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Developing the volunteering process at Global Clinic Helsinki

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**Developing the volunteering process at
Global Clinic Helsinki**

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Volunteering is an activity that benefits others and is carried out of free will without a reward or a compensation. Motivation, engagement, retention, and management of volunteers are important aspects of volunteering both for volunteers themselves as well as for their managers. When comparing within the European Union context, volunteering is relatively common in Finland. However, there is very little information on health care professionals volunteering with their professional skill set in Finland.

The context of volunteering in this master's thesis is Global Clinic Helsinki, which offers medical assistance and guidance as well as health care services for people with an irregular immigration status in the capital area of Finland. Health care services at Global Clinic Helsinki are provided by volunteering health care professionals. At the moment, health and social care services for people with irregular immigration status in Finland vary greatly depending on the area they reside in, as some municipalities provide more extensive services than others.

This master's thesis is done for the PapeTe-program - a collaboration between Global Clinic Helsinki and Physicians for Social Responsibility Finland, which aims to promote the health of people with irregular immigration status. For this master's thesis five volunteers from Global Clinic Helsinki were interviewed about their volunteering experience. The data was collected by individual face-to-face or phone interviews. All interviews were recorded and transcribed, then analyzed using inductive content analysis. The goal of this master's thesis was to develop the volunteering process at Global Clinic Helsinki. The aim of this master's thesis is to provide PapeTe-program a suggestion of actions for them to develop the Global Clinic volunteering process, and to improve their volunteer recruiting, retention, motivation, and coordination. The study questions for this master's thesis are:

1. How does the PapeTe-program affect the volunteering experience at Global Clinic?
2. Which elements influence the experience of volunteering at Global Clinic?

The results of this master's thesis highlight the importance of the PapeTe-program for the Global Clinic Helsinki volunteers. Both the program as well as the program's coordinator were seen as having a significant role in making the volunteer work more efficient and easier for volunteers, especially when comparing to the time before the program first started. Fourteen elements that influenced the volunteering experience were identified and they are similar to those in literature. Some of these elements were: motivation, engagement, receiving support, training and orientation, acknowledgments, and aspects of team work.

Recommendations for the PapeTe-program and Global Clinic Helsinki are related to the significance of the PapeTe-program as well as in improving engagement and commitment of volunteers. Recommendations were made about developing the Global Clinic website, improving support for volunteers by professional guidance and mentoring, and creating and clarifying guidelines.

Keywords: Volunteering, volunteering experience, volunteer management, health care professionals, irregular immigration

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1 Introduction

In Finland everyone has the right to adequate health and social care (Suomen perustuslaki 11.6.1999/731) as stated in the constitution of Finland. However, there are people with irregular immigration status living in Finland whose access to health and social care is limited (THL 2018b). This lack of access resulted in Global Clinic Helsinki to be established in 2011 (LSV 2019). Global Clinic Helsinki offers information and guidance as well as health care services for people with irregular immigration status in the capital area of Finland (Global Clinic 2019a). These services are provided by health care professional volunteers (LSV 2017). The PapeTe-program is a collaboration between Global Clinic Helsinki and Physicians for Social Responsibility Finland, and it was started in 2017. The program aims to promote the health of people with irregular immigration status. (Global Clinic 2019b.)

In WHO European Region the health problems of migrants and refugees are similar to those of any other group; both communicable and non-communicable diseases occur. Limitations in access to health care and varying living conditions are some factors that may increase their vulnerability. Challenges in mental wellbeing greatly depend on one's personal experiences. (WHO 2018.) In the European region people with irregular immigration status often do not utilize available health care services as much in comparison to regular residents. These vulnerable groups are less likely to attempt to find health care, seek it too late, and may receive inadequate care. Reasons for this may be lack of awareness of what they are entitled to, socioeconomic factors, or possible fear of being deported. (Winters, Rechel, de Jong & Pavlova 2018.) Taking care of these vulnerable groups' health challenges early on would be the most cost-efficient way (FRA 2015) as well as also the safest from public health point of view (Keskimäki, Nykänen & Kuusio 2014).

Volunteering can be defined as an activity that benefits others carried out of free will and without compensation (European Parliament 2008). Volunteering in Finland is more common (Rahkonen 2018) than in the European Union in general (Eurostat 2019a). Majority of Finnish registered associations in health and social sector operate only with volunteer work force (SOSTE 2018). However, no data seems to exist on how common it is for health care professionals in Finland to volunteer using their professional competences. Also, limited amount of research on the topic of health care professionals volunteering with people with irregular immigration status in Scandinavian context seems to exist.

The authors of this master's thesis wanted to study the topic of irregular immigration from health care professional's point of view, as the topic is frequently discussed in today's media and politics. The concept of volunteering as a health care professional interests both authors. Also, as there is limited amount of research on the topic of health care professionals volunteering in this context, the authors felt it was justified to try to enrich and explore this

theme. Due to these reasons the topic of developing volunteer process at Global Clinic was chosen in cooperation with the PapeTe-program coordinator. The aim of this master's thesis is to provide the PapeTe-program a suggestion of actions for them to develop Global Clinic volunteering process and to improve their volunteer recruiting, retention, motivation, and coordination.

2 Volunteering

2.1 Defining volunteering

Definition for volunteering differs depending on context, but it can be defined as an activity that benefits others, carried out of free will without a reward or a compensation. (European Parliament 2008). Volunteering can be formal in private and public organizations or informal in communities and between individuals. Voluntary activities can be for instance participation, advocacy, campaigning or providing services to others. (Paine, Hill & Rochester 2010.)

Some types of volunteering can be done by anyone with interest, such as campaigning, by contributing their time and effort. Volunteering that requires certain set of skills or education, can be done by professionals contributing their skills. (UN Volunteers 2018.)

2.2 Volunteering in Finland

The structure of Finnish society can be separated into three sectors. These are state-run public sector, private sector, and civil society. Majority of volunteering in Finland is done within the civil society. (Harju 2019.) There are approximately 10 000 registered associations in the health and social care sector in Finland, and roughly four out of five of them operate only with volunteer work force. Alongside these associations there are a number of unregistered associations. These associations can operate either locally or nationally. An association is considered to be in the health and social care sector when their main purpose is to promote or sustain physical, mental, or social wellbeing of people. (SOSTE 2018.)

In Finland there is not one specific law or a set of regulations regarding volunteer work, nor a clear definition of what type of activities can be carried out by volunteers. Especially in social and health care sector there is voluntary work carried out that could be considered as professional work (Willberg 2015). European Union estimated average of participation in informal or formal volunteering in 2015 was less than 20% (Eurostat 2019a), whereas in Finland approximately 40% of people participate in volunteer work and does so for about 15 hours a month. There are volunteers in all age and gender groups, but women and young

people are the most likely to volunteer. It is also worth noting, that majority of those who didn't volunteer would like to do so. The main reason for not volunteering is lack of time. Those who earn less than 10 001 euros a year volunteer more than those who earn more. Also, those in a single-person household do more volunteer work than others. (Rahkonen 2018.)

The Finnish National Advisory Board on Social Welfare and Health Care Ethics has given a statement on the ethics of voluntary activities. They state there is not a difference in ethical considerations in volunteering and professional work. Ethical values should not be jeopardized; avoiding harm, doing only good, and respecting human dignity are some main values to carry through both volunteer work and professional work. Health care professionals are bound to the same strict confidentiality when volunteering as they are when working professionally. (ETENE 2014.)

2.3 Motivation to volunteer

Motivation is often described as the force or desire that makes people do what they do. There is an abundance of different theories related to human motivation and the theories have various viewpoints to human motivation. It often depends on the context which theory is applied. (Salmela-Aho & Nurmi 2017.) Motivation is commonly divided into intrinsic and extrinsic motivation. Intrinsic motivation comes from within and is connected to personal values, principles and interests. On the contrary, extrinsic motivation is about rewards, appraisal and benefits that come from the outside. (Kuuluvainen 2015.) A Belgian study (Bidee, Vantilborgh, Pepermans, Huybrechts, Willems, Jegers & Hofmans 2012) conducted within the framework of Self-Determination Theory found that volunteer's intrinsic motivation supports their work efforts whereas extrinsic motivation didn't have the same impact.

Altruism is often found to be the most important motivating factor as well as the most dominant motive when talking about volunteer work and volunteer behavior. In the study of Ward and McKillop (2011) it is noticeable that majority of reasons to do volunteer work were related to altruistic motivations. After altruistic reasons the major motivation factors to do volunteer work are enjoyment, interest, and social interaction. Enjoyment and interest are ranked higher than the social interaction. Altruistic reasons are the most influential reason behind motives for both females and males. Volunteer work of humanitarian nature attracts more likely females than males. When looking at volunteer work from an age-related point of view, the study indicates that older volunteers get more satisfaction compared to younger volunteers. Older volunteers can be retired, may have fewer demands in their lives, and are less likely to have young children. If an individual has done volunteer work in the past, they may also be motivated to volunteer in the future.

Life satisfaction increases when volunteer work is done weekly, but even if volunteer work is done seldom, it has a positive impact on the volunteers' social life and to the use of their leisure time. How satisfied volunteers are with their income, spousal relationship, living conditions, and employment appear to not have notable connection with volunteering. Volunteering increases volunteers' well-being and has a positive impact on volunteers' health and social life. (Binder 2015.)

A study (Lambrou, Kontodimopoulos & Niakas 2010) about job satisfaction and motivation among health care professionals in their paid work shows that intrinsic motivators, such as feelings of meaningfulness, appreciation, and respect motivate them the most. Right after that for nurses come extrinsic motivators, such as salary and pension, whereas for doctors the second highest motivators are aspects related to professional relationships and teamwork. Strong intrinsic motivations can have a favourable effect on quality of work. A study (Kjellström, Avby, Areskoug-Josefsson, Andersson Gäre & Bäck 2017) about work motivation among health care professionals concluded pleasure derived from helping and caring for their patients, challenging themselves, and interacting with patients and co-workers to be a significant factor in work motivation. Motivation can be strengthened by receiving appreciation from management. Financial aspects such as job security and salary were considered as basic preconditions in the results of this Swedish study.

2.4 Volunteer engagement and retention

Becoming involved in volunteering can be seen as linear steps in different stages, from being someone who does not volunteer to become a devoted volunteer. This viewpoint can support organizations or volunteer managers in determining central actions in the process of engaging and retaining volunteers; having plans for recruitment, training, and retention can be considered good practice. (Smith & Cordery 2010.)

A study conducted in New Zealand (Malinen & Harju 2017) about volunteer engagement focused on differentiating job engagement and organizational engagement. Both have a notable influence on volunteer commitment and satisfaction, but the results especially highlight the importance of organizational engagement. The tasks and duties done as a volunteer effort might have lesser importance in comparison to being part of a specific organization. It can be beneficial for managers of volunteers to increase organizational support and the volunteer's perceptions of it in order to have more engaged and committed volunteers.

As in any work environment also in volunteer work information and knowledge, especially silent knowledge, is often handed over to the new ones from the more experienced ones.

That is one reason why engaging individuals for long term participation is important. Feeling important as a member of the group engages one to commit to the volunteer work. Giving responsibilities to the volunteer means they can innovate, speak out ideas, develop, and participate in decision making in the operations of the organization. Being responsible strengthens the adherence to the volunteer work. (Kuuluvainen 2015.) Volunteers will have a stronger commitment to their organization when they feel like they can influence the volunteer work (McBey, Karakowsky & Ng 2017).

Being aware of the importance of one's volunteer work predicts feelings of pride, and organizational support predicts feelings of respect. Respect and pride are linked to higher organizational commitment among volunteers. Generating feelings of pride and respect can be used to engage and commit volunteers to organization. (Boezeman & Ellemers 2008.) Volunteers' engagement can be improved by giving them precise information on how their involvement plays a part in the organizational mission (Malinen & Harju 2017).

Perceived organizational support has a positive effect on the volunteers' feelings of autonomy and competence. It can also help with organizational commitment, as they will feel more valued as an individual member. On the contrary, not having the sense of organizational support can do the exact opposite and reduce their commitment. (McBey et al. 2017.) Decision to continue volunteering in a certain organization might not only depend on perceived organizational support but also have to do with the beneficiaries of the volunteer work. It is suggested that the volunteer's sense of commitment towards the beneficiaries reduces intentions to leave the organization. (Valéau, Vandenbergh, Mignonac & Turnau 2013.)

It is shown that volunteering is considered to be very influential. Altruism is often behind the reason to commence volunteer work and later what influences volunteers is the enjoyment obtained from volunteering. Volunteers also find their volunteer work to be interesting and they enjoy the social interaction it brings. Different kind of duties and social events in volunteer work, mentoring, and training are the factors that will help the motivation grow. Volunteers who get pleasure doing what they do and get positive feedback are more likely to volunteer, and these factors will also improve retention of volunteers. (Ward & McKillop 2011.)

Barriers to participate in volunteering can be related to life situation and socio-economic circumstances. These can be for instance lack of time due to busy schedule with family and work, financial restrictions, health reasons, language barriers, image of volunteering, or not being asked to volunteer. It is good for organizations to understand that there are many reasons that affect volunteer retention. Making sure volunteers feel welcomed and valued,

and that possible costs do not limit their participation helps in retaining volunteers. (Smith & Cordery 2010.)

2.5 Volunteer management

Managing volunteers consists of planning organization operations and objectives together with the volunteers, and also of motivating and inspiring them in order for them to achieve the goals set for them. The organization should have a clear vision and purpose for everyone involved, for them to know why and what for they are putting their efforts in. For organization's management it is important to know why volunteers participate. This helps in creating a strong group identity and in understanding how to develop their operations in the future. Some main components of volunteer work from organization's point of view are defining volunteer work in the organization's operations, setting the goals for volunteer work, understanding the motivations of their volunteers, having a common vision and goal, creating group identity, having ways of recruiting and communicating with their volunteers, instructing new volunteers, thanking and rewarding volunteers, and providing support in volunteers' personal development and learning. (Kuuvainen 2015.)

Rewarding and thanking is an important part of managing volunteer work. Even though it often doesn't create motivation, it might be useful in maintaining it. It is a message of one's work being important, and it being noted with attention. Getting feedback, both positive and negative, might trigger inner motivation, as volunteers can learn and develop professionally based on it. Also gathering feedback from the volunteers is an essential part in developing the organization's operations. The given feedback and the changes made based on it should be communicated back to the volunteers. (Kuuvainen 2015.) To increase volunteers' sense of being respected their management can let volunteers know that their efforts and time are appreciated (Boezeman & Ellemers 2008).

Effective communication, support, orientation, sufficient training, clear written policies, and recognition actions are some components considered part of good volunteer management practice. It is however important to notice an organization's individual needs of volunteer management practices, as all organizations are different and benefit from different methods. (Smith & Cordery 2010.)

Efficient recruiting is the essence of acquiring more volunteers. It is beneficial to promptly respond to those who approach the organization and to establish an environment that is easy to approach and feels welcoming. Having current volunteers participate in recruiting can help as well as reaching out straight to potential volunteers. Advertising and promoting volunteer possibilities in an organization can help in recruiting. Orientation and training are important

in supporting existing volunteers. Resources should be allocated for training and it should be accessible. An organization should not only train their volunteers, but also those who manage or work with volunteers. (Smith & Cordery 2010.)

Managers and leaders of volunteers can have a significant role in volunteer satisfaction. Leadership integrity and inclusiveness correlates with volunteers' satisfaction. Volunteers feeling included in the organization connects with better volunteer retention. Managers can make volunteers feel more included in the organization by various ways, such as rewarding and recognizing, committing efforts in volunteers training and skill-development, knowing them better and acknowledging individuals' intrinsic motives. It is however suggested that volunteer retention is more dependent on volunteers' intrinsic motives than volunteer satisfaction with the organization per se. Volunteers continue to put efforts and time into an organization because of the action having intrinsic value to them. (Senses-Ozyurt & Villicana-Reyna 2016.) It is suggested that managers could utilize more capacity from volunteers by supporting their intrinsic motivations. Providing a setting where it is easy for volunteers to see the positive effect of their efforts could support them. (Bidee et al. 2012.)

3 Irregular immigration

3.1 People with irregular immigration status

Different terms are used in literature and publications, such as undocumented or illegal immigrants, to refer to people with irregular immigration status. In this master's thesis the term person or people with irregular immigration status is used, as it well describes this diverse group. The National Institute for Health and Welfare of Finland uses the term undocumented migrant and defines it as a person who resides in Finland without a residence permit. This can be someone without a valid residence permit coming from outside of the EU or EEA member states or Switzerland, or someone from the previously mentioned countries whose residence permit or visa required having a private health insurance, but which is no longer valid or doesn't have decent coverage. Those with legal right to stay in Finland but no access to social and health services are considered to be in a similar position to undocumented migrants. These are groups such as EU citizens without social security in their home country, students from abroad whose private health insurance is no longer valid or doesn't have decent coverage, or those with valid visa but no sufficient coverage on their private health insurance. (THL 2018a.)

There isn't an exact number of people in Finland with irregular immigration status due to not having specific data of them as a group, as they may not be registered in the municipalities and have limited rights and access to health and social care, employment, and housing. In Helsinki it is estimated there are about 1300 to 1500 people with irregular immigration status.

There are many possible risks for people within this group; they may not have regular housing, they might be exploited for labor, and mistrust of authorities might prevent them from seeking help from health and social care services. (City of Helsinki 2018.)

European Union defines irregular migrants as third-country nationals in the EU member states who do not have the legal right to remain there (EU 2019). The number of illegally present third-country nationals found in year 2017 in EU region was 618 780. This statistic is completed in accordance with the EU definition of irregular immigrants. (Eurostat 2019b.) Due to the complexity of the concept, it is not possible to give an exact number of people with irregular immigration status in general. Some national estimates exist in many countries; however, they may not be comparable as countries have such different definitions for the group of people and also different methods for acquiring the information. (IOM 2018.)

3.2 Health care for people with irregular immigration status

The Universal Declaration of Human Rights (United Nations 1948) can be seen as the basic standard of those fundamental human rights that should be universally secured and respected. It is announced that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services”. Finnish model of universal health and social care can be seen to be based on the same ideals which are set forth by this declaration, as in the Constitution of Finland (Suomen perustuslaki 11.6.1999/731) it is defined that everyone in Finland has the right to adequate health and social care. Finland has signed up to a number of international human rights agreements, which oblige the nation to arrange societal structures in a way that those agreements are realized. How health and social care services are organized while respecting these agreements is a complex issue, as a nation has to consider its resources as well as its definitions and requirements for citizenship and residency (Nykänen, Keskimäki & Kuusio 2017).

A person's right to public health care in Finland can be based on municipality of residence, EU legislation, or other international agreements (STM 2018). Those who do not qualify for full access to Finnish public health care are however always entitled to urgent care. Urgent care includes any sudden illness or injury, or a long-term condition worsening. Also, urgent oral, mental health, substance abuse, and psychological care are included. Urgent care does not cover treating chronic illnesses, screening and monitoring pregnancies or newborns. (THL 2018b.) Those not entitled to public health care will pay full cost of the urgent care. All payments are dealt with after the needed urgent care is given. (STM 2018.)

Municipalities in Finland can however choose to extend services to cover more than required by the Finnish law for people with irregular immigration status (THL 2018b). For instance, City of Helsinki has expanded the health care services provided for these immigrant groups to cover all urgent care with the same cost as for residents, and wide health care services for minors under 18 years old and for pregnant mothers (City of Helsinki 2019). Since 2017 the city has expanded the health care of people with irregular immigration status to cover care of chronic illnesses and necessary immunization (THL 2018b). The public health care services in Helsinki for people with irregular immigration status are available at all health centers but are particularly centralized to Kalasatama health and well-being center. When in need of urgent care, they can utilize all of the same public health care facilities as anyone living in Helsinki. (Korniloff 2019a. Personal communication).

From society's point of view, it can be argued that the way Helsinki has arranged the health care of people with irregular immigration status is the most cost-efficient way (FRA 2015), as well as the safest in the context of public health. Possible lack of adequate vaccination coverage can pose a threat to public health. Providing preventive care can reduce expenses of health care as health problems are tackled before they become emergencies. For the sake of public health, it is beneficial to provide those with irregular immigration status with basic immunization, antiretroviral medicine for HIV-positive mothers for the protection of children, and tuberculosis screening when necessary. (Keskimäki et al. 2014.)

For refugees and migrants in WHO European region the health problems are similar as in any other group; both communicable and non-communicable diseases occur. Limitations in access to health care, varying living conditions, and exposure to infectious diseases may cause them to be more vulnerable to communicable diseases. Depending on the country of origin there may be lack of adequate immunization, risk of tuberculosis, and other viral infections. There is however evidently low risk of transmitting these communicable diseases to the population of the host country. WHO European region migrant groups are less likely to have many non-communicable diseases in comparison to host population, but the risk increases if they remain in the region. However, the likelihood for diabetes is higher, and for most neoplasms lower. The risk for some cardiovascular diseases is higher, but this may be more due to socioeconomic factors than migration status. Problems in mental health have significant differences in migrant groups as they often arise from personal experiences, such as threatening situations in one's life history causing PTSD or poor socioeconomic situations causing depression. (WHO 2018.)

People with irregular immigration status in the European region often do not utilize available health care services as much when compared to regular residents. These vulnerable groups are less likely to attempt to find health care or seek it too late and may receive inadequate

care. Reasons for this may be lack of awareness of what they are entitled to, socioeconomic factors, or possible fear of being deported. (Winters, Rechel, de Jong & Pavlova 2018.)

3.3 Health care professionals and people with irregular immigration status

Health care professionals may face different barriers when caring for patients from various migrant groups. Lack of protocols, guidelines, and the understanding of them can affect in service provision. Cultural differences and language barriers may limit the possibilities and quality of care. Not knowing patient's medical history also makes it difficult to provide adequate health care. Caring for people with irregular immigration status might in some countries cause medical professionals to worry about losing their license. (EUR-HUMAN 2016.)

A study (Priebe, Sandhu, Dias, Gaddini, Greacen, Ioannidis, Kluge, Krasnik, Lamkaddem, Lorant, Puigpinósí Riera, Sarvary, Soares, Stankunas, Strassmayr, Wahlbeck, Welbel & Bogic 2011) combining health care professionals' views from 16 European countries concluded several problem areas and also the elements of good practice in health care for migrants. In this study the definition for whom is a migrant was in line with the EU definition: all migrants, refugees, asylum seekers, undocumented migrants, and victims of human trafficking. The identified problem areas were e.g. language barriers, difficulties in providing care for those without coverage in the health care system, migrants' traumatic experiences and social exclusion, their lack of knowledge of the health care system, cultural differences and different understanding of illness, negative attitudes among both staff and patients, and lack of access to patient's medical history. Most of these problems occurred in all countries of the study, and the health care professionals identified the care of migrants to be complicated due to these issues. Organizational adaptability, sufficient interpreting services, health care professionals' cultural awareness, and clear guidelines for health care staff on the entitlements of different migrant groups were identified as some elements of good practice.

When encountering people with irregular immigration status in their paid work, health care professionals often run into a problem of not having clear guidelines. In a Danish study this was seen to result in individual professional having the burden of making a decision on how to care for the patient. The health care professionals may be unsure about hospital admission, prescribing medicine, or covering the expenses of care. They may not know if they are supposed to report these patients to authorities. (Jensen, Norredam, Draebel, Bogic, Priebe & Krasnik 2011.) Health care professionals often encounter ethical conflicts of whether to provide health care for those in need even when it is not in accordance with jurisdictional or administrative regulations. They are inclined to choose to comply with their professional ethical guidelines and provide care despite these regulations. (Strassmayr, Matanov, Priebe,

Barros, Canavan, Díaz-Olalla, Gabor, Gaddini, Greacen, Holcnerová, Kluge, Welbel, Nicaise, Schene, Soares & Katschnig 2012.)

Health care professionals in Finland comply with strict patient confidentiality by law (Laki terveydenhuollon ammattihenkilöstä 559/1994), and they do not have the right to report someone to authorities based on their irregular immigration status. They do have the duty and the right to give health care services for those in need. (THL 2018b.) Different professions can have their own professional ethical guidelines, which give them a clear guidance on the objectives of their work (Tehy 2017). By law, health care professionals have certain ethical obligations, such as sustaining and promoting health, preventing and curing illness, and alleviating suffering (Laki terveydenhuollon ammattihenkilöstä 559/1994.) It can be argued that the purpose of health care structures and individual health care professionals is not to judge or determine whether a person is entitled to care or not, but to provide adequate health care for those in need of it (Tehy 2017).

Experiences of nursing professionals volunteering at a clinic for undocumented migrants were explored in a Swedish study (Sandblom & Mangrio 2017) with a small sample of nurses as informants. When comparing to their paid work as nursing professionals, the work in the clinic was seen as limited in material resources, time, as well as in adequate physical space. This resulted in lack of continuity and nursing professionals feeling stressed. Reasons and motivations behind informants volunteering were connected to professional ethics, believing in everyone's equal human rights, and political frustration. The frustration that rises from encountering institutionalized injustice in public health care could be coped with doing volunteer work that honors health care professionals' personal beliefs.

In a German study (Linke, Heintze & Holzinger 2019) considering medical practitioners voluntarily providing health care for uninsured migrants it is concluded that health care based on volunteer work being limited in resources and inconsistent in many ways. It might temporarily help someone, but it is still only a replacement for access to the general health care systems. Quality of care in this type of setting is dependent on the individual aspects of both the organization and the health care professional, as well as their connections to the existing health care systems.

3.4 Global Clinic Helsinki

Global Clinic Helsinki offers information and guidance as well as health care services for people with an irregular immigration status in the capital area of Finland. Care is given without any charge and with confidence. Currently Global Clinic operates in Helsinki, Turku, Lahti, Tampere, Joensuu and Oulu. In Global Clinic Helsinki it is also possible to get legal

guidance given by a lawyer arranged by the Finnish Refugee Advice Centre and once a month HIV-testing is organized by Hivpoint. (Global Clinic 2019a.) The Helsinki clinic is open and active once a week. Care is given by health care professional volunteers, for instance physicians, nurses, midwives, dentists, and psychologists. (LSV 2017.)

Global Clinic Helsinki was established in 2011 (LSV 2019), and since 2016 has been supported by Physicians for Social Responsibility Finland (abbr. PSR Finland) (LSV 2017). Most of the funding for clinical work comes via donations from both various associations as well as private donors (LSV 2019). Since 2017 Funding Centre for Social Welfare and Health Organizations (STEA) has funded the PapeTe-program which is a collaboration between Global Clinic Helsinki and PSR Finland. The PapeTe-program aims to promote the health of people with irregular immigration status. (Global Clinic 2019b.) With the PapeTe-program PSR Finland was able to open up a hotline for health and social care professionals to provide them with information about health care services for people with irregular immigration status (LSV 2019). Coordinator of the PapeTe-program supports the work of Global Clinic volunteers and coordinates media visibility of Global Clinic and related topics (LSV 2018).

The website of Global Clinic guides the people to contact a hospital in case of an emergency. The website provides information about health care services for people with irregular immigration status in Arabic, Bulgarian, English, French, Romanian and Russian. (Global Clinic 2019c.) Global Clinic Helsinki is open once a week for 3 hours at a time, and they aim to always have two physicians, three nurses, one midwife, one dentist or a dental nurse, and one psychologist present (Korniloff 2019a. Personal communication).

Tjukanov's (2018) master's thesis about health promotion of people with irregular immigration status covers statistics of Global Clinic Helsinki from year 2016. In 2016 Global Clinic Helsinki had 556 patient visits, a bit over half of the patients were male, and the average age of patients was 34.6 years, with the youngest being 2.5 weeks and oldest 69 years. Some typical reasons why people visit the clinic were dental problems, respiratory infections, urinary tract infections, pregnancy, and digestive issues. The patients were of 45 different nationalities, major national groups being Romanian and Bulgarian, and next largest groups were from different African nations.

4 Goal and aims

The goal of this master's thesis was to develop the volunteering process at Global Clinic Helsinki. The aim of this master's thesis is to provide PapeTe-program a suggestion of actions for them to develop the Global Clinic volunteering process, and to improve their volunteer

recruiting, retention, motivation, and coordination. The study questions for this master's thesis are:

1. How does the PapeTe-program affect the volunteering experience at Global Clinic?
2. Which elements influence the experience of volunteering at Global Clinic?

5 Methodology

5.1 Qualitative research

The purpose of qualitative research is to interpret social phenomena and explain human experiences. Qualitative approach is useful when trying to understand personal experiences. Some attributes of qualitative research are emphasis being on collected data, research completed within a specific context, and the use of qualitative methods in acquiring information. As quantitative research is conducted with measurable data collection methods such as questionnaires or statistics, the data in qualitative research is often collected from fieldwork, observing participants, interviewing, or using diaries and documents. (Holloway & Wheeler 2010, 3-10.)

The PapeTe-program coordinator was first approached due to this master's thesis authors' interest in volunteer-run health care settings and health care professionals working as volunteers. After discussions with the coordinator and her presenting a few ideas based on the PapeTe-program's needs and interests, developing the volunteering process at Global Clinic Helsinki was chosen as the goal of this master's thesis. It was agreed that this would be done by collecting information from the volunteers of Global Clinic Helsinki. As this master's thesis acquires information on personal experiences within the context of volunteer work in a specific setting, it is justified to utilize the methods of qualitative research.

Theoretical framework of this master's thesis consists of different aspects of volunteering, Global Clinic, and people with irregular immigration status. The data for the theoretical framework was mostly searched from databases to which Laurea University of Applied Sciences has access to; PubMed, EBSCO, and ProQuest. Some searches were done in Google Scholar. Websites of the key contributors in the field of volunteering and those related to theme of irregular immigration were also looked at, such as Citizen Forum, National Institute for Health and Welfare, World Health Organization, Ministry of Social Affairs and Health, and United Nations. Key words when searching databases were related to both only volunteering as well as volunteering within the context of irregular immigration. Peer reviewed references published within the past ten years were preferred.

5.2 Interview as a data collection method

Interviewing is one of the most common methods when acquiring qualitative data. It gives participants an opportunity to describe and answer in their own words and allows them to have an active role. (Hirsjärvi & Hurme 2014, 34-37.) It aims to understand the interviewees perspective and to gather meaningful information from them (Kvale & Brinkmann 2009, 27).

Qualitative research interview is guided by the interviewer's agenda but is mainly directed with the interviewee's thoughts and descriptions. While interviewing the researcher can instantly ask for more specific information if needed, which gives the benefit of being sure all themes of interest are covered. (Holloway & Wheeler 2010, 87-97.)

One-on-one interviews were seen as a suitable method for data collection in this master's thesis as it seeks to explore volunteers' experiences, feelings, motivations, and opinions. The interview invitation was sent by the PapeTe-program's coordinator to all Global Clinic volunteers via their private communication channel in the beginning of March 2019. At the time it was estimated there to be about 100 volunteers who had access to it, out of which approximately half had been active within the past year (Korniloff 2019b. Personal communication). The coordinator also frequently approached the volunteers with a reminder of the master's thesis interviews. The volunteers were offered an option for face-to-face interview or a phone interview. Volunteers were asked to contact the master's thesis authors directly if they wished to be interviewed. Five volunteers contacted the authors via email, after which a time and method for the interview was agreed on.

During March and April 2019 five interviews were conducted. They were recorded with the recorder provided by Laurea University of Applied Sciences IT-services. One interview was conducted face-to-face, four via a phone call. All interviews were conducted in Finnish. The interviews took 50 to 90 minutes each. Interviews started by the authors introducing themselves and telling the informants shortly of the master's thesis. The interviews all followed similar but not identical structure. The interview questions were mostly constructed based on the literature in the theoretical framework. Some opening questions about the informant's background as a health care professional and a volunteer worker were made before moving on to the actual topic. The informants were asked to freely tell about the interview topics, and if the authors felt there was not enough content more specific questions were made to deepen the understanding (appendix 1). After all chosen interview topics were discussed, the informants were asked if they wanted to add anything, they thought to be relevant. They were also encouraged to contact master's thesis authors via email with additional information afterwards if they felt something relevant was not covered in the original interview.

All of the five informants were assumed females, and they had been volunteering at Global Clinic between 1.5 years to 7 years. The informants were from the professional groups of registered nurses, midwives, public health nurses, and physicians. The exact number of informants from each professional group is not revealed due to the relatively small sample size.

5.3 Inductive content analysis

The content of the collected data has to be analyzed in order for it to provide comprehensible and coherent information on the research topic. Inductive content analysis approaches collected data not starting from a specific theory, but from the content of the data instead. It is suggested that inductive content analysis is beneficial when studying a topic without clear theories to support it. (Elo & Kyngäs 2008.)

The analysis process consists of three phases; preparation, organizing, and reporting. In preparation phase one needs to choose a unit of analysis, such as a word, sentence or a theme. Next one needs to become familiar with the data and read it through a number of times. After this begins the organizing phase, which consists of open coding, creating categories, and abstraction. This means that headings describing the content are written down, categorized and grouped together under higher level headings. After this, subcategories are grouped together into categories, and categories into main categories. (Elo & Kyngäs 2008.)

Possibility to process considerable amount of qualitative data is a benefit of inductive content analysis. Over-interpretation by researcher can be a possible risk in inductive content analysis. The analysis process should be written out in detail for the reader to have a clear idea of how the analysis was executed. Trustworthiness and reliability can be increased by giving clear examples of how the data and the results connect, for example via tables, and to give examples of authentic citations. It is however important to remember anonymity of the informants and not have recognizable citations. (Elo & Kyngäs 2008.)

Inductive content analysis was chosen as a method for this master's thesis as no previous studies in the context of volunteer work at Global Clinic Helsinki exist. Interviews as data collection method produce large amount of transcribed text, therefore content analysis is a valid choice. As the goal of this master's thesis is to produce context specific information it is justified to use inductive content analysis.

The conducted interviews were transcribed into Word-documents by the authors of this master's thesis. All together there were 78 pages (font Times new roman, line spacing 1,5, font size 12) of transcribed interviews. Both authors were present when the interviews were

conducted, and also after initial transcribing confirmed each other's transcriptions by listening to the original recordings of the interviews. The transcribed interviews were still read multiple times after this. First open coding was conducted by making notes and rudimentary categories while reading the transcriptions. Subcategories were created by bringing similar headings together, and furthermore brought to more generic categories. Main categories were derived both from the data and study questions. The two main categories were the PapeTe-program's influence on the volunteering experience at Global Clinic and elements that influence the volunteering experience at Global Clinic. An example of the analysis process is presented in Figure 1. All the results are presented as a mind map (appendix 4) which includes main categories, generic categories and subcategories. Both authors took part in the data analysis process, so categories were cross-checked. The data analysis was approved by master's thesis supervisor.

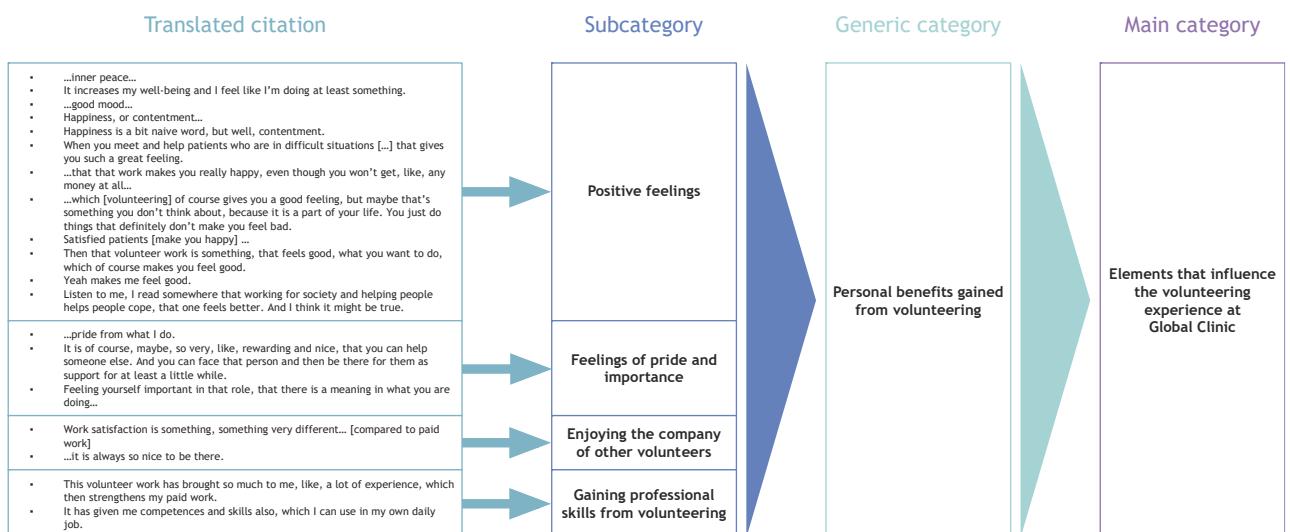


Figure 1: Inductive content analysis process

6 Results

6.1 PapeTe-program's influence on the volunteering experience at Global Clinic

The positive influence of the PapeTe-program on the volunteering experience at Global Clinic was emphasized throughout the interviews. In the results of this master's thesis the influence of the program on the volunteer experience was divided into the PapeTe-program's role at Global Clinic and the PapeTe-program's coordinator's role at Global Clinic.

6.1.1 PapeTe-program's role at Global Clinic



Figure 2: Results in PapeTe-program's role at Global Clinic

Significance of the PapeTe-program for Global Clinic volunteers was highlighted by all of the informants. The program was seen as very important and vital to Global Clinic. The volunteer work had become easier and more organized since the program had started.

I don't know how we could cope without the PapeTe-program.

The tasks of the PapeTe-program that the informants mentioned were to plan the general courses of action, produce information, and provide support for Global Clinic volunteer work. Hiring professional interpreters to support health care professionals and patients during the clinic evening was also seen as a major improvement the program had provided. Interpreters were seen as an important support for the clinical volunteer work.

...a good situation so that we can order an interpreter, and they are highly professional interpreters.

Political significance of the PapeTe-program was pointed out by some informants. Issues related to the health care of people with irregular immigration status having advanced in Helsinki area were seen as the achievements of the program.

...that these issues are advanced in our society is for sure because of PapeTe, I'm sure it is because of PapeTe.

It was also mentioned how the PapeTe-program might make Global Clinic seem slightly more serious and more official. Global Clinic and the PapeTe-program were seen to have a common goal of Global Clinic not being needed in the future.

6.1.2 PapeTe-program's coordinator's role at Global Clinic

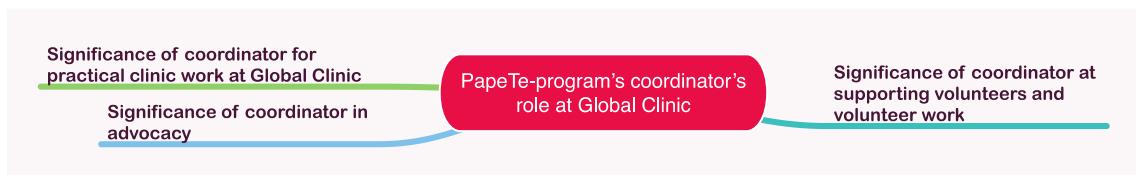


Figure 3: Results in PapeTe-program's coordinator's role at Global Clinic

The importance of the PapeTe-program's coordinator was underlined by all of the informants. Coordinator's role in clinical work was seen as freeing the informants to do what they are supposed to do - provide health care. This had made the volunteer work more enjoyable and easier, as the informants could concentrate on their volunteer work.

...the physicians and nursing professionals can concentrate on their core competences and care for the people with irregular immigration status.

Coordinator also was seen to care for the attendance of volunteers in the clinic evenings and communicated to them if not enough volunteers were coming. The coordinator was recognized to take part in ensuring the clinic evening would go as smoothly as possible, sometimes being present at the beginning of the clinic evening to check that things were in order.

The coordinator keeps an eye on how many nursing professionals and how many physicians are coming to the clinic evening. If not enough are coming, the coordinator will let people know.

The coordinators significance in practical matters related to the clinic evening was also highlighted. These were making sure equipment such as printers, card readers for regulated health care professionals ID cards, and volunteers' logins function as they are supposed to.

...if for example printers or card readers won't work or we are missing something, or something needs to be purchased or other ... [the coordinator] will deal with it.

Supporting volunteers and volunteer work at Global Clinic was seen as an important part of coordinator's work. It was stated that the coordinator gives structure to the volunteer work and is very up to date on what is going on. The coordinator was identified taking responsibility of the volunteers and organizing the volunteering process for it to function well. This again was seen as freeing energy and enabling the volunteer work. One informant mentioned, that as the coordinator does the job so well, they believed the coordinator must spend more than the working hours dedicated to it.

...as now we have the coordinator, we have been freed so much energy to the actual volunteer work that it has become nice.

The coordinator was also seen having a significant role in organizing the meetings with the volunteers. Inviting people and arranging small snacks for these meetings was seen helping create a positive atmosphere.

Program's coordinator was also seen as having a very important role in advocacy, which also supports the volunteer work at Global Clinic. The coordinator was said to take responsibility in replying to media inquiries and emails, contacting politicians and leaders, answering to phone calls and making applications for grants. Yet again this was seen as freeing volunteers' time for the actual volunteer work.

...the coordinator does a lot of advocating, contacts various groups of people; it has absolutely made our work easier and lighter.

It was seen significant that there was someone who knows what is going on in a larger scale with topics related to people with irregular immigration status; in local politics as well as in other countries. Having all of this information in one person's account was seen as an important factor in how well advocacy had been done. The coordinator was complimented also as an individual, who takes new ideas seriously and makes sure they get put to practice.

...that we have a coordinator, who literally coordinates, it wouldn't have been possible to do such efficient work without someone holding everything in their hands.

[the coordinator] will hold onto them [new ideas] and will organize it and make all of it happen.

All expressions about the PapeTe-program were positive by nature. No negative comments on the PapeTe-program nor the program's coordinator were made.

6.2 Elements that influence the volunteering experience at Global Clinic

In the interviews the informants discussed a variety of elements that influence the volunteering experience at Global Clinic. During the content analysis these were put into categories which are: first contacting Global Clinic, time they spend there, motivations, personal benefits, and possible barriers. Support, acknowledgement, demands, training, orientation, engagement, retention, clinical work and team work were also discussed from many viewpoints. In many of these topics the informants had already made improvements and had ideas on how to continue this.

6.2.1 First contact with Global Clinic

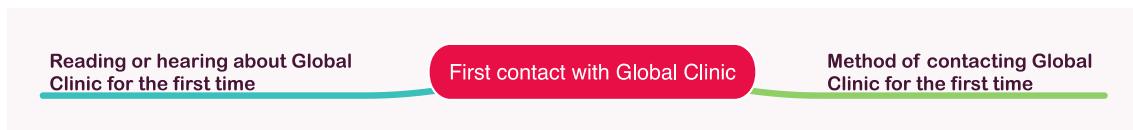


Figure 4: Results in first contact with Global Clinic

There were comments on how informants heard about Global Clinic for the first time by reading about it on a magazine or an article. Some also mentioned that they had heard about Global Clinic from a co-worker, and Global Clinic booth had also been seen at the World Village Festival. Global Clinic was first contacted via e-mail and internet.

I remember that I had seen an announcement or some small article in a magazine about it.

6.2.2 Time spent on volunteering

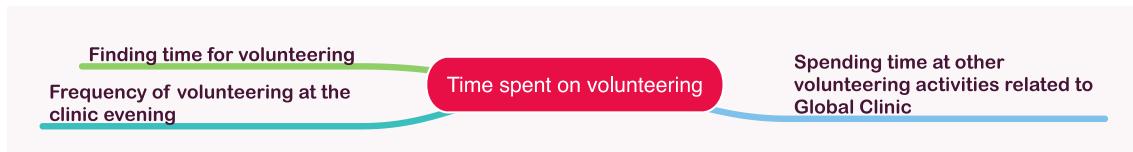


Figure 5: Results in time spent on volunteering

There were many means on how the time for volunteering was found. Many of the means were related to one's life situation, such as being on parental leave. It was also found helpful if there was support from family and friends. Personal values were mentioned to be one reason to find time for volunteering as there were comments on how people generally will find the time for volunteering if there is an interest for it. It was seen that shift work might complicate finding time for volunteering, but it is possible if proper planning is made. There were some comments that if volunteer work was seen as more like a hobby than volunteer work, it would be easier to find time.

Yes, I would think that everybody would have time if they wanted to [volunteer].

Frequency of volunteering at the clinic evening was reported by the informants to be mainly once a month, which was also mentioned to be the frequency that is hoped from the

volunteers. There were some comments that one volunteered at the clinic evening twice a month, and it was mentioned that one might volunteer more often, as the current number of active volunteers had been lower.

On average, I would say once a month.

For most of the informants the clinic evening was not the only volunteering activity related to Global Clinic, as also other volunteering activities were mentioned. Many of the informants told that they participate in various meetings and they had also given lectures about Global Clinic at various events. Some mentioned that they had also kept and answered to the on-call phone for a period of time, and some said they answered and sent e-mails. It was mentioned that the other activities can take more time than the actual clinic evenings.

Pretty much everyone has kind of a double role in there.

6.2.3 Motivation to volunteer



Figure 6: Results in motivation to volunteer

Many informants mentioned that altruistic reasons motivated them to volunteer.

Kind of love for another human being...

Political and ideological values were mentioned to be behind their motivation. Some found it to be good that Global Clinic is politically independent and that Global Clinic's ethics are similar to their own. It was mentioned that it is comfortable to be a part of something where others share your values.

Health belongs to everyone, regardless of their immigration status.

There were some mentions from the informants on how they felt obligated to volunteer because of a moral duty. Many informants felt that it is important to help those in need.

I feel that [volunteering] is practically everyone's responsibility.

Selfish reasons behind one's motivation also came up in the interviews. Some felt that doing volunteer work is selfish, because also the volunteers get joy from doing it and volunteer work also helped themselves in a way. Volunteer work was also found to look good on paper and some commented that it may help when searching for a new job.

It is kind of selfish, I think, because it helps me.

Motivation to volunteer was considered to increase with others support. Some commented that the need to do volunteer work might be inherited in a way and some mentioned the support from the family and friends increases the motivation to do volunteer work.

I find it to be very important, that my family and friends consider that me doing volunteer work is important.

Some informants identified feeling useful while volunteering. It was mentioned that they were motivated when they can give their time to volunteering after their workday and daily lives. Some commented that they want to help and be a part of Global Clinic, because the patient group is in the most vulnerable position.

I feel that that job is useful, what you do, and of course that then inspires you.

Irregular immigration as a specific interest was highlighted as a motivator. Many of the informants commented they had been interested in topics related to immigration also before volunteering at Global Clinic. It was mentioned that some had interest in humanitarian work and volunteer work that is related to developing countries. Some saw volunteering at Global Clinic also as an alternative for working in developing countries. The vulnerability of the patient group was mentioned often, and some felt that this particular patient group is a major motivation for them to do volunteer work. It was commented that being a person with irregular immigration status is a significant ethical contradiction in the society. Some mentioned that the thanks from this patient group feels good.

People with irregular immigration status are in a very vulnerable position and feeling that you are helping them concretely by only a little effort ... that motivates maybe.

It is definitely something that feels unbelievable, that somebody would not have the right or access [to health care].

One motivating factor was the ability to volunteer specifically as a health care professional. It was mentioned that it feels important and good to volunteer as a professional in health care settings, because it is something that they also do for work and have been studying. It was commented that their competences and knowledge are useful when volunteering at Global Clinic. There was a notion that it might feel enjoyable to work at the clinic as a volunteer and not to only be a paid nursing professional, because the role of a volunteer worker is wider than a nursing professional role is.

...But as I have this profession, I thought that I could use it, it will be a good tool.

It feels important, health care services of course, because it is something that I do and have studied.

6.2.4 Personal benefits gained from volunteering

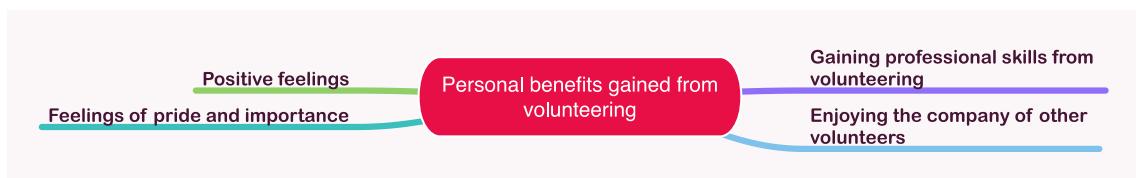


Figure 7: Results in personal benefits gained from volunteering

Many informants mentioned that they get various positive feelings when volunteering. They said that volunteering gives them inner peace, happiness, and contentment. Volunteering also increases their own well-being. It was reported that volunteering gives great happiness, even as a volunteer does not receive any payment for it. Some mentioned that satisfied patients are what make them happy. It was commented that civic activities and helping others can help one to keep on going in life and make one feel good.

When you meet and help patients who are in difficult situations [...] that gives you such a great feeling.

Informants gained also feelings of pride and importance from volunteering. It was commented that it is rewarding when you are able to help someone else and be there for them.

Feeling yourself important in that role, that there is a meaning in what you are doing...

Enjoying the company of other volunteers came forth as a personal benefit. Some reported that the job satisfaction is very different at the clinic when compared to their paid work. It was commented that the community of volunteers at Global Clinic is very enjoyable.

...it is always so nice to be there.

Some felt they gained professional skills from volunteering. It was mentioned that volunteering has given them a lot of experience and different kinds of competences, which has then strengthened their professional competences at their paid work.

It has given me competences and skills also, which I can use in my own daily job.

6.2.5 Possible barriers and limiting elements for volunteering

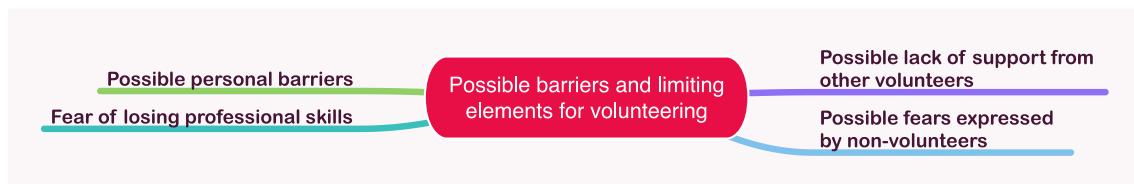


Figure 8: Results in possible barriers and limiting elements for volunteering

Informants reported some possible personal barriers that could possibly affect their volunteering. Most common possible barrier would be if informant would get sick, suffer from fatigue, or if their life situation would change so that it would be impossible to volunteer. Some commented that temporarily also lack of time could be a barrier.

I don't think that anything big could have an effect on it [desire to volunteer].

It was mentioned that a hypothetical fear of losing the necessary professional skills would be a possible barrier - they would stop if they would lose touch on how to treat and help patients. Some commented that if the touch to encountering and nursing patients disappeared, they would not have anything to give them anymore.

There were also reported fears expressed by non-volunteers. These were not seen as a barrier for the informants themselves, but just as something they had encountered and thought of. Some mentioned that they have had comments from non-volunteers that have asked whether this sort of volunteering is dangerous. Some commented that some non-volunteers have also incorrectly thought that volunteering with irregular immigrants is illegal.

..." Because people with irregular immigration status are illegally in the country, isn't it kind of illegal?" [comment from a non-volunteer an informant had heard]

Some described that a possible barrier could be lack of support from other volunteers. There were comments that if the atmosphere at the clinic would change or would get bad, it would

be hard to continue volunteering. If hypothetically Global Clinic would change its' values was also seen as a possible barrier. It was also said that if the workload for one volunteer would become too massive, it would be difficult to continue volunteering. Some mentioned that they may have not started volunteering, if there had not been some volunteers whom they already knew.

If I was expected to volunteer more often or take care of more things or so on...

6.2.6 Support received by volunteers



Figure 9: Results in support received by volunteers

Informants reported that they receive support from other volunteers. It was mentioned that there is a lot of emotional support, and volunteers are there for one another when needed. There were comments that the atmosphere at Global Clinic is very good and positive, everyone supports one another and gives peer support when necessary. Informants reported that more experienced volunteers make sure to ask newer volunteers how they are doing during a clinic evening. It was mentioned that support was also received by calling other volunteers, and it is possible to talk and discuss patient cases with a volunteer colleague. Volunteers are not left alone with difficult issues. It was mentioned that the support received from volunteer colleagues differs from the support of family and friends.

Everyone is there for one another and there is this kind of a good atmosphere.

It was very soothing to get the peer support from the others [volunteers].

In addition to emotional support, the informants reported receiving practical support. They commented that the different trainings and lectures have given them a lot of support in their volunteer work. Informants felt they receive concrete support when needed.

I got that training and it helped me a lot.

Many reported that they have received support from the PapeTe-program's coordinator. It was commented that since the PapeTe-program begun and the coordinator started, the

workload of the volunteers has reduced. It was said that the coordinator is very active and makes sure that the volunteers are doing well.

...that [the coordinator starting] has relieved us so very much.

Support can be derived from one's own experiences. Informants commented that one's own experiences as a volunteer and as a health care professional help in coping at Global Clinic. Some of the experiences at Global Clinic can be distressing, and it is helpful if they can think that they are only doing their work as well as they can but are not able to do more than that.

It is beneficial to develop a natural shield for oneself.

Currently there is no professional guidance for Global Clinic volunteers, but the informants reported that they had discussed this topic before and that sometimes it could be needed. Some commented that with help from possible professional guidance they could be able to talk through some of the harder cases and situations. It was also mentioned that with professional guidance it could be possible to share their own feelings about the volunteer work and how it affects them as individuals.

...you see such difficulties and sad human faiths, so yes, I would think [professional guidance] would be beneficial.

There were mentions about a possibility to have an appointed volunteer as a mentor, from whom especially a newer volunteer could get support from. Some felt they already had somebody particular they do call or ask something when needed. Mentoring has been planned for the new volunteers, as it would make it easier for them to contact someone and ask questions with a lower threshold. Some informants felt that it might be hard for the new volunteers to ask questions if they can ask them from just about anybody, and it might help to have someone specific appointed to them.

...the idea was, that some of us experienced volunteers would be a sort of support for the new volunteers, and they could call us and ask with a low threshold. That could be a good thing.

Some potential lack of support was mentioned as well. It was mentioned that as there is no one appointed leader at the clinic evening, it might cause one to feel unsupported. It was said that as there is no leader, nobody takes the full responsibility for the meetings that are supposed to be held before and after the clinic evening.

There is no kind of [...] an appointed leader, so it easily is like that [...] that everyone just leaves when things are done.

Some mentioned that they sometimes wish they could have a much more experienced colleague who could help with the most difficult patient cases. It was also mentioned as a possible lack of support, that it is not possible to talk about volunteer work related issues with one's friends and family.

6.2.7 Training or education for existing volunteers

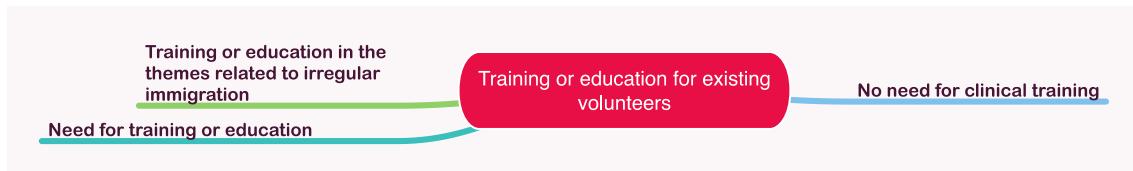


Figure 10: Results in training or education for existing volunteers

Many of the informants thought that they would benefit from training and education in the themes related to irregular immigration.

It is different when someone tells you things and it is possible to discuss it than to read it by yourself...

Process of asylum seeking was mentioned many times, and many hoped for education related to that. Also, education and training related to mental health was wished for. Some thought it was very beneficial when different professionals came to tell about topics related to irregular immigration, such as human trafficking and sexual violence. They had had some and felt that this kind of lecture would be good to organize again. Some said that information about different cultures would be interesting and beneficial. It was mentioned that it would also be good for volunteers to hear about different organizations involved with irregular immigration. Some commented that one of the volunteering psychologists could give a lecture related to the topic from their point of view as well.

It could be interesting to know, that how this asylum [...] how seeking asylum and the process goes...

It would be good to hear how the people with irregular immigration status that are living in Finland [...] what their psychological situation is and what are the biggest problems they experience.

It was reported that there is a need and a want for training and education. Some mentioned that it is always nice to learn and get information about new things. Some felt that training and education is important and could be had even more frequently, because volunteers come and go. Some informants commented that workshop-style training could be beneficial and in

those it would be possible to create new common working methods or come up with how to interpret their guidelines. Clinical training was not seen as necessary, as the resources and means in which they can care for the patients at the clinic are elementary and all trained health care professionals are able to utilize them.

6.2.8 Skills and demands for a volunteer

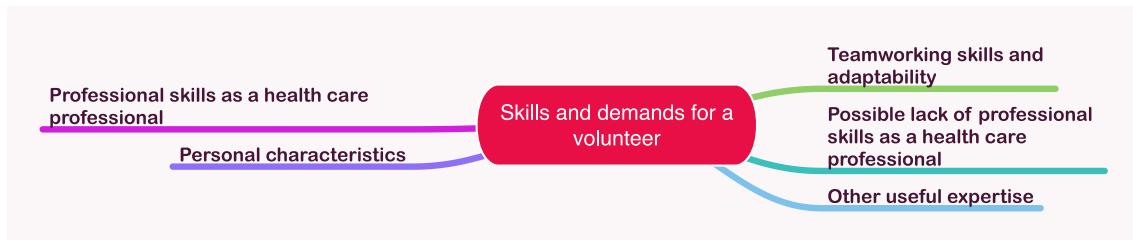


Figure 11: Results in skills and demands for a volunteer

Informants told that certain professional skills gained as a health care professional are useful for the volunteers. It was mentioned to be beneficial if a volunteer can work independently and to also have clinical experience. A volunteer needs to be able to work in different roles, but the biggest part of the work is encountering the patients. One's own positive attitude helps, and one has to be able to trust their own expertise as a health care professional. Some commented that the working environment and equipment is more limited than in most places, which can make it more challenging when diagnosing. Overall the informants reported that the somatic health problems at the clinic are usually quite minor, and they are easy to take care of.

It is a benefit if one has an extensive health center background, so there won't be any [problems] with the know-how.

Possible lack of professional skills as a health care professional due to having less of clinical experience were also commented by the informants. Some speculated whether there should be some limitations or demands for new volunteers. Some felt that the limitations and demands for a new volunteer could be considered and they could possibly be interviewed before they are approved. Some informants reported that there should not be too many demands and limitations, but instead the volunteers could volunteer doing what they are able to do with their existing experience and skills. It was commented that working at the clinic evening might feel challenging for a volunteer who comes from a very hierarchical environment. It was however mentioned that if someone new is feeling insecure at the clinic evening, there is always someone they can ask for advice. Some commented that it would be a problem if a new volunteer had attitude problems or could not work with people.

What kind of competences we want them to have? It is actually something we could really think about...

We don't really [currently] have any expectations [for clinical competences] ...

Informants told of some personal characteristics that would be beneficial for a volunteer to have. Positive attitude plays a big role, it is good if a volunteer can adapt to different situations and is in general down to earth. It was seen as important for a volunteer to be tolerant and emphatic towards patients, act friendly and professionally. It was said that a volunteer needs to be even more tolerant towards this patient group than how one would be in their every day job, as the patients encounter enough of discrimination. It is beneficial if a volunteer is interested in the topic of irregular immigration and is able to commit to volunteering. Volunteers should have some creativity, because sometimes the very basic and normal issues need to be handled differently than in ordinary health care surroundings.

You can't think you are going there [...] and feel superior; that I am here to help somebody. Rather you go there together with these people and think what can be done.

Team working skills and adaptability were also seen as important. Some commented that all of the volunteers are in the same boat and it is not possible to look anyone downwards or upwards. For the clinic evening to function, everybody must be working together. Many reported that the clinic evenings can feel rather chaotic and for that reason volunteers must be comfortable with disorder and complicated situations. It was commented that no one can come to the clinic evening and lose one's temper if something isn't working. Informants mentioned that if something does not work, you will have to fix it yourself, much unlike in a hospital environment.

The evenings can be quite chaotic from time to time, and it is necessary that you hold it somehow together.

Other useful expertise for a volunteer is to be able to understand people and their cultural backgrounds. It was mentioned that it is beneficial to know English. It helps to know about irregular immigration and which services different people can access, such as if a person is entitled to health care in the public sector.

What can be hard sometimes are these juridical things...

6.2.9 Orientation for new volunteers

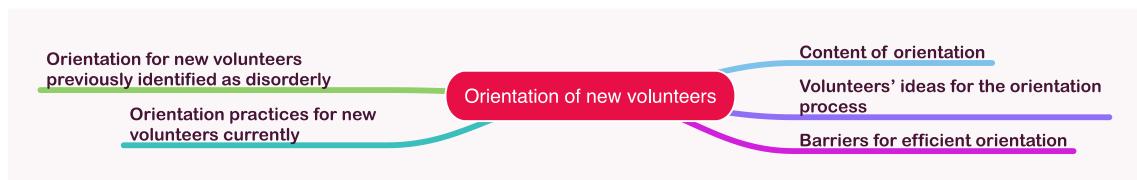


Figure 12: Results in orientation of new volunteers

Orientation for new volunteers was identified as disorderly before the volunteers decided to make some recent changes to the orientation protocol. Some mentioned that there was not an organized system before and the orientation was very basic.

There was no system back then, people went about as they pleased. That has developed a little since.

According to informants the orientation practices have been developed very recently and at the moment there are one orientation lecture evening and two or more orientation evenings at the clinic. A new volunteer can have as many orientation evenings at the clinic as they wish and feel necessary. Informants told that at the orientation evening at the clinic the new volunteers follow the evening with an experienced volunteer. It was said that this current orientation practice has proven to be quite beneficial, as this way they can give orientation lectures to a larger group together. Informants mentioned that many come to the orientation lecture evening, but do not continue from there on. This saves their time, as the individual orientation evenings are then only held for those who have the interest to continue.

We give all the different professional groups a joint orientation evening.

...then there are two orientation evenings at the clinic where they follow us.

The content of the orientation lecture evening according to the informants is presented with PowerPoint presentation, and it contains information about the topics related to irregular immigration in general and the right to access public health care in Finland. This is followed by information about Global Clinic and about the clinic evenings. It is beneficial that new volunteers already know the basics before they come to their first clinic evening. It was stated that during the orientation lecture evening the new volunteers are encouraged to ask questions.

Midwives tell about their job, [...] registered nurse tells about their job, the physician about theirs and the dentist about theirs...

Informants reported volunteers' ideas for the orientation process. The volunteers have been trying to create a new mentoring system. They said it would be beneficial if a new volunteer had some meetings and debriefings with the mentor in the beginning and could ask questions freely.

There were also some barriers for efficient orientation identified by the informants. It was said that new volunteers won't always have the courage to tell straight forward if they are not interested. Some also mentioned that as different people give orientation differently it might pose a slight problem, as maybe not all topics are covered to the same extent. Sometimes it can also be difficult to give a new volunteer the required training and orientation if there are not enough volunteers to give the training. This was identified as a problem mostly among physicians. It was mentioned that often people are in a hurry after the clinic evening and they might not have time to sit down with the new volunteers and answer the questions they might have.

When we are giving the orientation, we tell those things from our own point of view and our own knowledge...

6.2.10 Volunteer engagement and retention

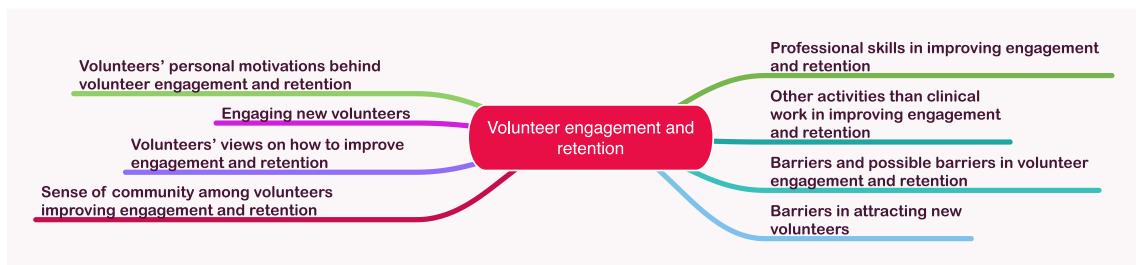


Figure 13: Results in volunteer engagement and retention

The informants had a lot to say about volunteer engagement and retention. One of the most important things they identified in increasing engagement was a person having to have a real, intrinsic motivation to do volunteer work at Global Clinic. Also receiving support from other volunteers for certain ideologies and reassurance for one's own values was seen as engaging.

That you receive especially ideological, emotional support that one sometimes needs in this world, so you won't feel so lonely when you are an ideologist and think that all humans have the same value. That there are others who see it this way, it gives me a good feeling...

Those who were interested but ended up not being motivated to volunteer after all were seen as a possible burden for the active volunteers. It would help the active volunteers in trying to

engage the new volunteers, if the new ones would tell if they aren't interested after all. The new orientation lecture evening was seen as a partial solution for this problem, as they wouldn't have to tell individually everything there is to know.

We have tried to tell people, that if you're really not interested it is perfectly ok.

The informants identified some barriers and possible barriers in volunteer engagement and retention. One is the threshold for participating may seem high; you have to sign yourself up for a specific clinic evening. As the volunteers are expected to be able to commit to one clinic evening a month, to come back after a full month might be unnerving. Also not participating in any of the other activities, such as meetings, training or team building days, might make one feel like an outsider.

You have to sign up yourself, so in a way no one tells you that you must be there, you have to decide for yourself...

It was suggested that it might be beneficial to go more often to the clinic evening to catch up in the beginning, but also the informants understood that it might not be possible for someone to commit to go every week. The lack of volunteering physicians was seen as a barrier for new physician volunteers, as it might make one feel lonely to be the only one in the clinic evening. This might make it feel too much like one's day job. Not enough physicians also result into not having enough of physicians to give orientation for the new ones. In general, the lack of volunteers might make the new volunteers feel it is too difficult to participate.

It is the worst situation that you are a new physician and you have to be alone in the clinic evening. For sure you won't come back...

There was some speculation whether the patient group and the clinical work being so basic plays a role in engagement and retention of volunteers. One informant had an experience of acquaintances from health care sector not having any interest in the patient group and therefore not being interested to volunteer, as well as some had heard someone having been disappointed in the lack of variety in the patient groups.

You won't get this feeling that you have saved someone's life [...] it is ordinary work just in a bit worse setting.

Possible communication problems were seen as a risk for engagement, as well as difficulties in practical issues at the clinic that make the work difficult. Lack of proper orientation due to the clinic evening being busy was seen as a barrier for engagement. This also causes frustration for the active volunteers.

We arrange the orientation evening and the orientation at the clinic [...] it takes so much from us, then we still see that these people will not come back.

The informants felt there is really no point in trying to attract new volunteers per se. This was seen as short sighted, as it wouldn't engage them for longer time. They felt they have enough people who are interested, but the problem mostly lies in how to retain them.

I have noticed, that if I tell people about it and make it sound like something, it makes no sense. It's just more trouble than it's worth for everyone, as these people will not commit.

Lack of time and having a busy personal life was identified as the reason people often tell as to why they cannot volunteer. However, someone pointed out that one has time for all the things one wants to put time into.

If you are completely drained from your job and your family life, it is obvious you won't take any more responsibilities.

The informants had some ideas on how to improve engagement and retention among new volunteers. Possibility to have a more experienced volunteer as a mentor, already existing theoretical orientation evenings, and spending some casual free time with other volunteers might increase retention.

That you would have time for example after the clinic evening to talk and maybe go grab a beer and discuss how it went. Somethings like these might increase [the engagement of new volunteers].

Possible volunteer-in-charge of the evening might make new volunteers feel more secure as there would be someone they could rely on knowing many practical things. Possible shift lists for clinic evenings were discussed, however this was also seen as it might make volunteers feel as if they were tied down too much.

If we made a list for like a whole year, that this is when you're supposed to be at the clinic, it might increase the engagement as it would be predetermined...

The informants had told their social circles, friends who are health care professionals, and even people outside of their common social circles about volunteering possibilities at Global Clinic. They would try to interest and intrigue possible new volunteers with a realistic image of what it is, and with the positive team spirit they have. Some kinds of advertisement exist, as there is Global Clinic website and they go to events to tell about the clinic.

I would tell them it is not a massive commitment, but I would intrigue them with it being flexible.

I tell honestly about how it is there, with the emphasis on the positive things as it is so nice.

Sense of community among volunteers was seen as an important part in improving engagement. Knowing other volunteers helps in engagement, and on the other hand lack of time to casually hang out with other volunteers was seen as something that was missed after one's life situation had changed. Inviting new volunteers to all the meeting was seen important, as it might make them more familiar with others.

To build a community and a foundation, so the new volunteers can attach to it...

Also feeling sure of one's professional competences made informants feel more engaged. Not being afraid of the volunteer work increases retention.

...also, I have started to feel like I know what I'm doing. That I'm not so unsure when I go there.

Having other shared activities than the clinic evening with other volunteers was seen as increasing engagement. Taking part in meetings, trainings and team building days were seen as important. Instead of just fun things to do together, professional activities, such as training, were seen as more engaging.

I think many of us volunteers are the sort of people who are eager to do something useful at the same time [as having fun] ...

These are just a little extra bonus, [the coordinator] arranges us these sort of kick offs once in a while, every spring something nice for us to do together...

6.2.11 Rewards, acknowledgements and feedback

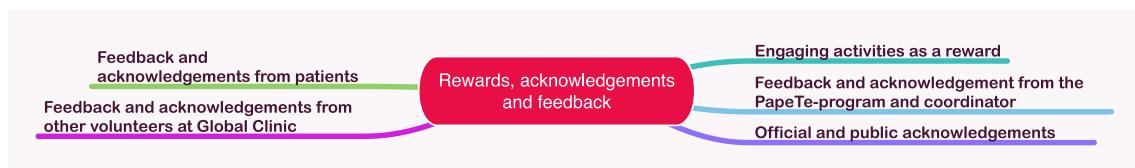


Figure 14: Results in rewards, acknowledgements and feedback

There were different types of rewards, acknowledgements and feedback reported by the informants. Feedback and thanking from patients were seen as one of the most important ones. Patients were seen as very thankful and grateful for the care they got, even if all the volunteers could offer them was listening and being empathetic.

Probably the gratefulness of the patients is the greatest thank you I get from this.

Engaging activities arranged for volunteers were partly seen as a reward also. The informants told of having had enjoyable activities arranged for them with the other volunteers. Some activities had been purely for fun, and some included having training together. Both types were seen rewarding. There was a mention of rather having a combination of both; learning something new and having some fun on the side. Also, common meetings were seen as a nice thing to do.

We have had in the past couple of years these team building days [...] small activities or this sort of development day. I see it as a nice acknowledgment.

Many of these acknowledgements were arranged by the PapeTe-program's coordinator. The coordinator was also seen as communicating messages and acknowledgements to the volunteers. There was also reports of positive feedback received straight from the coordinator.

[the coordinator] very actively comments if someone tells what has been done and gives positive [feedback].

Other volunteers were seen as supportive and giving a lot of positive feedback. They give feedback and tell each other when something went well, both in face-to-face communication as well as in their internal online group. One informant said they had never received as much of expressions of gratitude as at Global Clinic.

I think there is a lot of encouraging verbal feedback given.

There were some mixed feelings about official and public acknowledgements. On the other hand, they were seen as heart-warming, on the other they were seen as cliché.

[An organization] did give us a reward, but it doesn't feel as good as when someone actually gets help in the moment...

6.2.12 Team work

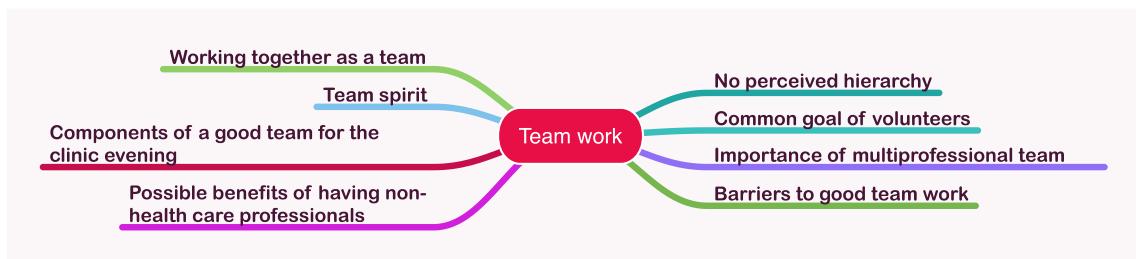


Figure 15: Results in team work

Working together as a team at the clinic was seen as important and in general in very positive light. Flexibility and openness were seen as an important part of team work. Working together and having motivated volunteers was identified as vital to a well-functioning team. Informants perceived an open atmosphere where it is easy to ask for help.

We rarely have had any problems, it is pleasant to work together, and it just works well.

Having a common goal and a shared responsibility among volunteers was recognized as supporting team work. The common goal everyone knows is that they are working towards is to no longer need Global Clinic.

Our mission is to have these services to be so extensive that Global Clinic would no longer be needed.

A positive and supportive team spirit among the Global Clinic volunteers was considerably highlighted throughout the interviews. Working together was described as easy and effortless. Good team spirit made it easier to attend meetings and to go to the clinic evening.

We have so much fun together [...] we have good time together, we are happy to see each other...

Engaging activities that have nothing to do with the volunteer work at the clinic were seen as supporting team spirit. A little bit of humor, friendliness, positive thinking, and patience go a long way.

Importance of having a multi-professional team was pointed out. The team consults each other across professions and comes together to think issues that arise. For the clinic evening to function well no one can go there as just an expert of their own profession, but everything has to be done together and flexibility over professions is needed. Naturally everyone has their own set of skills and that is respected. There is appreciation for each other's competences.

Everyone has their own competences and their own professional skills, so in a way you can trust the other professional groups and professionals.

A good team for the clinic evening would try to benefit from everyone's set of skills, so that in the time they have they would get the most out of the team. Trust in the team, working together, and being able to ask help are essential features for a well-functioning team. As things can change rapidly and a chaotic feeling arise, it is important to be flexible and trust that the team can handle the evening. A short meeting before the clinic evening starts was seen as important in order to know who is present and what they are doing - this helps in knowing one's team for the evening.

You trust your colleagues, you can ask. It is the most important thing in how well the evening goes.

So that everyone has the idea in their minds, that this is our team that we have to work with tonight.

Lack or shortage of some professions in the team was seen as a problem, such as having no social worker and not enough of interpreters at times. This made volunteer work occasionally more difficult. There is a lawyer to help patients with legal problems.

All informants said there is no perceived hierarchy at the clinic. This was seen as absolutely a positive thing, as some had had experiences of hierarchy in their paid work. It was seen as possibly stalling the whole volunteering work if there would be any.

Everyone brings their own competences to the table and from there on we see what we can do. Not so that everyone would think, that *my profession is this...*

Barriers to good team work were identified to be lack of enough of volunteers and, in case volunteers change often, the lack of team spirit. The ability to remove in a way all your professional boundaries was important.

In there one has to take off everything of that kind of, *hey I am this*, this is the only thing I will do.

Some ideas of having team members who are not health care professionals were bounced around. They could for example help in accompanying the patients who are entitled to public health care to the health station or help in admission of patients. Also, someone could make sure all equipment is in order, as there was one mention of some gear sometimes being broken or misplaced.

6.2.13 Aspects and tasks in clinical care

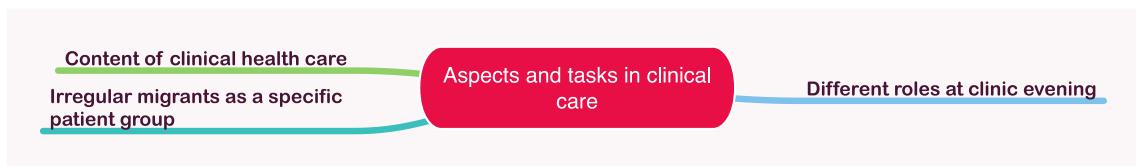


Figure 16: Results in aspects and tasks in clinical care

The informants discussed the content of the actual clinical care at their volunteer work at Global Clinic. It was identified to be more advising or guiding than perhaps clinical work elsewhere. A major part of it is to guide patients to public health care when they are entitled to it.

In a way it is this sort of coordinating and organizing the patient's concerns...

In many ways the clinical care was also seen as similar to any health station work, as the health problems of the patients are often somatically simple. The difference comes from the limited and scarce possibilities and ways in which the care can be provided. As there often aren't enough physicians, the nursing professionals should be able to trust their judgement and be able to care for the patient themselves as much as possible. As the physical clinic space isn't built to be a health station and the equipment is simple, the purpose of health care and one's profession were always present.

The problems are very similar to those in health stations, but the way they are solved is different.

In there the fundamental objective is always present, we do exactly what we are supposed to do.

Many aspects of clinical health care were recognized to be specific to the care of people with irregular immigration status. This patient group was seen as extremely vulnerable with considerable difficulties in many areas of life. As some patients had a lot of suffering in their personal histories, they can be afraid and scared of any health problems. The informants expressed having to keep the vulnerability in mind while providing health care.

You can't give someone orders to measure their blood pressure at home, if they can't read or write, they don't have a blood pressure meter, they don't know how to use it [...] all of these sorts of things have to be rethought.

The lack of right to access public health care was seen frustrating, and it also forces the volunteers to be satisfied with the quality of care they can provide at the clinic. The possible frustration in one's paid job was identified to stem from not having time to provide the best

care possible, whereas in the clinic it seemed to stem from not having much variety in the means to care.

That I couldn't do my [paid] job well because of lack of time [...] at the clinic sometimes I feel like we can't help this person because we don't have the means for it...

The different roles at the clinic evening for the nursing professionals were also shortly discussed by the informants, such as having a triage nurse and an admitting nurse. No changes to these roles were suggested.

6.2.14 Volunteers developing volunteer process or clinic evening



Figure 17: Results in volunteers developing volunteer process or clinic evening

All informants had some ideas on how to develop or improve volunteer process or the clinic evening at Global Clinic. The general structure of the clinic evening was seen as well-established and sufficient. The volunteers had tried different ways of constructing the evening, and it was seen as constantly changing and dynamic. It was also pointed out that any one of the volunteers could suggest new ideas on how to improve the clinic evening. Lack of leader, especially a bad one, was seen as a positive thing.

Anyone can make suggestions, and they do.

It doesn't have any static structure. Or it does, but we are constantly looking for a better one...

The clinic evening was also recognized to be somewhat chaotic as the number of health care professionals and interpreters present varies. This chaos, as many informants called it, was not necessarily seen as a challenge when there were more experienced volunteers at the clinic evening, but when more new volunteers or many who were still in orientation were present, the chaos seemed to increase. However, the chaos was seen to result always from similar issues, and it didn't come as a surprise to those who had experienced it before.

The chaos is every time the same, it is not a surprise chaos, but it always originates from the same issues.

There were factors in the clinic evening the informants recognized that might need some changing. One of these were inconsistencies in the collective understanding of how things should be done. Guidelines and instructions exist, but the understanding, interpreting and implementing them differ. There is a need for a shared understanding. It was also mentioned that the different skill set of professionals was sometimes seen as a barrier for this shared understanding, as some are more experienced in certain things than others are. This was not however presented as a problem, as it was seen as a natural part of the volunteering at Global Clinic.

...the way these guidelines are interpreted varies quite a lot.

A little more unified, for example these conclusions on how to care and how to triage...

...maybe some are more unsure [...] but it is part of this.

Logistical and technical issues were also brought up. Sometimes printers or computer systems were not functioning as they should, this naturally annoys and holds up efficient work. There were attempts at managing the clinic evening resources, but there were bottlenecks in optimizing interpreters. Also, there was a mention of how patient's privacy might get compromised as the volunteers don't always know at what point their colleagues are in.

This certain lack of time and logistical issues, like who goes where and at what point everyone is, need to run from room to room [...] maybe this, privacy, suffers from it...

It was reported there is an existing practice of having a meeting with all of the evening's professionals in the beginning and at the end of the clinic evening. The meeting in the beginning of the evening often happens, even though it was mentioned that sometimes people arrive late, and therefore not everyone is present. However, the meeting after the clinic evening often wasn't executed as people just wanted to leave as soon as the work was done. These meetings were identified as very important as it is significant to discuss the evening before and after.

The meeting in the beginning often is held, not everyone though is always there as sometimes someone comes a bit late. But the evening..., the end meeting almost never happens as everyone just leaves.

An idea of having someone be in charge of the evening was bounced around, as it might make people adhere more to the meetings before and after the clinic evening.

Lack of volunteers was seen as a barrier for developing the clinic evening to its full potential. There were multiple mentions of not enough volunteers, especially in certain groups of

professionals, such as midwives, physicians, psychologists and dentists. The informants felt it would be essential to have enough volunteers for the clinic evening to be more cohesive. A large number of patients for the number of volunteers was seen as stressful, and it was speculated that physicians might feel the burden of having to be more active as there is so few of them. Not having the necessary number of volunteers caused them to have to come up with creative ways of handling things. Informants saw the lack of volunteers as being a part of volunteer work in general.

So, if we don't have the full number of volunteers, then it is a little [...] well then, we have to get creative...

In a way it [the lack of volunteers] is a problem, but it is the nature of volunteer work.

Increasing adequate engagement was seen as important by all the informants. Having a proper space and time for debriefing the clinic evening was seen as something that might increase engagement. It was seen important that volunteers wouldn't feel as if they are tied to the volunteer work, but still be engaged. Volunteers just coming in, doing their work and then leaving was seen as not making the clinic evening function well, as it needs more engagement than that.

That could also increase the volunteering and the engagement that we would talk about what happened during the evening.

...if someone just comes there like *I came to do my job*, it won't work

7 Discussion

7.1 Discussion of results

The goal of this master's thesis was to develop the volunteering process at Global Clinic Helsinki. The aim of this master's thesis was to provide PapeTe-program a suggestion of actions for them to develop Global Clinic volunteering process, and to improve their volunteer recruiting, retention, motivation, and coordination. The study questions for this master's thesis were:

1. How does the PapeTe-program affect the volunteering experience at Global Clinic?
2. Which elements influence the experience of volunteering at Global Clinic?

In this master's thesis' results, majority of the motivating factors were found to be intrinsic by nature. These were motivations that had to do with altruistic, moral, political or ideological factors. This is a similar result as in study of Ward and McKillop (2011) about

volunteer motivation. Having a specific interest in irregular immigration could be seen as an intrinsic motivation. In a Swedish study (Sandblom & Mangrio 2017) nurses' motivations to volunteer with people with irregular immigration status were related to their professional ethics and values. Intrinsic factors also motivate health care professionals in their paid work (Lambrou et al 2010). Volunteering specifically as a health care professional was found to be motivating in the results of this master's thesis. It was seen important and useful to be able to help people with one's professional skillset. In a study about work motivation (Kjellström et al. 2017) in paid work caring for patients was also one of the major motivating factors. In general, it seems that motivations to volunteer as a health care professional might be quite similar to motivations to choose to work as a health care professional.

According to Binder (2015) volunteering increases the well-being of volunteers. In the results of this thesis positive feelings gained from volunteering were highlighted. The positive feelings identified in the results were for example contentedness, happiness, and peacefulness. As a personal benefit gained from volunteering the results also indicated that gaining professional skills was important to some informants. This could be seen specific to professional volunteering of health professionals.

Gaining these positive benefits and having intrinsic motivations can help in making volunteer work feel pleasurable. This can improve retention of volunteers (Ward & McKillop 2011). Personal motivations behind volunteer engagement were highlighted also in the results of this thesis. It was also noted that the lack of personal motivation can be a barrier in engaging to volunteer work.

Possible barriers for volunteering identified in the results were mostly personal barriers. These were related to having no time, changes in life situation, or issues related to one's personal health. These findings were similar to those in Smith and Cordery (2010). However, in the study (Smith & Cordery 2010) financial restrictions and not being asked were also seen as a barrier, whereas in the results of this master's thesis these factors were not mentioned. Specific to the context of providing health care for people with irregular immigration status, fear of losing one's professional skills was identified as a possible barrier to volunteering. Also, non-volunteers and those who are not familiar with the context had expressed some fears and doubts about providing health care to people with irregular immigration status. As losing one's professional license for volunteering in such context is not a realistic fear in Finland, it was however mentioned as a possible worry in other countries (EUR-HUMAN 2016).

In the results of this master's thesis, feelings of pride and importance were seen as a personal benefit gained from volunteering. According to Boezeman and Ellemers (2008) seeing the importance of the volunteer work can promote feelings of pride, which again is connected to higher organizational commitment. Organizational support positively affects volunteers'

feelings of competence and autonomy, and also increases volunteer commitment (McBey et al. 2017). As in the results spending time at other volunteering activities related to Global Clinic was identified as quite common, it could be seen as the volunteers are supported by the organization and acting autonomously. Beneficiaries of one's volunteer work can influence the decision of volunteering in a specific organization (Valéau et al. 2013). In the results providing health care specifically to people with irregular immigration status was emphasized on multiple occasions. It was mentioned especially as a motivating factor, also positive feedback from the patients was seen as important. As emotional support from other volunteers was identified important, having a group who shares one's values and ethics could be significant in engagement as well.

Volunteers identified support as an important element which influences volunteer experience. Aside from receiving emotional support from other volunteers, also practical support and support in general from the PapeTe-program's coordinator were seen as significant. Possibility to professional guidance and possibility to have a more experienced volunteer as a mentor were discussed, and both were seen as potentially useful. Mentoring could help increase motivation (Ward & McKillop 2011). In the results of this thesis it was also speculated whether having a mentor could increase commitment. Support from the PapeTe-proram's coordinator was significant in the results of this master's thesis. Providing support to volunteers is considered good practice of volunteers' management (Smith & Cordery 2010; Kuuluvainen 2015). Supporting volunteers' intrinsic motivation could increase their efforts (Bidee et al. 2012). As the results show the informants to be committed, it could be due to the PapeTe-program and its political significance having provoked their intrinsic motivation.

Feeling included in the organization can improve volunteer retention. Methods for achieving this could be for instance rewarding or providing training. (Senses-Ozyurt & Villicana-Reyna 2016). In the results of this thesis rewards and acknowledgements were seen as significant. It was not clear whether these made informants feel more included, however they provoked positive feelings in them.

In the results team work at Global Clinic Helsinki was seen in a positive light. No hierarchy was perceived, and informants felt this to be very important. Volunteers felt like a good team, and the sense of community was identified as improving engagement and retention. Social interaction can also be a significant motivation (Ward & McKillop 2011). In the results of this master's thesis team work was also improved by sharing a common goal for the volunteer work. An organization having a clear vision that everyone involved can identify can help in creating a stronger group identity (Kuuluvainen 2015).

Good recruiting practices are important in acquiring new volunteers. It is beneficial to be approachable, advertise volunteer possibilities, and provide a welcoming atmosphere and

good orientation (Smith & Cordery 2010). Some barriers to good orientation were identified in the results of this master's thesis, such as lack of consistent orientation practices, personal aspects of the person giving orientation, and a relatively small number of those experienced volunteers who can give orientation. In the results it came up that there currently aren't any specific demands in competences or clinical experience for a health care professional to volunteer at the clinic, and it was discussed whether more screening in recruiting new volunteers should be done.

The PapeTe-program's coordinator's significance in advocacy, practical clinic work, and supporting volunteers was evident in the results of this master's thesis. Even though the PapeTe-program's coordinator is not officially a manager to volunteers of Global Clinic Helsinki, some duties of the coordinator could be seen as those of a manager.

Communication, arranging training, supporting, and organizing recognition actions are components of good volunteer management practice (Smith & Cordery 2010), and these are some tasks the coordinator attends to. Receiving appreciation can strengthen motivation at paid work (Kjellström et al. 2017). As the PapeTe-program's coordinator was identified acknowledging volunteers' efforts, it could also strengthen their motivation.

The PapeTe-program was identified as very important for Global Clinic Helsinki in the results of this thesis by all of the informants. Both political significance in issues related to irregular immigration as well as practical significance to volunteering at Global Clinic Helsinki were highlighted. Throughout the results it is evident that the informants feel the current structures of health care provision to people with irregular immigration status in Finland are not in line with their professional ethics. They identify that the care they can provide at Global Clinic is not of as good quality as the care of public health care as the extent to which they can provide care is limited. In a German study (Linke et al. 2019) health care professionals also identify health care based on volunteer work being limited and inconsistent, as it may temporarily help someone but is still only a poor replacement for access to public health care.

In the results of this master's thesis it was evident that most of the elements that influence the volunteering experience at Global Clinic Helsinki also influence the engagement, commitment, and retention of volunteers. It is not possible to exclude one part of the volunteering experience and expect it wouldn't influence the commitment and engagement of volunteers. For example, poor orientation practices may influence the engagement of a new volunteer, and poorly engaged volunteers are not likely to put efforts into helping other volunteers. Therefore, it is important to look at and develop the volunteering process as a whole, instead of improving just parts of it.

It seems there is no exact data on how common it is for health care professionals to use their professional competences in volunteer work in Finland. This could be because in Finland the public health care system is organized in a way that rarely needs support from health care professional volunteers. In comparison, for example in the United States there is approximately 30 million uninsured people (CDC 2018) and there is a considerable need for free clinics and volunteering efforts of health care professionals, and therefore there is more studies about the topic. As very limited research about health care professionals volunteering in Finland seem to exist, it would be valuable to research this topic further. It would also be beneficial to further research the elements that influence especially the newer volunteers at Global Clinic Helsinki, as in this master's thesis the informants were all experienced volunteers.

7.2 Ethical considerations

Ethical aspects must be considered when conducting any research. It is important that researchers keep in their minds the basic ethical principles respect for autonomy, nonmaleficence, beneficence, and justice. (Holloway & Wheeler 2010, 54-56.) The Finnish Advisory Board on Research Integrity (TENK) suggests following the responsible conduct of research in order to achieve ethically acceptable research and for the results to be trustworthy. The conduct includes, but is not limited to, following principles approved by the research community in all stages of the research, utilizing methods that are in accordance with scientific standard and ethically sound, and respecting other researchers work by citing them in a proper manner. (TENK 2012.) It is recommended to avoid causing harm, protect privacy and data, and to respect the right to self-determination of the research target. All research within human sciences should follow these basic ethical principles. (Arene 2018a.)

All participants must be fully informed on the research and they must be participating voluntarily. Voluntary and informed consent signifies that informants are voluntary participating and notified about the research. The informants have always possibility to withdraw from the research at any time throughout the process. (Holloway & Wheeler 2010, 62.) It is good practice to have consent in written form. As participating is voluntary, participants may withdraw their consent at any time of the research process. (Kvale & Brinkmann 2009, 70-71.)

Confidentiality and privacy of informants need to be respected and protected at all stages of research, and any gathered data must be kept secure. In qualitative research the data is often collected from small samples, which can compromise the anonymity. Only the researcher should be able to know the real identities with the notes, tapes, or description.

The informants should for instance be given a number or other pseudonym. Notes, tapes and transcription need to be stored in a secure place. (Holloway & Wheeler 2010, 60-63.)

The authors of this master's thesis kept the basic ethical principles in mind throughout the project. As however the authors of this master's thesis are not professional researchers, there might be some room left for more careful ethical consideration throughout the whole process. A written consent was acquired from all of the informants. All of the informants read and signed a consent form. The form was written in Finnish (appendix 2), and the signed forms are kept secure with the authors of this thesis. The form included information of the master's thesis, to which party it is made for, and information on the interview process. It stated their right to withdraw at any point. The PapeTe-program's coordinator was not made aware by the authors of those volunteers who did participate in this thesis, however, this may have been done by the informants themselves. The coordinator did encourage the volunteers to take part in this master's thesis by reminding them via Global Clinic's private communication channels. No one was pressured to take part in the interviews by the authors nor the coordinator. Autonomy of informants was respected during the project. The authors of this master's thesis do not volunteer at Global Clinic nor have any connections to PapeTe-program or Global Clinic, excluding this thesis. Therefore, there are no biased motives for writing this thesis.

Nonmaleficence and beneficence as in causing no harm and doing good were considered as well. The topic of irregular immigration is a sensitive one by nature, however to explore health care professionals' views on volunteering in this context, or in general, is useful for both the organizations that wish to have volunteers from these professional groups as well as for the health care professionals that decide to volunteer in such organizations. Due to the possible risk volunteering at this context might pose for these professionals, their identities are protected by not publishing the complete original analysis tables with original Finnish citations, as personal features in one's speech could hypothetically be recognized. The example table of the data analysis process that is published (figure 1) only includes translated citations to avoid publishing any unique expressions, words, or dialects the informants may have. The final master's thesis is to be published in Theseus archive and one copy is handed to the PapeTe-program coordinator.

No permission from any ethics committee was needed for this master's thesis, as the PapeTe-program didn't require one, nor did Laurea University of Applied Sciences, as Laurea requires one only when studies are completed among the organization, students or personnel. This was discussed with the thesis supervisor. This decision was made based on the fact that no specifically sensitive data was to be gathered and all informants are voluntarily participating. An agreement on the terms of the master's thesis project was done in a written form between the PapeTe-program coordinator, master's thesis authors and their supervisor, a

copy of which can be found as an appendix (appendix 3). The agreement was modified from Arene (2018b) form of an agreement of thesis project. No funding was needed for this master's thesis, and all expenses, such as travel expenses, were covered by the thesis' authors.

The published master's thesis contains no personal data of the informants, as defined in Article 4 (1) of the General Data Protection Regulation (Regulation (EU) 2016/679). All information was handled through the master's thesis authors' personal computers, emails, and phones. These were kept secure and always behind a password. Transcribed interviews included no personal data attached to them. The original citations are not identifiable to specific informants, and as they were translated from Finnish to English no personally identifiable features in speech are recognizable from the citations in the final thesis. All audio recordings and transcribed interviews are to be fully digitally erased from all devices and backup systems once the master's thesis is evaluated and accepted for publication. Furthermore, all field notes and printed transcripts are physically destroyed. Some informants were acquired via snowball-method, by asking the informants to tell the other volunteers at Global Clinic Helsinki about the master's thesis project. As informants were acquired via this method, it is possible that some informants might know about each other's participation. This was not however seen as much as an ethical problem, since if they were aware of someone's participation it was due to their personal choice, and authors of this master's thesis did not reveal this information.

The PapeTe-program's coordinator is named in this master's thesis. Therefore, consent was acquired for the publishing of the name in connection with this thesis. All of the published information about the PapeTe-program, the PapeTe-program's coordinator, and Global Clinic was reviewed and accepted for publishing by the coordinator before publication and evaluation of this master's thesis.

7.3 Quality of master's thesis

Reliability refers to the extent to which the results of a research can be replicated. As in qualitative research the researchers themselves are one of the most defining factors in how the research is carried out, a qualitative research can never be carried out with exactly the same results by other researchers. In qualitative research the term dependability can be used instead of reliability. The results of the research need to be accurate and persistent with the methods. The reader should be able to follow the research process, content analysis, hence understand how the conclusions were reached. Therefore, even though qualitative research cannot be precisely replicated by other researches, it could be repeated with the same methods. (Holloway & Wheeler 2010, 298-301.) Assessing reliability according to (6 & Bellamy

2012, 21) can be done by testing the coding of the data analysis. This means redoing it to evaluate whether it is reliable. One can also improve reliability by repeating the same question in the interviews in a few slightly different ways. Respondents giving the same replies to all of these questions proves the data to be reliable, as it is repeated.

As there were two authors in this master's thesis project, there already is some reliability as there were cross-checking along the whole way of searching for data presented in theoretical framework, data acquisition, data analysis, and writing out conclusions. As the authors of this thesis are not yet professional researchers, there could potentially be some room left for improvement in reliability. More time available for data analysis, writing out the results and conclusions may have brought out some finer details from the data. The thesis process is described in the final master's thesis in detail.

Validity in qualitative research constructs of the accuracy of the results, and the level to which it provides results to the research goals and aims. It largely depends on the researchers' interpretation and analysis of the qualitative data, and also on the sources of qualitative data being truthful and accurate. For higher level of validity, it is important the researchers abstain from making false interpretation and try to stay objective during content analysis. When data is collected from individuals, there is always the risk of the informants giving false information. Complete objectivity is close to impossible to reach in qualitative research. For qualitative research confirmability can be a more expressive term than objectivity, which is often a term used in quantitative research. For confirmability the trail of interpretation should be clearly communicated by the researchers, and the reader should be able to trace it. (Holloway & Wheeler 2010, 298-301.)

As the aim of any study is to answer the questions set for it, validity in this master's thesis constructs of how well the results can answer the project questions and reach the goal and aims set for it. As a conclusion on how Global Clinic could try to develop their volunteer process was reached (chapter 7.4), one could say there must have been some validity in the methods chosen and created for this master's thesis. However, the relatively small sample size of five informants may bring down validity. The relatively small sample size is mostly due to the volunteers possibly being busy people who may not have the time for this type of extra efforts. This was an issue discussed with the PapeTe-program's coordinator before the master's thesis project started. More informants could have possibly been gathered if data was gathered with another method with less dedication needed, such as an online questionnaire. This option was considered but dropped, because authors wanted to focus on the interviews. Some saturation in interviews was reached, but possibly with more informants more diverse results in data analysis could have been reached. Especially as some volunteering professionals are underrepresented and from some professional groups there were no informants at all. More diverse data could have been gathered if not all informants

would have been rather experienced volunteers. As the data had to be translated from Finnish to English, some meaningful information may have been lost in translation, as English is neither authors' native language.

7.4 Recommendations for the PapeTe-program and Global Clinic Helsinki

Based on the results of this master's thesis, the conclusions reflected with the theoretical framework, as well as the author's own suggestions, the following recommendations for the PapeTe-program and Global Clinic Helsinki are made:

- The PapeTe-program and coordinator have a significant role for Global Clinic Helsinki, their volunteers as well as for people with irregular immigration status. Since the circumstances haven't recently changed, there is still a need for the PapeTe-program.
- Requirements and demands for new health care professional volunteers are encouraged to be discussed. If some competences or experience in certain clinical work are desired, these could be stated on Global Clinic website as well.
- Global Clinic website could have its own section for recruiting new volunteers to include information about volunteering possibilities, orientation, clinical work, and possible requirements. There could also be a short description of volunteering told by a volunteer to highlight the positive atmosphere and diverse tasks and possibilities a volunteer can take part in.
- Continue having training for volunteers as well as engaging activities. Both professional and casual activities are wanted.
- Professional guidance could be useful and worth a try.
- Possibility to provide a mentor for a new volunteer is encouraged, as master's thesis informants themselves suggested.
- Having someone in charge of the clinic evening is recommended, in order to support new volunteers and to make sure meetings in the beginning and the end of every clinic evening would be held.
- Possibility to utilize non-health care professional volunteers is encouraged to be discussed, e.g. someone to make sure equipment is functioning.

- Having guidelines and instructions concerning the care at clinic evening made and approved together by all volunteers could clarify the way they are interpreted.
- Gathering anonymous feedback from new volunteers in order to improve orientation, recruitment and the whole volunteering process.

References

Printed sources

- 6, P. & Bellamy, C. 2012. Principles of Methodology. Research Design in Social Science. London: SAGE Publications Ltd.
- Hirsjärvi, S. & Hurme, H. 2014. Tutkimushaastattelu: Teemahaastattelun teoria ja käytäntö. Tallinna: Gaudeamus Helsinki University Press.
- Holloway, I. & Wheeler, S. 2010. Qualitative research in nursing and healthcare. United Kingdom: Wiley-Blackwell.
- Kuuluvainen, S. 2015. Vapaaehtoistyön johtaminen. Helsinki: Kansalaisfoorumi.
- Kvale, S. & Brinkmann, S. 2009. InterViews: learning the craft of qualitative research interviewing. Thousand Oaks: SAGE Publications Inc.
- Salmela-Aro, K. & Nurmi, J.-E. (eds.). 2017. Mikä meitä liikuttaa, motivaatiopsykologian perusteet. 3rd edition. Jyväskylä: PS-kustannus.

Electronic sources

- Arene. 2018a. Ethical recommendations for thesis writing at universities of applied sciences. Accessed 22 March 2019. <http://www.arene.fi/wp-content/uploads/Raportit/2018/ETHICAL%20RECOMMENDATIONS%20FOR%20THESIS%20WRITING%20AT%20UNIVERSITIES%20OF%20APPLIED%20SCIENCES.pdf>
- Arene. 2018b. Sopimus opinnäytetyöhön liittyvästä yhteistyöstä. Accessed 20 March 2019. http://www.arene.fi/wp-content/uploads/Raportit/2018/arene_ammattikorkeakoulujen-opinnaytetoiden-eettiset-suositukset_liite_opinnaytetyosopimus.pdf?_t=1526903591
- Bidee, J., Vantilborgh, T., Pepermans, R., Huybrechts, G., Willems, J., Jegers, M. & Hofmans, J. 2012. Autonomous motivation stimulates volunteers' work effort: A Self-Determination Theory approach to volunteerism. *Voluntas*, 24 (1), 32-47. Article from ProQuest. Accessed 4 December 2018. <https://www.proquest.com>
- Binder, M. 2015. Volunteering and life satisfaction: a closer look at the hypothesis that volunteering more strongly benefits the unhappy. *Applied Economics Letters*, 22 (11), 874-885. Article from EBSCO Business Source Elite. Accessed 8 December 2018. <https://www.ebsco.com>
- Boezeman, E. & Ellemers, N. 2008. Pride and respect in volunteers' organizational commitment. *European Journal of Social Psychology*, 38 (1), 159-172. Article from ProQuest. Accessed 4 December 2018. <https://www.proquest.com>
- CDC. 2018. Center for Disease Control and Prevention. Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2017. Accessed 20 January 2019. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201805.pdf>
- City of Helsinki. 2019. Health services for undocumented people in Helsinki. Accessed 14 January 2019. <https://www.hel.fi/helsinki/en/administration/administration/services/service-description?id=3677>

- City of Helsinki. 2018. Paperittomiin henkilöihin liittyvät haasteet, palvelutarpeet ja toimenpiteet. Accessed 15 January 2019. <https://dev.hel.fi/paatokset/asia/hel-2017-004726/khs-2018-20/>
- Elo, S. & Kyngäs, H. 2008. The qualitative content analysis process. *Journal of Advanced Nursing*, 62 (1), 107 -115. Article from PubMed. Accessed 8 September 2018. <https://www.ncbi.nlm.nih.gov/pubmed>
- ETENE. 2014. Valtakunnallinen sosiaali- ja terveysalan eettinen neuvottelukunta. Ethics of voluntary activities. Position statement. Accessed 5 March 2019. <https://etene.fi/documents/1429646/1561478/2014+Voluntary+activities.pdf/9009bdfe-8af0-44f4-9edd-c89519edec12/2014+Voluntary+activities.pdf.pdf>
- EU. 2019. European Union. Migration and Home Affairs. Irregular migrant. Accessed 23 February 2019. https://ec.europa.eu/home-affairs/content/irregular-migrant-0_en
- EUR-HUMAN. 2016. European Refugees - Human movement and Advisory Network. Understanding the factors that promote or hinder the implementation of health care interventions for refugees and others migrants in European health care settings. Accessed 23 February 2019. <http://eur-human.uoc.gr/d3-2-final-synthesis/>
- European Parliament. 2008. Report on the role of volunteering in contributing to economic and social cohesion (2007/2149(INI)). <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+REPORT+A6-2008-0070+0+DOC+PDF+V0//EN>
- Eurostat. 2019a. Participation in formal or informal voluntary activities or active citizenship by sex, age and educational attainment level. Accessed 10 April 2019. http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_scp19&lang=en
- Eurostat. 2019b. Third country nationals found to be illegally present - annual data (rounded). Accessed 23 February 2019. http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=migr_eipre&lang=en
- FRA. 2015. European Union Agency for Fundamental Rights. Cost of exclusion from healthcare. The case of migrants in an irregular situation. Accessed 15 January 2019. <https://fra.europa.eu/en/publication/2015/cost-exclusion-healthcare-case-migrants-irregular-situation>
- Global Clinic. 2019a. Mikä on Global Clinic? Accessed 11 January 2019. <http://www.globalclinic.fi/mika-on-global-clinic>
- Global Clinic. 2019b. PapeTe. Accessed 11 January 2019. <http://www.globalclinic.fi/papete-tyo>
- Global Clinic. 2019c. Potilaat. Accessed 11 January 2019. <http://www.globalclinic.fi/asiakkaat>
- Harju, A. 2019. Civil Society. Accessed 22 January 2019. https://www.kansalaisyhteiskunta.fi/kansalaisyhteiskunta/civil_society
- IOM. 2018. International Organization for Migration. Global migration indicators 2018. Accessed 26 February 2019. https://publications.iom.int/system/files/pdf/global_migration_indicators_2018.pdf?language=en

- Jensen, N.K., Norredam, M., Draebel, T., Bogic, M., Priebe, S. & Krasnik, A. 2011. Providing medical care for undocumented migrants in Denmark: what are the challenges for health professionals? *BMC Health Services Research* 11. Accessed 26 April 2019. <https://www.ebsco.com>
- Keskimäki, I., Nykänen, E. & Kuusio, H. 2014. Paperittomien terveyspalvelut Suomessa. THL raportti. Accessed 7 February 2019. http://www.julkari.fi/bitstream/handle/10024/114941/THL_RAP2014_011web.pdf?sequence=3&isAllowed=y
- Kjellström, S., Avby, G., Areskoug-Josefsson, K., Andersson Gäre, B. & Andersson Bäck, M. 2017. Work motivation among healthcare professionals: A study of well-functioning primary healthcare centers in Sweden. *Journal of Health Organization and Management*, 31 (4), 487-502. Article from ProQuest. Accessed 4 December 2018. <https://www.proquest.com>
- Laki terveydenhuollon ammattihenkilöstä 559/1994. Accessed 3 September 2018. <http://www.finlex.fi/fi/laki/ajantasa/1994/19940559#L1P1>
- Lambrou, P., Kontodimopoulos, N. & Niakas, D. 2010. Motivation and job satisfaction among medical and nursing staff in a Cyprus public general hospital. *Human Resources for Health*, 8 (26). Article from ProQuest. Accessed 4 December 2018. <https://www.proquest.com>
- Linke, C., Heintze, C. & Holzinger, F. 2019. ‘Managing scarcity’ - a qualitative study on volunteer-based healthcare for chronically ill, uninsured migrants in Berlin, Germany. *BMJ open* 9 (3). Accessed 26 April 2019. <https://www.proquest.com>
- LSV. 2019. Lääkärin sosiaalinen vastuu ry. Paperittomien terveys. Accessed 11 January 2019. <https://lsv.fi/toiminta/paperittomienterveys/>
- LSV. 2018. Lääkärin sosiaalinen vastuu ry. Toimintakertomus vuodelta 2017. Accessed 11 January 2019. https://lsv.fi/parasol/wp-content/uploads/2018/04/Toimintakertomus_2017_final.pdf
- LSV. 2017. Lääkärin sosiaalinen vastuu ry. Toimintakertomus vuodelta 2016. Accessed 11 January 2019. https://lsv.fi/parasol/wp-content/uploads/2017/05/LSV_Toimintakertomus_2016FINAL.pdf
- Malinen, S. & Harju, L. 2017. Volunteer Engagement: Exploring the distinction between job and organizational engagement. *Voluntas*, 28 (1), 69-89. Article from ProQuest. Accessed 4 December 2018. <https://www.proquest.com>
- McBey, K., Karakowsky, L. & Ng, P. 2017. Can I make a difference here? The impact of perceived organizational support on volunteer commitment. *Journal of Management Development*, 36 (8), 991-1007. Article from ProQuest. Accessed 21 January 2019. <https://www.proquest.com>
- Nykänen, E., Keskimäki, I. & Kuusio, H. 2017. Paperittomien ulkomaalaisten oikeus terveyspalveluihin. In: Kalliomaa-Puha, L. & Tuovinen, A.-K. *Sosiaaliturvan rajoilla: kirjoituksia kansainvälistä sosiaalioikeudesta*. Helsinki: Kela. 216-235
- Paine, A.E., Hill, M. & Rochester, C. 2010. ‘A rose by another name...’ Revisiting the question: ‘what exactly is volunteering?’ Working paper series: Paper one. Institute for Volunteering Research. Accessed 8 November 2018. <https://www.ifrc.org/docs/IDRL/Volunteers/a-rose-by-any-other-name-what-exactly-is-volunteering.pdf>
- Priebe, S., Sandhu, S., Dias, S., Gaddini, A., Greacen, T., Ionnidis, E., Kluge, U., Krasnik, A., Lamkadem, M., Lorant, V., Puigpinósi Riera, R., Sarvary, A., Soares, J.J.F., Stankunas, M.,

- Strassmayr, C., Wahlbeck, K., Welbel, M. & Bogic, M. 2011. Good practice in health care for migrants: views and experiences of care professionals in 16 European countries. *BMC Public Health*, 11 (187). Article from PubMed. Accessed 22 March 2019.
<https://www.ncbi.nlm.nih.gov/pubmed>
- Rahkonen, J. 2018. Vapaaehtoistyön tekeminen Suomessa. Tutkimusraportti. Accessed 20 January 2019. https://api.hankeikuna.fi/asiakirjat/eaf7f5a2-1d22-4a2f-8988-be3b7a797626/f3477c5b-e251-4c33-ba9b-cb56f8a0e253/LIITE_20180709072827.pdf
- Regulation (EU) 2016/679. Accessed 19 May 2019. <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0679>
- Sandblom, M. & Mangrio, E. 2017. The experience of nurses working within a voluntary network: a qualitative study of health care for undocumented migrants. *Scandinavian Journal of Caring Sciences* 31 (2), 285-292. Accessed 26 April 2019. <https://www.ebsco.com>
- Senses-Ozyurt, S. & Villicana-Reyna, N. 2016. Leadership characteristics and volunteer retention in non-profit organizations. *Journal of Nonprofit Education and Leadership*, 6 (4), 350-374. Article from ProQuest. Accessed 1 December 2018. <https://www.proquest.com>
- Smith, K. & Cordery, C.J. 2010. What works? A systematic review of research and evaluation literature on encouragement and support of volunteering. Victoria University of Wellington. Article from Google Scholar. Accessed 8 November 2018. <https://ssrn.com/abstract=1761655>
- SOSTE. 2018. Suomen sosiaali ja terveys ry. Järjestöbarometri 2018. Accessed 22 January 2019. <https://www.soste.fi/wp-content/uploads/2018/11/jarjestobarometri-2018-soste.pdf>
- STM. 2019. Sosiaali- ja terveysministeriö. Health care of undocumented persons. Accessed 14 January 2019. https://stm.fi/en/article/-/asset_publisher/health-care-of-undocumented-persons
- Strassmayr, C., Matanov, A., Priebe, S., Barros, H., Canavan, R., Díaz-Olalla, J.M., Gabor, E., Gaddini, A., Greacen, T., Holcnerová, P., Kluge, U., Welbel, M., Nicaise, P., Schene, A.H., Soares, J.J.F. & Katschnig, H. 2012. Mental health care for irregular migrants in Europe: Barriers and how they are overcome. *BMC Public Health*, 12. Accessed 26 April 2019. <https://www.proquest.com>
- Suomen perustuslaki 11.6.1999/731. Accessed 28 August 2018.
<http://www.finlex.fi/fi/laki/ajantasa/1999/19990731#mvs>
- Tehy. 2017. Ammattina hyvä hoito ja palvelu. Pohdintoja terveydenhuollon etiikasta. Tehyn eettinen toimikunta. Accessed 3 September 2018.
https://www.tehylehti.fi/fi/system/files/mffiles/julkaisu/2017/2017_f4_ammattina_hyva_hoi_to_ja_palvelu._pohdintoja_terveydenhuollon_etiikasta_id_8235.pdf
- TENK. 2012. Tutkimuseettinen neuvottelukunta. Responsible conduct of research and procedures for handling allegations of misconduct in Finland. Accessed 21 March 2019.
https://www.tenk.fi/sites/tenk.fi/files/HTK_ohje_2012.pdf
- THL. 2018a. Tervyden ja hyvinvoinnin laitos. Paperittomat. Accessed 13 January 2019.
<https://thl.fi/fi/web/maahanmuuttajat-ja-monikulttuurisuus/maahanmuuttajien-terveys-ja-hyvinvointi/paperittomat>
- THL. 2018b. Tervyden ja hyvinvoinnin laitos. Health services for undocumented migrants. Accessed 14 January 2019. <https://thl.fi/en/web/immigrants-and-multiculturalism/services-for-immigrants/health-services-for-undocumented-migrants>

- Tjukanov, N. 2018. Paperittomien terveyden edistäminen: Rekisteritutkimus Helsingissä tavattujen paperittomien terveysongelmista, käytisyistä, perustason hoidosta ja hoidon kustannuksista. Pro Gradu-tutkielma. Sosiaali- ja terveyshallintotiede. Vaasan yliopisto.
- United Nations. 1948. Universal Declaration of Human Rights. Accessed 17 April 2018. <http://www.un.org/en/universal-declaration-human-rights/>
- UN Volunteers. 2018. 2018 State of the World's Volunteerism Report. The thread that binds. Volunteerism and community resilience. Accessed 8 November 2018. https://www.unv.org/sites/default/files/2018%20The%20thread%20that%20binds%20final_0.pdf
- Valéau, P., Vandenberghe, C., Mignonac, K. & Turnau, A-L.G. 2013. A Study of the Relationships Between Volunteers' Commitments to Organizations and Beneficiaries and Turnover Intentions. Canadian Journal of Behavioural Science, 45 (2), 85-95 Article from EBSCO PsycArticles. Accessed 21 January 2019. <https://www.ebsco.com>
- Ward, A.M. & McKillop, D.G. 2011. An Examination of Volunteer Motivation in Credit Unions: Informing Volunteer Resource Management. Annals of Public and Cooperative Economics, 83 (2), 253-275. Article from EBSCO Business Source Elite. Accessed 8 December 2018. <https://www.ebsco.com>
- WHO. 2018. World Health Organization. Report on the health of refugees and migrants in the WHO European Region. No public health without refugee and migrant health. Accessed 23 February 2019. http://www.euro.who.int/__data/assets/pdf_file/0004/392773/ermh-eng.pdf?ua=1
- Willberg, E. 2015. Sitran selvityksiä, 93. Vapaaehtoistoiminnasta iloa monille. Hyvinvointia tukevan vapaaehtoistyön vastuu ja käytännöt. Sitra. Accessed 8 November 2018. <https://media.sitra.fi/2017/02/27174908/Selvityksia93-2.pdf>
- Winters, M., Rechel, B., de Jong, L. & Pavlova, M. 2018. A systematic review on the use of healthcare services by undocumented migrants in Europe. BMC Health Services Research. 18 (30). Article from PubMed. Accessed 25 February 2019. <https://www.ncbi.nlm.nih.gov/pubmed>
- Unpublished sources
- Korniloff, M. 2019a. Coordinator. The PapeTe-program. Conversation with the coordinator. 25 January 2019. Personal communication.
- Korniloff, M. 2019b. Coordinator. The PapeTe-program. Phone conversation with the coordinator. 11 April 2019. Personal communication.

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Appendix 1: Interview questions

<p>Kerro ammatillisesta taustastasi, taustastasi vapaaehtoistyöntekijänä Global Clinicillä sekä yleisesti vapaaehtoistyöntekijänä</p>	<p>Ammattiryhmäsi? Kuinka kauan tehnyt vapaaehtoistyötä GC:llä? Kuinka usein teet vapaaehtoistyötä GC:llä? Miten päädyit tekemään vapaaehtoistyötä GC:llä? Mitä muuta vapaaehtoistyötä teet tai olet tehnyt?</p> <p>Mikä motivoi sinua tekemään vapaaehtoistyötä? Millaista vapaaehtoistyö on luonteeltaan? Mitä vapaaehtoistyö vaatii? Miksi valitsit tehdä vapaaehtoistyötä juuri paperittomien kanssa?</p>
<p>Kerro PapeTe-työn vaikutuksesta vapaaehtoistyöhön Global Clinicillä</p>	<p>Miten PapeTe-työn ja suunnittelijan työpanos näkyy GC:n toiminnassa? Miten PapeTe-työ tukee GC:n tavoitteita? Mitä PapeTe-työ on muuttanut (jos tehnyt vapaaehtoistyötä ennen+jälkeen)?</p>
<p>Kerro miten kehittäisit vapaaehtoistoimintaa ja sen koordinointia Global Clinicillä, ja minkälaiset tekijät vaikuttavat sitoutumiseesi vapaaehtoistyöhön</p>	<p>Millaisessa elämäntilanteessa olet, miten löydät aikaa vapaaehtoistyölle? Mitä saat vapaaehtoistoiminnasta, mikä auttaa jaksamaan? Mikä sisäsi sinut lopettamaan vapaaehtoistyön? Mitkä asiat voisivat vahvistaa tai heikentää sitoutumistasi vapaaehtoistyöhön GC:llä? Minkäläista sitouttamistoimintaa toivoisit? Miten vapaaehtoisia paljataan tai kiitetään? Miten muuttaisit klinikkaa? Miten houkuttelisit uusia vapaaehtoisia? Minkäläista tukea vapaaehtoistyössäsi saat tai toivoisit?</p> <p>Minkälaisen perehdytyksen työhön saat ja miten muuttaisit perehdytystä? Minkäläista lisäperhehdytystä/koulutusta koet tarvitsevasi?</p> <p>Minkäläista vapaaehtoisten yhteistyö on, mikä tekee klinikkaillan tiimistä toimivan tiimin? Miten klinikka kenttelyt eroaa muusta tekemästäsi hoito-/lääkärityöstä? Miten kuvailisit yhteistyötä ammattiryhmien välillä?</p>

Appendix 2: Written consent form for informants

Suostumuslomake

Hyvä vapaaehtoinen,

Pyydämme teitä osallistumaan haastatteluun liittyen Global Clinicin vapaaehtoistoiminnan kehittämiseen. Haastattelun sisältö keskittyy vapaaehtoistyön teemoihin, muun muassa motivaatioon, sitoutumiseen, perehdytykseen ja vapaaehtoistyön koordinointiin.

Haastattelu on osa YAMK-opinnäytetyötä. Opinnäytetyön tarkoituksesta on tuottaa Global Clinicille ja PapeTe-työlle tietoa, jolla vapaaehtoistoimintaa voidaan kehittää ja jonka pohjalta voidaan luoda entistä parempia toimintamalleja. Opinnäytetyö tehdään osana Laurea ammattikorkeakoulun Master of Health Care-tutkintoa.

Osallistujat haastatellaan yhden kerran, haastattelun arvioitu kesto on noin tunti. Kyseessä on yksilöhaastattelu ja haastattelu nauhoitetaan. Haastattelun ajankohta ja paikka voidaan sopia toiveidenne mukaan. Kaikkea antamaanne tietoa käsitellään luottamuksellisesti, eikä valmiista opinnäytetyöstä voida tunnistaa henkilöllisyyttäne. Valmis opinnäytetyö tulee olemaan englanninkielinen, mutta haastattelut tehdään suomeksi.

Haastatteluun osallistuminen on vapaaehtoista. Voitte missä tahansa haastattelun tekovaiheessa ja mistä tahansa syystä päättää jäätäytyä pois. Tällöin toivomme ilmoitusta opinnäytetyön tekijöille.

Haastattelut pyritään toteuttamaan helmikuun 2019 aikana.

Toivomme, että kiinnostuneet haastateltavat olisivat mahdollisimman pian yhteydessä sähköpostitse opinnäytetyön tekijöihin. Sähköpostiviestiin riittää ilmoitus halukkuudesta osallistua haastatteluun. Lisäksi voitte ilmoittaa puhelinnumeronne, jos haluatte että olemme teihin yhteydessä puhelimitse.

Lisätietoa saatavilla opinnäytetyön tekijöiltä:
 Heini Kavonius, sairaanhoitaja, Master of Health Care-opiskelija
 heini.kavonius@student.laurea.fi

Jonna Kotikumpu, terveydenhoitaja, Master of Health Care-opiskelija
 jonna.kotikumpu@student.laurea.fi

Olen perehtynyt yllä olevaan tietoon, ja suostun osallistumaan opinnäytetyöhön liittyvään haastatteluun. Tiedän, että osallistuminen on vapaaehtoista. Tiedän, että vain missä tahansa haastattelun tekovaiheessa ja mistä syystä tahansa jäätäytyä pois.

Paikka ja aika

Allekirjoitus, nimen selvennys

Appendix 3: An agreement on the terms of the master's thesis project

Sopimus opinnäytetyöhön liittyvästä yhteistyöstä

1. Sopijaosapuolet:

1. **Opiskelijat, opinnäytetyön tekijät:** Hein Kavonius [REDACTED]
ja Jonna Kotikumpu [REDACTED]
2. **Yhteistyötaho:** PapeTe-työ / Lääkärien sosiaalinen vastuu ry.
Yhteistyötahan edustaja: Meri Korniloff, PapeTe-toiminnan suunnittelija, [REDACTED]
3. **Laurea-ammattikorkeakoulu:** opinnäytetyön ohjaajana toimii yliopettaja Mikko Häkinen,
[REDACTED]

2. Sopimuksen voimassaoloaika

Voimassa opinnäytetyöprojektin aloituspäivästä alkaen koko opinnäytetyöprojektin keston ajan.

Opinnäytetyöprojekti alkaa tammikuu 2018 ja päättyy toukokuu 2019.

3. Sopimuksen kohte ja tarkoitus

Sopimuksen kohteena on YAMK-tutkinnon opintoihin liittyvä projektiluontainen opinnäytetyö ja sen julkaisu. Opinnäytetyö toteutetaan työelämäyhteistyössä yhteistyötahan kanssa. Opintopisteissä mitattuna opinnäytetyön laajus on 30op + 30op (kaksi opiskelijaa).

Opiskelijat tekevät opinnäytetyön ja sen julkaisun seuraavasta aiheesta:
Global Clinicin vapaaehtoistyön kehittäminen

Yhteistyötahan edustaja osallistuu opinnäytetyön ohjaamiseen seuraavasti:

- Tapaa opinnäytetyön tekijöitä liittyen opinnäytetyön aiheen valintaan ja tarkennukseen
- On yhteydessä vapaaehtoisilta lähettiläille opinnäytetyön tekijöiden laatiman kutsun haastatteluihin liittyen tarkennukseen
- Sähköpostitse ja puhelimitse yhteydessä opinnäytetyön tekijöiden kanssa liittyen työn edistymiseen, aiheen tarkennukseen
- Edustaa yhteistyötahoa, toimii taustatukena opinnäytetyön tekijöille

Yhteistyötaho ei luovuta opinnäytetyöprojektissa käytettäväksi tausta-ainestoa.

4. Opinnäytetyöprojektin tulokset ja tulosten käyttöoikeudet

Opinnäytetyön tekijänoikeudet kuuluvat opiskelijolle.

Opiskelija toimittaa yhteistyötaholle opinnäytetyöstään kappaaleen. Yhteistyötaho saa opiskelijoilta opinnäytteeseen käyttöoikeuden sisällessä toiminnassaan. Käyttöoikeuteen ei sisälly tulosten muokkaus- eikä edelleen luovutusoikeutta. Lisäksi yhteistyötaho saa oikeuden ottaa kopioita opinnäytetyöstä ja jakaa niitä yhteistyökumppaneilleen.

Opiskelija luovuttaa Laurea-ammattikorkeakoululle oikeuden käyttää opinnäytetyössä julkaistuja tuloksia ammattikorkeakoulun omassa opetus- ja tutkimustoiminnassa.

5. Dokumentointi, opinnäytetyön tarkistaminen ja julkisuus

Opiskelijat laativat opinnäytetyöstä Laurea-ammatikorkeakoulun opinnäytetyöhöeen mukaisen teoksen. Ammatikorkeakoulun opinnäytetyö on aina julkinen asiakirja ja opiskelijat tallentavat työnsä kaikille avoimeen Theseus-julkisuuskartoona.

Laurea-ammatikorkeakoulu noudattaa opetusministeriön ohjetta, ettei opinnäytetöihin sisällytetä salassa pidettävää aineistoa ja että opinnäytteet ovat julkisia heti, kun ne ovat hyväksytty. Arvioitavaan opinnäytetyöhön ei sisällytetä toimeksiantajan liike- tai ammattisalaisuuksia, vaan ne jätetään työn tausta-aineistoon.

Opiskelijoiden opinnäytetyön esitys opinnäytetyöseminaarissa on julkinen.

6. Opinnäytetyön tekeminen ja tutkimuseettisten periaatteiden noudattaminen

Opiskelijat sitoutuvat työskentelemään tavoitteellisesti Laurea-ammatikorkeakoulun ja yhteistyötahon ohjauksessa.

Yhteistyötaho hyväksyy sen, että opinnäytetyön tekemisessä noudatetaan hyvän tutkimuskäytännön periaatteita ja alan ammattieltäisiä ohjeita sekä soveltuvaia lainsäädäntöä.

Opinnäytetyön ohjaaja Laurea-ammatikorkeakoulussa vastaa siitä, että opinnäytetyössä noudatetaan tutkimuseettisiä periaatteita. Ohjaajan on välittävä ohjattavalleen tieto tutkimusprosessiin liittyvistä keskeisistä eettisistä periaatteista ja lupamenettelyistä. Mikäli opinnäyte suunnitellaan toteutettavaksi tavalla, joka kuuluu eettisen enakkoonarioinnin piiriin, opiskelijan tulee hakea enakkoonrioointia eettiseltä toimikunnalta yhdessä ohjaajansa kanssa.

7. Vastuu ja vastuunrajoitus

Opinnäytetyöprojektin tulos toimitetaan sellaisena kuin se on.

Opiskelijat tai Laurea-ammatikorkeakoulu eivät anna opinnäytteelle tai muulle tulosaineistolle takuuta eivätkä vastaa sen tarkoitukseen soveltuvuudesta. Kaiken aineiston käyttö tapahtuu käyttäjän omalla vastuulla.

Yhteistyötaho on tietoinen siitä, että kyseessä on opinnäyte, joka on osa opiskelijoiden opintoja. Yhteistyötaho ymmärtää, että opiskelijat eivät pääsääntöisesti ole alan ammattilaisia ja ettei opinnäytetyö välttämättä soveltu yhteistyötahon käyttöön.

8. Allekirjoitukset

Ohjaava opettaja , nimenselvennys: Mikko Häkinen, pvm: 22.3.2019
Allekirjoitus: _____

Opiskelijat , nimenselvennys: Heini Kavonius, pvm: 19.4.2019
Allekirjoitus: , nimenselvennys: Jonna Kotikumpu, pvm: 19.4.2019

Yhteistyötaho 
Yhteistyötahon edustajan allekirjoitus: _____, nimenselvennys: Meri Korniloff,
pvm: 25.3.2019

Sopimus tehtiä Arene:n "Sopimus opinnäytetyöhön liittyvästä yhteistyöstä"-sopimuspohjaa vapaasti soveltaen.
(http://www.arene.fi/wp-content/uploads/Raportit/2018/arene_ammatikorkeakoulujen-opinnaytetoiden-eettiset-suositukset_liite_opinnaytetyosopimus.pdf?_t=1526903591)

Appendix 4: Mind map of results

