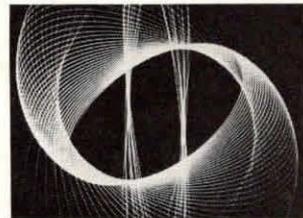


VOLUNTARISM: MUCH DONE, LITTLE PUBLISHED



by Marilyn T. Bryant

Auxilians and volunteers are moving to a larger role, particularly in areas such as health education

The overwhelming majority of literature dealing with health care and hospitals in the past year concentrated on the subjects of rising costs and efforts at cost containment. Kennedy criticizes "our non-system" of health, with its accompanying cost explosion amounting to an increase of 31 percent in the past two years,¹ and McKnight claims that what we are now dealing with is not a health system but an industry that is the fastest growing part of the economy.² Some authors who are familiar with the situation assert that constantly rising public expectations have been the main contributing factor in rising costs. Cunningham states that these expectations "don't show any signs of turning around and going

the other way."³ This concern is echoed by Knowles, who states that the "American people have clearly come to expect much from medicine."⁴ Scientist-philosopher-author Dubos contends that, "Every medical advance has been so publicized and glamorized that expectations have been raised year by year; medicine has been credited with powers it does not possess."⁵

The way in which auxilians and hospital volunteers can affect or influence this situation is not immediately discernable, and very little has been written exploring this subject. In fact, there has been, as usual, a paucity of lineage devoted to voluntary activities in health care, other than some articles for those few volunteers at the board or trustee level. President Carter has stated that "volunteers can substantially enhance and expand efforts in

health" and that "volunteering is a right and a responsibility of every American."⁶ Another prominent citizen, Joan Mondale, has said that we should praise those who volunteer, who share their time and "thus keep alive a key component in our society."⁷ Despite the encouragement of such eminent persons, publications other than those of voluntary organizations have not dealt substantively with the subject of the volunteer's contributions to society or to the health field.

Nonetheless, there have been some recent trends in voluntarism that bear notice, for they have affected hospital auxilians and volunteers. Most notable is the recognition of a changing motivation for involvement in volunteer work: enlightened self-interest. Volunteer organizations, volunteer agencies, and volunteer directors are now

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realizing that most volunteers are looking for "measure for measure," that they not only wish to help others but also would like to receive something in return, a reciprocal or mutually beneficial process. Most view this as a positive development, for it means that the volunteer may bring a heightened interest and commitment to the job and may be interested in assuming new and different responsibilities. Schindler-Rainman observes that now there is "great emphasis on self-actualization as contrasted to serving others."⁸ Volunteers hope to use their experiences to gain new skills, as an entree to a paid job; to acquire additional training; or to develop new interests. Enlightened self-interest is not to be viewed as a selfish motive, but rather as one that will ultimately broaden, diversify, and strengthen the volunteer movement.

This change in motivation carries with it many implications. There is a great interest in credentialing volunteer experiences, for making them "count" toward paid employment or as college credits. There is a national move for recognizing volunteer experience on job applications, and Resolution #16 before the U.S. House calls on all levels of government, charitable organizations, and private industry to take volunteer service into account in the hiring process. Such a resolution has already been passed by the U.S. Conference of Mayors, the National Governors' Conference, and the National Association of Counties. Credit for volunteer experience currently is given by the U.S. Civil Service Commission.

Moving to pay

Similarly, volunteers are interested in knowing how to assess their skills and abilities so that they can, if desired, transfer them to the paid market. This means additional responsibilities for volunteer directors in the areas of accurate record keeping, job descriptions, evaluation of performance, and willingness to give references. The coming of age of the volunteer-to-career

concept is at hand, and those using the services of volunteers would do well to be aware of this. There is interest in the process of career development, and several volunteer organizations, notably the Association of Junior Leagues and the National Council of Jewish Women, have developed tools to help volunteers with this process.

Another change worthy of mention is the new roles that volunteers have now assumed as a result of their new interest in self-development. Coupled with this are new participants in the volunteer movement—older citizens, minorities, students and the handicapped. The traditional volunteer, the middle-class, middle-aged, white, female, is no longer the backbone of the volunteer corps, for "today's volunteers represent more age groups and economic and social backgrounds than ever before. They are choosey—many hold out for specific kinds of volunteer work with an eye on a paying job or a college degree later. Fewer volunteers permit themselves to be shamed into donating time by pushy neighbors, by self-righteous church members, or by ambitious spouses."⁹

Hospital auxiliaries and volunteers have shown some signs of reflecting these changes in voluntarism. Squire recognizes the need for change in auxiliaries when she calls for evaluation of present opportunities and asks for changes "in response to perceived and documented needs."¹⁰ At least one response to the new motivations and the interest in career development is seen in Kelsey's article in which she states that there are a growing number for whom volunteering is a transition only and that the volunteer director's role for this person is akin to that of a personnel manager, guiding the volunteer-apprentice in the right direction.¹¹ The fact that volunteers are anxious for performance evaluation is brought out by Kerth and Schopp, who state that, "correctly interpreted," such a program for volunteers is "an affirmation of their worth to the hospital."¹²

The need for renewal is reflected

in several articles in an emphasis on management techniques. Bodine stresses the need for setting goals and objectives and for careful evaluation of all aspects of the auxiliary operation.¹³ The process of organizational renewal was espoused by Gardner in an address encouraging internal change, which he delivered more than 10 years ago,¹⁴ and was underlined more recently by Manser and Cass, who favor self-study by voluntary organizations every five years and a formal outside study every 10 years. They state that "the primary regenerative thrust must come from within the organization."¹⁵ The American Hospital Association's recently developed self-audit tool for auxiliaries further reflects an interest in evaluation and management assessment of auxiliaries. Specific questions are also dealt with by the literature, with such basic matters as running a meeting¹⁶ and the proper size of an auxiliary board being examined.¹⁷ Squire observes that these efforts have in many cases been very successful, noting the "rapidly rising level of sophistication evident in the management of many auxiliaries."¹⁸

Advocacy

The role of advocate has come into its own in hospital volunteering as in other areas of volunteer activity where advocacy is recognized as a forceful tool, a "process of informing and persuading people. Regardless of the specific tactics used, a successful advocacy program depends upon . . . ability to present a position in such a way that people are convinced of its validity. The rewards of a successful advocacy program are as great as the frustrations: the knowledge that something that was wrong is now right, that something that was bad is now better."¹⁹ Some auxiliaries now have been trained to act as advocates to help interpret to the community how government regulations affect the provision of hospital services.²⁰ Volunteer advocates have become involved in the legislative process, and the newsletters of

many hospital auxiliaries carry news of activities culminating in a day spent with state legislators. Older volunteers have become increasingly active in acting as advocates for other citizens who need health care but are uncertain or fearful. Trained older volunteers serve as peer advocates to others, explaining that they have been through the process themselves and answering questions.²¹

The literature also gave encouraging evidence of hospital volunteers performing new and different roles in programs that contrast sharply with the usual hospital volunteer activities. One such example is that of volunteers acting as paraprofessionals in an obstetric/gynecology clinic after training and supervision.²² Volunteers in this program are in direct contact with patients, helping to weigh them, taking blood pressure, and preparing equipment for Pap smears. Volunteers have played supportive roles in group therapy and in some instances have been involved in coun-

seling within a professional framework laid down by the hospital. Programs in the areas of alcoholism²³ and mental health²⁴ are examples of areas where volunteers have proved to be extremely capable. Certainly a new role for hospital volunteers is a project that uses volunteers as participants with patients in a weekly psychodrama, an idea based on drama as therapy.²⁵

Another innovation has been the increasing use of atypical volunteers, most notably older and male volunteers. Often these men are retired businessmen whose backgrounds and previous experience with people make their contributions to patient care invaluable. In one hospital, the male volunteers wear red vests while on duty, making them readily distinguishable.²⁶ Another interesting article describes a program in which young servicemen were paired with sick children, all of whom were away from home and family. The servicemen helped to ease the fear and loneliness of the young patients.²⁷

The use of older persons in volunteer service programs in health care institutions has been given a large boost by a \$620,000 grant from the Edna McConnell Clark Foundation, New York. The funds will be used to initiate programs that "make use of the experiences and skills of retired or semiretired persons in attempts to meet a variety of community health care needs."²⁸ The results of these demonstration projects will bear watching, as they signal a new method of using human resources to meet community health needs.

A review of auxiliary newsletters confirms that many of the traditional and somewhat stereotyped programs are still occupying auxiliaries. There are still many volunteers staffing admitting desks, coffee shops, and gift carts. These are necessary tasks and they are viewed realistically by Loeser when she writes that, "I do not agree that women should volunteer only for political change or for change that directly benefits women. . . . Much excitement, much innovation are also to be found . . . in service-oriented volunteering."²⁹ However, it is encouraging to note a trend toward greater involvement of auxiliaries and volunteers in health education programs. Auxiliaries now realize that they can make significant contributions in the area of health education and that interest in such programs has gone well "beyond fad to commitment" as volunteers put their emphasis on health rather than exclusively on disease.³⁰

The importance of attaining and maintaining better health has been stressed in classes and seminars that addressed a wide variety of subjects for varied participants. One volunteer organization set up a display of community health services by opening up a storefront and demonstrating the services available to healthy as well as sick people.³¹ Some volunteer groups have worked to explain health careers to students, and some have carried this a step further by making scholarship monies available. Educating new mothers in the need for immunizations for their babies



Males and older persons continue to make outstanding contributions to the health care field through their volunteer efforts.

has been a focus of some auxiliaries, and this educational endeavor has been encouraged by the American Hospital Association. One auxiliary developed "Spotlight on Health," a free, multiphasic community education and preventive medicine program that contributed substantially to community awareness of important health factors that could affect the quality of life for many.³² These are encouraging indications that auxiliaries and volunteers are aware that health education is rapidly being recognized as the most crucial factor in health maintenance.

Role clarification

Some strides have been made, certainly, in renewing auxiliary organizations by better management, in developing new kinds of programs with new roles for volunteers, in enlisting newcomers such as older persons and men to the ranks of hospital volunteers, and in encouraging the trend toward health education. Not much of the literature deals specifically with another important but sensitive area, the relationship of auxiliaries and volunteers to the director of volunteers and the administration. However, concern about these relationships in the hospital setting continues to exist and, in response, the Committee on Volunteers of the American Hospital Association has formed a task force that is charged with examining past statements, guidelines, and documents dealing with these relationships and, if possible, combining them into a single comprehensive statement. Efforts are currently under way on this project, with members from each of the groups represented on the task force. Squire addressed the subject in a positive way in an open letter to administrators in which she made statements that would indicate a lack of support of volunteers and charged administrators to answer, "not guilty."³³ The frustrations of the director of volunteers are perhaps best summed by one who stated that, "Nobody grows up thinking 'I want to be a DVS.'"³⁴

Some have suggested that the basis of the problem is the oversimplified belief that volunteers are warm and concerned and staff members are contaminated by money. Such an erroneous, in fact ridiculous, assumption certainly contributes to resentment on both sides.

Scheier states that, "A frequent assumption has been that clarifying volunteer/staff roles will help solve 'the problem.' That may be so, but one shouldn't assume it will be easy by having one best overall role for volunteer and one best role for staff."³⁵ Scheier suggests a new look at the problem, reexamining some assumptions and asking who "owns" the problem. Directors of volunteers in health care institutions have made concerted efforts to upgrade their professional status by developing an academic and experiential curriculum and by setting stricter standards. The most constructive approach was taken by Lewis, who states that, "The true mark of the professional is the skillful delegation of trained volunteers to meaningful assignments within the hospital."³⁶

Much has been stated and written in recent months about the need for consumer input to the health care system, and a reflection of this is the seating of consumers on hospital boards. Despite these supposed efforts, the number of women, auxiliaries, and volunteers on hospital governing boards is distressingly low. Progress has certainly been made, and many boards are filling vacancies with qualified persons who, as auxiliaries or volunteers, have a unique point of view because they relate to both the needs of the patient within the institution and the expectations of the community without. A survey conducted by the Women and Citizen Participation Task Force of the Alliance for Volunteerism pointed out that women are underrepresented on the boards of not-for-profit organizations.³⁷ By category, hospitals and educational institutions had the fewest women board members, 14 percent in each field. In the case of hospitals, this dismal record mirrors the general

lack of representation of women in influential positions in those institutions. While one would not discount progress that has been made, it is obvious that much remains to be done to give women and auxiliaries a voice in the decision-making process.

Most auxiliaries are not overly concerned with the problems of relationships with and underrepresentation on boards, so it is not unusual that these subjects have been given only cursory treatment in the literature. But several other pressing problems do need to be addressed. Auxiliaries have not escaped problems in the areas of recruitment and retention of members, of a reputation of elitism, of lack of membership development and leadership development, and of underutilization of skills and abilities. Fowles foresees the 1980s as a time when Americans will be bystanders rather than joiners, adding that "voluntary organizations like churches, civic clubs, and charities will face slackening growth."³⁸ Admittedly there is no simple written remedy that will solve this problem for auxiliaries, but additional efforts might be made to address this concern.

Gaining relevance

In view of the revolutionary changes in health care and the public perceptions of such care, it behooves auxiliaries to explore how they can best design services and activities that will be relevant to both the changing motivations of their members and the changing needs of today's hospital. As stated earlier, hospitals have been absorbed with concerns of cost containment, and there appears to be little direct way that auxiliaries and volunteers can affect or improve this situation. However, as an outgrowth of the realization that demand is one factor contributing to rising health costs, there has come a growing recognition that demand will be lessened only when consumers begin to demand less and to accept some responsibility for their own health

and "begin to practice health with the same devotion that we worship it."³⁹ A *Wall Street Journal* columnist has taken up the cry for preventive medicine, stressing that such an emphasis not only would protect the individual from sickness and premature death but also would hold down the nation's soaring medical bills.⁴⁰ *U.S. News and World Report* devoted space to an analysis of what it called "American medicine in the midst of a major shift in focus—away from disease treatment and toward disease prevention."⁴¹ The article indicates that this trend is becoming evident in many ways, such as by President Carter stressing disease prevention as part of his health policy to Congress, which, in passing the National Consumer Health Information and Promotion Act, took a first step toward a comprehensive federal effort to teach people how to reduce the risks of such diseases as cancer, heart disease, and diabetes by making changes in their diet or behavior.

The national awareness is being reflected locally in preventive health programs in schools, work places, and community centers. In many areas the media have cooperated in this new approach by printing articles on disease prevention. In effect, the campaign has been

launched, and the opportunity clearly exists for auxiliaries to join these efforts. As trusted members of their communities, they are in a unique position to encourage others to take advantage of health education programs and to lead the way in helping the public understand the value of healthful life-styles.

If hospitals value the services of their auxiliaries and volunteers, they have an unprecedented opportunity to demonstrate this confidence by giving auxiliaries and volunteers the opportunity to play a vital role in the difficult task of creating consumer awareness of the relationship of life-style and health and the individual's responsibility for health maintenance. Auxiliaries have proved their capabilities in health education programs, and the evidence suggests that this is the area in which they can make the most significant contributions in the future. Hospitals need to strengthen their communications links to the community, and utilizing the willingness, talents, and interests of established allies would seem to be the most logical way to accomplish this.

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