
Northgate Neighborhood only	3
Lynnwood only	0
Snohomish only	0
Green Lake Neighborhood only	0
Multiple	7
Religious Practitioners	
Percentage describing themselves as religious	90%

Conceptual Model: The relationship of the key themes (gray boxes) and sub-themes (bullets) on three outcomes, increasing practitioner recruitment, increasing practitioner retention, and improving clinic function.



Appendix 1:

Consent Form

Volunteer perceptions of a North Seattle Free Clinic

You are being asked to take part in a research study to bring insight into volunteer motivations for serving at the clinic and their perspectives on how the clinic is functioning. We are asking you to take part in the study because the unique experiences you can offer will help us create a more effective environment for you and improve our ability to effectively care for our patients. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

What the study is about: There are two main focuses of the study.

1. The first purpose is to **learn what motivates our volunteers** to give up their time and serve at our clinic. We hope that the study will reveal information about how we can more effectively recruit future volunteers to serve.
2. The second purpose is to **learn more about our volunteer's perspectives** on how the clinic functions. With your busy schedule and the limited free time at clinic, we know that many times you don't have the opportunity to discuss with us about what works, what doesn't, and how you would fix it. This interview gives you that opportunity, so we can learn from you and improve the clinic.

What we will ask you to do: If you agree to be in the study we will…

- Conduct **a 20-30 minute interview** with you
    - Asking questions on <u>your motivations and your perspectives</u> of the clinic
    - The interview guide will be provided to you ahead of time so you have time to develop an answer
    - With your permission we will <u>tape-record</u> the interview
    - <u>Interview date, time, and location are flexible</u> to fit your schedule

Risks and benefits:

There is the risk that you may find some of the questions about your volunteer conditions or motivations to be sensitive. I do not anticipate any risks to you participating in this study other than those encountered in day-to-day life.

Through your participation, we hope to benefit you by making the clinic a better place to volunteer by improving the current environment to one that better supports your service and makes it more enjoyable.

Your answers will be confidential:

- The records of this study will be <u>kept private</u>
- In any report we make public we will <u>not include identifying information</u>
- Research records will be kept in a locked file
    - Only the investigator **(NOT CLINIC STAFF)** will have access to the records
    - Interview tape-recordings will be <u>destroyed after transcription</u>
    - After, transcriptions will be labeled with non-identifying codes

Taking part is voluntary:

- Taking part in this study is completely voluntary
- You may skip any questions that you do not want to answer
- If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with the clinic
- If you decide to take part, you are free to withdraw at any time

If you have questions:

- General Study Questions
    - Researcher: Lane Shish (Clinic Director is supervisor)
        - Three year volunteer
        - Current UW MPH student
        - Email: Lmshish@gmail.com
        - Phone: 206-795-7741
- If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB)
    - Phone: 206-543-0098
    - Website: http://www.washington.edu/research/hsd/

You will be given a copy of this form to keep for your records.
Statement of Consent: I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.
Your Signature _____ Date _____
Your Name (printed)
_____
In addition to agreeing to participate, I also consent to having the interview tape-recorded.
Your Signature _____ Date _____
Signature of person obtaining consent _____ Date _____
Printed name of person obtaining consent _____ Date_____
This consent form will be kept by the researcher for at least three years beyond the end of the study.

Appendix 2:

Code: _____

Clinic Demographic Survey

Thank you for agreeing to participate in the clinic's research project. Please fill out this quick demographic survey to give us context to the answers given. You may choose not to answer any of the questions. The survey is anonymous and will be coded to strip any identifying information.

1. What is your age? ___
2. What is your gender?
   - ☐ Woman
   - ☐ Man
   - ☐ Other
3. What is your volunteer position at the clinic? _____
4. On average how many times do you volunteer at the clinic a month? _____ A year? ____
5. When did you beginning volunteering at the clinic? _____
6. What site(s) do you volunteer at?
   - ☐ Northgate Neighborhood
   - ☐ Lynnwood
   - ☐ Snohomish
   - ☐ Green Lake Neighborhood
7. What is the current state of your paid employment?
   - ☐ Full-time
   - ☐ Part-time
   - ☐ Unemployed
   - ☐ Retired
   - ☐ Student
   - ☐ Other; explain

     _____
8. Who lives in your household? Check all that apply.
   - ☐ Grandparents
   - ☐ Parents
   - ☐ Siblings
   - ☐ Spouse
   - ☐ Children

Appendix 3:

Medical Provider Interview Guide

To begin:

Thank provider for participating and introduce self. Remind the participant that the purpose of the study is to understand their motivations for volunteering at the free clinic and their perceptions on how well the clinic functions in providing care so improvements to recruitment and the clinic can be made. Remind the participant that they can choose not to answer any of the questions asked and that they can choose to withdraw from the study at anytime.

Interview Overview:

Remind participant that the interview will last 20-30 minutes and be recorded for later transcription (if they consented).

(For the interviewer: This is a semi-structured interview. Feel free to probe for further answers and choose most the relevant questions during the interview.)

Motivation Questions

- Why do you volunteer at the free clinic?
- How do you feel about volunteering at the free clinic?
    - What do you enjoy most? What aspects don't you enjoy?
- How did you learn about the free clinic?
- What motivates you to continue volunteering at the free clinic? (What keeps you volunteering here?)
    - Does the free clinic do something to maintain your motivation to continue volunteering? What?
    - What should the free clinic be doing better to keep current (long term) volunteers? (How can the free clinic do a better job of keeping current volunteers?)
- If you were to recruit more volunteers to the free clinic, how would you do it? What way do you think is most effective? (What do you believe/have seen to be the most effective way to recruit volunteers?)

Clinic Function Questions

- In your opinion, how well does the free clinic function? In general? In your position?
- If you could change anything at the free clinic, what would it be and why?
- What is your opinion on the training you received for your role at the free clinic?
    - Can you explain what was particularly useful?
    - What aspects of the training could be improved/added in the future?
- What does the free clinic currently do to make your volunteer role easier?
- What can be changed to make your volunteer role easier?

    - How well does case-management work in supporting you and your patients?
- In what ways are you supported in your volunteer role at the free clinic? How could you be better supported in your volunteer role at the free clinic?

Ending

- Would you like to add anything else?

Thank participant for their answers and remind them that they can contact us at anytime if any questions arise.