

VOLUNTARISM IN THROES OF CHANGE

by Brandy Rommel

Proponents of voluntarism are very fond still of referring to that institution as one of the bedrocks of the American way of life, as much a factor in the grand experiment as the Puritan work ethic. What makes that argument less compelling today, what indeed has caused us to regard such a posture as primarily defensive, may in part have to do with the loss of innocence suffered by the work ethic itself, the separation of success and salvation that, together, once made it such an attractive comparison.

The relationship between the two forces, be it complimentary or antagonistic, is central to much of the current commentary on voluntarism by those who call for the dilution of "crassly commercial values" with the "more subtle and human values inherent" in voluntarism,¹ as well as by those who charge voluntarists with the undermining of economic equality between the sexes.² The two views are revealing of the schizophrenia that increasingly characterizes the debate over the proper role of the volunteer and that threatens to paralyze precisely those moderates whose ability to see justice on both sides makes them so crucial to the outcome.

The core issue, the volunteer's role in the nation's economy and social structure, has multiple facets that currently are engaging the energies of the field: the volunteer vis à vis unionization of employees, essential versus supplementary ser-

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vices, volunteering as an entry into the job market, paid versus nonpaid volunteers, tax benefits and their affect on the status of volunteers, professionalism in volunteer administration. Added to these pressing concerns is one unique to the hospital, that is, the nature of the relationship between the auxiliary organization and the department of volunteer services.

The two groups must resolve their present identity crisis in order to creatively confront their common challengers within the women's movement and elsewhere. Toward this end, as more and more paid directors are being hired by hospitals to develop comprehensive in-service volunteer programs, auxiliaries are turning their attention to the larger

hospital community, where their particular powers can be brought to bear on the legislative, public relations, and education functions that they are singularly well suited to fulfill.

This shift in emphasis demands of the auxiliary careful examination of not only its priorities, but also the priorities of the expanded pool of manpower available to it, which today includes employees of large corporations that give their people release time to volunteer, referrals from vocational schools and courts, retired persons,³ more youth and minorities, and clients or recipients of volunteer services.⁴ In addition, the traditional volunteer, the unemployed female who increasingly needs or wants paid employment, is becoming more and more selective in her choice of volunteer work, putting less stock in "spiritual credit" than in the opportunity to "update skills and knowledge" for the purpose of paid work and a "personal sense of fulfillment."⁴

The people approach

The National Information Center on Volunteerism (NICOV) assumes that "volunteering will be invigorated by a closer approach to people's natural styles and inclinations in helping," which it calls the People Approach.⁵ As opposed to the job-centered approach, a concept adapted from the paid work world, the People Approach is flexible—"it can build a job around a person." NICOV sees a "future in which corporations will actively copy vol-

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untary leadership," in a gradual reversal of borrowing by volunteer leaders from industry to borrowing by corporations from those who are "experts in motivating people without primary thought of financial gain. [Volunteer leaders] are pilot testing the work model of the future."⁵

Geyer cautions that the trend toward volunteering as a training ground for paid employment, manifest in the allowance by 20 states and the Federal government of credit for volunteer experience on civil service applications,⁶ should not permit the discarding of the "pure voluntary gesture . . . [along] with the gushing phoniness of professional do-gooding."¹

Auxiliary officers and paid directors of volunteer programs alike are aware of the possibilities of backlash inherent in the move toward structuring volunteer programs around career potential. The danger is of neglecting to leave "room and encouragement enough to sow the seeds of fruitful give-and-take relationships.⁷ The key, then, is balance. The more sophisticated volunteer leaders become in combining a people approach that is sensitive to shades of motivation with the needs of the institution, the better their chances of maintaining that critical balance.

How do directors of volunteer programs themselves assess their level of sophistication? According to Lee, "We have trouble identifying our competency. We lack professional solidarity."⁸ She suggests an eight-step remedy, including administrative practices comparable to those of other professionals, the continuation of efforts by profession-

al organizations to develop certification programs, and the development of academic and experiential curriculum for volunteer services administration.

A survey of voluntary program leaders indicated that they ranked as most important their ability to "work with and inspire other people. The respondents generally emphasized that they acquired their most important skills and abilities through practical experience. . . . Still, a variety of [academic] courses were suggested as good background."⁹ Smith predicts that within the decade "there will be hundreds of colleges and universities with courses or whole programs for the education of voluntary action leaders if the current and recent past 'seed' activities are . . . supported as they should be."⁹

The most frequently mentioned education needs are in the areas of training volunteers, management, administration and supervision, and recruiting, with one-day workshops the preferred learning modality of the *average* volunteer director, who is profiled by the National Learning Resources Center as follows: "A 36-year old, white woman, employed by the human service areas of health and hospitals in an urban setting. She has completed 16 years of education, with a major in the social sciences. Having been a leader of volunteers for just over seven years, she now . . . receives an annual salary of \$9,675."¹⁰ Recruitment and training also were among the concerns identified in local forums prior to the convening of the National Congress on Volunteerism and Citizenship '76, an official bicentennial activity.¹¹

The most effective education experiences, whether those of volunteer leaders in professional organizations or of volunteers themselves—as in the extensive training program of junior volunteers who receive school credit for volunteering in Mankato, MN,¹² or the transactional analysis model of interpersonal relations skills being taught by Joint Action in Community Services¹³—cannot be applied in a vacuum. The potential of the voluntary sector must be realized in a manner consistent with the larger context it serves.

As department head and community representative respectively, the director of volunteers and the auxiliary officer must move to secure their positions with an informed appreciation of the hospital's position. Among the themes identified by the AHA Council on Research and Development in a symposium on the future of American hospitals was "public accountability, with its relationship to consumer input. . . . The Council believes that the American hospital of the 1980s will be . . . faced with a much more active demand for consumer involvement in the institution's service programs and, as a consequence, much more actively involved in programs of health education to inform the population about health care."¹⁴

According to Hougan, as cited in Volunteer Services Administration (VSA), there is a "growing trend to use volunteers as a means of getting at cost and quality control, [and he] warned that the increasing trend toward licensure and certification of health care workers could exclude volunteers from par-

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Mount Sinai Hospital Medical Center in Chicago has opened a fully equipped dental clinic for inpatients who need emergency dental attention. The dental center is equipped to handle dental surgery, endodontic work, restorative dentistry, X ray, and whatever other emergency treatment is necessary. It is staffed by 12 dentists and has been certified by the Council on Hospital Dental Services, a branch of the American Dental Association. ■

participation in the health care environment."¹⁵ How can volunteer leaders respond to these two seemingly incompatible predictions?

The director of volunteer services has open to her several appropriate courses of action. She can see to it that the hospital does not rely solely on volunteers in the area of essential services that are threatened by cost containment measures, a reliance that may lead to institutions' "laying themselves open to . . . legal liability."¹⁶ She can work for implementation of the NCVC '77 resolution that calls for "an examination and clarification of public policy to recognize that volunteers can be involved without jeopardizing the position of persons in the labor force."¹⁷ She can undertake advance planning for the performance of volunteer tasks in the event of a labor strike.¹⁸

Above all, a director can maximize her unit's responsibility and value to the hospital by following Scherr's directive, as reported in VSA, to "insist on department head status, insist that other department heads receive inservice education about the volunteer services department, make sure that hospital administrators are clear about the place of the volunteer services department in the organizational structure, write job descriptions for specific volunteer services, and be knowledgeable about the operations of the entire hospital."¹⁵

The time for transition

Poised at the same juncture, the auxiliary board may find the time particularly ripe for pulling together the joint goals of its membership and the hospital, a process that has been postponed for too long in many instances. "The auxiliary's traditional roles of helping to supply financial assistance and voluntary manpower continue to be meaningful, but these roles are now being complemented by a new approach to service . . . [as] pioneers in fresh approaches to the improvement of health care delivery (the innovative role) . . . as community relations

agents (the liaison role) . . . by championing issues (the change-agent's role)."¹⁹ Phillips goes on to say that these new vistas "will see the full utilization of volunteer people power only if programs are well-planned and memberships are strengthened" by an open membership policy that allows for true representation of the total community.¹⁹

Smith charges those who would resist transition with a "lack of responsiveness to long-term changes in the environment and competitive situation of the group," and relays "the message from research . . . that . . . in the long run, they must adapt to changing circumstances or die."²⁰

Survival means planning. Conrad and Glenn have pinpointed two failures in planning that most frequently plague voluntary boards: "One . . . is restricting it to program services . . . the second, forgetting that planning is basically people. . . . We must learn how to help people deal with change."²¹

Jarrett agrees, pointing out that whereas "achievement of organization goals demands an adequate level of member integration . . . in many voluntary organizations chronic disaffection over goals or means causes withdrawals from the group."²² In such instances, the responsible board must react either by changing the preferences of members or by changing members themselves. "Changing preferences may occur from persuasion or from bargaining or power tactics. . . . Changing members occurs from expulsion of existing members or from numerical dilution of existing members by inclusion of new members."²²

Scheier recommends the infusion of new blood through "'interchange recruiting', recruiting service volunteers from the ranks of advocates and vice versa. . . . I'd be surprised if many service volunteers weren't turned on to issues in their service area by virtue of their direct experiences."²³ The relatively new group and liaison membership categories also may serve as a spur to auxiliary enrichment through more

activist manpower.¹⁹

Perhaps the most critical element in recruitment today is the need for challenging, responsible roles to offer the potential volunteer. "In many agencies, volunteers are told little more than 'come in when you can and we'll find something for you to do.'"²⁴ The "professional volunteer" promoted by Straus has a right to expect a clear explanation of goals, plans, and projects, and "working conditions equal to those enjoyed by paid employees doing similar work." In return, the volunteer "may be expected to work on a specific job, over a period of time, on a regular schedule."²⁴

A corollary to this sharpening of expectations is the new type of awards program based solely on "the fulfillment of the volunteer's original time commitment, instead of the traditional amassing of hours of annual service."²⁵ Clearly, the "haphazard or accidental process of skill acquisition and utilization in voluntary organizations appears to be on the way out."²⁶

While recognizing the need for these new commitments in the operation of volunteer programs, Reissman reminds us that professional training, supervision, and evaluation techniques should not be allowed to overshadow the "self-help mode with its aprofessional, human emphasis."²⁷ Again, we come back to the key word balance, a concept that is admirably reflected in the full range of volunteer activities in hospitals today.

An explosion of activity

There are volunteers delivering meals on wheels to the homebound, aiding the elderly with Medicare forms, tutoring emotionally disturbed children, helping with horticultural therapy for the physically disabled, teaching parents about infant auto restraints, conducting a poison prevention program, manning Tel-Med switchboards, aiding the families and friends of hospitalized tourists, serving as patient care representatives, providing day-care for children of hospital em-

ployees and visitors, listening to the terminally ill, acting as substitute mothers for premature babies, performing puppet therapy to prepare children for surgery, sitting with women in labor, staging screening and health education fairs for the community, and doing preventive maintenance inspections of hospital facilities.

In addition, there has been an explosion of activity by auxiliaries who are finally beginning to exploit to the full their enormous potential for influence on the legislative process. Durette admits that "the average legislator has no real perception of volunteer potential . . . therefore, your approach has to be a gradual and an educational one."²⁸

So auxiliaries are moving to educate both themselves—in study groups and committees formed to track the progress of health-related legislation⁴ and in full-day meetings at state capitols—and their representatives in government, through legislative alert networks that can gear up for statewide letter-writing campaigns at the proper moment²⁹ and through formal get-togethers of hospital personnel and their congressmen.

Administrators as well are picking up on the power at hand, in at least one instance forming a hospital advocacy group from the ranks of the auxiliary.³⁰ Klicka states, "Auxiliaries are exposed in an unusual way to the services rendered by their individual hospitals, and because of this they demonstrate an unusual sensitivity to information pertinent to the hospital industry. . . . A new voice is necessary to carry this message and I believe that maybe that voice belongs to the auxiliaries."³¹

The future of voluntarism

President Carter, in a statement made prior to his inauguration, expressed a similar trust in the ability of volunteers to affect change. "I feel that we must fully pursue a voluntary society, whereby citizens can work in partnership with public and private efforts to accommodate

human and environmental needs."³² Carter further committed himself to a fostering of the voluntary sector by saying, "As President, I would advocate federal leadership, balanced with private input, by encouraging state-level mechanisms for volunteer services development. . . . My administration will monitor federal volunteer services activities and will encourage unity and alliance among national voluntary organizations."

Federal monitoring already has revealed that there are 37 million volunteers in the country; 59 percent are women, 41 percent men. (The men's percentage has gone up two percent over the past 10 years.) These people give over 3.5 million hours of work a year, at an estimated dollar value of \$33.9 billion, a sum almost equal to the annual budget of the Department of Health, Education, and Welfare.¹ Whatever these figures may say about the government's investment in social services—as compared with its stake in other areas where volunteer manpower is minimal—they certainly lend credence to the statement that "voluntarism is probably the biggest 'business' in the United States."³

That assertion brings us full circle, to the suggestion in the opening of this article that the historical parallel between those two pillars of early American society, voluntarism and the Puritan work ethic, was no longer a flattering one to volunteers. In light of the many comments that have been made about volunteering as a pseudo-workshop for women deliberately deprived of gainful employment and about values from the voluntary sector gradually softening and enriching the profit motive, it is interesting to speculate upon the implications of Loeser's prediction that "in the future, the greatest privilege may be to be *allowed* to work at one's full capacity, to have satisfying work, rather than the monetary reward that is considered the ultimate criterion now."³³

Will the third century of our nation's development bring about a blending of the best of both tradi-

tions, in which individuals will be able to meld the volunteer and work components of their lives into a sane and satisfying whole?

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