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From nuisance to helpful assistants: A qualitative thematic analysis of medical volunteers' experiences during the COVID-19 outbreak in Iran

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ABSTRACT

Background & Aim: Volunteers' perceptions may affect their future decisions to participate in crisis intervention. Few studies in Iran have been conducted to examine the experiences of medical personnel who volunteered during the COVID-19 pandemic. This qualitative study describes the experiences of medical volunteers during COVID-19 in Iran.

Methods & Materials: A total 17 healthcare volunteers who worked in COVID-19 hospital wards were recruited using purposive sampling. All participants were recruited in the current study from the hospitals affiliated with the Tehran University of Medical Sciences if they expressed their willingness to participate and had at least two months experience of working as healthcare volunteers in COVID-19 wads. In-depth video-call semi-structured interviews were conducted from August to November 2020. The data were analyzed using the qualitative thematic analysis method.

Results: One main theme "from nuisance to helpful assistants" and four sub-themes including the *"feeling of inefficiency*", *"negligent managing"*, "*situation orientation"*, and "*transformation for integrity"* emerged from the data.

Conclusion: Despite experiencing challenges, the volunteers and hospital staff tried to change their approaches to joint collaboration by improving their capabilities for situation awareness and creating integrity. These findings provide policymakers with a better understanding of health volunteers' challenges in hospitals during crises.

Introduction

Medical volunteering has been a remarkable impact on the healthcare system's improvement in terms of volunteers' personal development, educational experience (1), the hospital's economic benefits (2), and an option to minimize medical staff burnout (3). In medical sectors, the idea of volunteers as the staff extender was presented as a considerable part of providing health care in response to the medical staff's workload intensity while the health systems experienced limited health provider resources (4). While many healthcare systems in different countries benefited from this valuable capacity (5), hospitals in Iran were not, and they experienced a new situation during the COVID-19 pandemic with the medical staff volunteers who showed their eagerness to engage in providing healthcare.

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The need for recruiting volunteers in medical sectors during the COVID-19 outbreak became more crucial when the healthcare systems encounter an imbalance between the medical demands and their limited human resources. The limited human resources during the COVID-19 pandemic were rooted in different individual and organizational basis. Medical staff shortage (e.g., nursing shortage) as a perdurable condition, was an underlying human resources management issue that got worsened when nurses were infected by COVID-19 and forced to be absent from work. As a result, the health policy-makers were recommended to promote volunteer integration in their medical activities and develop integrated models of care that combine different professional and skillful volunteers (5).

In Iran, very soon after the COVID-19 outbreak was approved by the government, volunteer organizations were involved in healthcare activities such as providing medical and protective equipment and launching awareness campaigns about the COVID-19 pandemic (6, 7). The ministry of health as well as the medical sciences universities on the other hand started to reorganize the medical staff and announced recruiting medical expert volunteers. Unlike many healthcare systems in some countries, Iran lacks a comprehensive registry system to recruit qualified medical specialists' volunteers. This means that hospitals as well as the staff faced a lot of challenges to identify, recruit, train, and manage the medical staff volunteers at the time of the COVID-19 pandemic. Regardless of whether Iran's healthcare systems have been successful in recruiting and optimally using the volunteers' services or not, the volunteers perceived experience itself can also be a determinant factor in providing qualified healthcare services during the pandemic.

In general, volunteers' involvement can determine by different organizational, individual, and environmental factors. Nesbit et al. (2017) developed a conceptual framework for exploring the factors affecting the scope of volunteer involvement. They indicated that organizational characteristics (e.g., the organization resource, capacity, services, mission, leadership, management, and culture), as well as the factors that shape the volunteers' decisions (e.g., work quality, intensity and duration of commitment, volunteers' skills, capacity, education, and experience, demographic profiles, motivations, and values), can determine the quantity and quality of volunteers involvement (8). Accordingly, volunteers' experience can be considered a leading factor in involving and continuing volunteer activities. The existing knowledge address that the individual experience also is identified as a related factor to motivation (9), and demographic and organizational profiles (10). Consequently, investigating the individuals' experience will be critical to explore how and why they involve in an activity, especially in those situations where individuals may expect to feel something specific or to live something extraordinary (9) that may appear while providing volunteer medical services during the pandemics.

The study focusing on the medical staff volunteers' experiences of working in the COVID-19 outbreak situation in Iran are limited and most of them present the general volunteers' experiences (7). Volunteers' perceptions may affect their future decisions to participate. Investigating the medical volunteers' experiences helps the policymakers to improve their knowledge and apply it to the development and establishment of a medical volunteer registry system in Iran. The present study aims to investigate the experiences of medical volunteers who were involved in healthcare activities during the COVID-19 pandemic.

Methods

Study design and participants

The present study used a qualitative research design following the Consolidated criteria for Reporting Qualitative Research (COREQ) with in-depth interviews to collect

data using purposive sampling (11). We used thematic analysis, an accessible, flexible, and increasingly popular qualitative data analysis method. The thematic analysis focuses on identifying, analyzing, and interpreting patterns of meaning in qualitative data. Such a method allows for a rich, in-depth exploration of participants' experiences (12).

A total of 17 medical staff (physician, nurse, clinical laboratory technician, and paramedic) who were involved in volunteer healthcare activities in the hospitals affiliated with the Tehran University of Medical Sciences participated in the current study. As the inclusion criterion, the minimum involvement duration in medical volunteering during COVID-19 was considered as 6 months due to ensure the psychological adaptation time. The other inclusion criteria were working in the COVID-19 wards in different shifts working as a medical volunteer, accessibility to social media apps enabling them to participate in virtual interviews, and willingness to participate in the study. Those participants who declared unwillingness to use their interview data in the analysis process were considered to be excluded. No one was excluded from the current study.

Recruitment and data collection

A purposive sampling procedure was applied to recruit the medical volunteer in this study. Recruitment was carried out amongst the physicians, nurses, laboratory technicians, paramedics, and other medical staff who were involved in the medical volunteer activities in the hospitals affiliated with the Tehran University of Medical Sciences. One of the research team members was a nurse who had the responsibility of coordinating the volunteer group at the university. She identified the volunteers who met the current study inclusion criteria and invited them to participate by exploring the study's aims and scope. Furthermore, she introduced the research team members to the medical volunteers based on their request. Once the participants agreed to take part in this study, the volunteer coordinator introduced them to the main researcher, and their contact information was shared with her. The main researcher then contacts the participants one by one and explained the study aims and the procedure of interviews. Also, she gave them further details about the study. The electronic informed consent link was shared with those participants through common messaging apps (e.g.; WhatsApp, Telegram, and Skype) or sent to the participants' email addresses. Once the main researcher received the filled informed consent forms, she contacted the participants to set an online interview appointment. If participants preferred the face-to-face non-virtual interview, the time and venue were set based on her/his desire. No one requested the non-virtual interview and all participants expressed their willingness to attend an online interview due to its flexibility to organize interview time setting and its safety regarding the protective health measures during the COVID-19 outbreak. Although the researchers preferred to conduct face-to-face interviews, it was not feasible due to the health protective measures. In this regard, Braun and Clarke (2013) have found telephone interviews generated data of the same quality as face-to-face interviews data (13).

Semi-structured interviews

A semi-structured interview guide was developed by the research team members to explore the participants' experience of working as medical volunteers in COVID-19 hospital wards. This guide addressed the study objectives and consist of topics such as participants' perceptions of presence and getting involved in medical activities as a volunteer, the hospital staff's reactions to the volunteers, and the volunteers' perceptions of barriers and facilitators of establishing volunteer working in the setting. Interviews lasted between 20 and 35 minutes. A total of 17 online interviews were conducted using Skype (n= 6), and Telegram video calls (n=11). The main researcher requested to record the video interviews at the beginning of each session. All interviews were recorded

and then sent to the interviewee if they requested. The researcher used demographic, main, and probing questions to gather data in this stage. Some main questions that were asked in the interviews are presented below:

- How were you involved in volunteer medical activities during the COVID-19 outbreak?
- Can you explain a shift of working in the COVID-19 ward as a medical volunteer?
- Please explain the medical staffs' reactions when you entered the ward. Did their reactions change? How?
- What about you? Did your perception or expectations regarding working in the ward as a volunteer change? How?
- Can you tell me about any challenges you have had to deal during working in this situation?
- Thinking about your experience working as a medical volunteer, what could be improved?
- What do you think of medical volunteering in our healthcare systems?

The probing questions such as "*would you mind elaborating on your answer and explaining more?*" were used by the researcher during the interviews. All participants were interviewed from August 19 to November 16, 2020.

Data analysis

The interview transcript data were analyzed using a thematic approach. We applied a six-stage thematic analysis process instruction proposed by Fereday and Muir-Cochran (2006) in the current study(14). Accordingly, in the current study, two authors independently read the transcript data and highlighted keywords and phrases. The initial idea was noted by each of them and the codes were written after they worked on achieving familiarity with the text. At the next stage, the authors set a session to assess the coded data and discuss the codes' definition, description, and relevancy to the study aims. Disagreements were discussed in the session and the final codebook emerged based on the authors' consensus. For summarizing data and identifying the initial themes, the authors worked on the codebook separately to outline the key points. Subsequently, the next session was held to group related codes into potential themes. Three authors attended this session. All of them were familiar with the study aims and the codebook. The codes from the codebook are applied to the text with the intent of identifying meaningful units of text. The segments of text were then sorted, and a process of data retrieval organized the codes or clustered codes for each transcript interview. In the fifth stage, all authors joined the theme review panel to ensure the codes of each theme were coherent and also distinguished from the codes of other themes. Finally, all themes and the underlying subthemes were defined and a narrative structure with accompanying descriptions was produced by all authors.

Study rigor

Nowell et.al (2017) introduced strategies to ensure rigor based on the Fereday and Muir-Cochran (2006) six-stages thematic analysis (15). Accordingly, the current study benefits from prolonged engagement with the data (the data analysis process tacked nearly 4 months), researcher triangulation (all authors collaborated in code generating and reviewing the emerged codes and themes), peer debriefing, and accountable documentation.

Ethical consideration

We organized and performed this research under ethical standards and the principles of the Helsinki Declaration (16). The study was reviewed and approved ethically by the National Institute for Medical Research Development (ethic code: IR.TUMS.VCR.REC.1399.492). All participants signed informed consent electronically.

Results

The study participants' demographic characteristics have been presented in table 1. While the participants' age range was 34 to 55 years old, most of them reported more than 14

years of clinical experience (14.7±7.7). The participants' gender distribution was almost equal (9 females and 8 males). More than half of the participants were single and more than 80% of all participants were involved in volunteer activities before the COVID-19 outbreak.

Table 1. Participants demographic characteristics

The demographic profile variable	The domains	Statistical parameter
Age	Range: 34-55 years old	Mean (SD): 41.6 (7.3)
Gender	Female	N (%): 9 (52.9%)
	Male	N (%): 8 (47.1%)
Clinical work experience	Range: 1-30 years	Mean (SD): 14.7 (7.7)
Occupation	Physician	N (%): 5 (29.4%)
	Nurse	N (%): 6 (35.4%)
	Clinical laboratory technician	N (%): 3 (17.6%)
	Paramedic	N (%): 3 (17.6%)
Marital status	Married	N (%): 8 (47.1%)
	Other	N (%): 9 (52.9%)
History of volunteering	Yes	N (%): 14 (82.4%)
	No	N (%): 3 (17.6%)

One main theme "from nuisance to helpful assistants" emerged from the analysis of the data. Four sub-themes include *"feeling of inefficiency*", *"negligent managing"*, "*situation orientation"*, and "*transformation for integrity"* also emerged.

The main theme: From nuisance to helpful assistants

Almost all of the participants in the current study acknowledged that the ward staff did not initially accept them and their presence was often considered annoying or disruptive in the ward routines. In addition, the staff believed the volunteers were not skillful in providing care for patients infected, as they came from different non-specialty departments, so they may not have the necessary experience and expertise. Furthermore, the study participants expressed having a sense of confusion at the onset of the COVID-19 epidemic. Since they did not clearly understand what was going on and an accurate prediction of what was to come. In this regard, one of the participants stated:

"The first few days were tense, and the volunteers were unfamiliar with the ward and the disease, which made things difficult. We needed someone to tell us what is ongoing and what is expected of us to do". (P. 10)

In addition, the ward staff had to deal with many patients' care and the sudden deaths that occurred. Despite the mentioned situation, participants declared that they were finally accepted by the staff and patients.

As a participant explained:

"Initially, the fixed staff were hesitant to leave the patient in the hands of the volunteers. Not very soon, but eventually we were accepted as a staff who are capable of providing care to the patients". (P. 9)

Despite experiencing the sense of being a nuisance, all participants' stories indicated occurring a transition to being accepted by the hospital staff.

The below sub-themes describe the pattern of transformation from nuisance to helpful assistant.

The first sub-theme: Feeling of inefficiency

When talking about the first days of their experiences, participants in the current study frequently stated that they felt inefficient in many areas. It mostly referred to some elements such as loss of control, uselessness, and the negative attitudes of staff toward the volunteers. The participants explained how the staff's negative attitudes made them feel ineffective. Some of them acknowledged that

they were considered an uninvited guest who had no authority, which made them feel that they had lost control of the work. Consequently, no matter how hard they tried, it was ineffective.

One of the participants stated:

"Many of us were initially rejected because everyone thought we were annoying. This situation taught us that everything we do is useless and we were not as effective as we were eager." (P. 4)

The second sub-theme: Negligent managing

According to the study participants, initially, there was no organized planning for the attendance of volunteers in hospitals, and they did not have a specific plan for their attendance. Participants also reported that their presence was prohibited in some settings. It seemed that the hospital managers didn't consider the medical volunteers' capacity. Some of them also didn't pay attention to the staff and volunteers' reactions to working collaboratively. One of the participants told us:

"What was questioned to me was why managers do not use this big capacity of voluntary work properly. We did not have a job description, and the managers were not paying attention to this issue. There was no plan for our work shifts. We didn't know our supervisor. Although these problems were solved over time, it seemed to me that our managers were not trained and prepared for crises." (P. 13)

The third sub-theme: Situation orientation

Based on the interviews with all participants, finding a perception of the situation has been a critical pattern in the acceptance process. The awareness has gradually emerged with learning from experiences, published scientific reports, social media, and other sources that have all contributed to the gradual emergence of awareness. The interview was remarkable in that this understanding of the situation occurred among the hospital staff and managers, volunteers, inpatients, and families. This understanding has gradually helped everyone in the healthcare system develop interpersonal communication skills, make the right decisions, and the best use of available resources.

One participant explained:

"It was as if everyone gradually came to understand what situation they were in, what was affecting this situation, and how they had to make the right decision according to all of the parameters that existed; it was as if everyone's understanding had increased" (P. 2)

The fourth sub-theme: Transformation for integrity

Most of the participants mentioned system responses, management policies, or changes made in the hospital wards. Nevertheless, after a while, the whole hospital system has reached a point of growth and progress and has taken reasonable measures to regulate, use voluntary services appropriately, consider them as helpers, and provide higher quality cooperation. All the healthcare system parts, as well as the community, passed the transition period to get integrity. Finally, the integration between staff and volunteers activities occurred. One of the participants certified this as below:

"Hospital managers and even university administrators gradually realized the importance of volunteering. They even changed their shift rules slightly to be on shift work with the rest of the staff. Several fundamental top-down changes showed that managers' understanding of the importance of volunteer presence also improved. It greatly helped us to realize the importance of what we were doing, both as staff and as individuals." (P.14)

Discussion

The current study sought to investigate the volunteers' experiences of involving in healthcare services during the COVID-19 pandemic. We summarized the study findings in one theme and four subthemes. Participants of the current study expressed their feeling regarding a transformational process from being recognized as a nuisance by the hospital staff to becoming helpful assistants. Upon

entering the hospital as medical volunteers, almost all of the participants experienced annoying reactions from hospital managers and staff, as well as the patients. But the staff's attitudes and reactions changed during the volunteer presence in the hospitals after they were oriented to the new situations and learned how to integrate the volunteers' activities with the staff's routine work. Volunteers experienced such annoying reactions upon arrival because of the nature of the incident and possibly the previous experiences of both volunteers and staff. Training, coordinating with the fixed medical staff on wards, and determining the volunteer role and time of service provision are all stressful and exhausting tasks (17). Many studies have shown personnel's physical and mental fatigue, a sense of helplessness, a severe threat to personal health, and lack of knowledge and unfamiliarity with COVID-19 disease, and an inability to communicate interpersonally with other colleagues, all of which lead to negative emotions such as fear, anxiety, and helplessness (18). In such a situation, it is evident that the fixed staff of the hospital wards will be unable to manage new challenges. Furthermore, published studies of different hospitals' experiences using volunteer workforces in COVID-19 wards show that these forces need extensive training to be prepared to work alongside regular personnel (19). They may have never worked in an event/disaster before or may lack the necessary knowledge and communication skills. Dealing with volunteers in such situations will not be easy and may cause moral distress for the regular staff at the hospital (20).

Feeling inefficacy was a sub-theme that emerged from data analysis during the study. The perception of being ineffective is a common finding of the studies that focus on the medical staff's experiences of providing healthcare services to COVID-19 patients. The sense of being ineffective during the COVID-19 outbreak is usually rooted in medical staff burnout (21). A qualitative study of 13 nurses who provided care to patients with COVID-19 in Iran, indicated that nurses experienced care erosion due to their bad feeling of inefficiency. In this regard, nurses who witnessed patients' death suffered mental and emotional stress and this may shape their perception of being ineffective (22).

Negligent management was another finding of the current study. The participants described the managers' activities as a negligent practices. The medical volunteers also criticized the hospital managers for not being prepared to work effectively in a crisis like the COVID-19 outbreak. Studies indicated hospitals' readiness to manage the COVID-19 situation was not appropriate and most of them faced different challenges in human resources, logistics and supply, and incident management teams (23, 24).

The present study's findings showed that attitudes toward the presence of volunteers changed in a short period. This finding is in line with a review study that identified two main factors influencing volunteering (25), "nature" (organizational resources and outputs which remain constant) and "nurture" (more flexibility against change, such as leadership, culture, and staff receptivity to volunteers). On the other hand, most of the participants stated that understanding the current situation has gradually increased among all members of the healthcare system. Situational awareness is strongly related to the performance and decisions of individuals, which can lead to effective performance in complex and changing environments and situations. For example, during the COVID-19 pandemic, studies have shown that formal and informal information provided to the public through the media can lead to situational awareness (26).

Another finding of the present study was that the transformation to reach integrity entails group understanding of the processes that help the organization improve its readiness and capabilities. The transformation allows for the growth of organizational capabilities while emphasizing the richness and adaptability of executive activities. The organization's situation is favorable for achieving its goals. Participants in the present study frequently mentioned learning from organizational experiences. Although organizations did not initially understand how to manage such an

enormous challenge, volunteers' participation was viewed as a stimulus, a step-by-step understanding of the situation, and the necessary support. The role of organizations and their function in managing critical situations as well as the subsequent perception of volunteerism have been investigated in studies, showing that the relationship between managers and health workers, mainly volunteers, improves understanding of the situation and satisfaction with the working environment (27). Therefore, greater flexibility and less strictness, and a positive attitude of fixed staff towards volunteers and their practices may positively impact participants' experiences (28).

Study limitations

The present study results are based on volunteers' experiences in one city's hospitals and may not be generalizable to other cities or countries. Having two interviewers may be viewed as a potential disadvantage in terms of the credibility of the findings. Regular meetings and group discussions for debriefing and contributing to the analysis, on the other hand, resolved conflicts and helped to achieve a rigorous approach.

According to the present study's findings, establishing a registry service for recruitment, training, and empowering medical staff volunteers is suggested. Furthermore, in-service training and including disaster-related knowledge in medical and nursing schools' curricula would help to improve the medical staff's preparedness for future disasters.

Conclusion

The results of this study showed that although volunteers faced challenges such as not being accepted upon their arrival in hospital wards, understanding the situation, and learning how to integrate the volunteers and staff work paved the way for volunteers to be perceived as helpers. These findings provide policymakers with a better understanding of health volunteers' challenges in hospitals during crises.

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Conflict of interest

No conflict of interest has been declared by the authors.

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