

A Case Study of Methodist Evangelical
Hospital, Louisville, Kentucky
and a Blueprint of a Successful
Hospital Volunteer Program

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by

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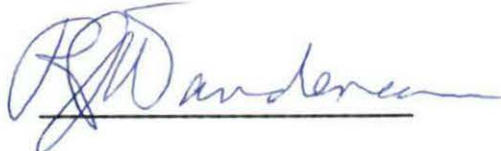




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A Case Study of Methodist Evangelical
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Morehead State University, 1984

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Hospitals and other health care institutions will, by the end of 1984, be forced to deal with severely reduced third-party reimbursed income. This will seriously impair the ability of institutional administrations to budget paid personnel positions for the provision of health care. It requires only simple deduction to recognize that the roles of institutional volunteer services will be expanding to an unprecedented degree.

To deal effectively with this volunteer service expansion, it will be necessary to systematically design volunteer recruitment and management strategies to maximize the probability of program success. This study examines characteristics of volunteer demographics, management practices and volunteer services provided in the most successful hospital volunteer program in the State of Kentucky: Methodist Evangelical Hospital in Louisville. By identi-

ifying characteristics in this successful program which can be applied elsewhere, prescriptive guidelines for hospital volunteer program establishment and management can be derived.

In this case-study report, demographic and attitude assessment of program volunteers were obtained through written survey and oral interviews with the volunteer staff. Administrative structure and managerial practices for the volunteer department were obtained through a multiple perspective qualitative analysis of administrative documents, department management personnel and hospital administration. Specific methods for this evaluation of management style included interviews with involved management personnel, written survey of volunteer department management, and volunteers. Also utilized was a document analysis within the volunteer department, interviews with hospital administration, and observation of management staff interaction in the Methodist Evangelical Hospital volunteer department. The services offered by the volunteer department were evaluated from two perspectives. A static analysis of the present scope of services was performed through document analysis in the department's administrative files. A longitudinal study of the services provided was performed through interviews with several volunteers in the department with exceptionally long records of volunteer service at Methodist Evangelical Hospital.

Volunteers with this program were predominantly female, over fifty-five years old, with strong religious affiliations in one of

the Protestant churches. Nearly half of the volunteers were married and 71% had fewer than two children. Most volunteers had obtained a high school education, but relatively few (9%) were "gainfully employed" in addition to volunteer work.

Volunteers were uniformly pleased with volunteer service work, and their perceptions of the management of the service were extremely favorable. Most volunteers were recruited through testimonials from other volunteers, or church-related communiques. The most common motives for volunteering were a desire to serve, religious beliefs and social interaction.

The volunteer program at Methodist Evangelical Hospital had a highly structured, though very low profiled, administrative and managerial set up. This structure included a formally stated, periodically reevaluated statement of purpose, long and short range service objectives, written job descriptions, and specifically stated operating procedures to be followed by all personnel. The personnel management structure included specific personnel selection protocol, training and orientation requirements for all positions in the department and an incentive system for workers rich in both formal and informal motivational recognition.

While this management structure was very low-key, what was highly visible in the volunteer program was a great deal of two-way communication between department management and workers, vehement support of worker effort, and much day-to-day personal recognition of volunteers on the part of department management.

The services offered by the volunteer department at Methodist Evangelical Hospital affect ancillary services in the hospital as well as patients and visitors in a positive constructive manner. These presently include the traditional volunteer duties, such as gift shop and information desk staffing, but also extend to the provisions of a courier service, clerical work, a tape library of medical information, emotional support services for patients and their families, and gifts for "special events," which occur in patients' lives while hospitalized. The latter activity includes preparing gifts for patients on their birthdays and for newborns and their parents.

This study describes demographic, managerial and service characteristics in a very successful volunteer program. Implications of these findings for recruitment and retention of volunteer workers, managerial organization and systematic expansion of services are described.

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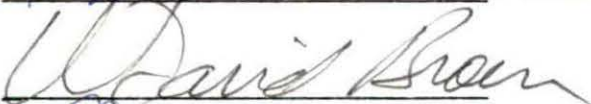


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Chapter One

INTRODUCTION

Volunteerism, the willing performance of services without expectation of tangible remuneration, has always been a vital force in American society. The very origin of our democracy was the result of a cooperative voluntary effort. Colonial patriots worked side by side in legislative halls, on the battlefields and in hospitals to give birth to the United States.

In modern American Society, the role of the volunteer, while not so dramatic, is no less important. In these recessionary times, volunteers are of ever increasing value to the organizations they serve. Organizations feeling the pinch of revenue and funding cutbacks are using volunteers to fill in the gaps where they can no longer afford paid positions.

The positions filled by present day hospital volunteers typically include the staffing of gift shops and information desks, patient transport and clerical services. These efforts result in multiple benefits for both the volunteers themselves and their institutions. Benefits to the volunteers include social interaction, sense of personal value and job skill acquisition. The hospitals realize more effective use of paid manpower, more intimate community contact and cost reductions.

If volunteer programs are to remain a vital force in hospital operations, they must be successful in maximizing benefits to the

volunteers and hospitals. This is becoming more and more difficult in face of an ever increasing scarcity of resources with which to operate hospital volunteer programs. The problem at hand is the identification of operative elements in a hospital volunteer program which can be manipulated to optimize service effectiveness.

In order to identify these operative elements, this investigation will focus on the three elements essential to any volunteer program: volunteers, volunteer management, and services provided. What then are the descriptive characteristics of the volunteers, management styles and scope of services provided by a successful hospital volunteer program? These elements will be examined as they exist at Methodist Evangelical Hospital in Louisville, Kentucky. This hospital has been identified as having more volunteer hours donated than any other hospital volunteer program in Kentucky during 1982, with a total of 55,860 hours.¹ For the purposes of this investigation, this statistic will define a successful hospital volunteer program.

As will be shown in Chapter Two, the existing research in volunteer program operation is relatively scant. Much of what is known is documented in textual generalizations of theory. Where empirical studies have been made, analytical methods employed have been asystematic, limiting the generalizability of investigation findings.

¹Kentucky Hospital Association Volunteer Program Survey. 1982.

The limitations of this study are, in part, due to the paucity of reproducible studies in this area. Confirmation or refutation of earlier work will be possible in specific analyses of scope of services and administrative structure of a volunteer program. But, such will not be the case in the area of volunteer attitudes.

Other limitations of the investigation result from its case-study design. As no experimental controls are present, comparative analysis will be limited to those within the sample population, and to theoretical prescriptions in the literature. Tools required to perform a large scale case-study include surveys and interviews. These tools are at risk of subjective bias from study participants, and this bias must be considered in data analysis. To minimize this possibility, a small field trial of survey prototypes will be done, where possible.

Chapter Two

REVIEW OF PERTINENT LITERATURE

To gain perspective on the problem of identifying operative elements in a hospital volunteer program which can be manipulated to optimize service effectiveness, a study of existing literature is vital.

Although volunteerism is a growing force in today's society, there is not a wealth of research or resource material on the subject. Generalized information of demographic trends of volunteers is available.

Several books, booklets and articles establish guidelines for the effective management of volunteer programs. The field of volunteer management is maturing to the point that colleges are offering courses for credit in Volunteer Administration.

Relative to the scope of services rendered by volunteers, literature relates to suggested services. Examples are assisting in the gift shop and performing hospitality activities. Periodicals touch on special volunteer functions including foreign language translation and health education. Most articles on this subject emphasized a need for expanded volunteer services brought about by a sagging economy.

In a research of literature published in the past ten years on the subject of volunteerism, none was found that pulled all of the aforementioned elements together to describe the characteristics of

a successful volunteer program. For that reason, a case study of the volunteer program at Methodist Evangelical Hospital was undertaken.

A. Demographics

"The volunteer spirit is still alive and well in America," said President Reagan in his State of the Union Address on January 26, 1982. His words are backed by the decade's statistics of growth in volunteer numbers. A Census Bureau study in 1970 showed 37 million Americans participating in volunteer activities. By 1974 the number had doubled. An editorial in the Philadelphia Evening Bulletin said, "Without its 70 million volunteer workers, America - especially in this period of soaring inflation - could not sustain its cultural, health, religious, and educational institutions."²

Looking beyond the numbers and toward the personal characteristics of those volunteers, research shows a change in the idea of the "typical volunteer." A composite public image of the stereotypical volunteer would be a white, married, non-working mother with children in school. She would be between 30-50 years old, affluent

²Editorial, Evening Bulletin (Philadelphia), June 12, 1974.
p.6.

and live in suburbia. Research facts refute this image. A 1975 survey showed that 45% of American volunteers are male and more younger people and those over 55 years of age are volunteering. Other statistics included: working volunteers outnumber non-working volunteers; there has been a 34% increase in non-white volunteers since May of 1973; and 12% of Americans with incomes below \$4,000 volunteer.³

The impact of unemployment may have effected a change in the makeup of volunteer groups. Persons unable to find jobs may use volunteer work as an outlet for energy, time, and other needs. Students finding a scarcity of part time work may opt for volunteering to provide career experience. Also, persons faced with early retirement could find usefulness in volunteer work.

B. Management

The spectrum of volunteer backgrounds ranges from handicapped to professionals. They also possess a variety of motivations for volunteering. Some of these motivations are: need for growth, new

³Sanders, P. "Americans Volunteer - 1975" Volunteer Administrator, February, 1976. p.16.

experiences, recognition, skill maintenance, social needs, expectations of others, knowledge for its own sake, loyalty to a cause, debt repayment, martyr syndrome, selfless desire to serve and career rehearsal. One common denomination found in volunteers is that most want to give of their talents but also want to learn.⁴

Frederick Herzberg offers the "motivation - hygiene theory"⁵ to describe the factors that influence volunteerism. The hygiene factors, Herzberg says, don't motivate volunteerism, but an absence of them demotivates. These factors are: policies, administration, supervision, working conditions, interpersonal relations, status, security and money. The volunteer motivators are, according to this theory: achievement, recognition for accomplishment, challenging work, increased responsibility, growth and development.

A significant driving motive for volunteerism was voiced by Etienne de Grellet more than a century ago. He wrote: "I shall pass through this world but once. Any good therefore, that I can do, or any kindness that I can show to any human being, let me do it

⁴Editorial. "Administrative Reviews of Volunteer Services," Hospitals. April 1, 1975, Vol. 49, p. 11f

⁵Louden, J. Keith and Zusman, Jack, The Effective Director In Action: AMACOM, a Division of American Management Association, 1975.

now. Let me not defer or neglect it, for I shall not pass this way again."⁶

Even well motivated volunteers will accomplish very little without a properly managed work environment. On the subject of managerial skills, Marlene Wilson, an authority on the subject, says, "If we can learn how to recruit good volunteers, design meaningful jobs for them to do, interview and place each one carefully and create a climate in our agencies that allows them to function effectively and creatively - just think of the astounding inroads we can make into problems that confront our communities today."⁷ What Ms. Wilson implies here is that sound management practices in a volunteer program will catalytically improve the program's effectiveness.

There are five practices identified as those possessed by most good managers: controlling time; concentrating on results, not just the work itself; building on strengths, not weaknesses; concentra-

⁶Jay, Anthony, Management and Machiavelli. Holt, Rinehart and Winston, Inc., 1967, p.79.

⁷Wilson, M. The Effective Management of Volunteer Programs. Boulder, CO.: Volunteer Management Associates/Johnson Publishing Co., 1976, p.22.

ting on the few major areas where superior performance will produce outstanding results and making effective, rational decisions.⁸

The basic functions of an effective volunteer manager are to plan goals and objectives, organize a plan of action and job design, recruit, interview and place staff, direct the program by training and supervising staff and control the program by evaluating its effectiveness. These basics of management are put into the total volunteer program perspective in Figure 1, by Sue Vineyard.⁹

Employee motivation is a valuable skill for any manager, but it is essential to the volunteer manager who cannot elicit performance by manipulating a paycheck.

McClelland identified three motivating drives or "needs" which act to varying degrees in everyone and are pertinent to volunteer motivation. These are: the power motive, or the need to have influence and control; the affiliation motive, or the need to belong to a group; and the achievement motive, or the need to attain a goal. These needs are described in Figure 2.¹⁰

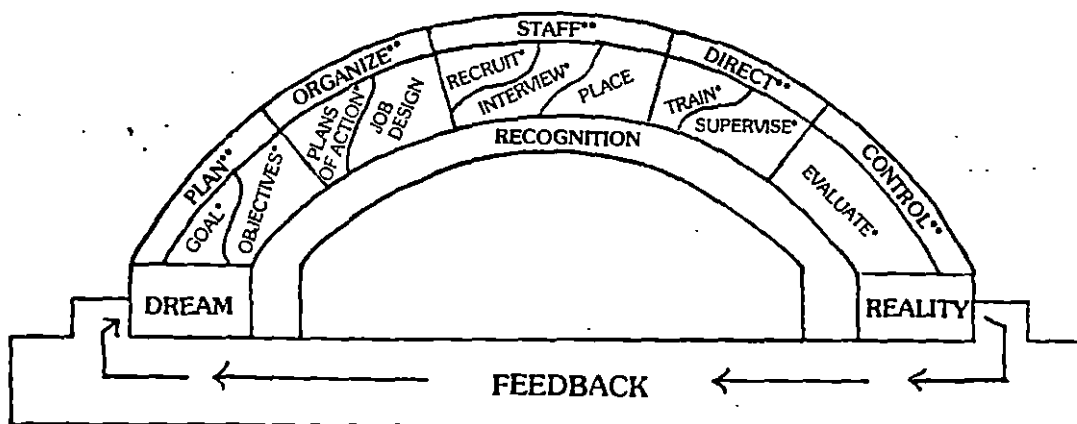
⁸Drucher, Peter. The Effective Executive. Harper & Row, 1966. p. 23ff.

⁹Vineyard, S. Finding Your Way Through the Maze of Volunteer Management. Edgecliff Press, 1921. p.59.

¹⁰McClelland, D.C. The Achieving Society. New York, Free Press, 1961. p.18.

FIGURE 1

THE BASICS OF MANAGEMENT



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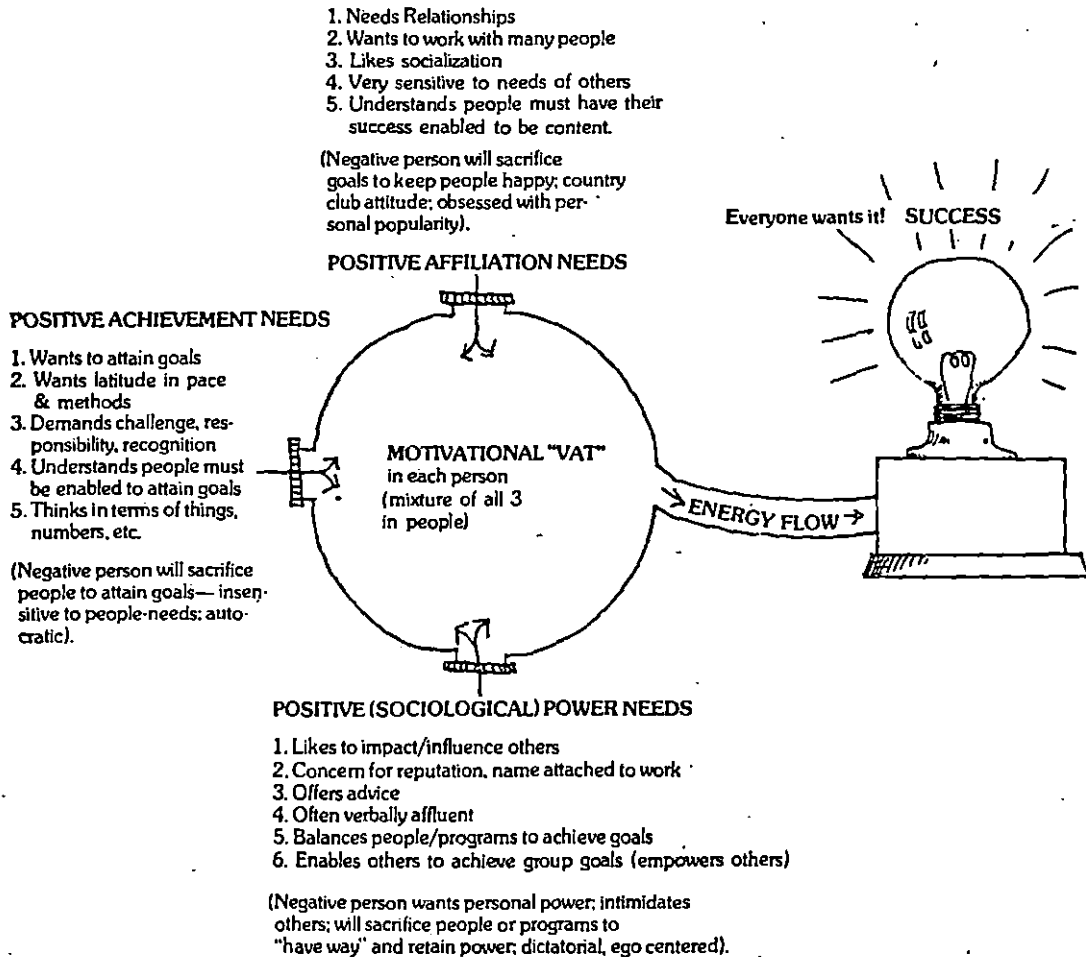
FUNCTION**	COMPONENT*	DEFINITION/DESCRIPTION	CRITICAL FACTORS
PLAN	GOAL	Mission Statement	1. Easy to understand 2. Involve people effected 3. Creativity
	OBJECTIVES	Specific, measurable, achievable Action Statements compatible w/goal	1. Organization 2. Practicality 3. Involving people effected
ORGANIZE	PLAN OF ACTION	Tells Who? When? How? Cost?	1. Practical, achievable 2. Designed flexibly
	JOB DESIGN	Tells Title, Responsibilities, Times Supervisor, Training & Parameters	1. Flexible 2. Practical, honest 3. Design w/input from others
STAFF	RECRUIT	Enlistment using marketing, mot- ivation & management	1. Targeted appeal 2. Responsive to needs 3. Honest
	INTERVIEW	Conversation w/purpose of mutual information sharing/exploration	1. Care-power, flexible 2. Non-directive questioning 3. Well informed
	PLACE	Appropriate matching of people/jobs	1. Responsive to need of people 2. Assign for success
DIRECT	TRAIN	Imparting information (orientation, specific job, skill building.)	1. Flexibility, honesty 2. Adult education 3. Involve trainees
	SUPERVISE	Directing others.	1. Faith in volunteers/PD Staff 2. Enabling 3. Flexible, fair
CONTROL	EVALUTE	Assessment of people, programs	1. Fairness 2. Honest listening 3. Involve people effected

MANAGEMENT PROCESS SUPPORTS:		
RECOGNITION	Letting people know of your appreciation of their efforts, time, etc.	On-going process responsive to their motivations
FEEDBACK	Actively seeking evaluative, observational comments and input to be used in future planning.	On-going process responsive to their motivations

©1981. Sue Vineyard

FIGURE 2

MOTIVATIONAL CLASSIFICATIONS PROPOSED BY DAVID McCLELLAND



Manipulation of the work place to satisfy these needs is the task at hand for the volunteer director who will motivate his or her workers.

Several authors have suggested specific strategies for achieving the manipulation required to motivate workers. The most generic of these is the A.R.C.S. Model of Motivational Design. The theory based, empirically validated model prescribes the following general guidelines for motivating personnel:

1. Get workers to pay attention to appropriate stimuli in their work place.
2. Make work relevant to the personal needs of each worker.
3. Instill a confidence in the worker that success is feasible.
4. Provide satisfying rewards for workers.¹¹

Motivating volunteers is an important management skill. There are nine practical strategies found to encourage volunteer motivation:

¹¹Keller, J., Dodge, B., et al, ARCS Model of Motivational Strategies. Fort Monroe, VA, Training Developments Institute, 1982. p. 47.

1. Allow volunteers the opportunity to participate in problem solving and decision making.
2. Relate volunteer work to the interests, needs and motivations of volunteers.
3. Present volunteer opportunities as both continuing education and as a contribution to much needed social service.
4. Have volunteers sign a contract to legitimize their level of commitment and allow for personal flexibility.
5. Create continuing opportunities for study and evaluation as well as joint planning and design of service goals and action.
6. Plan individual volunteer advancement through a series of steps leading to higher levels of responsibility, skill learning and influence.
7. Have volunteers keep a record of their activities for a resume.
8. Provide regular mechanisms for supportive feedback and recognition.
9. Encourage volunteer participation in meaningful training activities both inside and outside the hospital.¹²

Cost effectiveness is a phrase familiar and perhaps dreaded by most volunteer directors in recent years. The most common method of analyzing the cost effectiveness of hospital volunteer programs has been to assign a dollar value to voluntary work by multiplying hours of volunteer service by minimum wage. However, some argue that effective volunteer placement supplements rather than supplants staff

¹²Itsley, Paul and Niemi, John, Recruiting and Training Volunteers. New York McGraw-Hill Book Company, 1981. p.17.

so that assigning a minimum wage is inappropriate. Also, volunteers provide more to the hospital and community than could ever be reflected in a dollar amount representing current minimum wages. Another method suggested for determining program cost effectiveness is the fixed benefit-variable cost analysis. In this method the services offered by the volunteer program are kept constant. A program is said to be more effective if it can carry out this fixed scope of services at a lower cost than in preceding fiscal years. Calculations should include direct and indirect costs divided by volunteer hours of service. The compilation of the figure will result in a cost per hour of volunteer service. In a survey testing the validity of this concept, the average cost per hour of volunteer service is \$1.7949. Other data showed that the greater the number of volunteer hours, the less the cost to the institution.¹³

C. Scope of Services

There are many different services provided by volunteers according to the needs of the institutions they serve. Some

¹³Rehm, Joan, "Formula Measures Cost Effectiveness of Volunteer Service Programs," Hospitals, March 1, 1981. p.37.

suggested volunteer duties are: assist patients with menu selections, care for flowers, fill water pitchers, deliver lunch trays, help patients with meals, make unoccupied beds, pick up lunch trays, answer patients' call lights, take patients for wheelchair rides, walk patients, escort patients for dismissal, answer telephones and take messages, write letters for patients, read to patients, assist in gift shop, distribute book cart, provide nonprofessional patient care, perform clerical work, assist in hospital library, assist in pediatric playroom, visit lonely patients, sell photos of newborn infants, conduct tours, assist in fund raising, and act as messengers.¹⁴

Vivian Culver, R.N. in her text Modern Bedside Nursing identified ten basic needs of patients, regardless of the extent of their illness. Of these ten, no less than seven lend themselves to a degree of volunteer assistance. The first need identified is personal care and hygiene. In this area, volunteers might help with the care of the patient's skin, nails, and teeth. They could assist patients in washing their hands and faces, combing hair and changing gowns. For the second need, sleep and rest, volunteers could help by adjusting pillows and linen for patients as requested and by

¹⁴Erickson, M. and Burkett, R. The Hospital Volunteer's Handbook, Holmes Beach, FL. Learning Publications, Inc., 1980, p.22.

adjusting window shades and lighting. In the area of nutrition and fluids, volunteers could be trained to feed selected patients, prepare patients for meals and encourage them to eat, pass out drinking water and ice, distribute menus, and distribute and collect trays. The need for a pleasant environment is an area where volunteers can offer substantial help. They can clean out closets and bedside stands for patients, assist them in the care of plants and clothing and dispose of soiled clothing. The need for emotional and spiritual support has traditionally been an area for volunteer service. Volunteers can listen to and converse with patients leisurely. They may write letters or read to patients, make phone calls for bedridden patients, escort wheelchair patients and generally act as caring people who can decrease the feeling of loneliness. Making physical and mental adjustments to the hospital environment can be facilitated by volunteers. They might welcome new patients and explain hospital activities to them. They can encourage patients to cooperate with nurses and therapists and give moral support. Additionally, volunteers can be a valuable help on the nursing unit by performing activities such as folding and storing clean linen, helping with ward clerk duties such as answering phones, typing and filing. They might also transport equipment to and from central supply and deliver specimens to the laboratory. The most valuable service volunteers can render to a

nursing unit is to report to the nurse in charge any unusual observations or changes in the patients they see.¹⁵

Several special volunteer services are described in current periodicals.

1. A "plant lady" at Children's Hospital Medical Center in Boston, helps patients put together their own plant - one that they can keep. The patients and plants grow and thrive in the hospital and then go home together.¹⁶
2. A volunteer who speaks a foreign language or uses sign language can serve in an interpreters bank. Breaking down communication barriers can greatly enhance patient care. The interpreter volunteer can be invaluable to the hospital staff, patient and his family.¹⁷
3. Volunteers at Anne Arundel General Hospital in Annapolis produce closed circuit TV programs for airing over the hospital's cable TV system. This volunteer service provides a myriad of opportunities for volunteer talent and expertise and for patient pleasure and education.¹⁸
4. Pastoral care volunteers at Sacred Heart Hospital in Eugene, Oregon meet with most new patients entering the hospital each day, which is usually the most emotionally difficult time for patients. The goal of the pastoral care staff of seventeen is to provide round-the-clock service and support to patients, families and staff.¹⁹

¹⁵Stanton, M., "Consider This," Journal of Nursing Administration. January, 1983. p. 3,41.

¹⁶Adkins, C.B. "An easy way to cultivate joy in living," The Volunteer Leader. 15:2, Sept. 1974. p.4.

¹⁷Publication, American Hospital Association. Interpreters' Services and the Role of Health Care Volunteers. Chicago: AHA, 1974, p.11.

¹⁸Barnard, A. "Unique Closed Circuit TV Operated by Volunteers," The Volunteer Leader. Jan. 1974. p.21.

¹⁹Duston, A. "Lay Volunteers Enhanced Pastoral Care," Hospital Progress. Sept. 1982. p.52,53.

Most literature reviewed emphasized the importance of developing new activity programs to meet the changing needs of the hospital community and the hospital volunteer. A recent conference proved that this is possible and indeed the scope of volunteer activities is changing across the nation.

Eleven innovative hospital volunteer programs were presented at an American Hospital Association Innovators Conference for Hospital Auxiliaries. Some of the timely projects were: helping to establish a day care center aimed at encouraging nurses with young children to return to work; providing elderly persons with emergency care in their own homes, or with food, transportation, or information about community resources after hospitalization; improving the hospital's image through educational or public relations efforts; managing follow-up care for substance-abuse patients; and attempting to prevent inner-city child abuse by providing informational and support programs for new mothers.²⁰

The preceding information on volunteer demographics, management styles and scope of services provides an overview of elements involved in a successful hospital volunteer program. This investigation seeks to provide hard research on the elements. The combination of this study of specific elements to be managed to

²⁰Wilkinson, Richard. "Auxiliary growth must meet new needs of hospital community." The Volunteer Leader, Vol. 23, Winter 1982, p.3,4.

maximize success in a volunteer program and the more general prescription provided by earlier researchers, should complete the information needed to indeed create a successful hospital volunteer program.

Chapter Three

METHODS & MATERIALS

The study was carried out in a three hundred, sixty-four-bed hospital providing medical, surgical, pediatric, emergency, critical care and obstetrical services. This private, nonprofit hospital is located in Louisville, Kentucky. The hospital is sponsored by the United Church of Christ and the United Methodist Church.

The volunteer program consists of two hundred and fifty adult volunteers and six paid personnel. It is staffed and managed three hundred, sixty-five days per year. Management titles include director of volunteer services, gift shop manager, and secretary as full-time positions. Paid part-time help consists of a relief supervisor who is responsible for staffing in the absence of the director and two relief clerks who work 16 hours per week in marketing and stocking gift shop items.

These volunteers join eleven hundred paid employees in providing services at Methodist Evangelical Hospital.

Of importance to this study is the description of personnel demographic characteristics, management style and practices, and the scope of services of a successful volunteer program. This description will be done through written survey of volunteers, personal interviews with volunteers and the director of volunteer services and telephone interviews of hospital administration personnel.

A. Personnel Traits

Demographic description of hospital volunteers at Methodist Evangelical Hospital included a survey of seventy-six volunteers for information regarding the volunteers' sex, age, marital status, number of children, affiliation with organized religions, employment and educational background.

Demographics of volunteers were compiled to identify commonalities among volunteers participating in a successful volunteer program.

Other personnel traits elicited through survey included identification of channels by which volunteers first became aware of the Methodist Evangelical Hospital program, factors motivating volunteer involvement, job satisfiers and job distractors. Also identified were volunteer reactions to program elements specified in Appendix A, question five. The survey also attempted to describe what volunteers feel that they gained from their experiences at Methodist Evangelical Hospital. Finally requested of the volunteers was information for program improvement.

Survey responses were catagorized by response similarities and were described statistically.

Volunteer responses to management styles of the program director were tabulated for the entire survey sample. This information was then compared to results by age category for the same element. This was done by correlating data from question B of the volunteer survey to question five, element d of the survey (see Appendix A). Tests for significant inter-age group differences were then performed.

After statistical data was compiled, a random sample of ten volunteers were interviewed for subjective verification of survey results. This information and characteristic responses to interview questions were presented with the statistical summary of survey results. For interview schedule see Appendix B.

B. Management Practices

Information regarding management practices and styles employed at Methodist Evangelical Hospital's volunteer program was gathered from four perspectives. These perspectives are those of the volunteers, the volunteer director, hospital management and empirical observations of the investigator.

Empirical observations were gathered through field study of volunteers at task and interacting with the volunteer director. Volunteer impressions of management styles were obtained through

survey and personal interview. (see Appendix A, questions 5 and 6, and Appendix B)

Volunteer director input was gathered through administration of the field-validated "Assessment of the Department of Volunteer Services in a Health Care Institution."²¹ This tool, published by the American Society of Directors of Volunteer Services, of the American Hospital Association is comprehensive for its purpose. For the purposes of this investigation, only section I, Administrative structure; section III, Program Management; and section IV, Management of Volunteers were relevant and thus administered.

Hospital management input was obtained through telephone interviews with the following offices: Chief Administrator, Public Relations Officer, and Productivity Control Officer. Interview schedules for these offices are compiled as Appendix C.

These management perspectives were assessed to identify those qualities of management which are of primary importance to the successful control of a hospital volunteer program. From this

²¹"Assessment of the Department of Volunteer Services in a Health Care Institution." American Society of Directors of Volunteer Services of the American Hospital Association. 1982.

identification of critical management elements, qualitative inferences were drawn. This qualitative assessment was done by field observation of the volunteer director to determine the degree of consistency between survey and interview results and actual management practices.

Results from each perspective were compared with those of the other three. This was done in order to identify management skills that were perceived as vital to the success of the hospital volunteer program at Methodist Evangelical Hospital.

C. Scope of Services

The scope of services presently provided by Methodist Evangelical Hospital's volunteer program was identified through extensive document review. This document review included job descriptions for volunteer positions and program files for volunteer services.

The growth of the scope of services offered by the volunteer program over its twenty-three year history was assessed by personal interviews with senior members of the volunteer staff. These interviews provided descriptions of services offered at the program's inception. For the interview schedule, see Appendix E.

Both the present and original scope of volunteer services were identified to describe changes in services offered as well as to present the existing services provided by a successful volunteer program.

Chapter Four

RESULTS

A. Personnel Characteristics

1. Volunteer Survey

Of one hundred and twenty-five volunteer surveys disseminated, seventy-six were returned for tabulation. This equates to a response rate of 61% after one follow-up return attempt. Sample response rate for each element is provided in text for that item.

a. Demographic Data

1. Volunteer Sex: Seventy-six respondents answered this question for a sample response rate of 100%. Ninety-one percent of the volunteers were female and nine percent were male, producing a 10:1 ratio of female to male volunteers.
2. Age: Categorization in ten year intervals as shown in Appendix A produced the following results. All returned questionnaires had this item completed for a 100% sample response to the item. Eleven

percent of the volunteers at Methodist Evangelical Hospital were twenty-five years old or under. Three percent were between twenty-six and thirty-five years of age. Five percent of the volunteers were thirty-six to forty-five years old while 7% were between forty-six and fifty-five years of age. Seventy-five percent of all volunteers were over fifty-six years of age, with 11% of the sample between fifty-six and sixty-five. Sixty-four percent of the volunteers sampled were over the age of sixty-five. A summary of volunteer age and percent frequency are presented in Table 1. The modal age for volunteers sampled is over sixty-five years of age.

3. Volunteer Marital Status: One hundred percent of the sample of seventy-six volunteers responded to this item of the survey. Twenty-five percent of the sample responded by indicating "single." Forty-five percent of the volunteers were married. Four percent were divorced and 20% were widowed. No inferences as to independent or solitary living arrangements of volunteers were made.

4. Number of Children: One hundred percent of the sample responded to this item. Forty-nine percent claimed no children. Sixteen percent of the respondents reported one child and 12% claimed two children. Sixteen percent of the respondents claimed three children. Five percent of the sample reported four children and 3% claimed five or more children. A summary of this data shows that nearly half of the volunteers sampled had never had children and 71% percent of the sample raised two or fewer children.
5. Educational Level: Seventy-four of the sample of seventy-six volunteers responded to this item for a sample response rate of 97%. Twenty-one percent of the volunteers had completed less than twelve years of study, while 36% of the respondents claimed a high school diploma as their highest educational achievement. Thirty percent of the respondents had attended college, but taken no degree. Eleven percent of the volunteers had earned a college degree and 3% had completed post-graduate studies. In summary, 21% of the respondents had not completed high school. Of the 77% who had completed high school, 55% had gone on to post-secondary education.

6. Religious Preference: Ninety-seven percent of the sample population responded to this item. Fifty-nine percent were affiliated with the Methodist Church, 9% were Catholic, 7% were Baptist and 7% were Lutheran. Eighteen percent reported that they were affiliated with the Protestant faith, but did not specify a denomination. In summary, 91% of the respondents claimed affiliation with one of the Protestant sects of Christianity. Nearly 60% were associated with the sponsoring church at the hospital, the Methodist Church.
7. Employment Background: Seventy-five of the respondents answered this question, for a 99% sample response rate. Thirty-three percent had never worked. Forty-five percent had worked in clerical fields. Three percent had backgrounds in nursing. Seven percent had worked in management and another 7% in teaching. Three percent of the respondents claimed work histories of manual labor and 3% had professional backgrounds.
8. Present Employment Status: One hundred percent of the sample responded to this item. Ninety-two

percent were presently unemployed or retired, while the remaining 8% were employed.

9. Demographic Profile Summary of responses received:
 - a. Ninety-one percent were female.
 - b. Seventy-five percent were over fifty-five years of age.
 - c. Fifty-five percent were unmarried.
 - d. Forty-nine percent had two children.
 - e. Seventy-seven percent had at least a high school education.
 - f. Fifty-nine percent were Methodist, and 91% of the Protestant denomination.
 - g. Sixty-eight percent had some employment history.
 - h. Ninety-two percent were currently not working.

Graphic and tabular data summaries are incorporated as items of Table 1. Each demographic variable is indexed by letter, as in this section.

Results of the volunteer survey to describe motivational elements, job distractors and response to program characteristics as described in Appendix A (questions one through seven) are presented.

b. Probes of Volunteer Attitudes

Survey Item One: How did you learn of the Methodist
Evangelical Hospital Volunteer Program?

One hundred percent of the sample population responded to this item. Total responses number seventy-nine due to multiple answer responses.

Eight sources of information about the volunteer program were identified. They were: (1) relatives, (2) church, (3) friends, (4) other volunteers, (5) personal hospitalization experiences, (6) family doctor, (7) "call for action"/community information service, and (8) hospital auxiliary.

Of responses to the item, the frequency as a percent of category selection is as follows: (1) relatives: 10%, (2) church: 32%, (3) friends: 24%, (4) volunteers: 15%, (5) personal hospital experiences: 9%, (6) family doctor: 4%, (7) "call for action:" 1%, (8) Auxiliary: 5%.

The most commonly occurring single choice was the church while the most frequent selection of those multiple responses were friends and volunteers.

As the purpose of this portion of the investigation was descriptive, only descriptive statistical measurements were made.

Item Two: Why do you volunteer?

The sample response rate to item two was 100%. Multiple selections by respondents produced a total number of responses of two hundred and twenty. Of the eight motivational choices to be selected (see Appendix A, element 2), the frequency response rates are as follows: desire to serve: 31%, career skill acquisition: 5%, maintain present employment skills: 5%, social interaction: 25%, recognition: 4%, benefits: 5%, religious beliefs: 23%, other: 3%. Sixty-two percent (forty-seven) of the respondents identified more than one motivational factor responsible for their volunteer activities. Within this sub-group, the most frequently occurring combination of the motivators was that of a desire to serve, social interaction and religious beliefs. This combination was responsible for 22% (ten) of all multiple responses.

Item Three: What do you enjoy the most?

The response rate to this item of the questionnaire was 86% (sixty-five) of the returned surveys.

Of the respondents, fourteen selected multiple items of the most enjoyable element of volunteer activities. Six different response categories were identified. These

categories and frequency response for each are: (1) meeting people: 9%, (2) helping people: 27%, (3) feeling useful: 9%, (4) job function: 14%, (5) patient contact 1%, (6) feeling Christian: 1%.

Of the sixty-five respondents, twenty-three percent (sixteen) made multiple selections. The most common of these multiple selections was meeting people and helping people which accounted for fifty-three percent (eight) of the multiple responses.

Item Four: What do you enjoy the least?

The response rate to this item was 16% (twelve). From the twelve respondents, five "dislikes" were identified.

The categories and their frequency of response are as follows: (1) phone duty: 46%, (2) fatigue: 15%, (3) overwork: 15%, (4) underwork: 8%, (5) personality conflicts: 15%.

A summary of this item would yield a primary finding of an 84% no-response rate. Of the small number of respondents, nearly half disliked phone duty.

Item Five: Rank your feelings about aspects of volunteer work.

Ten different aspects of volunteer work as presented in Appendix A, Item 5, were ranked by volunteers. The group response rate to the item was 100% (seventy-six), but the response rate per aspect varied from 70% to 89%.

The aspects measured, along with the mean response rate, standard deviation, variance and range of responses are presented in Table 2.

The integral scale offered to volunteers in describing their satisfaction with each aspect specified was 1-6, with 6 being a maximum in satisfaction. There was no integer offered to indicate neutral feelings on any given aspect, because this forced a positive or negative answer from all respondents. The "neutral point" would be 3.5.

Because management styles and practices are a focus of this study and supervisory relationships were identified as satisfactory, the responses of the volunteers to item 5, aspect "d," supervisory relations were compiled by age category. This was done to determine the perceived quality of supervision across the age range of volunteers in the program.

The summary of results for this analysis is as follows:

Age Category ()		Percent of Age Category selecting "5" or "6" in item "5d"
25	(7)	86%
26-35	(2)	100%
36-45	(6)	83%
46-55	(4)	100%
56-65	(10)	90%
65	(37)	89%

Although it was anticipated that different age groups would have a varied response to management styles, no difference was detected.

Item Six: What have you gained from volunteer work?

Fifty-seven volunteers responded to item six for a response rate of 75%. Seven response categories were identified and are presented with frequency responses: (1) Tolerance: 11%, (2) Knowledge of Medical Field: 8%, (3) Social Contact: 44%, (4) Confidence: 6%, (5) Enjoyment: 1%, (6) Selfworth: 20%, (7) Job Skills: 3%.

Item Seven: What would you change in the volunteer program?

Seventeen respondents answered this question, for a sample response rate to the element of 22%.

From the sample responding to this item, eight different categories were described. Those categories and response frequencies are as follows: (1) Distribute work evenly among volunteers: 6%, (2) Rotate work assignments: 18%, (3) Assist volunteers at placement in salaried jobs: 6%, (4) Improve volunteer training evaluation for job functions: 6%, (5) Assign work teams which mix older and younger volunteers: 6%, (6) Establish alternative recruitment techniques: 29%, (7) Improve parking or physical services for volunteers: 18%, (8) Develop new phone list for volunteers: 12%.

2. Volunteer Interviews

Ten interviews with volunteers to obtain verification of volunteer survey results yielded the following results to program-oriented questions. No numeric descriptions were performed, as the purpose was subjective rather than objective verification of empirical data.

Question: "What keeps you volunteering at Methodist Evangelical Hospital?"

Qualitative Summary: The most common response to this question credited social interaction, feeling needed, church commitment and feelings of belonging as primary motivators for continuing work at Methodist Evangelical Hospital. This interview element substantiates survey results.

Representative Responses to Question:

- a. "...I like all the people I work with."
- b. "...gives purpose to life ... serve church."
- c. "...I get attached to hospital staff."
- d. "...I feel like I have to keep busy and be with people."

Question: "How do you feel about your volunteer duties?"

Qualitative Summary: Most volunteers felt very positively about volunteer work at Methodist Evangelical Hospital. When volunteers did express displeasure, it was with specific job elements, such as preparing death notices, etc., which were not enjoyable. This tends to substantiate elements five and seven of the survey.

Representative Responses:

- a. "I like talking to people, greeting them."
- b. "I'm constantly busy, amazing."
- c. "satisfied ... definitely necessary duties."

Question: "What do you think about the volunteer program overall?"

Qualitative Summary: The element responses were varied.

The intent of the element was to determine which facets of the program were most outstanding to volunteers. Of common response were positive feelings about volunteer service management and the wide scope of volunteer involvement in institutional operations.

Representative Responses:

- a. "Shirlee* does a good job ... director who can meet and work with people ... no playing favorites."
- b. "Shirlee* works with you on problems, takes care of things."
- c. "Great ... many (other volunteer programs) won't let women do anything (interesting)."

*Shirlee refers to the volunteer program director.

A summary of volunteer interview results shows that personal interviews with ten randomly selected volunteers identify attitudes consistent with the volunteer survey results.

B. Management Practices

1. Volunteer Survey

Data was gathered from volunteers regarding management practices through response to survey items five (d and i) and seven, and information pertaining to volunteer ages. The focus of this inquiry was to determine worker satisfaction with the existing management structure and to identify areas of perceived need in management practices.

Average volunteer satisfaction with management of the program was 5.7 on a scale of "one" to "six", with six being the maximum. This average is from 82% of the sample of 74 volunteers. Seventy-nine percent of the respondents selected "six", the highest level of satisfaction. A comparison of volunteer satisfaction by age group is presented in Table 3. This comparison shows uniformly high satisfaction with management across all age groups.

2. Volunteer Director Interview

An interview with the volunteer director obtained a description of three aspects of volunteer service management: administrative structure, program management and personnel management policies.

a. Administrative Structure

The critical elements of the administrative structure of a volunteer service were found to be functioning at Methodist Evangelical Hospital's program. Those elements are a clearly stated purpose for the program's existence, well-defined reporting relationships for program management and a specific job description for the director of volunteer services.

The volunteer service at Methodist Evangelical Hospital did have a clearly defined statement of purpose. That statement, as found in Appendix E, was established and reevaluated annually by the director of volunteers. What is significant is the specific intent with which this purpose was defined and modified to maintain consonance with institutional objectives. On an annual basis, the volunteer director met with the

hospital administrator and formulated specific service goals for the coming year.

The director of volunteer services at Methodist Evangelical Hospital reported to the hospital administrator on a quarterly basis.

The final administrative factor identified by the interview was the existence of a written job description for the office of director of volunteers. This job description included education and skill prerequisites, job functions and specific reporting relationships. It is included as Appendix F.

b. Program Management

Six questions were asked regarding volunteer program management. These questions are specified in Appendix D, abridged survey.

Four of the six management elements tested were found to be formally established in the management structure of the volunteer program. These four factors of management were: (1) written program objectives, (2) written records of services provided by the

department, (3) administrative reports regarding department operations. (These reports were made quarterly, rather than the minimum frequency of once per year)²², and (4) annual review and update of the scopes of services offered by the volunteer department. This review was conducted with the direct input of the hospital administrator.

Two management components investigated were found to be nonexistent at Methodist Evangelical Hospital's volunteer program. These components were (1) a formal policy and procedure manual to guide daily volunteer service operations, and (2) formal evaluation of volunteer work quality or quantity. With further probes, it was found that a specific procedure manual was, in fact, being planned for development for the service. Formal evaluation of volunteer work was not done because it was felt that time constraints prohibited effective evaluation by volunteer management. Also, the volunteer director felt that

²²"Assessment of the Department of Volunteer Services in a Health Care Institution." American Society of Directors of Volunteer Services of the American Hospital Association. 1982.

annual "guided" self evaluation, by volunteers, would provide a more effective means of qualitative evaluation of performance than task-oriented, externally applied performance evaluations.

c. Personnel Management

The interview tested for nine facets of personnel management which were deemed important to the function of a volunteer service.²³ These elements are summarized in Appendix D. Central to these results are that the volunteer service utilized both religious and secular organizations in the community as resources from which to recruit volunteer applicants. A formal applicant screening process was then applied to this pool to obtain both teen and adult volunteers. They would then be oriented to the physical and psychological roles required of the positions they would fill, as well as institutional policies.

Recognition of volunteer services rendered was a critical element in the success of personnel management at Methodist Evangelical Hospital's volunteer program.

²³Ibid.

While this recognition included formal recognition programs, the volunteer director felt that day to day, personal reinforcement of that appreciation from management and other personnel in the institution was far more important to the morale and performance of the volunteer staff.

The volunteer director recognized performance evaluation as important to departmental functions, but preferred an informal subjective assessment after observation of volunteer performance.

d. Other Factors in Program Management

During the interview for specific information regarding administrative, program and personnel management of volunteer services at Methodist Evangelical Hospital, two questions were posed to the volunteer director to assess fundamental opinions of program management. The first of these questions was "what three factors are critical to the success of Methodist Evangelical Hospital's volunteer program?" In response to this question, the program director offered the following:

1. Identify the needs of the institution. This, the volunteer director felt, was possible only with the direct cooperative input of the hospital administrator. When the institutional needs have been clearly identified, specific methods can be described by which the volunteer department can help fill this "service gap."
2. Describe the role to be played by the volunteer department in meeting those institutional needs.
3. Recruit volunteers who can fill specific service gaps. This critical element requires the following considerations:
 - a. Does the volunteer have the skills required to perform the service for which he/she is being recruited?
 - b. Can the volunteer be trained in any skills required for performance of needed services?
 - c. Will the volunteer take sufficient satisfaction from performing the service to maintain a level of motivation which can be stimulated by reinforcement?

These three perceived critical elements of volunteer program management can be represented diagrammatically in figure 3.

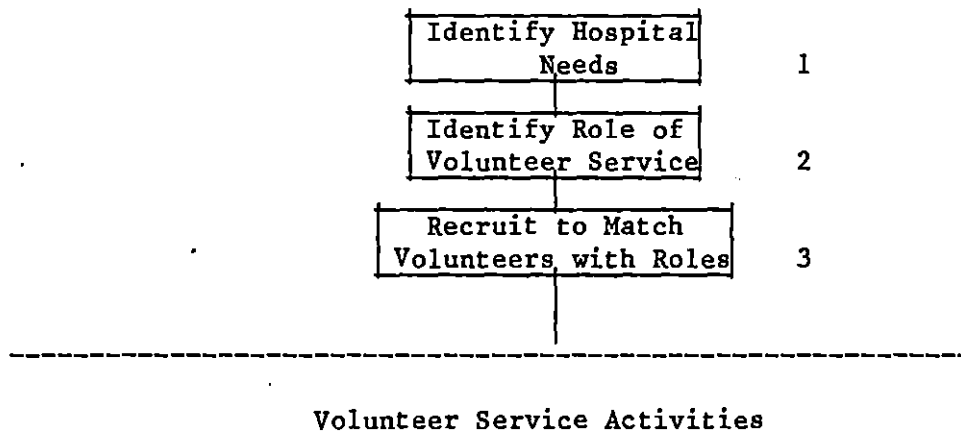


Figure 3 - Three critical elements in Volunteer Program Management

3. Hospital Management Interviews

Administrative interviews were completed with the hospital administrator, the director of public relations and with the hospital's productivity control officer. The questions asked of each office are presented in text rather than summarized as an appendix to the study.

a. Hospital Administrator

1) Q. Could you give me your opinion of the volunteer program at Methodist Evangelical Hospital?

A. The program is excellent.

2) Q. What do you feel are the strengths of the program?

A. Program excellence is due to a wide variety of interacting factors, but the three most important are managerial leadership, dedication on the part of the individual volunteers and related to that, the motivating influence of our sponsoring church or her members who feel the need to serve. An important element of the managerial leadership of the volunteer program is the effective combination of technical management skills and motivational personnel management skills. Many programs are less than optimally productive because otherwise effective managers are strong in one of these areas, but weak in the other area.

3) Q. What do you feel are the weakest areas of the volunteer program?

A. The limited range of volunteer ages tends to limit the program's ability to serve a wide range of hospital and community needs.

4) Q. On a scale of one to four, with four being the highest, what is your level of satisfaction with the volunteer program?

A. Four

5) Q. Why are so many volunteers attracted to service at Methodist Evangelical Hospital?

A. The two primary reasons for this are the leadership of the volunteer program, and the close relationship of the volunteers to their church, which supports the efforts of the volunteer program.

6) Q. How do you feel the volunteers at Methodist Evangelical Hospital compare with paid employees in terms of worker enthusiasm, technical competency and professionalism?

A. Volunteers are superior to many paid workers in that they as a group, maintain good spirit, and very proficient technical skill levels while working for no pay. This is even more impressive when one considers the fact that volunteers in the hospital are effected by many of the same stressors which affect other health care providers.

b. Public Relations Director

1) Q. Could you give me your opinion of the volunteer program at Methodist Evangelical Hospital?

A. The program is incredible. It is simply the best organized, most creative program I've seen.

2) Q. In what way does the volunteer program affect the hospital's public image?

A. The program is important to the hospital from two perspectives. Internally, the hospital's image is one of a supportive, caring group of people. This image, as perceived by the patients and their families while in the hospital, is greatly improved by volunteers who take great care and add extra "personal touches" to services provided. The external, community-based interface between the hospital and the public is improved by the volunteers through their community service programs. (see summary of scope of services in Chapter Four)

3) Q. What do you feel are the strengths of the volunteer program?

A. The program management provides the widest scope of services of any program of which I am aware.

Volunteers are active in a wide variety of areas on a continual basis. Such dependability and stability is, I think, rare for a volunteer organization at the community level. In addition to this is the administrative recognition of and support for these services. This support is imperative as it "ices the cake" in terms of program effectiveness. It has allowed volunteers to become involved in areas from which they would otherwise be restricted.

c. Productivity Control Officer

- 1) Q. How many hours of volunteer work were logged at Methodist Evangelical Hospital last year?
A. 55,289 hours

- 2) Q. Your annual productivity report showed that the volunteer department's productivity increased a significant percent. What factors are used to determine this finding?

A. The hospital volunteer program operates on a small budget. That budget pays the salary of a fixed number of managerial personnel. As a minimum standard, the hospital will allocate funds for one paid manhour for each 7.2 volunteer hours that the program offers in service. (.14 paid hours per volunteer hour) Any increase in the number of volunteer hours served with no change in paid manhours for program management reflects an increase in the productivity of the service.

3) Q. What is your opinion of the productivity of the volunteer staff compared to the paid staff?

A. Someone who isn't being paid will offer at best, 50% of the work effort attainable with paid staff.

4) Q. What do you see as weaknesses of the volunteer program?

A. There are several limitations of volunteers.

a) The age of many hospital volunteers limits their abilities. They don't move as fast as young people.

- b) Volunteers are not in the hospital everyday, as are normal workers, so their familiarity with the institution is limited.
 - c) Money is a big incentive; without this incentive, volunteers cannot be as dedicated or productive.
- 5) Q. How would you evaluate the volunteer program's effectiveness?
- A. I would establish a well defined policy manual which specified tasks to be performed by each volunteer position and implement a task-based evaluation system.
- 6) Q. How do you determine whether the volunteer program is a financial asset or liability to the hospital?
- A. Costs are determined by a review of the existing volunteer budget. Savings are calculated by multiplying the total number of hours served in each department by the current minimum wage. The bottom line used to determine volunteer cost effectiveness is whether the savings produced are greater than the costs incurred.

d. Volunteer Service Management Practices: Summary

Existing management practices which impacted upon volunteer workers were perceived as very satisfactory by 79% of all volunteers. This satisfaction was expressed by a majority of all age categories of volunteers.

Volunteer workers were also uniformly well satisfied with recognition provided them through the efforts of the program management. Seventy-seven percent of the workers polled selected the maximum possible level of satisfaction with this element of program management.

The volunteer program had very clearly defined administrative, managerial and personnel management structures. The administrative and management structures emphasized hospital chief executive officer support, a written statement of purpose, specific program objectives which were regularly evaluated to coincide with institutional needs, clearly defined reporting relationships and schedules, and task-oriented management job descriptions.

Two elements lacking from the management structure of the Methodist Evangelical Hospital volunteer program were a

formal procedure manual for the service and a structural procedure for evaluating volunteer work. At the time of the study, a procedure manual was being planned.

C. Scope of Services

1. Historical Perspective

On Tuesday, September 6, 1960 volunteers at Methodist Evangelical Hospital stood in their new hospital awaiting patients. From conversations with several volunteers who have donated their time and talents since that first day and still work at the hospital, the changes in the scope of services are evident. Those initial volunteers performed services which are now paid nurse aide positions. They fed patients, helped with patient discharges and went on ambulance runs. Nonnie Onnybecker, a volunteer now well into her 80's, recalled one day in the early years when she was escorting a woman in labor into the labor room. A nurse grabbed her and said that all the employees had eaten something that made them sick and she was going to have to help. Nonnie assisted the pregnant woman up on the table and the baby came out right away. "Everything turned out just fine," she said.

The number of volunteers increased greatly over the years as did the pace of the work. The volunteer jobs evolved into distinctive staff support services in a variety of areas of the hospital.

2. Current Program Status

Volunteers currently work in twenty-three areas of the hospital. There are three shifts of volunteers although shift coverage varies with departmental need. There is a morning shift from 8:30 a.m. until 1 p.m., afternoon shift from 1 p.m. until 5 p.m. and evening shift from 4:30 p.m. until 8:30 p.m.

Volunteers man three information desks which are necessary due to the layout of the hospital. At one lobby's information desk, volunteers mainly direct visitors and answer questions relative to patients' room numbers and condition. A second information desk receives deliveries of flowers, packages, etc. for patients and staff in addition to the previously mentioned informational duties. These volunteers log in the received goods and then deliver them. One of the newer volunteer efforts is the staffing of a third information desk. Statistics compiled after several months of its operation showed that an average of eighty

people not associated with the hospital pass the entrance each hour and about one in eight need directions. It was determined that this was a useful volunteer service which should be continued.

Another service area where volunteers work is the Dietary Department. The volunteers in Dietary deliver menus to the proper patient after double-checking the patient's name, room number and dietary orders. They leave the menus and offer assistance with marking the food choices. The patient menu service is operated seven days a week.

Hospital mail is handled and distributed by volunteer workers. Patient mail is sorted alphabetically and marked for the individual room. Mail for discharged patients is marked for forwarding. After sorting, volunteers deliver all mail.

The gift shop is staffed by volunteer sales clerks and cashiers. The shop is frequented by both staff and visitors. Patients can purchase gift shop goods via a shopping cart of various sundries which volunteers offer to every hospital patient at their bedside.

Volunteers in five hospital departments provide an escort service for patients. The Physical Therapy, X-ray, Laboratory, Emergency Room, and Admitting

departments all utilize volunteer assistance for transportation needs. Volunteers working in Admitting also explain hospital rules and equipment when taking the patients to their rooms. The patient escort volunteers are asked to run departmental errands when not busy with their primary duty.

The hospital library, which is open for both patients and employees is another volunteer area. Cataloging and sorting books are volunteer functions here. Volunteers check out books and magazines, pick up returned materials and deliver overdue notes. Other volunteers take a library cart to each patient room to offer an assortment of books and magazines.

As the Kentucky Peer Review Organization (KPRO) abounds in paperwork, hospital volunteers lend clerical assistance when needed.

Also, in Central Supply volunteers are utilized as the need arises for their services.

Volunteers stationed in the ICU-CCU waiting area work with families of hospital patients. They help the families by serving coffee, carrying messages, listening and comforting.

Volunteers handle the mailing of hospital publications. This includes the medical staff newsletter, The Volunteer Notebook newsletter, payroll stuffers, Great Expectations, which is a newsletter for expectant parents, and employee newsletters. Keeping mailing lists current by adding and deleting names is an additional responsibility of these volunteers.

As staff assistants, volunteers do clerical, messenger and a variety of other duties in Medical Records, Insurance, and the Chaplain's office. Volunteers call area churches to notify them if their parishioners are hospitalized.

One hospital service which is completely run by volunteers is the Tel-Med program. This is a tape library of medical information. Volunteers function as telephone operators by taking information requests and playing the appropriate tape.

From 9:30 a.m. until 3:30 p.m., the hospital staff utilizes a volunteer courier service. Volunteers make regular deliveries and pickups to nursing stations, the laboratory, central supply, physical therapy and the pharmacy.

The newest volunteer role is that of the family support team. Their shifts of family support team

volunteers perform general support functions for patients' families who desire personal assistance. They can read to those with sight problems, write letters, make phone calls, serve coffee and provide cheer. Family support team members receive special training for this work from social services, the chaplain and nursing departments.

There are other volunteer functions that add a special touch for hospital patients. For patients having a birthday, several volunteers gather to deliver a cake and sing birthday greetings. For patients unable to have cake, a silk rose in a bud vase is their birthday gift. Volunteers make card holders of yarn and cylindrical potato chip cans and give them to patients to display their many get well cards.

Volunteers, along with community groups participate in creating special holiday gifts. For babies born on Valentine's Day, parents are presented with heart-shaped tooth fairy pillows. Halloween babies get a similar present fashioned like a pumpkin. All yuletide babies go home wrapped in big Christmas stockings knitted by hospital volunteers. Bonnets with bunny ears are presented to all Easter babies. Premature babies also receive the special thoughtfulness of volunteers. Tiny

handknitted hats adorn the heads of the infants to lend cheer to the serious surroundings of the premature infant nursery.

One service the volunteers maintain for all employees is a coupon file. They cut out and file the donated coupons. Coupons are distributed on a "help yourself" basis.

The teen volunteer program called "Volunteen" operates mostly during the summer months. Volunteens are 14 years or older and can become qualified for the same duties as adult volunteers. Duties of teen aides include making beds, caring for patients, plants and flowers, passing out snacks, assisting in passing out lunch trays and helping patients prepare to eat, and removing trays when finished, delivering specimens to laboratory and straightening the visitor's lounge. New volunteens work as Nurse Aide Assistants with one being assigned to each nursing station from 8:30 a.m. until 1:00 p.m.

Volunteerism at Methodist Evangelical Hospital encompasses assistance for patients, their families and hospital employees. The clearly stated job descriptions and procedures (see Appendix F) show well defined duties which benefit the volunteer and hospital.

Chapter Five

CONCLUSIONS AND RECOMMENDATIONS

Volunteer response rate to the survey of their demographic and motivational characteristics was 61%. This response rate is representative and adequate for statistical interpretation but might have been improved through a second follow-up.

A picture of the typical volunteer at Methodist Evangelical Hospital shows a female, over the age of sixty-five who is equally likely to be married or single, having no children and probably never having completed college. This typical volunteer is unemployed and if she at one point did work, is retired from a clerical position.

A characteristic of volunteers at Methodist Evangelical Hospital, which is of special interest, is the strong link between the volunteer's religious belief and the sponsoring church of the subject hospital. If the church activity supports its members' involvement in volunteer work at Methodist Evangelical Hospital, as was found to be the case during field observation, then selective volunteer involvement of older church members, especially those living alone, would be a predictable outcome. Indeed volunteer responses to motivational inquiry of the survey and the fact that 59% of the polled volunteers were Methodist empirically supports this logic.

Assuming, as evidence indicates, that there might be an association between the elements of church influence, volunteer demographics and program effectiveness of a hospital volunteer program, it would be reasonable for directors of secular-based hospital volunteer programs to establish a close, mutually beneficial working relationship with religious leaders in geographic areas served by the hospital. However, there is need for further research in this area. In addition to the direct benefit of worker recruitment, such a communication link would better allow the hospital to monitor and respond to changing needs of the client population. In effect, the link would be from the community to the administrator, with religious leaders and the volunteer director serving as a conduit.

This investigation identified eight sources of information which effectively reached potential volunteers for recruitment at Methodist Evangelical Hospital. They are: relatives, church, friends, volunteers, personal hospital experiences, family doctor, call for action and auxiliary. This is significant to the field of volunteer management, as the investigator was unable to identify earlier empirical work to substantiate or refute the recruitment guidelines prescribed by other writers in the field. The three most effective recruitment sources were: (1) affiliated church communiques, (2) efforts by present volunteers, and (3) friends of volunteers.

Thus, for the specific purpose of personnel recruitment, it seems that these three channels provide an effective, inexpensive method of communication. This finding further underscores the importance of establishing mutually supportive working relationships with community churches. Specific methods for effective exploitation of these recruitment resources would depend upon several factors. Those factors are the creativity of program management and variables of the social system, such as community type, population age and the level of existing morale within the volunteer program.

The utilization of these inexpensive yet effective methods of personnel recruitment does not exclude the use of other, more traditional media such as advertisement by radio or written messages designed for mass consumption. If there are several objectives for message communication, such as hospital public relations or special event advertisement which could effectively "piggyback" with recruitment campaigns, these more expensive communicative channels could still be used in a cost effective manner. The multi-purpose approach to using these media would, however, necessitate careful evaluation of the target audience and close attention to message design and media selection.

In identifying primary motives for volunteer service at the subject hospital, eight central motives were found. They are as follows: desire to serve, career skill acquisition, maintain present employment skills, social interaction, recognition, benefits, religious beliefs and other.

The most common motives were a desire to serve, religious beliefs and social interaction. This would correlate well with McClelland's theory that the need for affiliation and achievement are motivating drives.

While there is a possibility of respondent bias in the data obtained, it is felt that the possibility of this error was minimized by the use of participant anonymity in survey design. It is possible that a respondent would like to be perceived in an altruistic religiously motivated light, but if his/her questionnaire does not contain a space for a name, this desire would not be served by false responses to questionnaire elements. Because of this, it is logical to assume that the probability of response accuracy is great.

This information is valuable because it provides specific motives and issues to address in recruitment efforts and in the motivation of present program volunteers.

Addressing the target audiences' needs for achievement and affiliation in advertising the volunteer program through effective reference to human service, social interaction and church service, would likely maximize recruitment efforts. Similarly, this information allows the volunteer manager to effectively choose reinforcers which would produce optimal worker productivity and satisfaction.

Tests for the least attractive elements of volunteer work showed that there is little which is unattractive about volunteer service for its practitioners. This does not necessarily reflect upon the volunteer work itself. Rather this finding probably indicates effective personnel selection for volunteer work on the part of program management. If the right people are selected for any given job function, there will be little dissatisfaction with the work and also, little worker turnover (see management practices in Chapter Four).

Another possible explanation for this is the wide, creative scope of services provided by the volunteer service at Methodist Evangelical Hospital. This too, reflects upon management of the program. Job boredom and dissatisfaction will be minimized by providing an adequate variety of job tasks and responsibilities for each worker.

Assessment of volunteer worker satisfaction with ten aspects of service at the Methodist Evangelical Hospital program revealed a positive group attitude in most areas. The surveyed aspects were: volunteer duties, relations with other volunteers, staff relationships, supervisory relationships, patient relations, visitor relations, volunteer benefits, work enjoyment, recognition, and overall satisfaction.

Also of importance in the analysis of volunteer attitudes is the relatively low level of worker satisfaction with visitor and patient relationships. Also found below neutral were satisfaction levels on test items relating to volunteer benefits and recognition.

One method for improving worker satisfaction with visitor and patient relationships would be to offer skill oriented inservice training in these areas to workers. Such training could emphasize the psychological needs of both patient and visitor, and clarify the role of the hospital workers in meeting those needs. Training could also provide practical strategies to the volunteers which would allow them to effectively communicate with the two groups. This training would not necessarily be an expensive undertaking if the cost of program development and delivery was shared by other hospital departments whose workers must also interface with patient and visitor populations. The training could then be offered to all

groups together. This approach would have the added benefit of fostering a more cohesive team attitude in all health care workers, both paid and non-paid.

A surprising survey result was one lower than neutral response by workers to items relating to volunteer benefits. This was unexpected due to a study of the many benefits provided to volunteers (see Appendix H). There are several possibilities for the low rated response. First, perhaps volunteers take the benefits offered them for granted. If this is the case, managerial reinforcement of the value of those benefits to volunteer workers might improve worker attitude. A second consideration is the possibility that benefits and recognition offered to workers are occurring less frequently than would be optional, or are perceived as intangible and of little importance to the volunteers. If this is the case, then a review of volunteer benefits by program management might be in order. Correction of identified weaknesses in worker benefits or recognition programs might improve volunteer satisfaction with those aspects of volunteer work at Methodist Evangelical Hospital. However, further research is needed.

When volunteers were asked what they gained from working at Methodist Evangelical Hospital, the most frequent responses were social contact and a sense of self-worth. When these findings are considered with the low volunteer response to their level of satis-

faction with existing benefits and work recognition, an opportunity to improve the volunteer program can be seen.

By offering these two intangibles as benefits of volunteer work, and instituting demonstrative practices to emphasize their existence at Methodist Evangelical Hospital, volunteer service management could raise the level of worker satisfaction. Examples of social events and other practices that currently foster social contact and high self-esteem in workers include: community recognition awards, news releases with photographs of volunteers, volunteer newsletter with achievement records and personal information to foster comradery, annual recognition luncheons, activities to celebrate national volunteer week, volunteer service certificates and pins, and hospital board recognition of volunteer service hours. The value of these activities should be emphasized for full appreciation by volunteers.

These findings also offer insight into the design of effective recruitment campaign messages. By designing recruitment strategies which appeal to these needs in a target audience, management would, it appears, have an improved degree of campaign success.

One limitation to these findings is related to the disparity in volunteer ages within the Methodist Evangelical Hospital program. Well over half of the volunteers are over fifty-five years old. It was shown in Chapter Four that these perceived benefits reflect this

age disparity. Since this is the case, a targeted appeal for volunteers at the younger end of the age spectrum might require other attractors to maximize recruitment efforts. A selective analysis of a younger sub-group of volunteers would identify these attractors.

In questioning workers to identify needed changes in the volunteer program at the subject hospital, a very low response rate was achieved. This is the most significant finding of this portion of the investigation and has several possible implications.

Perhaps workers truly feel little need for change in the volunteer program. Perhaps a more specific probe into the area of needed program change would yield a higher response rate. Other technical factors related to tool design, such as the position of the probe at the end of the survey, the open-ended nature of the question, or the lack of a lead into the item might account for some of the low response rate.

Regardless of the possibility of minor technical problems with tool design, overall survey validity was verified by qualitative assessment of volunteer information in ten randomly selected personal interviews with volunteer workers. In these interviews, volunteer responses were consistent with survey results.

The administrative and technical management components of the volunteer program were well structured, thus facilitating both long-

term and day-to-day operation of the service. Administrative components identified were intangible, in that they emphasized communicative relationships, program goals and reporting frequencies.

Clearly defined goals, which are cooperatively endorsed by the chief executive officer and the program director, will more likely receive any political and financial support required for their achievement than would an agenda developed exclusively from within the volunteer program management. While this element is certainly critical to the operation of a large scale volunteer service such as at the subject institution, the concept of effective upward communication and feedback are no less applicable to programs operating in smaller institutions. Such an explicit, well-documented communicative system could serve the volunteer director well if budget problems within an institution were to cause increased competition between departments for limited resources.

An important aspect of this communicative link to the hospital chief executive officer is the existence of an annual systematic review of the services provided by the volunteer department. This review serves to identify necessary changes in program direction and to insure that volunteer service goals complement those of the hospital. At the same time this review mechanism insures full chief executive officer support for program plans.

Another important element in the administrative structure of the volunteer program at Methodist Evangelical Hospital was a task-oriented, written job description for the service director. This description, emphasizing the skill requisites, job functions and reporting relationships of the position serves several purposes. The first of these is to provide a method by which the director can be objectively evaluated, with regard to successful job performance. Secondly, the volunteer manager will have a thorough knowledge of what must be done to completely perform the work. This, in turn, will greatly facilitate program success.

Of the two structural components not fully operational at the Methodist Evangelical Hospital program (a specific procedure manual for reference and formal personnel evaluations), the following can be said. The importance of the procedure manual is acknowledged and plans are underway for development of the text. The need for formal, task-oriented performance appraisals for volunteer workers may still be a debatable issue in volunteer management. Such evaluations typically instill some level of apprehension in the worker. While the evaluations might improve the efficiency and productivity of volunteers, there is the possibility that the cost to the service in terms of volunteer morale could be potentially great. Also, the time involved in the development and comprehensive administration of such assessments might make their use cost-ineffective. If the tools were not used comprehensively in all

areas of the volunteer service, then their effect on the program operation would at best, be null. At worst, the sporadic application of potentially intimidating evaluations could demoralize volunteers. Perhaps the adage "if it ain't broke, don't fix it" applies well to this issue.

There are two outstanding characteristics of personnel management practices within the Methodist Evangelical Hospital program. There is a well structured personnel selection process and a unique management approach to volunteer worker motivation.

As was shown in Chapter Four, the management of the volunteer program taps both secular and religious groups as manpower sources. By using a variety of recruiting sources, the program management vastly increases its ability to be selective with regard to applicant screening.

After identifying the sources of volunteers by survey, a follow-up interview with the volunteer director was done. This discussion revealed unexpected sources of volunteer personnel such as community health organizations for the physically and mentally handicapped and criminal court referrals. The director accepts these extra responsibilities as an effort to use the volunteer program to effect a positive change in the lives of those less fortunate. She has documented satisfying results from this project. One 40 year old woman with retardation and epilepsy was accepted into the volunteer program. She followed another volunteer for

months to learn her way around the hospital. For three days a week since 1980, she has volunteered in the nursing courier service and is spoken of highly by staff and patients because of her cheerful manner. This woman who had never been out of the house felt productive for the first time in her life and even ventured to the World's Fair with another volunteer. According to the program director, it is a pleasure to see the growth of these individuals after volunteer service.

The management of the volunteer program has been willing over the years to take such unprecedented steps of accepting these heretofore social outcasts into the mainstream of hospital life. This adds to the variety of volunteers existing within the program. Formal recruiting efforts for volunteers have diminished to the point where they are almost nonexistent. Because of consistent success with volunteer placement and effective motivation of volunteer workers, the program management presently finds itself with an excess of applicant for planned volunteer program activities.

As a precautionary note to any who would replicate this managerial posture, which seeks to obtain maximum diversity of volunteer personality types, it must be emphasized that the program at Methodist Evangelical Hospital had a strong organizational structure prior to the advent of these unique recruitment strategies. The institutionalization of the volunteer service allows the

program director flexibility of time which is necessary for the effective use of this diverse human resource pool.

Motivational and personnel support strategies were felt to be the strongest aspect of personnel management practices employed at Methodist Evangelical Hospital. This theme was common in interviews with the volunteer program director and all three administrative offices studied. The outstanding characteristic of this issue is the deep personal responsibility felt by the program director for the success or failure of personnel satisfaction with work. The volunteer director personally insured that all possible recognition was provided for her workers, both as a group, and individually. Some examples of this responsibility include providing each volunteer with a carnation in honor of their birthday, having the hospital chief executive officer present volunteer service pins, including volunteers in employee activities and other practices described previously in this chapter. These are in addition to more traditional recognition strategies such as an annual awards banquet, free meals for volunteers and paid parking.

Administrative interview results laid much responsibility for the outstanding success of the Methodist Evangelical Hospital Volunteer Department on these creative efforts to motivate nonpaid workers. To quote the hospital Public Relations Director, these "special strokes are a good, positive way to reinforce behavior."

A managerial consideration of personnel motivation is complete documentation of all services rendered by the volunteer department and incorporation of this evidence of contribution into all recognition efforts. Such documentation, along with records of those offices served by volunteers would obviously help in obtaining hospital-wide support for recognition of volunteer achievements. The director of volunteer services at Methodist Evangelical Hospital was found to keep meticulous, thorough records of volunteer hours and services to each department of the hospital.

It would be wise, it seems, to exercise creativity in providing positive reinforcement to volunteer efforts. This positive reinforcement must come from both the institution and from within the management of the volunteer program. It must be the personal responsibility of the program manager to coordinate these recognition efforts.

Due to the central importance of personnel motivation to the success of a volunteer program, it may be feasible to suggest that documentation and strategy selection for worker motivation be emphasized topics at meetings of such organizations as the Kentucky Society for Directors of Volunteer Services and the American Society for Directors of Volunteer Services.

The services offered by the volunteer program at Methodist Evangelical Hospital reach three consumer groups where many similar

programs in other hospitals address the needs of a much more limited audience. Volunteers at Methodist Evangelical Hospital provide invaluable assistance to patients as is common to many institutions. But, they further serve the medical, ancillary and administrative staffs of the hospital. Patient families and loved ones are the third group served by volunteers.

The results of this comprehensive utilization of human resources are several. Benefits to the volunteer program include increased program security through positive impact on many hospital departments and improved volunteer morale through widely varied job responsibilities. Maintenance of high worker morale will doubtless maximize worker productivity to levels above fifty percent of the output of paid workers in similar job functions. This will also lower volunteer turnover and facilitate recruitment of new volunteers when planning service expansion.

Benefits of such a wide variety of services by the volunteer department to hospital administration include the concerns of public relations and financial management.

If the colored uniforms of the volunteer service are seen not only at information desks and gift shops where expected, but also functioning as librarians, family support team members and even providing medical information tapes to the public, their interface with the public is magnified many times. If also as seen in Chapter Four, the wide array of services provided by volunteers transforms

the sterile hospital environment into one which is a mixture of hotel and hospitality house, that public interaction will be a very friendly one. Patients, or clients as they are viewed by hospital administrators, do not often evaluate the quality of a hospital by the level of technical expertise of care givers. They are not qualified to do so. Nor do patients often differentiate between the uniforms worn by different services within the hospital. All non-physician care givers are viewed alike by the ill patients and their families. They grade the quality of care given them in a hospital by the amount of personal attention offered and by the number of people showing them acts of kindness during their period of convalescence. A scope of services which is broad enough to include duties such as those offered by volunteers who are part of the family support team, can immeasurably improve the quality of care in a hospital, as perceived by the paying customers. This in turn will improve the community images for a hospital. It will increase the number of future clients, both returning customers who were previously satisfied and first time patients who have heard glowing reports of the compassionate staff at the hospital.

Financial benefits of a volunteer service with a comprehensive scope of services include a considerable savings in personnel-related expenditures. As volunteer roles and numbers expand on an institution, the savings represented by their presence grows commensurately.

While some of the jobs performed by volunteers at Methodist Evangelical Hospital would certainly command higher than minimum wage, the use of that pay scale to estimate direct benefits to the hospital provides a rather eye-opening insight into the impact of volunteers on the financial operation of hospitals. Even with this low estimate of the worth of volunteer services, the administration of Methodist Evangelical Hospital saved \$195,510 during 1981-82 in payroll expenditures. This cost reduction becomes even greater when one considers the "unseen" expenses of paid worker benefits which include insurance coverage, holiday pay and vacation time.

Beyond the pragmatic and monetary benefits of this broad scope of services are the less tangible, yet perhaps more valuable social gains to be had. By interfacing the many different types of volunteers found in the Methodist Evangelical Hospital program with all elements of the medical profession, the program director was able to further their mutual understanding. This may seem an inconsequential tangent to the purpose of the volunteer program, but I believe it is central to the perpetuation of community based volunteer efforts in a larger context.

When most volunteers were asked how they came to learn of volunteer opportunities, they cited "friends" and "other volunteers" as main sources of inspiration. By reaching into the community and

attracting such diverse personality types as juveniles who have had a "first scrape with the law" and handicapped citizens, the volunteer director not only recruits those individuals, but also their families and friends. They can readily see the value of such an effort and will promote similar endeavors.

Further, all elements of the hospital community, from physicians and nurses to volunteers and patients will, through contact with these special volunteers, teach many values and social skills that will benefit the former social outcasts. The exchange which occurs will be two-way, with the hospital community learning tolerance and patience as it helps to orient the volunteer to positive community contributions.

In order to aid the development of a more comprehensive scope of services in hospital volunteer programs, the following development model is suggested. Following these guidelines drawn from recommendations in program development literature, this will allow volunteer services to expand their positive roles in health care institutions.

Service expansion occurs in three phases; information gathering planning and implementation phases. Each of these phases contains several substeps.

Phase One: Information Gathering

The information gathering phase allows the program director to identify and prioritize a multitude of areas for volunteer service expansion. Step one is to identify all possible areas in which the volunteer service may grow. At this step, it is important to consider all possibilities presented regardless of their practicality or lack thereof. There are several ways to elucidate these possibilities. In gathering this information it is important to remember to use a multiple perspective approach. That is, information must be gathered from as many elements of hospital operation as possible. This will enhance the representative credibility of the information obtained. At the very least, the input of the following groups should be obtained: hospital administration, hospital managers, and volunteer in service at the hospital. Suggested techniques for obtaining this information are, with small groups, such as hospital administration, or volunteer service management, brainstorming sessions, or a written list from each group member of all thoughts pertaining to service expansion. With larger or more isolated group members, such as department managers, a formal, written survey, requesting input on service expansion possibilities might be employed. Richard Kaufman and Frank English have done much work in the area of sampling and need assessment which can provide more complete guide-

lines on the mechanics of sampling.²⁴

Once all suggestions have been gathered on possible areas of service expansion, the second step of the information gathering phase of service expansion is to prioritize these ideas to reflect their compatibility with (a) hospital goals, (b) maximal impact upon the community of the hospital, and (c) probability of success. After this prioritization is completed, the area of service expansion which will provide service where it is most needed and will most probably be accepted and hence successful in the hospital will be apparent. This first two-step phase of service expansion is seen in figure 4.

Phase Two: Planning

After information gathering has been completed and the option to be implemented is identified, the second phase of the expansion process is a planning phase composed of three major steps. These steps are resource planning, identification of limiting factors in the implementation plan, and a planning time line for service implementation.

²⁴Kaufman, R. and English, F. Needs Assessment: Concept and Application, Englewood Cliffs, New Jersey: Educational Technology Publishers, 1979.

Resource planning involves the identification of personnel and material requirements for service expansion. Personnel requirements are volunteer man-hour requirements, managerial man-hour requirements, and, if the service is intended to aid a service department within the hospital, such as laboratory aids, requirements of personnel in the service department involved. Material resource planning common to any volunteer service expansion is usually confined to such elements as physical space requirements within the institution, and volunteer uniforms. Other physical requirements are service specific, and impossible to describe in the scope of this paper. Examples of these resources would be, in the case of expanding or establishing a gift shop, stock requirements, and in the case where a "Tel-Med" program was to be established, necessary audio and telephone equipment.

Identification of factors which would limit the effectiveness or success of the planned program must be done prior to program implementation. This should be completed in order to plan strategies to minimize their effect on program operation, and to plan a time schedule for program implementation. In considering limitations to program success, resource scarcity, political opposition, and time implementation scheduling should be taken in account.

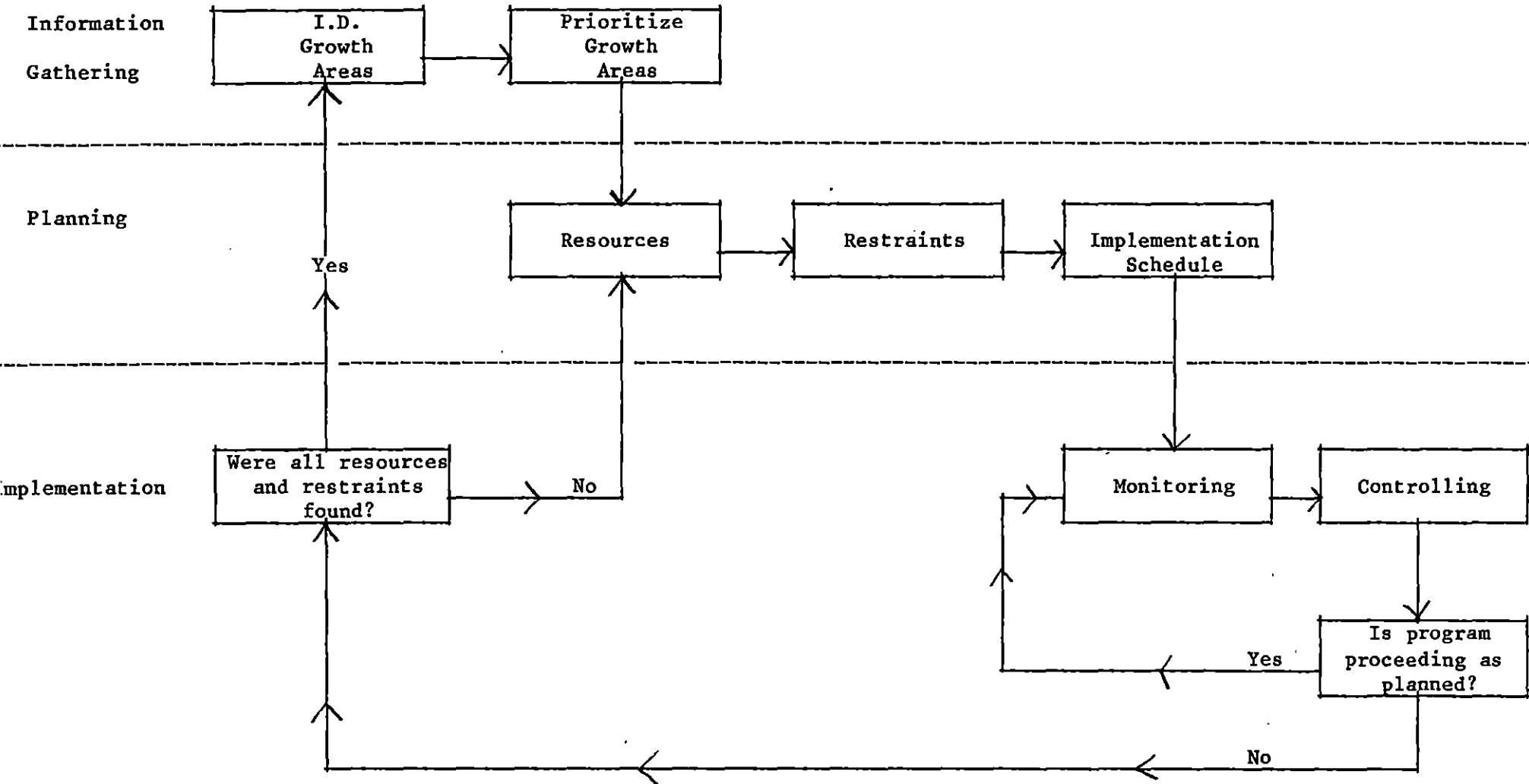
The third step of the planning phase of program expansion is planning a time schedule for each step of the implementation phase. Elements to be scheduled include: preimplementation communication of program expansion to all hospital management personnel to inform them of the new program and request feedback from them; volunteer recruitment; volunteer training; inservice of involved hospital personnel if any, to clarify their roles in the program expansion; and external communication to media which will illicit community support and awareness as well as bolster volunteer and employee morale. Also to be scheduled are program monitoring activities and evaluation plans. The purpose of these is to facilitate program modification and improvement after program establishment.

Phase Three: Implementation

After the complete planning, implementation proceeds according to the established time-line. Ongoing monitoring of the effect of program implementation upon hospital function may yield feedback which will give cause for modification of the implementation plan. An example of this would be negative feedback from hospital management in preimplementation communication as outlined in Phase Two, step three. Such negative feedback regarding program need or timing might cause the volunteer program director to reconsider completing implementation at that time.

After the program is implemented, program evaluation should be completed to determine the extent of success and need for program modification. This evaluation will be based upon data from program monitoring while implementation is being carried out. The evaluation of the program will determine any further modifications to the planned program. This development model, in its entirety is represented diagrammatically in figure 4.

FIGURE 4: SERVICE EXPANSION DEVELOPMENT MODEL



Questions arising during the course of this inquiry which merit further investigation are several. Some of these areas were elucidated as research progressed and would require alternate designs of inquiry to accurately assess. Others might have been adequately described through modification of the present study.

The first of these investigatory needs is the reproduction of a demographic description of the volunteer population of a program, with similar volunteer hours served per hospital size to that of Methodist Evangelical Hospital. While there are descriptive studies of the "average" volunteer demographics available, they are not institutionally specific to determine whether or not these study findings are typical or atypical. If studies were done of these variables at institutions of similar size at various geographic locations throughout the county, it would be readily discernible whether or not volunteers at Methodist Evangelical Hospital are truly representative of volunteers nationwide.

A second area where further research would be beneficial is the comparison of volunteer services and hours at similar sized hospitals of secular and of religious affiliation. This would allow for a comparison of the effectiveness of the two types of services and further clarify the value of developing formal or informal ties with local religious institutions. While these elements might have been investigated through expanding the present study to include a

similarly-sized secular hospital, independent studies across a wider geographic area would lend greater impact to study results.

An incidental discovery of this study was a variety of personnel recruitment strategies and media which are effective when applied to volunteer service management. Such an investigation could be carried out in either a multi-institutional case study design or an experimental case study. The clarification of the most effective recruitment strategies and media would provide prescriptive guide-lines for direct application by volunteer service managers. This could maximize the cost-effectiveness of personnel recruitment in volunteer services.

In summary, this investigation was able to identify demographic characteristics, managerial functions and job functions of the volunteer program at Methodist Evangelical Hospital. These factors interacted as an entire system to contribute to the remarkable success enjoyed by the program. Some of the findings verify earlier empirical and theoretical findings in the literature, while some some provide reason to question earlier work in the presently dynamic field of volunteer work. Still other findings create new questions to be investigated, while simultaneously hinting at their solutions. Some of these findings involve personnel recruitment and evaluation and effective communications links with the community.

There is ample evidence in this case study that central to the success of the studied program, and indeed all programs of volunteer

work regardless of scale, is a dynamic, supportive management team. That management support includes a creative, energetic program director, a firmly supportive administrative office and institutional supporters.

There are several truly noble examples of this concept of effective cooperative effort of human service to be found in recent history. The findings of this case study gains support in other world-wide voluntary agencies.

The first of these is the International Red Cross. The efforts of these workers have saved literally thousands of lives in each year of their existence. They have brought the nurturing touch of brotherly hands to countless others. Such a program would be a political impossibility without the cooperative endorsement of politically motivated administrators world-wide.

On a closer front, the administrative encouragement and vision of one man set in motion of the youthful creativity of an entire nation when the late President John Kennedy conceived the Peace Corps Program. It was his power at both personal and political communication which tapped the spiritual and financial wealth of America and sent it on the most productive good-will mission in history. While there were politically self-serving motives to be found in such an endeavor, this in no way tarnished the resultant shrine of human growth. Entire nations learned to read, perhaps the

single most powerful tool a man can be given. People learned to feed their children and care for their sick through the efforts of a creative personnel manager. He was able to motivate and structure the selfless spark that is in every man.

While hospital volunteer programs will never achieve human change of the scale brought about by the Red Cross and the Peace Corps, they are a representative microcosm of these grand examples. Human growth does not recognize the extent of its growth, only its existence. The efforts of a hospital volunteer are no less beautiful than international relief efforts, only quieter. Because of this, these programs should be explored more fully that we can find ways to completely realize our potential to serve and be served.

TABLE ONE: Volunteer Demographic Summary

A. Volunteer Sex

Sex	Male	Female	Total
Freq	7	69	76
%	9%	91%	100%

B. Volunteer Age

	25	26-35	36-45	46-55	56-65	65	Total
Category	1	2	3	4	5	6	
Freq	8	2	4	5	8	49	76
%	11%	3%	5%	7%	11%	64%	101%

C. Volunteer Marital Status

Category	1	2	3	4	Total
Freq	19	34	3	20	76
%	25%	45%	4%	26%	100%

1 = Single 3 = Divorced
 2 = Married 4 = Widowed

D. Number of Children Per Volunteer

Number	0	1	2	3	4	5	Total
Freq.	37	12	9	12	4	2	76
%	49%	16%	12%	16%	5%	3%	101%

E. Educational Level

Category	1	2	3	4	5	Total
Freq	16	27	23	8	2	74
%	21%	36%	30%	11	3	100%

Category Code: 1 = 12 years 4 = College Graduate
 2 = High School Graduate 5 = Post Graduate
 3 = Some College, No Degree Study

TABLE ONE: Volunteer Demographic Summary

F. Religious Affiliation

Category	M	C	B	L	P	Total
Freq.	44	7	5	5	13	74
%	59%	9%	7%	7%	18%	100%

Category Code: M = Methodist
 C = Catholic
 B = Baptist

L = Lutheran
 P = Protestant

G. Employment Background

Category	V	C	N	M	T	L	P	Total
Freq.	25	34	2	5	5	2	2	75
%	33%	45%	3%	7%	7%	3%	3%	101

Category Code: V = Volunteer Only
 C = Clerical Work
 N = Nursing
 M = Management

T = Teaching
 L = Laborer
 P = Professional

H. Present Employment Status

Category	1	2	Total
Freq.	6	70	76
%	8%	92%	100%

Category Code: 1 = Employed
 2 = Unemployed

TABLE TWO: Volunteer Satisfaction With Ten Items of Program Operation

N = 76 N varies with element

Response Scale: 1 - 6 = lowest to highest level of satisfaction

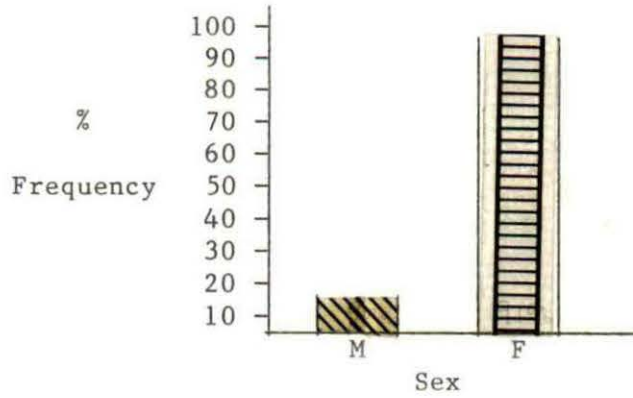
	N	Response Rate M/N	Mean Y	S.D. S	Variance S	Range --
A. Vol. Duty	64	84%	5.7	.732	.536	3-6
B. Rel.w/Vol.	68	89%	5.5	.820	.672	3-6
C. Stf. Rel.	60	78%	5.6	1.15	1.33	1-6
D. Super. Rel	62	82%	5.72	.30	.09	1-6
E. Pat. Rel.	54	71%	5.5	1.21	1.46	4-6
F. Vist. Rel.	53	70%	5.6	1.34	1.91	3-6
G. Vol. Benft	61	80%	5.3	1.26	1.60	1-6
H. Wrk. Enjoy	62	82%	5.8	.63	.40	4-6
I. Recognitn	64	84%	5.4	1.15	1.34	1-6
J. Overall Opinion	66	87%	5.7	.719	.518	4-6

TABLE THREE: Supervisory Relationships: Frequency by Volunteer Age Category

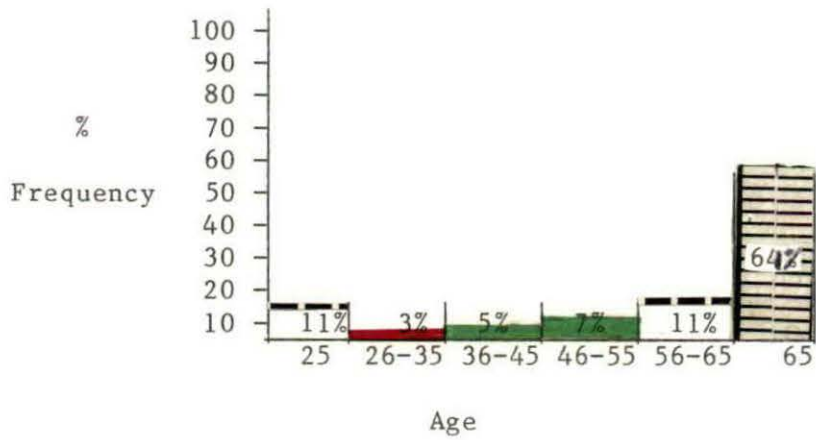
Volunteer Age	Level of Satisfaction					
	Lowest					Highest
	1	2	3	4	5	6
Under 25	0%	0%	0%	14%	57%	71%
20 - 35	0%	0%	0%	0%	50%	50%
30 - 45	0%	0%	16%	0%	33%	51%
40 - 55	0%	0%	0%	0%	25%	75%
56 - 65	10%	0%	0%	0%	0%	90%
Over 65	0%	0%	0%	0%	12%	88%

GRAPHIC DATA DISPLAY: Volunteer Demography

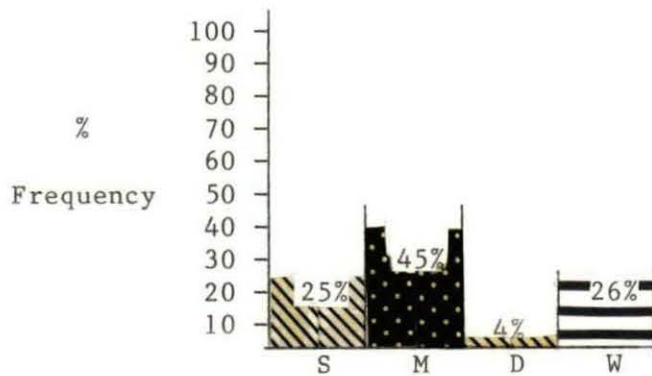
1. Volunteer Sex



2. Volunteer Age



3. Volunteer Marital Status

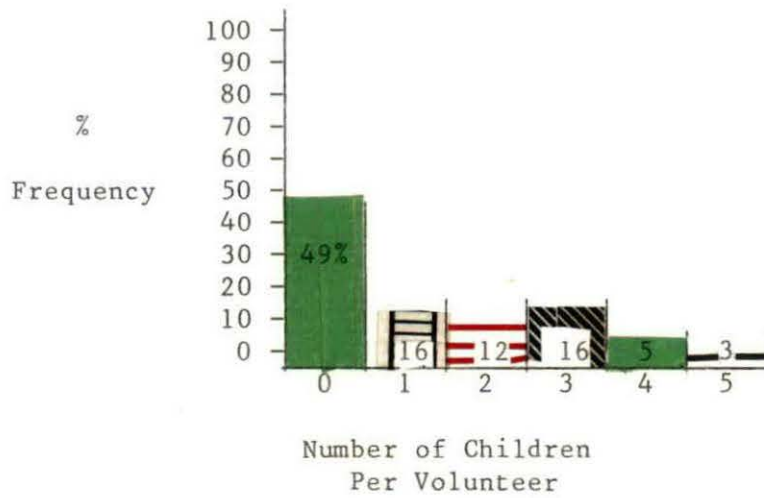


S = Single M = Married D = Divorced W = Widowed

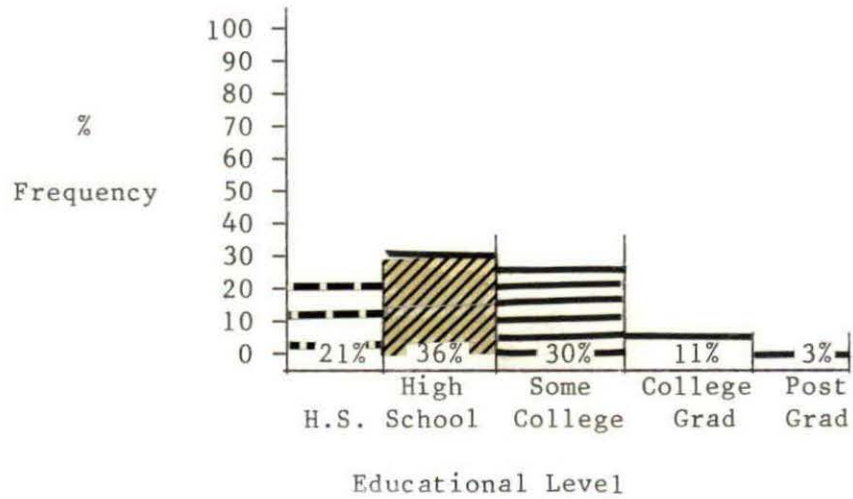
Marital Status

GRAPHIC DATA DISPLAY: Volunteer Demography

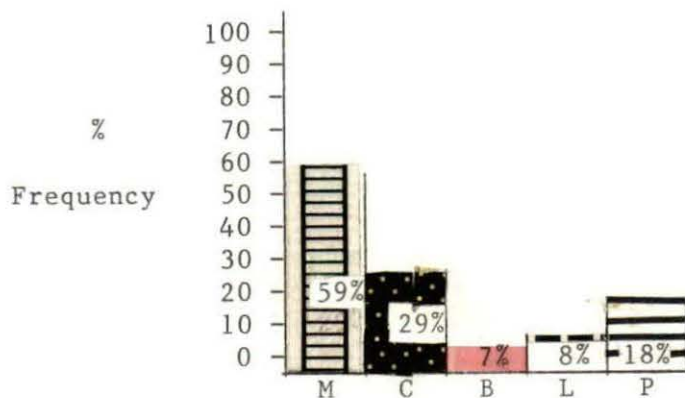
4. Children Per Volunteer



5. Educational Level



6. Religious Affiliation

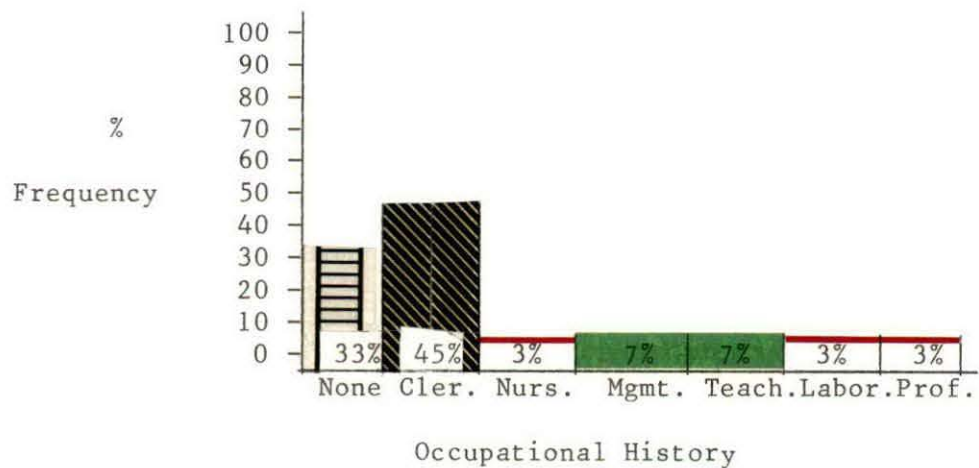


M= Methodist C = Catholic B = Baptist
L = Lutheran P = Protestant

Religious Affiliation

GRAPHIC DATA DISPLAY: Volunteer Demography

7. Employment Background



8. Present Employment Status





APPENDICES

- A - Volunteer Survey
- B - Volunteer Interviews
- C - Administrative Surveys
- D - Volunteer Director Abridged Survey
- E - Statement of Purpose
- F - Senior Volunteer Interview
- G - Volunteer Duty and Procedure Description
- H - Examples of Motivators

APPENDIX A

METHODIST EVANGELICAL HOSPITAL VOLUNTEER SURVEY

I appreciate your cooperation in answering this questionnaire. Questions A - H are for statistical use only and are optional. Your answers are strictly confidential.

A. Your sex is: (1) Female (2) Male

B. Your age is:

- (1) 25 or under
- (2) 26-35
- (3) 36-45
- (4) 46-55
- (5) 56-65
- (6) 65 or over

C. Your marital status is:

- (1) single
- (2) married
- (3) divorced
- (4) widowed

D. The number of children you have is:

E. Your educational level is:

- (1) below 12 years
- (2) graduated high school
- (3) some college
- (4) graduated college
- (5) post graduate studies

F. Your religious preference is: _____

G. Your employment background is: _____

H. Are you employed in addition to your volunteer work?

- (1) yes
- (2) no

(Continued on next page)

1. How did you become aware of volunteer opportunities at Methodist Evangelical Hospital? _____

2. Why do you volunteer? (check as many as apply)

- (1) _____ desire to serve
- (2) _____ acquire career skills
- (3) _____ maintain employment skills
- (4) _____ friendship and social interaction
- (5) _____ recognition
- (6) _____ benefits
- (7) _____ loyalty to Methodist Evangelical Hospital
- (8) _____ other (please explain) _____

3. What do you enjoy most about your volunteer work? _____

4. What do you enjoy least about your volunteer work? _____

5. Please rate your feelings about volunteer work on a scale of one to six by circling your answer. One indicates the lowest level of satisfaction and six is the highest level of satisfaction.

	lowest					highest
	<u>level of satisfaction</u>					
a. volunteer duties	1	2	3	4	5	6
b. relationships with other volunteers	1	2	3	4	5	6
c. relationships with hospital staff	1	2	3	4	5	6
d. relationship with supervisor	1	2	3	4	5	6
e. relationships with patients, if applicable	1	2	3	4	5	6
f. relationships with visitors, if applicable	1	2	3	4	5	6
g. volunteer benefits	1	2	3	4	5	6
h. work enjoyment	1	2	3	4	5	6
i. recognition of volunteer efforts	1	2	3	4	5	6
j. opinion of overall volunteer program	1	2	3	4	5	6

6. What have you gained from your volunteer experiences at Methodist Evangelical Hospital? _____

7. If you could add or change anything, what would you do to make the volunteer program even better? _____

Thank you!

APPENDIX B

METHODIST EVANGELICAL HOSPITAL VOLUNTEER INTERVIEWS

1. Name _____
2. Volunteer Area _____
3. How many hours per week do you volunteer? _____
4. Background Information (including how long volunteered, family, employment) _____

5. What keeps you here volunteering at Methodist Evangelical? _____

6. How do you feel about your volunteer duties? _____

7. What do you think about the volunteer program overall? _____

8. Have you had any experiences during your volunteer work here that meant a lot to you - maybe something that made you feel really happy, lucky or sad? _____

9. Observer evaluation -

Rating Scale

- | | | | |
|--|---|---|-------------|
| (1) ___ attitude toward fellow workers | 1 | - | outstanding |
| (2) ___ attitude with patients or visitors | 1 | - | good |
| (3) ___ attitude toward duties | 2 | - | average |
| (4) ___ performance of duties | 3 | - | poor |
| (5) ___ how compares with paid worker | | | |
| (6) ___ overall effect | | | |

APPENDIX C: Administrative Survey

Administrator

1. Could you give me your opinion of the volunteer program at Methodist Evangelical?
2. What do you feel are the strengths of the program?
3. What do you feel are the weaknesses of the program?
4. On a scale of 1 to 4, with 4 being the highest, could you tell me your level of satisfaction with the volunteer program?
5. Why are so many volunteers attracted to your hospital?
6. How do you feel the volunteers compare with paid workers, i.e. level of enthusiasm, job skills, efficiency, professionalism?

Productivity Control

1. How many hours of volunteer work were logged last year?
2. Your productivity report showed that the volunteer department's productivity increased a significant percent. What factors do you base your report on?
3. What is your opinion of volunteer workers vs. paid staff?
4. What do you see as weaknesses with the volunteer program?
5. How would you evaluate the program's effectiveness?
6. How do you evaluate whether the volunteer program saves money or is a liability?

Public Relations Director

1. Could you give me your opinion of the volunteer program at Methodist Evangelical?
2. How does the volunteer program affect the hospital's public image?
3. What do you feel are the strengths?
4. Rate level of satisfaction, 1 - 4.

APPENDIX D: Abridged Survey Administered at Subject Hospital

I. Administrative Structure of Volunteer Service

	Disagree Strongly			Agree Completely		
1. There is a clearly defined purpose for the Volunteer Program.	1	2	3	4	5	6
2. The volunteer director reports directly to an administrative office of the hospital.	1	2	3	4	5	6
3. The volunteer director has a written position description specifying skill requisites, reporting relationships and job functions.	1	2	3	4	5	6

II. Program Management

1. Volunteer program management is guided by a written statement of purpose and/or objectives.	1	2	3	4	5	6
2. Volunteer Program has a policy/procedure manual which guides daily activities of department.	1	2	3	4	5	6
3. Records of services provided by the department are established which document departmental activities.	1	2	3	4	5	6

APPENDIX D: Abridged Survey Administered at Subject Hospital

	Disagree Strongly			Agree Completely		
4. Administrative reports of department operations are prepared at least annually.	1	2	3	4	5	6
5. Periodic reviews of scope of volunteer services are performed.	1	2	3	4	5	6
6. Evaluations of volunteer service quality are performed.	1	2	3	4	5	6

III. Personnel Management

1. Church affiliated and secular human service agencies in the community serve as sources of personnel.	1	2	3	4	5	6
2. There are both teen and adult volunteer staffs within the program.	1	2	3	4	5	6
3. There is a formal application process by which prospective volunteers are screened for ability and motivation.	1	2	3	4	5	6
4. Volunteers are placed only in positions for which there are written job descriptions.	1	2	3	4	5	6
5. Formal procedures exist for volunteer; a - orientation; b - training in job functions.	1	2	3	4	5	6

APPENDIX D: Abridged Survey Administered at Subject Hospital

	Disagree Strongly				Agree Completely	
6. Orientation procedures include training in:						
- physical environment	1	2	3	4	5	6
- chain of "commons"	1	2	3	4	5	6
- patient psychological needs/communicative requirements	1	2	3	4	5	6
- departmental policies/procedures	1	2	3	4	5	6
7. There are formal recognition programs within the hospital to acknowledge volunteer services.	1	2	3	4	5	6
8. Day-to-day recognition of and reward for volunteer performance is a very important part of management practice.	1	2	3	4	5	6
9. Evaluation of volunteer performance is an important function of management of program.	1	2	3	4	5	6

Describe:

1. How scope of services are evaluated, modified to meet the changing needs of the hospital.

2. What three factors are critical to the success of Methodist Evangelical Hospital's volunteer program:

APPENDIX D: Abridged Survey Administered at Subject Hospital

3. What (if any) changes would you like to make in present management of Methodist Evangelical Hospital's volunteer program?

APPENDIX E: Statement of Organizational Purpose: Volunteer
Program at Methodist Evangelical Hospital

VOLUNTEER DEPARTMENT

OBJECTIVES:

The primary objective of the Volunteer Department is to provide supplementary help in the many areas of the hospital where jobs can effectively be accomplished without professional training.

POLICY:

1. To supplement the work of the professional staff by filling each volunteer position with the most capable volunteer available.
2. Provide orientation and training procedures to develop maximum volunteer effectiveness.
3. Provide one free meal for all volunteers on the day they work.
4. Provide free parking for all volunteers who drive.
5. Provide a safe and congenial working environment.
6. Provide accident insurance for all volunteers while at work.
7. To keep volunteers informed of changes in rules and progress of the hospital.
8. To do all of these things in a spirit of friendliness and cooperation so that each volunteer will find great satisfaction in the knowledge that they have been of important service to the hospital and community.

APPENDIX F: Interview Schedule: Senior Volunteers for Scope of Services

Volunteer Survey for Historical Perspective

1. When did you first begin volunteer work at M.E.H.?
2. Describe the duties of volunteers at that time.
3. How does the volunteer program of today differ from when you began?
4. Do you remember any special anecdotes from your years of volunteer service?

APPENDIX G: Volunteer Duty and Procedure-Descriptions

METHODIST EVANGELICAL HOSPITAL

JOB DESCRIPTION

TEL-MED

Job Title: Tel-Med operator
Hours: Five days a week Monday thru Friday
9:00 AM to 12:00 PM
12:00 PM to 3:00 PM
3:00 PM to 6:00 PM
Saturday
10:00 AM to 3:00 PM
Reports to: Director of Volunteer Services

POSITION SUMMARY

Plays requested medical information tapes.

PRIMARY DUTIES

1. Keep equipment clean.
2. Answer the 10 Tel-Med telephone lines.
3. Play the tape caller requests.
4. Record number of tape requested and by whom (male, female, child).
5. Address brochure if caller requests one and record name and address for future mailings.
6. Address medical staff list if a doctor is requested.
7. Direct caller to crisis numbers if indicated.
8. Direct problem calls to the volunteer office.
9. Record number of calls at the end of each shift and total at end of day.
10. Close board at end of the day by placing nightline tapes on automatic answering.

PHYSICAL DEMANDS

Sitting - 3 hour shifts.

TRAINING

General orientation by Director of Volunteer Services.
Experienced volunteer will train Tel-Med procedures.

DESIRED SKILLS AND TRAITS

Pleasant telephone voice, average intelligence.

VOLUNTEER SERVICES

ADULT VOLUNTEERS:

Adult volunteers are responsible to the Director of Volunteer Services and assigned to the following duties, many of which involve nursing areas.

AREAS & DUTIES:

- | | |
|----------------------|--|
| Information Desks | <ul style="list-style-type: none">- Preston Lobby - Receives calls relative to patients room numbers, etc.- Broadway Lobby - same as above but also receives deliveries of flowers, packages, etc. for patients and staff.- Emergency Department- Directs visitors and patients. |
| Dietary | <ul style="list-style-type: none">- Assigning menus to the proper patient and room number; delivering and collecting menus, 7 days a week. |
| Mail | <ul style="list-style-type: none">- Sorting, delivering and forwarding. |
| Gift Shop | <ul style="list-style-type: none">- Sales people and cashiers. <u>Shopping Cart</u> to patients rooms. |
| Physical Therapy | <ul style="list-style-type: none">- Escorting patients from room to PT and back. |
| X-Ray | <ul style="list-style-type: none">- Escorting patients from room to X-Ray and back. Escorting new patients from admitting to x-ray. |
| Library | <ul style="list-style-type: none">- Cataloguing and sorting of books. (Library is for patients and employees.) |
| Library Cart | <ul style="list-style-type: none">- Contains an assortment of books & magazines and is taken to the patient's rooms. |
| KPRO | <ul style="list-style-type: none">- Clerical when needed. |
| Admitting | <ul style="list-style-type: none">- Escorting new patients to rooms and explaining rules & equipment. |
| Laboratory | <ul style="list-style-type: none">- Escorting new patients from admitting lab. to their rooms. |
| Central Supply | <ul style="list-style-type: none">- Help when needed. |
| ICU-CCU Waiting Room | <ul style="list-style-type: none">- Help families, carry messages, serve coffee. |
| Emergency Room | <ul style="list-style-type: none">- Escort patients, tidy rooms, run errands. |
| Staff Assistants | <ul style="list-style-type: none">- Medical Records, Medicare, Insurance, Chaplains Office. |
| Tel-Med | <ul style="list-style-type: none">- Tape Library - telephone operators. |
| Courier Service | <ul style="list-style-type: none">- To nursing stations, lab, central supply, physical therapy, and pharmacy. 9:30 AM - 3:30 PM. |
| Family Support Team | <ul style="list-style-type: none">- Contacts families of surgery patients, general support for anyone needing help. |

METHODIST EVANGELICAL HOSPITAL
Job Description - Special Services

Job Title: Director of Volunteers
Hours: 8:30 AM to 5:00 PM
Reports to: Administration
Position Summary: Plan, organize, direct, and supervise volunteer program and gift shop manager.

Primary Duties:

1. Maintain programs for volunteer workers: Patient library, book cart, gift shop, shopping cart, information desk, mail and menu delivery, escort service for new patients, x-ray and physician therapy, courier service, emergency department, Tel-Med operators, Family Support and clerical aides.
2. Organize new programs to assist staff: Recruitment, selection, assignment, orientation and training.
3. Review and revise programs to meet changing needs.
4. Maintain a manual of instructions and procedures.
5. Interpret to publics and other hospital departments the philosophy, purpose, plans, and programs of the Volunteer program.
6. Plan in-service training and recognition occasions for volunteers.
7. Fill in for and give assistance to volunteers whenever needed.
8. Overall direction of salaried staff: relief supervisor, secretary, vacation replacements, gift shop manager, and relief clerks.

Physical Demand: Light physical demand. Will be sitting at desk 50% of the time, but other half might be spent walking, pushing carts or wheelchairs, etc.

Education: A baccalaureate degree from college or university or comparable experience in the human services.

Experience: Knowledge in social work, business administration, personnel policies, community relationships, volunteer services and leadership.

Working Conditions: Well lighted, air-conditioned office with adequate space.

Desired Skills and Traits:

1. Poise and Tact
2. Polite and courteous nature.
3. Able to communicate with old and young people alike.
4. Emotional stability.

METHODIST EVANGELICAL HOSPITAL
 Job Description - Special Services

Job Title: Director of Volunteers

Hours: 8:30 AM to 5:00 PM

Reports to: Administration

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3. Review and revise programs to meet changing needs.
4. Maintain a manual of instructions and procedures.
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4. Emotional stability.

VOLUNTEER SERVICES

ADULT VOLUNTEERS:

Adult volunteers are responsible to the Director of Volunteer Services and assigned to the following duties, many of which involve nursing areas.

AREAS & DUTIES:

- | | |
|----------------------|--|
| Information Desks | <ul style="list-style-type: none">- Preston Lobby - Receives calls relative to patients room numbers, etc.- Broadway Lobby - same as above but also receives deliveries of flowers, packages, etc. for patients and staff.- Emergency Department- Directs visitors and patients. |
| Dietary | <ul style="list-style-type: none">- Assigning menus to the proper patient and room number; delivering and collecting menus, 7 days a week. |
| Mail | <ul style="list-style-type: none">- Sorting, delivering and forwarding. |
| Gift Shop | <ul style="list-style-type: none">- Sales people and cashiers. <u>Shopping Cart</u> to patients rooms. |
| Physical Therapy | <ul style="list-style-type: none">- Escorting patients from room to PT and back. |
| X-Ray | <ul style="list-style-type: none">- Escorting patients from room to X-Ray and back.- Escorting new patients from admitting to x-ray. |
| Library | <ul style="list-style-type: none">- Cataloguing and sorting of books. (Library is for patients and employees.) |
| Library Cart | <ul style="list-style-type: none">- Contains an assortment of books & magazines and is taken to the patient's rooms. |
| KPRO | <ul style="list-style-type: none">- Clerical when needed. |
| Admitting | <ul style="list-style-type: none">- Escorting new patients to rooms and explaining rules & equipment. |
| Laboratory | <ul style="list-style-type: none">- Escorting new patients from admitting lab. to their rooms. |
| Central Supply | <ul style="list-style-type: none">- Help when needed. |
| ICU-CCU Waiting Room | <ul style="list-style-type: none">- Help families, carry messages, serve coffee. |
| Emergency Room | <ul style="list-style-type: none">- Escort patients, tidy rooms, run errands. |
| Staff Assistants | <ul style="list-style-type: none">- Medical Records, Medicare, Insurance, Chaplains Office. |
| Tel-Med | <ul style="list-style-type: none">- Tape Library - telephone operators. |
| Courier Service | <ul style="list-style-type: none">- To nursing stations, lab, central supply, physical therapy, and pharmacy. 9:30 AM - 3:30 PM. |
| Family Support Team | <ul style="list-style-type: none">- Contacts families of surgery patients, general support for anyone needing help. |

METHODIST EVANGELICAL HOSPITAL
JOB DESCRIPTION
EMERGENCY DEPARTMENT

Job Title: Emergency Room Volunteer
Hours: Vary - 7 days a week
8:00 AM to 8:30 PM
Reports to: Emergency supervisor

POSITION SUMMARY

Assist in any way requested by paid staff.

PRIMARY DUTIES

1. Transport patients to x-ray, lab, etc.
2. Assist with patients.
3. Tidy areas.
4. Run errands.

PHYSICAL DEMANDS

Most of the time on feet: walking, pushing and lifting. Excellent physical condition.

TRAINING

Orientation by director of volunteer services. Paid emergency staff trains.

DESIRED SKILLS AND TRAITS

Over average intelligence; neat clean appearance; emotional stability; maturity; pleasant appearance; ability to take direction well.

METHODIST EVANGELICAL HOSPITAL
JOB DESCRIPTION
TEL-MED

Job Title: Tel-Med operator
Hours: Five days a week Monday thru Friday
9:00 AM to 12:00 PM
12:00 PM to 3:00 PM
3:00 PM to 6:00 PM
Saturday
10:00 AM to 3:00 PM
Reports to: Director of Volunteer Services

POSITION SUMMARY

Plays requested medical information tapes.

PRIMARY DUTIES

1. Keep equipment clean.
2. Answer the 10 Tel-Med telephone lines.
3. Play the tape caller requests.
4. Record number of tape requested and by whom (male, female, child).
5. Address brochure if caller requests one and record name and address for future mailings.
6. Address medical staff list if a doctor is requested.
7. Direct caller to crisis numbers if indicated.
8. Direct problem calls to the volunteer office.
9. Record number of calls at the end of each shift and total at end of day.
10. Close board at end of the day by placing nightline tapes on automatic answering.

PHYSICAL DEMANDS

Sitting - 3 hour shifts.

TRAINING

General orientation by Director of Volunteer Services.
Experienced volunteer will train Tel-Med procedures.

DESIRED SKILLS AND TRAITS

Pleasant telephone voice, average intelligence.

BROADWAY INFORMATION DESK
BOOKKEEPING PROCEDURES

Morning Personnel:

1. Pick up admission cards and midnight census from pigeon holes in Admitting.
2. Alphabetize rolodex and colored cards.
3. Process colored cards. Change telephone numbers (in pencil) as well as room numbers on yellow strip.
 - a. "EXPIRED" in large RED letters across card.
4. Make out strips for viewer file from rolodex card including husband's name in parenthesis - (do not put wife's name) and telephone number for #3 and 4 beds and beds 2 on 2 Giles, 3 Giles, 4 N, 5 N, & 6 N.
5. Place (✓) directly under room number on rolodex card indicating strip has been made and filed.
6. File rolodex.
7. Check records against census - strip file first if only one person doing the file.
8. List discharges on yellow pad. Try to keep this as current as possible.
9. Process discharges and check twice (✓✓) after name on yellow pad to designate that yellow strip has been pulled and rolodex card marked with discharge date in top right hand corner and filed.
10. For all Non-Publish patients: Make out a Non-Publish slip and file with Volunteer office. Do not make a yellow strip for the file but mark the rolodex with "Non-Publish" written across the card. This means you will at times have to check your current file as well as your discharge file before assuming a patient is discharged.

Discharge File: 2 weeks and older should be removed and discarded.

Deliveries: Flowers

Ask the delivery boy to wait while you check to see if patient is still here. Check the room number even though the florist has written the number on the card. If the patient has been discharged, refuse to accept the flowers.

Any inquiry concerning flower deliveries should be referred to the Volunteer Office, ext. 7211.

Do not accept flower arrangements from funerals.

Do not accept flowers for ICU or CCU room numbers 200, bed 1-8 or room numbers 201, bed 1-6. If the driver cares to wait you may call the unit waiting room (ext. 7262) to see if a member of the family will accept the flowers.

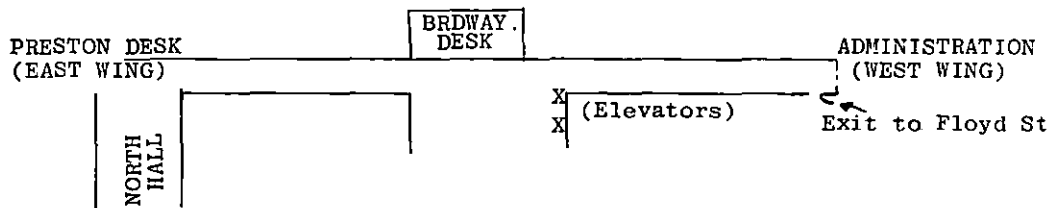
Flowers brought for delivery from our Gift Shop should be delivered as soon as possible because purchaser is probably waiting in patient's room to see them delivered.

See "THINGS YOU NEED TO KNOW" for other deliveries.

Save yellow pad for the following day.

Afternoon and Evening Personnel: Follow AM procedures #4, 5, 6, 7, 8, 9 & 10. And discharge file and flower deliveries.

DIRECTIONS FROM BROADWAY DESK



- ACCOUNTING - Take elevator to lower level. Turn right around corner out of elevator. Office on both sides, end of hall.
- ADMINISTRATION - Go west to end of hall (thru glass doors).
- ADMITTING - Go east to north hall, turn left, turn right where elevator sign is.
- AUDITORIUM - Go east to north hall, turn left, go to 1st hallway to left, 2nd right.
- BEAUTY SHOP - Take elevator to lower level, turn left off elevator, follow hall, turn right, 1st door on right.
- BOARD ROOM - Go east, follow hall pass Preston Information Desk, turn right pass telephones.
- BUSINESS OFFICE (insurance, credit, medicare, medicaid) - Go east, turn left at intersection, right at center hall after cashiers window.
- CAFETERIA - Go west, on the right.
- CENTRAL SUPPLY (PROCESSED STORES) - Take elevator to lower level, turn left off elevator, follow hall, turn right, 2nd door on right.

- CHAPEL - NONE during construction
- CHAPLAINS LOUNGE - Go East, 6th door on left.
- CHAPLAIN MCKAIN'S
(OFFICE) - Go east, 1st door on right.
- CLINICAL EQUIPMENT/
MAINTENANCE - Take elevator to lower level, turn left
off elevator to end of hall, turn right
at intersection, turn right at next
intersection, 2nd door on left.
- CONFERENCE ROOMS - B - Go east to north hall, turn left to
1st hallway, turn left, last door on
left.
C - Go east to north hall, 1st door on
left.
- DATA PROCESSING - Go east, left at intersection to emergency
entrance and across to garage (door directly
across from emergency entrance), down one
flight of steps.
- DIETARY
(FOOD SERVICE) - Go east, 3rd floor on left.
- DOCTORS LOUNGE - Go east, 8th door on left across from exit.
- EDUCATION
(INSERVICE) - Go east, turn left at intersection, turn left
at 1st hall, 2nd door on left.
- EEG
(Neurophysiology) - Go east, take elevator in Preston Lobby to
lower level, around corner to the right,
right at next hall, across from elevator.
- EKG - Go east, 3rd & 4th doors on right across
from Steno pool.

- GIFT SHOP - Go east, turn right in Giles Lobby.
- HOUSEKEEPING
(Lost & Found) - Take elevator to lower level, turn left to end of hall, turn right at intersection, turn right at next intersection, 3rd door on left.
- ICU/CCU WAITING ROOM
(Solarium) - 2nd floor, center of east corridor.
- INSURANCE - Inpatient- Go east to north hall, turn left, turn right past the cashiers window.
- Outpatient- Go east to north hall, turn left, down hall on left.
- LAB - Take elevator in Preston (Giles) Lobby to lower level. Bear to your right.
- LAUNDRY - Take elevator to lower level, turn left, follow hall, turn right, take stairs across from Central Supply to 1st floor.
- LIBRARY (Patients) - Go east, turn left at Preston Information Desk and through door to hall shelves.
- MAINTENANCE SHOP - Take elevator to lower level, turn left, follow hall, turn right, take stairs across from Central Supply to 1st floor.
- Loading Dock - Directly outside of Maintenance.
- MEDICAL RECORDS - Go east, center of corridor.
- MEDICAL STAFF SECRETARY- Go east, left at intersection, turn left at 1st hall, 2nd door on right.

- MORGUE - Direct person to Cashiers Window off north hall
- NURSE RECRUITER
(Carol Reis) - Go east, left at intersection, turn left at 1st hall, 1st door on left.
- NURSING OFFICE - Go east, left at intersection, 4rd door on left.
- PBX
(Operators) - Take elevator to lower level. Turn right around corner out of elevator, on left.
- PERSONNEL - Benefits - MEH Garage Lobby.
- Employment - Old Wave Bldg., Room 133, corner of Preston & Broadway.
- Director of Personnel (Mr. James Calvert) - MEH Garage Lobby.
- PHARMACY - Take elevator to lower level, turn left, 3rd door on left.
- PHYSICAL THERAPY - Take elevator in Preston (Giles) Lobby to lower level, Turn right around corner, follow hall. PT is on the right at next intersection.
- PUBLIC RELATIONS - Go east, in Preston Lobby pass Information Desk
- PURCHASING
(Materials Management) - Old Wave Bldg., Room 121. Corner of Preston & Broadway.
- RESPIRATORY THERAPY - Take elevator in Preston (Giles) Lobby to lower level, turn right around corner, follow hall pass lab, second corridor on left.
- SECURITY
(Communications) - Pass Emergency Room on left near entrance.

- SURGERY - Take elevator to 2nd floor.

- VOLUNTEER OFFICE - Go east, in Preston (Giles) Lobby pass Information Desk.

- X-RAY - Take elevator to lower level.

PRESTON INFORMATION DESK

BOOKKEEPING PROCEDURES

Morning Personnel:

1. Pick up admission cards and midnight census from pigeon holes in Admitting.
2. Check emergency room log for people admitted after 11:00 PM and give information to Broadway and Personal Service.
3. Alphabetize rolodex and colored cards.
4. Change telephone number as well as room number on yellow strip.
5. Process colored cards.
 - a. Save transfers and pink cards and corrected white cards for TV hostess.
 - b. "EXPIRED" in large RED letters across card.
6. Make out strips for viewer file from rolodex card including husband's name in parenthesis - (do not put wife's name) and telephone number for #3 and #4 beds and beds 2 on 2 Giles.
7. Place (✓) directly under room # on rolodex card indicating strip has been made and filed.
8. File rolodex.
9. Check records against census - strip file first if only one person doing the file.
10. List discharges on yellow pad. Try to keep this as current as possible. We suggest people relieving at meal time be reminded to pick up discharges and call to Broadway Information.
11. Process discharges and check twice (✓✓) after name on yellow pad to designate that yellow strip has been pulled and rolodex card marked with discharge date in top right hand corner and filed.
12. For all Non-Publish patients: Make out a Non-Publish slip and file with Volunteer office. Do not make a yellow strip for the file but mark the rolodex with "Non-Publish" written across the card. This means you will at times have to check your current file as well as your discharge file before assuming a patient is discharged.

Discharge File: Cards 2 weeks and older should be removed and discarded.

Afternoon and Evening Personnel: Please follow morning procedures #5, 6, 7, 8, 10, 11, & 12.

PROCEDURES FOR DELIVERY OF FLOWERS

1. Remove outer wrapping in the lobby and pin name and room card to ribbon or paper pot cover.
2. Flower arrangements may be delivered by hand one at a time or accumulated and delivered using one of the carts.
3. Initial flower registry book for each piece you deliver.
4. If using a cart, inventory the floral pieces on a slip of paper so you know just how many and where they are on each floor. This will save time and confusion.
5. Always knock on door before entering.
6. Never enter an isolation room - check with nurses station and so mark registry at information desk.
7. Use patient's name, "Mary Smith, I have a lovely bunch of flowers for you." Never use "Mrs." on the third floor as we have many unwed mothers.
8. If the patient is not in the room, please check with the nurses station to see if the patient has been discharged or transferred.
9. If the patient is not in the room but you can readily see that it is still occupied, check the name at the foot of the bed to see that you have the right name.
10. Ask the patient if you can help her with the card and where she'd like the flowers placed.
11. If you should accidentally spill water on the floor, tell the nursing station what has occurred and ask them if they would please notify housekeeping so that it can be wiped up.
12. If you should accidentally break a vase, bring it to the Volunteer Office and we will take care of notifying the florist.
13. If you accept flowers not knowing the patient was discharged please notify the Volunteer Office.
14. When flowers are picked up by a florist because a patient has already gone home make a record on the "Delivery Sheet" and have the vendor sign.

PROCEDURES-PERSONAL SERVICES

MENUS AND MAIL

1. Dietary has requested menus be picked up from their office no earlier than 7:30 AM.
2. Because the dietary lists are on carbon-like paper, please place cardboard backing on each sheet.
3. Insert dietary's special diet menus in proper sequence. Write patient's name and room number for "R" and "S" menus only. ✓ "F"
4. Check names on dietary list of every patient to whom you will give a menu.
5. With menus also carry extra pencils and patient handbooks for those who didn't receive one on admittance. (especially 3rd floor.)
6. Leave to deliver menus no earlier than 9:00 AM(Third Floor please note**.)
7. On the floor, knock on each door, wait a moment and identify yourself before entering.
8. If a doctor is in the room quietly leave and return later with the menu.
9. If nurses are treating a patient state your business and ask if you should leave a menu on the door.
10. Remember to SMILE and offer your help with the menu and ask if they have a pencil and the Patient Handbook.
11. As you leave menu (✓) patient's name in "comment" column on dietary list.
12. Return to Personal Service room--help sort and mark mail if this has not been finished.
13. Mail should be ready to pick up from Mail Room by 9:15 AM. (Mail Room is next to elevators in basement near Physical Therapy).
14. Mail should be sorted alphabetically and then marked for individual room.
15. Mail for patients already discharged is to be marked for forwarding to their home address.
16. Mail about which there is a question should be placed in lower right pigeon hole in mail rack.
17. Mail for deceased persons should be given to the Volunteer Office with address of their nearest relative.
18. Return to the floor to give out mail and pick up menus.
19. Be sure normal meal items have been checked--if not, ask if they were intentionally omitted.
20. Various substitutions: simple sandwiches, cheese, ham, hamburgers, hot dogs; are available if the patient complains there is nothing on the menu that they like. Should this be unsatisfactory, have dietary see the patient.
21. Dietary has requested that you return each floor's menus to their office when the majority of the menus have been collected so they can begin processing them.

SEE PAGE II

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22. Keep a record of menus still out and return to the floor for the remainder.

*****Take Baby Chek Booklets to Nurses Station to be O.K.'d for delivery.

GENERAL INFORMATION

1. Never enter a room without knocking
2. Never open a door marked "Isolation". Take menu to nurses station.
3. Never cover a sign on a patients door.
4. Never give nursing care.
5. Never take patients on a stretcher unless accompanied by employed personnel.

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GIFT SHOP INSTRUCTIONS

Cleaning the Counters:

Please wipe glass case top and glass doors with a damp cloth.

Display:

When you remove an article from its box, be sure that the price is marked on the item itself. SAVE the box for use when sold. All boxed items will have a * on the tickets, one on the item and the other on the box. DO NOT use these boxes for any other purposes. Under no circumstances should one be used that was intended for something else.

Know the Merchandise:

It is very important that you learn the merchandise. Go over it each week to see what is new and to remind yourself of items that you may have forgotten. For instance, when a customer asked for "something for a little boy" you will be able to suggest something immediately.

Replenishing Stock:

Each morning and each afternoon see that all kinds of candy, gum, cough drops, etc. are in good supply. However, do not fill the candy rack too full, especially with gum and life savers. Always place fresh candy behind that already in the rack. The gum is numbered and the lower numbers should be on top. If any items are out of stock, make a list and replace these things from the storeroom.

Gift departments:

Our merchandise has been divided into nine categories or departments:

- Dept. 10 - Accessories
- 20 - Candy and tobacco
- 30 - Cosmetics
- 40 - Glass and china
- 50 - Infants
- 60 - Leather Goods
- 70 - Notions
- 80 - Stationery
- 90 - Toys

Each article will have a department number. The storage cabinets are labeled by departments so that items can be located quickly. All pieces of any item will be placed together, either in the glass case or in the lower cabinet. It is not necessary to have them displayed in both places.

Keeping records:

It is most important that accurate records be kept. These help us to know how rapidly items sell, how many we still have in stock, and when to reorder.

1. Sales Tickets - Sales tickets should be made on all gift items. Information on the ticket should include: Date, Name of the Article, and all of the information that is on the ticket, sales tax, and total. A sales ticket with only the word "Toy" doesn't mean a thing record-wise. The only items which do not require sales tickets are greeting cards, magazines, candy bars, chewing gum, cigars and small drug items. Boy and Girl cigars are sold by box only.

2. Layaways - When a customer asks you to lay away an article, make out a regular ticket and add the person's name, and the date they will call for it. Tell them that the item will be put back in stock if it is not called for at that time.
3. Check lists - You will find a pad of drug items check lists. Please check this each morning as per instructions.

Taxes:

State sales tax is 5% on all merchandise, including donated articles.

Greeting Cards:

The non-seasonal greeting cards are to be placed in the two large display racks. The left one is "A" and the right one is "B". Each card is to be placed in its own numbered section on the rack. In the large drawers underneath either display rack is the supply of cards to be displayed on that rack only. Each number on the rack has a corresponding numbered pocket in the drawer. PLEASE DO NOT put "A" cards in "B" rack or vice versa. No more than two cards of a kind should be on the racks at anytime. If the envelope in the drawer is empty there are no replacements for that number until new cards come in.

Fire or Fire Alert:

If you hear the fire chimes sound and the telephone operator page "PHASE ONE" say to anyone in the Gift Shop, "The hospital is in a fire alert position. Please stay in the Gift Shop until the operator pages "PHASE FOUR ALL CLEAR".

Error on a Ticket:

If you make an error on a ticket do not destroy it. Just write "VOID" on both the original and duplicate and leave in the book.

SHOPPING CART PROCEDURES

1. STOCK CART BEFORE 12:30 IF POSSIBLE.
2. UNLOCK CASH BOX AND COUNT CASH (SHOULD HAVE \$10.00 CHANGE INCLUDING PRICE OF STAMPS).
3. BUY STAMPS FROM MRS. MINTER.
4. ASK GIFT SHOP PERSONNEL TO GIVE YOU PRICES OF CANDY, GUM, ETC.
5. TAKE CART TO THIRD FLOOR FIRST AS YOU MUST FINISH THERE BEFORE BABIES ARE BROUGHT OUT AT 1:00 P.M.
6. KNOCK ON EACH DOOR, WAIT A MOMENT AND IDENTIFY YOURSELF BEFORE ENTERING ("GOOD AFTERNOON THE SHOPPING CART IS ON THE FLOOR, DO YOU NEED ANYTHING").
7. IF ITEM SOLD HAS A TYPED PRICE TAG REMOVE IT BEFORE GIVING ITEM TO PURCHASER AND STICK TAG IN A SHEET OF PAPER SO THAT ITEM CAN BE RECORDED SOLD FOR INVENTORY PURPOSES.
8. BE SURE TO REMEMBER TO CHARGE TAX ON ALL ITEMS AND PUT TAX IN PLACE MARKED IN CASH BOX.
9. ONE PERSON SHOULD STAY NEAR THE CART AT ALL TIMES.
10. IF DOCTORS ARE IN THE ROOM LEAVE WITHOUT STATING BUSINESS.
11. IF NURSES ARE TREATING A PATIENT JUST MENTION THE CART IS ON THE FLOOR AND LEAVE.
12. GO TO SIXTH FLOOR FROM 3 AND WORK YOUR WAY DOWN.
13. AFTER YOU RETURN CART TO GIFT SHOP LEAVE \$10 IN CHANGE IN CASH BOX (STAMPS ARE COUNTED AS CASH). COUNT THE REMAINDER OF THE MONEY AND ENTER IN BOOK IN DRAWER. GIVE THE MONEY TO GIFT SHOP MANAGER OR ASSISTANT.

COVER CART WITH PLASTIC SHEET.

SUGGESTED PROCEDURE FOR PHYSICAL THERAPY VOLUNTEERS

THE VOLUNTEERS WHO ASSIST US PERFORM SERVICES VITAL TO THE EFFICIENT AND COURTEOUS OPERATION OF THIS PHYSICAL THERAPY DEPARTMENT.

WE HAVE TRIED TO OUTLINE FOR YOU THE AREAS IN WHICH YOU MIGHT BE ASKED TO SERVE. IF THERE ARE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL UPON ANY OF US.

1. THE PRIMARY FUNCTION IS PATIENT TRANSPORTATION TO AND FROM THE ROOMS. THE DEPARTMENT HAS ITS OWN WHEELCHAIRS (8 BROWN) WHICH ARE KEPT IN THE DEPARTMENT DURING LUNCH AND EVENINGS-IN THE WAITING ROOM IN THE DEPARTMENT AT OTHER TIMES. NONE OF THE CHAIRS ARE TO BE LEFT IN A PATIENT'S ROOM FOR ANY REASON.

WHEN YOU ARE ASKED TO GET A PATIENT, FIRST OBTAIN HIS ROOM NUMBER FROM THE LIST YOU WILL GET WHEN YOU COME INTO THE DEPARTMENT TO WORK. IF YOU WILL NEED ASSISTANCE FROM THE NURSING STATION TO GET THE PATIENT FROM HIS BED, WE WILL TELL YOU BEFORE YOU LEAVE. GET THE PATIENT, REPORT TO THE NURSES STATION WHERE THE PATIENT IS GOING AND ASK FOR THE CHART AT EVERY VISIT. YOU WILL ALSO HAVE TO SIGN WHERE THE PATIENT IS GOING ON THE CLIPBOARD KEPT ON THE COUNTER AT EVERY NURSES STATION. USE THE SERVICE ELEVATORS WHENEVER POSSIBLE.

WHEN YOU DELIVER THE PATIENT TO THE DEPARTMENT, ASK ONE OF US WHERE THE PATIENT SHOULD GO (I.E., PARALLEL BARS, WHIRLPOOL, TABLE, ETC.). ALWAYS LOCK THE CHAIR BEFORE A PATIENT IS ALLOWED TO GET IN OR OUT OF IT. LIFT THE FOOT PEDALS UNLESS WE ASK THE PATIENT TO DO IT HIMSELF, AND STAND CLOSE TO HIM WHILE HE GETS ONTO THE TABLE. GENERALLY, A PATIENT WILL STAY IN HIS CHAIR UNTIL ONE OF US GETS READY TO ASSIST HIM.

WHEN YOU BRING THE PATIENTS CHART DOWN TO THE DEPARTMENT YOU SHOULD GIVE IT TO THE SECRETARY. WHEN THE CHART IS READY TO GO BACK TO THE FLOOR IT WILL BE PUT ON THE COUNTER. ANY CHARTS THAT ARE NOT ON THE COUNTER ARE NOT READY TO GO.

A VOLUNTEER WILL NEVER BE ASKED TO BRING A PATIENT TO THE DEPARTMENT ON A STRETCHER, ALTHOUGH THEY MAY ACCOMPANY A DEPARTMENT EMPLOYEE.

2. THE BEDS ARE COMPLETELY STRIPPED AFTER EACH TREATMENT AND REPLACED WITH CLEAN LINENS. THESE ARE FOUND UNDER EACH TABLE AND CONSIST OF A LARGE BOTTOM SHEET, A DRAW SHEET AND A PILLOW CASE. YOU WILL BE SHOWN THE PROPER METHOD OF MAKING A BED.

THESE ARE THE MAJOR AREAS OF ASSISTANCE. WE ALL TRY TO SHARE THE RESPONSIBILITY FOR SEEING THAT THESE THINGS ARE DONE SMOOTHLY AND QUICKLY, BUT IF YOU SEE US ALL OTHERWISE OCCUPIED, GO AHEAD AND CHANGE THE BED OR TAKE THE FULL LAUNDRY BAGS OFF WITHOUT BEING ASKED. MANY OF THE VOLUNTEERS HAVE FURTHER HELPED US WITH TRAINING, PUTTING THE DAILY LINENS AWAY, FILLING BOTTLES AT THE END TO THE DAY, RUNNING ERRANDS WITHIN THE HOSPITAL AND PROPERLY ANSWERING THE TELEPHONE.

X-RAY PROCEDURES

Report to desk at east end of X-ray hall.

Yellow "order Cards" placed at the right side of desk (against the wall) designate the patients who are ready to be picked up in their rooms.

Take small yellow stub from top of order card. This contains patient's name and room numbers. Take only those marked W.C. (wheelchair).

Take wheelchair and a clean gown with you for the patient.

On arriving at the nursing station, tell them you are here to pick up "John Jones" for X-ray.

If patient is ready, sign on "Sign out sheet"-room number, destination, and time.

Ask for patient's chart.

Take patient to x-ray.

Place chart on left side of desk with yellow order card beside the chart.

Patients are ready to be returned to their room when chart is placed on right side of desk.

Notify nursing station who you have returned and return chart.

Patients are not to read their charts.

Do Not take stretcher patients unless accompanied by paid personnel.

DUTIES OF MORNING WORKERS

PATIENT'S LIBRARY

Check for notes from previous afternoon.

BOOKS:

- Check housekeeping for books and magazines.
- Change date to 7 days from date.
- Count circulation and file cards.
- Slip returned books.
- Arrange books on a cart and shelves. Change as many shelves on cart as time allows.

MAGAZINES:

- Check off newly arrived subscription magazines.
- Take out any magazines past 4 weeks for weekly or three months for monthly.
- Arrange and stamp magazines.
- Save recent older magazines and take to waiting rooms on each floor and in X-ray.

OVERDUES:

- Pull all cards of books due on date and place on clip board on cart.
- PICK UP ANY RETURNED BOOKS FROM INFORMATION DESK AND NURSES STATIONS.
- Send cards to patients checked out 1 week and no book returned. Mark when card sent with seal on card.
- PUT NOTES TO EMPLOYEES FOR OVERDUE BOOKS IN MAIL OF PERSONAL SERVICES.
- Put overdue cards in overdue file.

PICKUPS:

- Pick up books in response to calls from patients.

TRANSPORTATION BY WHEELCHAIR

1. Learn where to obtain wheelchairs. Every service has a supply, and storage areas are designated: Please return wheelchair to proper station.
2. Be sure the brake is set before patient gets into wheelchair.
3. Footrest should be turned up before patient gets into wheelchair.
4. As an additional safeguard, stand beside wheelchair, with your foot acting as a brake to the wheel.
5. If patient is unable to get into wheelchair by himself, you must have assistance.
6. After the patient is seated, turn footrest down for use in transit.
7. Warn patient that he must never stand on footrest!!
8. When patient is ready to get out of chair, set the brake and raise the footrest so he may step onto floor.
9. Wheel patient back first into elevators and through doors.
10. Be sure elevator door is held open before entering patient.
11. Return wheelchair to department from which it came.

PROCEDURES

ADMITTING

MORNING

1. Go to admitting for patients.
2. Remove 3 white patient information cards and give one to each desk and Personal Services.
3. Use sticker with name and room number on Patient Handbook for identification.
4. After you greet patient, check wrist band number against number on patient papers.
5. Ask all adult patients if they would like a wheel chair. All patients--going to third floor--are to be taken in a wheel chair.
6. At no time give the patient his records.
7. Take patient to proper floor and leave papers and cards at the nurses station and state the room number to which you are taking the patient.
8. Take the patient to room.
9. Give patient the information handbook and suggest it be read at their earliest convenience.
10. Explain how to call the nurse, operate the bed, table, lights, store clothes, etc. If there is time, ask the patient if he has any questions.
11. Should the Admitting Nurse arrive before you have explained everything, be brief as possible and leave.
12. If no one was at the Nursing Station when you left cards, be sure to stop on your way downstairs to notify them of the new patient and room number.
13. Be sure you have given white patient's cards to Broadway and Preston Desks. If there were no cards, please note name and room number and give to desks.

*****USE OF WHEELCHAIRS**

1. If the patient is very ill, get assistance.
2. See that brake is set and the foot rests raised on the chair before the patient sits down on it.
3. After the patient is in the chair, put the foot rests down and help adjust the feet. Be very careful not to catch the patient's feet under the rests.
4. Release brake and push wheelchair as carefully as possible.
5. In order to avoid bumping the patient into something, back through the doorways and onto the elevators.
6. Before helping the patient out of the wheelchair, put brakes back on again and raise the foot rests. Help the patient out of the chair carefully.
7. Take the wheelchair back to the place where you found it. THIS IS MOST IMPORTANT.

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PROCEDURES

ADMITTING

AFTERNOON

1. Mrs. Wise, Director of Admissions, would like some of the afternoon Volunteers in the Admitting Area by 1 PM.
2. A Lab Tech will bring the patient's papers and cards to you.
3. Remove 3 white cards to be given to Preston and Broadway Information Desks and Personal Services.
4. Use sticker with name and room number on Patient Handbook ~~and on tonight's~~ and tomorrow's menus.
5. After you greet patient, check wrist band number against number on papers.
6. Ask all adult patients if they would like a wheelchair*. ALL PATIENTS GOING TO THE 3rd FLOOR ARE TO BE TAKEN IN A WHEELCHAIR.
7. At no time give the patient his records!
8. If there are orders, check after lab work is done. Take patient to X-ray if requested on written orders. Leave papers, etc., at the X-ray office and explain to patient that an orderly will see them to their room. Briefly explain patient handbook and leave it with the patient.
9. Take patient to the proper floor.
10. Leave patient's papers and cards at Nurses Station and state room number to which you are taking patient.
11. Take patient to room.
12. Give patient information folder. Suggest it be read as soon as possible.
13. Explain how to call the nurse, operate the bed, table, lights, and store clothes, etc. If there is time, ask the patient if he has any questions.
14. Should the Admitting Nurse arrive before you have explained everything, be brief as possible and leave.
15. If no one was at the Nursing Station when you left cards, be sure to stop on your way downstairs to notify them of the new patient and room number.
16. Be sure you have given white patient's cards to Broadway and Preston Desks. If there were no cards, please note name and room number and give to desks.

***USE OF WHEELCHAIRS

1. If the patient is very ill, get assistance.
2. See that brake is set and the foot rests raised on the chair before the patient sits down on it.
3. After the patient is in the chair, put the foot rests down and help adjust the feet. Be very careful not to catch the patient's feet under the rests.
4. Release brake and push wheelchair as carefully as possible.
5. In order to avoid bumping the patient into something, back through the doorways and onto the elevators.

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6. Before helping the patient out of the wheelchair, put brakes back on again and raise the foot rests. Help the patient out of the chair carefully.
7. Take the wheelchair back to the place where you found it. THIS IS MOST IMPORTANT.

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PROCEDURES

ADMITTING

EVENING

1. Go to admitting for patients.
2. Use sticker with name and room number on Patient Handbook for identification.
3. After you greet patient, check wrist band number against number on patient papers.
4. Ask all adult patients if they would like a wheel chair. All patients--going to third floor--are to be taken in a wheel chair.
5. At no time give the patient his records.
6. Take patient to proper floor and leave papers and cards at the nurses station and state the room number to which you are taking the patient.
7. Take the patient to room.
8. Give patient the information handbook and suggest it be read at their earliest convenience.
9. Explain how to call the nurse, operate the bed, table, lights, store clothes, etc. If there is time, ask the patient if he has any questions.
10. Should the Admitting Nurse arrive before you have explained everything, be brief as possible and leave.
11. If no one was at the Nursing Station when you left cards, be sure to stop on your way downstairs to notify them of the new patient and room number.
12. Periodically check the pigeon holes in admitting for white cards and transfers.

***USE OF WHEELCHAIRS

1. If the patient is very ill, get assistance.
2. See that brake is set and the foot rests raised on the chair before the patient sits down on it.
3. After the patient is in the chair, put the foot rests down and help adjust the feet. Be very careful not to catch the patient's feet under the rests.
4. Release brake and push wheelchair as carefully as possible.
5. In order to avoid bumping the patient into something, back through the doorways and onto the elevators.
6. Before helping the patient out of the wheelchair, put brakes back on again and raise the foot rests. Help the patient out of the chair carefully.
7. Take the wheelchair back to the place where you found it. THIS IS MOST IMPORTANT.

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JOB DESCRIPTION
FAMILY SUPPORT TEAM
Volunteer Department

*This is the formula
for any job description
but it also uses
procedures for each
job that spells out
exactly what is done.*

Job Title: Family Support Team Volunteer
Hours: Daily - 8:30 AM to 1:00 PM
1:00 PM to 5:00 PM
5:00 PM to 8:30 PM
Reports to: Director, Volunteer Services
Nursing Supervisors

POSITION SUMMARY

Perform general support functions for patient's families who desire personal assistance. Subject to request, assist nursing personnel with patient and/or family.

PRIMARY DUTIES

1. With nursing's approval, do errands throughout the hospital for patients and their families.
2. Check rooms of surgery patients, ICU-CCU waiting room and emergency waiting room to see if the family can be helped in any way (coffee, lunch break, etc.).
3. Fulfill requests from Nursing Service for a particular patient and family.
4. Read to patients with sight problems.
5. Write letters.
6. Make phone calls.
7. Visit with those who have no visitors.
8. Short call on all patients leaving a card describing volunteer function for those who are sleeping or out of the room.
9. Keep a log of rooms visited, functions performed and necessity of a follow-up visit which will allow for a continuity of services.
10. Report complaints and suggestions to floor nursing supervisors or director of volunteers.

PHYSICAL DEMANDS

Stands, sits, walks intermittently throughout the day.

TRAINING

Volunteers will be required to originally attend 2 - 1/2 day training sessions. Orientation will be the responsibility of the Director of Volunteers. Social Services, Chaplaincy, and Nursing have willingly committed to explaining their respective roles and training the volunteers to compliment their needs.

DESIRED SKILLS AND TRAITS

Over average intelligence; neat, clean appearance, emotional stability; tact and diplomacy; maturity; pleasant voice and basic listening skills.

PROCEDURES

FAMILY SUPPORT VOLUNTEER

Sign in at 8:30 AM.

Pick up surgery schedule and list patients and room numbers in log book.

Check chaplains office for names of ICU, CCU families.

If more than one volunteer is available for shift, divide list.

Check at nursing stations before starting your calls.

According to schedule first visit rooms where patients are most likely to be in surgery. Leave a card if no one is in the room. If the family is waiting state, "I am your volunteer for today" and explain your function, find out if they would like coffee, getting it for them if they wish some. Mention the shopping cart service and the fact that we have a library that they are welcome to use. Run any errands and be supportive in any way possible. (It may be more practical to visit surgery patients by floors than by surgery scheduling.)

Try to visit the solarium shortly after 9:30 AM and 1:30 PM ICU-CCU visitation periods.

Visit as many patient's rooms as possible, keeping a record of visits. The afternoon volunteers and those the following day can start their calls (after the surgical patients) where the previous shift stopped. This will hopefully assure that each patient is contacted at some time during their hospital stay.

Nursing supervisors have been asked to inform you if there is some reason a patient should not be seen.

- DO NOT:
1. Enter a room if nurses or doctors are present.
 2. Enter a room where curtains are pulled or bath screen is in use.

Follow through on all requests and check with the volunteer office before leaving if any task has not been completed.

DELIVERY OF NEW TESTAMENTS

Pick up New Testaments in Chaplain's Office.

Chaplain's secretary will supply you with print-outs of parent's statistics and room number.

Get "Cardex" files from the nurses station.

Check print-out room number against the file for sex of child.

Check carefully whether the baby has been delivered, and whether complications are noted at top right side of card.*

Write M or F at the top of the print-out so you can ask what the baby "girl's" or "boy's" name is.

If there is no file in the cardex the patient is no longer in the hospital, write "gone" on the print-out.

Should the parents be Catholic, please explain that the Catholic chaplain has OK'd the gift.

Should there be a problem concerning the baby's health please do not deliver a New Testament.

Explain to the mother that the New Testament is the gift of the MEH Auxiliary.

*(e.g. infant "transferred to ___ Hospital", or "stillborn".) In cases of transfer, offer Bible as usual and notify Chaplain's Office. In cases of stillborn, notify Chaplain's Office, but do not offer Testament.

DUTIES OF TEEN AIDES

MORNING SHIFT

1. Make empty beds. Be sure to leave signal light in a position where it can be easy for the patient to reach when he is in bed.
2. Remove old newspapers from room (after asking permission of patient).
Remove wilted flowers from room (after asking permission of patient).
Care for patient's plants and flowers (after asking permission of patient).
3. Pass out mid-morning nourishments. Do not get food or drinks from the cafeteria for patients without permission of the charge nurse.
4. Carry late meal trays to kitchen and place on utility cart when patient has finished eating.
5. Assist in passing out lunch trays. Be sure patient is in a comfortable position to eat. Some patients may need help to cut meat, to open milk cartons, or to pour coffee.
6. When patients have finished eating, pick up trays and return to serving cart. Straighten room and see that patient is comfortable.
7. Help keep kitchen and utility room clean and neat.
8. Deliver specimens to laboratory as requested.
9. Straighten magazines and empty ash trays in visitor's lounge.

(VOLUNTEER SERVICES - CONTINUED)

SUMMER PROGRAM:

A Volunteens Program is operated mostly during the summer months. Nursing Inservice Department assists in orienting Volunteens to their duties in patient areas. The Volunteen can become qualified for the same duties as Adult Volunteers. The Volunteens also work as Aide Assistants with one being assigned to each nursing station from 8:30 AM to 1:00 PM. All Volunteens must be at least fourteen years of age during the summer they begin to work and usually function in a volunteer capacity through high school.

AWARDS:

A monthly record of time is kept on all Volunteers.

100 hours - MEH Patch
150 " - Cap (Volunteens only)
500 " - First Award Pin
Each 1000 hour plateaus - Award Pin

APPENDIX H: Examples of Motivators