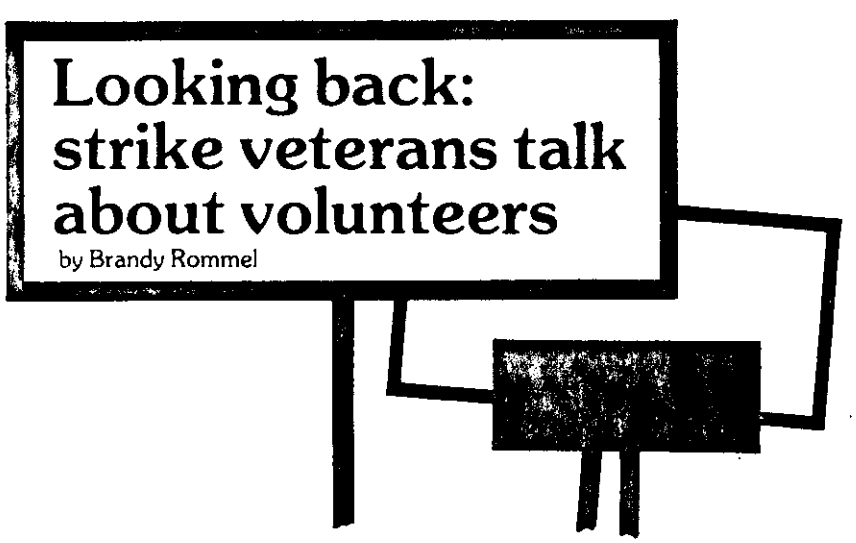
THE VOLUNTEER AND THE PICKET LINE I

Looking back: strike veterans talk about volunteers

by Brandy Rommel



A tongue twister: What happens to a volunteer program when the hospital it is set up to serve is struck by the employees whose work the volunteers are supposed to supplement? We suspected that the answer might have a few twists of its own. So, in light of the guidelines just published by the AHA on the use of volunteers during an employee work stoppage (see text on page 6), **The Volunteer Leader** contacted managers at several hospitals that had been struck to talk about their experiences with volunteers during those difficult days.

We asked volunteer directors and administrators how many of their hospital's regular volunteers continued to serve during the strike and how circumstances affected the delivery of routine volunteer services. We asked them if extra volunteer manpower from the community at large was recruited or received and if so, what training and tasks were given to these people. We asked about violence—there was little and that only to automobiles—and about recriminations; there were some.

Our conversations led to one conclusion: Advance planning is the key to getting through a strike safely and sanely, with regular volunteers, new volunteers, or no volunteers. Hence the helpfulness of guidelines in preparing for that eventuality.

For the sake of volunteer directors who have yet to cross a picket line, and bearing in mind the multitude of factors that enter into the evolution and resolution of any strike and that make each different from every other one, here is some of what our strike veterans had to say.

"Encourage volunteers to take a neutral position between the union and the hospital," was a piece of advice offered by J. Elco, personnel director at Union Hospital in Dover, OH, and echoed without exception by managers at every other institution we contacted. 'No comment' is the wise watchword for non-striking workers, paid and non-paid alike, who in some places, such as Akron (OH) General Medical Center, are warned to refer all questions about the strike to the public relations office, which has sole authority to communicate with the media.

Statements that may indicate bias toward one side or another of a controversy are upsetting to patients in particular and are to be avoided at all costs. Volunteers who have strong feelings for or against the strike action may wish to interrupt their service to the hospital for the duration and this decision must be respected, says Rochel Berman, volunteer director at The Hebrew Home for the Aged at Riverdale (NY), which was struck for five weeks last year by 400 support personnel. Berman was careful to maintain contact with those volunteers who stayed away, calling each one occasionally to update the situation.

At other places, volunteers were specifically asked not to come in; Rockland County Health Center in Pomona, NY, took this step, in part because most of its regular volunteers are elderly. The health center, which had an unusual source of emergency manpower in the form of city employees ordered in by the local government from other of its departments, supplemented the efforts of those temporary staffers with about 270 people from the community, some of whom volunteered for a day, some for the full week of the strike by 630 of the center's 660 employees.

Three of the hospitals we surveyed reported that all regular volunteers crossed the picket lines; at Providence Medical Center in Seattle, all 160 volunteers were called and given a personal explanation of the situation, with the result that some volunteers even rearranged their scheduled vacations to stay and help out over a 10-week strike by nurses in the summer of 1976. Many others served extra hours, with the vocal support of picketers. Offers of help from the general community were turned down by Leona Nealey, DVS at Providence, in accordance with a rule established prior to the strike that no untrained volunteers were to be recruited or accepted under those circumstances.

Nor were new volunteers needed during a strike by nurses at Union Hospital, where about 200 regular volunteers served without interruption in their usual capacity, but a different story unfolded at The Hebrew Home for The Aged at Riverdale. There, members of the orthodox Jewish community—30 to 70 strong each day—responded to desperate appeals for help with essential tasks, such as making beds (700 of them!), sorting laundry, and washing and feeding patients. More than half of the home's 150 regular volunteers also crossed the picket line.

Two interesting notes from Riverdale: Relatives and other visitors of long-term residents were conspicuously unhelpful during the strike, typically agreeing to help feed or

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otherwise care for "their" family member, but no other patients. And, in the opposite spirit, temporary community volunteers refused any and all publicity about their service, saying that they didn't want to exploit the misery of others. Concern for the plight of the strikers affected many; resident-volunteers, some of whom helped to pioneer better working conditions through activism in the early trade unions, curtailed their usual volunteer activities out of identification with the picketers.

Community people also offered their services to Akron General Medical Center, struck by its staff nurses for two months in 1977. Only a small number of some 500 regular volunteers similarly helped out. Training for the new volunteers was conducted informally by the heads of the departments that requested help, a system that worked for several other hospitals as well.

Interestingly enough, none of the hospitals we surveyed reported the loss of a single individual from its permanent ranks of regular volunteers—all eventually came back—but some managers said they picked up a few new people along the way from among those who first volunteered during the strike. A number of regular volunteers whose first real patient contacts came about because of strikes found themselves suprisingly happy in the direct service role, and stayed there. And at Cook County Hospital in Chicago, more than one previously inactive volunteer was spurred by strikes in 1972 and 1976 (by nurses both times) to rejoin active service. Said Dolly Johnson, DVS at Cook County, in reporting the influx of spontaneous calls from the community, "In a crisis, my volunteer program expands!"

For the most part, Cook County volunteers continued their normal program of activities, but clerical workers were shifted to patient care positions, primarily in pediatrics, as were those volunteers who usually work in the hospital's outpatient clinics. Major assignments were caring for and feeding infants and children, from 7 a.m. to 10 p.m. At Providence in Seattle, no regular volunteer jobs were interrupted, but others were taken on by volunteers working overtime—transporting and feeding patients, answering phones, assisting with discharge, etc. Rockland County's James M. Jones, deputy director of the hospital, reports that leisure-time activities were discontinued at first in favor of "survival" jobs; cleaning floors, making beds, washing patients.

The situation at Akron General was complicated by a contract won by a different set of workers in a strike five years before the staff nurses went out in 1977. According to that contract, volunteers are not allowed to perform any job that would normally be done by paid persons, including persons—and there were some—forced to work reduced hours during the strike because of a lowered patient census. So cleaning, making beds, and distributing food trays were out; hospitality cart, escort service, snack/gift shops, flower delivery, and friendly visitors in the critical care unit were in.

In most hospitals, the director of volunteers referred workers to assignments on the basis of daily requests from departments needing help; the better-prepared hospitals had lists of volunteers already drawn up, including names, times available, skills, and previous experience. At Cook County, the administrative strike officer and his staff worked with Johnson on coordination of duties, funneling departmental requests to her for filling. (Licensed RNs were referred directly to the nursing office at Cook County, as elsewhere.)

Security problems turned out to be less ponderous than might be imagined. Only one hospital that we spoke to—Rockland County—resorted to an outside meeting place for volunteer workers, who then were bused to the hospital in groups, leaving their cars in a fenced-in lot some two miles distant. Nealey reported that Providence Medical Center security guards were available to escort volunteers to their cars during the strike there; no untoward incidents took place. For the rest, routine security measures were sufficient. Some minor damage to automobiles that were parked in a hospital lot was reported at only one location.

And what about advance planning, advocated in the new AHA guidelines? Three-fourths of our respondents said that there had been an emergency plan prepared by the hospital prior to the strike; half of those plans currently are being revised to take into account circumstances that had not been anticipated by the planners. Dolly Johnson, veteran of the two Cook County strikes, is convinced that it's critical for the DVS to be fully involved in the preplanning stages of a strike as head of the department that represents "an enormous resource of people in the community, eager to help. In a strike, as in any crisis, volunteers are an important public relations tool, within the hospital as in the community."

No volunteer director would doubt that last statement, but the effectiveness of volunteers during a strike, as supplementary manpower or as good PR, may be contingent upon their being specifically recognized as such in a hospital's overall strike plan. Planning cannot cover every contingency, but it can set down a firm sense of direction for the volunteer department to follow.

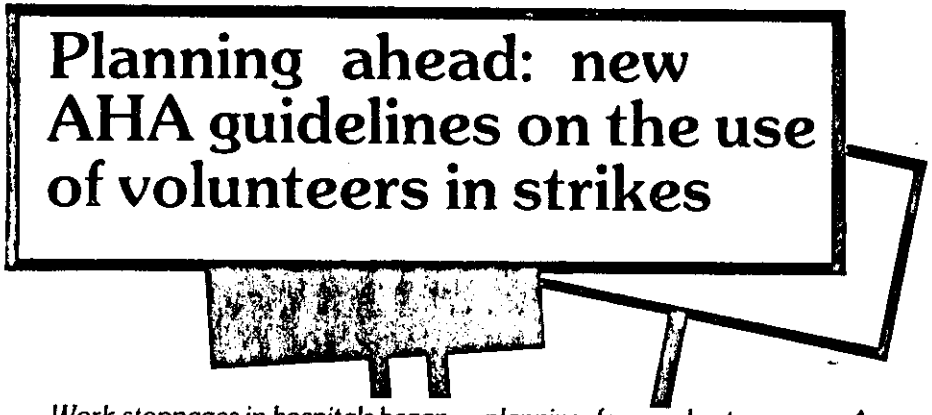
Rochel Berman: "Our strike plan went out the window, we were overwhelmed. You have to live through one in order to understand how a strike works. You think at first, 'This can't possibly go on another day, we'll perish.' But the problems change as the weeks go by. What prevails is the sense of uncertainty and the length of the thing."

That sense of uncertainty plagues patients more than any other party to a strike—and party they are, however unwilling. Theirs, of course, is the cause the volunteer ultimately serves. Says Cook County's Johnson, summing up the volunteer's role in a strike, "The direct caring comes through for the patient while the picketing is going on outside."

It's an ill wind and all that. The response of an inspired community, the generosity of volunteers, the common spirit of working together to overcome difficulty are all good things that have come out of strikes. But where even the best-laid plans sometimes go astray, no plan at all is an invitation to disaster that no hospital can afford to issue. [V]

THE VOLUNTEER AND THE PICKET LINE II

Planning ahead: new AHA guidelines on the use of volunteers in strikes



Work stoppages in hospitals began shortly after the Taft-Hartley Act was amended in 1974 to include hospitals. As a result, numerous verbal and written inquiries were received by the American Hospital Association regarding the role in a strike of existing inservice volunteers, as well as those volunteers coming forward or recruited from the community for the duration. On the premise that some volunteers in both categories will offer their services to hospitals during strikes, the AHA's Committee on Volunteers recommended that guidelines be developed concerning the judicious use of these persons by hospitals during such work stoppages. The resulting document, printed in full below, was approved by the AHA House of Delegates on February 1, 1978.

Guidelines for Hospital In-Service Volunteer Activities During An Employee Work Stoppage *is intended as a tool to assist hospital administrative and management personnel in their planning for work stoppages. As the adage goes, "an ounce of prevention is worth a pound of cure;" ergo, a strike work plan should be in place that includes a clear statement of the role of both the regular inservice and temporary community volunteer if one or both are to be used.*

In summary, if the ***Guidelines*** *is accepted verbatim, inservice volunteers will continue to provide during a strike those services they normally perform (if they individually choose to serve), and other volunteers from the community will serve as temporary members of the human resources pool, whose work will be directed according to the contingency plan approved by administrative staff. It is hoped that use of these guidelines will help hospitals avert a possible crisis and result in a greater continuity of patient care.*—**Betty L. Dudley, staff associate, American Hospital Association, and secretary of the AHA Committee on Volunteers.**

When a hospital is struck by its employees, many important patient care services can only be provided through the generous services of volunteers. A hospital strike may result in substantial anxiety and fear on the part of patients. However, these can be minimized through the invaluable assistance of volunteers in calming patients and meeting many other patient needs. Such volunteer services provide needed continuity of patient care during a strike.

These guidelines are intended to assist hospital management in planning for the effective, proper, and safe use of volunteers during an employee work stoppage. Inasmuch as labor organization strategies vary depending on a number of factors, these guidelines should be modified in any given work stoppage in accordance with the recommendations of the institutions's labor relations counsel.

ADVANCE PLANNING.

The National Labor Relations Act (Taft-Hartley Act) requires that a labor organization give a 10-day notice to a health care institution prior to a strike. Although a hospital has this 10-day period to prepare for a strike, it should not wait until this "eleventh hour." Rather, it should prepare a standby plan long before a work stoppage becomes imminent. Included in the plan should be a comprehensive educational program to inform in-service volunteers about union strike and picket line tactics, employee reactions and how to cope with them, and pertinent provisions of the Taft-Hartley Act.

An employee work stoppage is usually a traumatic experience for everyone involved—employees, patients, management, and those volunteers who offer their services during a strike in an effort to keep the hospital open and functioning for the benefit of its patients and to ensure essential continuity in patient care. This trauma can be minimized or reduced if management plans its course of action prior to a work stoppage. If such a plan includes the utilization of in-service volunteers, the details should be thoroughly reviewed jointly by the director of volunteer services, the hospital administrator, and the labor relations counsel. Likewise, if the plan includes utilization of volunteers from the community, the policy should state how they will be screened, in what areas they will be utilized, and in what capacity, and should designate the responsible management person.

Because in-service volunteers often work side by side with employees, some of the hospital's core in-service volunteers who serve regularly in the hospital may find it difficult to remain untouched by the atmosphere created during an employee work stoppage. They may find it equally difficult to remain indifferent to the community's reaction to such labor-management disputes. Present-day labor relations has taken on a social as well as an economic character and therefore affects the institution's relationship to the community.

PLAN OF ACTION

The following is designed to orient directors of volunteer services and volunteers to actions to be taken and precautions to be observed prior to, during, and following an employee work stoppage.

Prior to a work stoppage. The

director of volunteer services should be familiar with the hospital's policy concerning the use of both regular in-service volunteers and/or volunteers recruited from the community during an employee work stoppage. Some administrators prefer not to use in-service volunteers. Others attempt to augment in-service volunteers with specially recruited volunteers from the community.

- If the policy dictates the use of volunteers, the director of volunteer services and the hospital administrator should meet with the institution's labor relations counsel for guidance in determining the role and activities of volunteers during the work stoppage.
- The director of volunteer services should conduct an audit of volunteer skills. The information obtained by means of this audit will assist in assigning volunteers to tasks they can perform most effectively.
- A poll of the volunteers should be conducted in order to compile a list of those willing to serve during a work stoppage. This decision may be affected by an individual volunteer's philosophy and the attitude of immediate relatives concerning the volunteer's serving during a work stoppage.
- The poll should determine what assignments the volunteers prefer, how long they are willing or able to serve (days, weeks), which days, and the number of hours they are able to serve and what shift they are willing to serve on daily.
- The administration should determine how many volunteers will be needed. This number may vary according to the number of employees involved in the work stoppage and the department(s) and skills involved.
- The minimum age of volunteers who will be permitted to serve should be established. Because of the highly emotional state of some strikers, it normally would not be a good idea to expect minors to cross a picket line.

During a work stoppage. The director of volunteers should:

- Arrange with management that volunteers be escorted through the picket line when entering and leaving the hospital. Safe entry and exit can be provided in several ways.
  1. Management personnel can personally escort the volunteers.
  2. Local police officers assigned to the picket line can escort the volunteers.
  3. Arrangements can be made to meet the volunteers for each shift at a predetermined location away from the hospital, bring them in at one time in a convoy of autos or a bus, and return them to the pickup point at the end of their shift.
- Arrange for volunteers to be escorted to and from public transportation, if such action is indicated.
- Arrange for the safekeeping of volunteers' personal cars that are parked on hospital premises.
- Instruct volunteers not to wear their uniforms. A distinctive uniform makes volunteers readily identifiable to pickets. Because striking employees often resent the use of volunteers as "strike breakers," volunteers should not wear their uniforms.
- Issue volunteers official entry passes. These passes will make an escort available to them and will keep unauthorized persons out of the hospital.

The volunteer should:

- Obtain instructions from the supervisor on safety rules and practices related to job performance prior to beginning an assigned task.
- Check with the supervisor before performing patient care tasks that could subject the volunteer or the hospital to a malpractice suit or that legally should be performed by a specially qualified person.
- Immediately report to the supervisor the presence of a stranger in the work area. Union representatives will sometimes try to enter the hospital in order to learn who is working or to publicize an alleged lack of adequate patient care.
- Not communicate in any way with persons from the news media, either at home or at the hospital. A volunteer who works in a limited area often is not aware of the total picture and may give information that is incomplete or inaccurate. All such inquiries should be referred to a person who is designated in advance by management.
- Not discuss with patients his/her personal feelings about the work stoppage, the predicted outcome, and so forth. Such talk could have an adverse effect on patients and should be done only in reply to a direct question and then in a discreet manner.
- Inform relatives how he or she can be reached at the hospital by telephone, if necessary. Normally, it is difficult to reach a person directly by telephone during a work stoppage because the hospital switchboard is open only to urgent calls.

Whether a record of volunteer hours served during a work stoppage should be maintained for service record purposes is a matter for each volunteer to decide. For a number of reasons, some volunteers may not wish to have such service made a matter of official record.

Following a work stoppage. Depending on the length, intensity, and outcome of the work stoppage, considerable bitterness may be evidenced by the strikers against those who crossed the picket line to work. Under the best of circumstances, a strained relationship will exist until wounds are healed and emotions cooled.

Volunteers can make an important contribution toward the return to normal employee relationships by:

- Participating in a poststrike orientation program attended by the hospital administrator, the labor relations counsel, and the director of volunteer services. At this time, volunteers should be advised of the outcome of the strike, the resentment they may encounter from employees, and their response to any employee ill will that may be directed at them or at others.
- Serving as ambassadors of good will in order to alleviate any employee bitterness.
- Refusing to take sides or become involved in employee arguments concerning the work stoppage, its conduct, or its outcome.

Although health care institutions do not wish to anticipate employee work stoppages, contingency plans for the continuity of patient care and the possible use of in-service volunteers during such occurrences are necessary.