



AMERICAN
HOSPITAL
ASSOCIATION

GUIDELINES

RELATIONSHIPS, RESPONSIBILITY, AND ACCOUNTABILITY OF THE HOSPITAL AUXILIARY, THE DEPARTMENT OF VOLUNTEER SERVICES, AND ADMINISTRATION

GOVERNANCE AND ORGANIZATION

These guidelines were developed by representatives of the American Society of Directors of Volunteer Services and the AHA Council on Volunteers in 1979. Their purpose is to consolidate principles contained in several existing American Hospital Association publications: The Auxiliary: New Concepts, New Directions; The Volunteer Services Department in a Health Care Institution; Guidelines on Effective Administration of Volunteer Services; and the Statement on the Auxiliary's Role on the Health Care Team. The consolidation was undertaken in response to inquiries regarding the relationships, responsibility, and accountability of the auxiliary, the department of volunteer services, and administration in health care institutions. These guidelines received the approval of the Association's General Council in October 1979.

INTRODUCTION

Auxiliaries and departments of volunteer services historically have helped health care institutions more effectively meet community health needs and augment staff efforts in the delivery of health care. The relationship between the auxiliary* and the department of volunteer services sometimes overlaps or is unclear. This situation is more likely to occur when a definition of their respective roles and responsibilities is lacking or ambiguous. The definition of responsibilities is the first step toward a stronger and more mutually supportive relationship.

Historically, organized volunteer services programs in the hospital were pioneered by the auxiliary to meet a demonstrated need. As their value became recognized, these services expanded. Consequently, the task of maintaining them demanded both time and skills, and health care institutions found that this integral part of hospital service required coordination and integration into the hospital's administrative structure. Hence, departments of volunteer services evolved for the purposes of administering and coordinating volunteer services programs and effectively utilizing the services of in-service volunteers. The volunteer services department is now a recognized department in many hospitals. However, in many instances, the auxiliary still retains responsibility for the volunteer services program and therefore takes the place of an organized volunteer services department. In addition to this shift in the responsibility for volunteer services, there is an expressed need by hospital staff, patients, and community citizens for both a high quality and a broad range of volunteer services in today's health care environment. This transitional state has resulted in confusion as well as requests for clarification of responsibilities and relationships by auxiliary and volunteer leaders throughout the nation.

*The use of *auxiliary* is an editorial convenience and is not meant to imply that in some cases there is not or could not be more than one auxiliary affiliated with an institution. Also, it may be known as *guild* or *service league*. (The American Hospital Association recommends use of the term *auxiliary*.)

DEFINITIONS

The following definitions of terms are used in these guidelines:

- *Department of volunteer services* is a department of the health care institution organized for the coordination of the volunteer services provided in the institution and in institution-based programs. It is under the supervision of the director responsible to administration.¹
- *Auxiliary* is a self-governing membership organization; it is an entity—whether an integral part of the parent corporation, an independent corporation, or an unincorporated association—that is accountable directly to the hospital's administration.² The auxiliary is founded by persons from the community who agree to work together to assist a health care institution in promoting the health and welfare of the community. It is implied that this affiliation is the formal basis of a relationship wherein the auxiliary functions in accord with objectives established by the institution. Even though the auxiliary is self-governing, the rights to function are authorized by the institution's governing board, and it is responsible to administration in the exercise of those rights. Because the auxiliary is an integral part of the institutional organization, its leadership has a direct line of communication with administration.
- *Administration* is the chief executive officer of a health care institution or his designee. The auxiliary president serves as the chief liaison between the auxiliary and the administration. Likewise, the director of volunteer services is accountable to administration for the department of volunteer services.
- *Director of volunteer services* is the person responsible for the purpose and objectives of the department of volunteer services. The primary function of the director of volunteer services is to assist the institution in the delivery of comprehensive health care to the community by obtaining and retaining an adequate number of competent and satisfied volunteers to augment the services of the institution's personnel. In general terms, the director has a twofold respon-

sibility: to administer the department and to coordinate the activities of the institution's in-service volunteer corps. This person is accountable to administration.

- *Auxiliaries* are members of an auxiliary; they may or may not be in-service volunteers. They do not receive financial remuneration from the hospital for their services.
- *Volunteers* (or in-service volunteers) augment but do not replace paid personnel and professional staff; they do not receive financial remuneration from the hospital for their services. They serve within the hospital under the direction of the hospital volunteer services department. (Where there is no volunteer services department, they serve under the direction of the volunteer services committee of the auxiliary.)

RESPONSIBILITIES

Administration

The administration is responsible for the operation of the health care institution according to the authority conferred by the governing body and consistent with its expressed goals and objectives. As related to the auxiliary and the department of volunteer services, this encompasses:

- Organizing the administrative functions, delegating duties, and establishing a formal means of accountability. If the responsibility for either the auxiliary or the department of volunteer services is delegated to a designee, the designee should be on the administrative level in the institution.
- Promoting managerial efficiency and encouraging adherence to institutional and managerial policies through mechanisms such as a plan of organization that provides an appropriate delineation of functional responsibilities, and written policies and procedures that govern both the auxiliary and the department of volunteer services in carrying out their functions and duties.

Volunteer services department

The department of volunteer services is responsible for the coordination of the volunteer services programs provided by the institution and is accountable to the administration. Regarding the execution of this responsibility, it is important to keep in mind that one of the purposes of this department is to augment the endeavors of the institution's staff in the delivery of comprehensive health care.

The department of volunteer services is primarily responsible for:

- Effectively managing the volunteer services, including developing goals and objectives for the volunteer services department; recruiting, interviewing, orienting, and training volunteers; educating staff, in-service volunteers, and patients regarding the volunteer services; ensuring compliance with local, state, and federal laws applicable to volunteer services and compliance with the institution's policies; ensuring that effective management is practiced in the placement and utilization of in-service volunteers; providing volunteers an opportunity for both personal and career development; and providing a mechanism by which recommendations of in-service volunteers can be formally channeled into the institution.

- Developing, implementing, and evaluating the volunteer services programs, including a periodic reevaluation of existing programs and the establishment of new ones reflecting creativity and innovation.

Auxiliary

The auxiliary's board of directors has ultimate responsibility for directing the affairs of the auxiliary organization on behalf of the total membership and in the interests of the institution. The auxiliary board serves as the leadership body, formulating policy and plans for the auxiliary. The responsibilities of the auxiliary board vary among health care institutions. The primary responsibilities assumed by the auxiliary are:

- Serving as a communications agent between the health care institution and the community.
- Raising funds on behalf of the health care institution.
- Taking part in activities that strengthen and improve the health care delivery system, such as legislative activities at both the state and national levels and health promotion activities.
- Assisting the hospital by serving as one source of input for the initiation of approaches to improve the health care delivery system, and assisting with community health-related projects and programs to promote better use of existing health care resources.
- Supporting the in-service volunteer program by assisting in the recruitment of in-service volunteers and making suggestions regarding beneficial ways to utilize their time and talents in health care institutions. (Caution is in order to prevent misinterpretation of this responsibility. If there is an existing volunteer services department, the role of the auxiliary is support rather than supervisory. If there is no volunteer services department and no feasibility of establishing one, the auxiliary usually assumes this responsibility.)
- Performing public relations activities related to volunteer services by projecting a favorable image of volunteer services within the community and reflecting the image of the institution to the patients.

The rights of the auxiliary are those rights authorized by the institution's governing body. The auxiliary is accountable to administration in the exercise of those rights.

Delineation of responsibilities

The responsibilities of the auxiliary and the department of volunteers often are not clearly delineated. In such cases, the appropriate and responsible administrative staff, the chief auxiliary officer, and the management person responsible for volunteer services should jointly develop a specific function/responsibility delineation.

In the case of multiple auxiliaries affiliated with one health care institution, careful planning and controls will help prevent overlap and duplication. Even with a well-planned and monitored system, multiple auxiliaries can result in confusion on the part of the community and hospital staff. Therefore, to achieve a more unified approach, it is recommended that an umbrella organization be formed with representative membership by the key officers of all existing auxiliaries affiliated with the institution.

Likewise, overlap, duplication, and confusion can result among existing auxiliaries when institutions merge.³ Again, the umbrella organization approach is best unless (1) the institutions are not located in proximate areas, (2) there is a complex organizational structure such as in church-operated institutions or in multihospital systems, or (3) each member institution maintains its own board of trustees. In these cases, the potential for overlap, duplication, and competition should be evaluated before determination of the best organizational structure for the auxiliary.

RELATIONSHIPS

Department of volunteer services and administration⁴

The department of volunteer services of the health care institution provides services that enhance and augment the indispensable services provided by the hospital staff. It is headed by a director of volunteer services who is employed and paid by the institution and accountable to administration. The department is governed by the same policies and procedures that apply to the other departments in the health care institution. The director is responsible for managing the department at a predetermined level of efficiency and for providing competent volunteers to fill the needs of the institution. To ensure that the department of volunteer services functions to its greatest capacity, adequate resources should be allocated to enable fulfillment of its managerial and operational responsibilities.

Auxiliary and administration

The auxiliary, organized and maintained with the formal approval of the institution's governing body, operates under the guidance of administration. The auxiliary should have the right to manage its own internal affairs, but the degree of harmony and level of effectiveness of the auxiliary in advancing the institution's purpose and goals depend to a great extent on the relationship with administration.

A definition of authority and responsibility of both the administration and the auxiliary must be developed and understood by both parties. This definition should be written and conveyed to both the auxiliary and hospital staff. Thereafter, the leadership, supervision, and liaison must be maintained to achieve success.

The auxiliary can reinforce this relationship by carefully preparing and planning for scheduled meetings with the administration and by striving to support the purpose and goals of the health care institution. Any changes in programs or policies should be dealt with in an organized and systematic manner by the auxiliary and administration to maintain a sound, well-defined, and cooperative relationship.

One of the strengths of the auxiliary is that it is an organization of the community, dedicated to serving a community institution.⁵ As such, the auxiliary is in a good position to communicate community perspectives on the activities of the health care institution to the institution and to communicate institutional objectives and activities to the community. The challenge of the years ahead will stimulate health care institutions and the auxiliaries that are associated with them to explore new concepts of service and untried areas of activity. It is the auxiliary's responsibility to anticipate the changing health care requirements of its community and to propose new direc-

tions of activity. Therefore, a strong relationship between the auxiliary and the hospital administration, founded on close communication and mutual respect, should be established.⁶

Because of the auxiliary's unique perspective on the health care institution's mission and role, its observations, goals, objectives, and projects may relate to many disciplines and departments within the institution. It therefore is essential that the auxiliary be able to communicate directly with administration and not merely with one or two departments such as public relations or volunteer services. This structure does not mean that the auxiliary will not or cannot continue its work in traditional programs, nor does it imply that there should be no formal, ongoing relationship with the department of volunteer services. However, it does dictate that the auxiliary have lines of communication with many individuals and departments within the institution through an appropriate level of administration. Restricting the auxiliary to a line of communication with only the department of volunteer services limits the horizons of the organization and carries the risk that the auxiliary will be equated solely with the in-service volunteer program and viewed merely as an appendage of the volunteer services department. This results in confusion about the roles of the auxiliary and the department of volunteer services, duplication of effort, and a lack of creative human resource utilization.

Department of volunteer services and auxiliary

The department of volunteer services and the auxiliary have specific and separate roles and responsibilities. Clearly defined and understood roles and responsibilities form the basis for mutual support and understanding. A volunteer services committee of the auxiliary can provide the link between the auxiliary and the department of volunteer services.⁷ This is often achieved by the committee working with the director of volunteer services, offering its full support to the department (such as assisting with recruitment of in-service volunteers), and interpreting the department's needs and goals to the auxiliary. This relationship does not give either party authority over the other; it is a relationship based on continual communication and liaison.

ACCOUNTABILITIES

The administration is accountable for the auxiliary's exercise of the rights conferred on the auxiliary by the governing body. Likewise, the administration is accountable to the governing body for the department of volunteer services, including for providing a system for controlling the activities of volunteers performing services in the health care institution.

The auxiliary is authorized by the governing body of the health care institution and accountable to the administration. This accountability promotes the institution's purpose and goals through activities and programs appropriate to and within the capabilities of the auxiliary. It also assures the auxiliary officers that the auxiliary's activities and programs are within the perimeter of the authority entrusted to it by the institution's governing body. The bylaws of the auxiliary should succinctly state the purpose of the auxiliary, including recognition of the ultimate authority of the institution.

The department of volunteer services is accountable to administration. As a member of the hospital staff, the director of volunteer services manages the department and is governed by the same policies applicable to other hospital departments.

GENERAL GUIDELINES FOR OPERATION

Because the auxiliary and the department of volunteer services have separate purposes and roles, it is important that the functions and tasks of the auxiliary and the in-service volunteer not be confused or not be mutually dependent on contingency relationships.

A person seeking to perform in-service volunteer work within the health care institution should not be required to join a voluntary membership organization, such as an auxiliary, to be eligible to contribute time and services to the institution. To do so in effect requires an individual to belong to an organization and pay dues for the privilege of volunteering at the institution. This creates obstacles for persons who wish to contribute their services to a community institution but may not be interested in joining a voluntary membership organization. It can result in lost human resources to the institution. Conversely, persons wishing to join the auxiliary and contribute to the attainment of its goals and objectives should not be required to perform in-service volunteer activities as a condition of membership in the auxiliary. To do so in effect is to require an individual to perform in-service volunteer activities in order to belong to a membership organization and take part in its activities. An individual may wish to actively participate in the activities and leadership roles of the auxiliary but may have little or no desire to perform in-service volunteer activities. Requiring that auxiliaries fulfill in-service volunteer hours creates obstacles for the auxiliary as well as the institution and does not reflect sound human resource utilization.

The auxiliary and the volunteer services department are not organizationally one. They are not identical or interchangeable. They are not in competition; neither usurps the authority or assumes the responsibility of the other. Their basic aim, serving the hospital, is the same, but they travel different roads to achieve it. Individuals should be encouraged but not required to participate in both functions. To make one function mutually dependent on the execution of another inhibits recruitment for both functions and serves to obfuscate the distinct purposes of each.

In hospitals where there is no organized department of volunteer services, the in-service volunteer programs may be delegated to the hospital auxiliary. Where this is the case, the function should be managed by a volunteer services committee of the auxiliary. In this case, the volunteer services committee of the auxiliary becomes a functional substitute for the department. Any volunteer activities (in-service programs) conducted within the institution are administered by the committee, and the committee chairman functions, in essence, as the director of volunteer services. The committee is responsible for the recruitment and training of volunteers who, when prepared for their roles, work under the supervision of the institution's

professional staff. It is the volunteer services committee's responsibility to supply the volunteers, administer the training program under the auspices of the professional staff, and assume responsibility for the ongoing operation and evaluation of the program.⁸

Because they share the common objective of assisting the institution through the utilization of volunteer resources, the auxiliary and the department of volunteer services have mutual interests and activities. It therefore is essential that institutions having both an auxiliary and a department of volunteer services develop written policies and procedures defining the relationship between the two entities. The purpose of this statement is to eliminate misunderstanding and promote cooperation based on acceptance of each other's responsibilities.⁹ Policies and procedures defining the relationship must be developed jointly by administration, the auxiliary, and the department of volunteer services.

If conflicts arise, it is important to remember that the basic goals of all involved parties are mutual and that differences of opinion center on methodology and/or practices and objectives established through tradition. Conflicts can be resolved through clearly defined organizational lines and through collaboration.

CONCLUSION

These guidelines define the respective relationships, responsibilities, and accountabilities of the hospital administration, the auxiliary, and the department of volunteer services. Auxiliaries and volunteers represent a unique and valuable human resource to health care institutions. It is important that these relationships, responsibilities, and accountabilities be clearly defined and understood by all parties involved. Clarification of functions and relationships is necessary to maximize the contributions of auxiliaries and in-service volunteers for the benefit of both the health care institution and the community.

REFERENCES

1. American Hospital Association. *The Volunteer Services Department in a Health Care Institution*. Chicago: AHA, 1973. pp. 4-6.
2. American Hospital Association. *The Auxiliary: New Concepts, New Directions*. Chicago: AHA, 1974. pp. 7-12.
3. *Ibid.*, pp. 45-49.
4. American Hospital Association. *Guidelines on Effective Administration of Volunteer Services*. Chicago: AHA, 1978.
5. *The Auxiliary*. pp. 2-3 and 11-12.
6. *Ibid.*, pp. 8-10.
7. *The Volunteer Services Department*. p. 12.
8. *The Auxiliary*. p. 69.
9. *The Volunteer Services Department*. pp. 11-12.