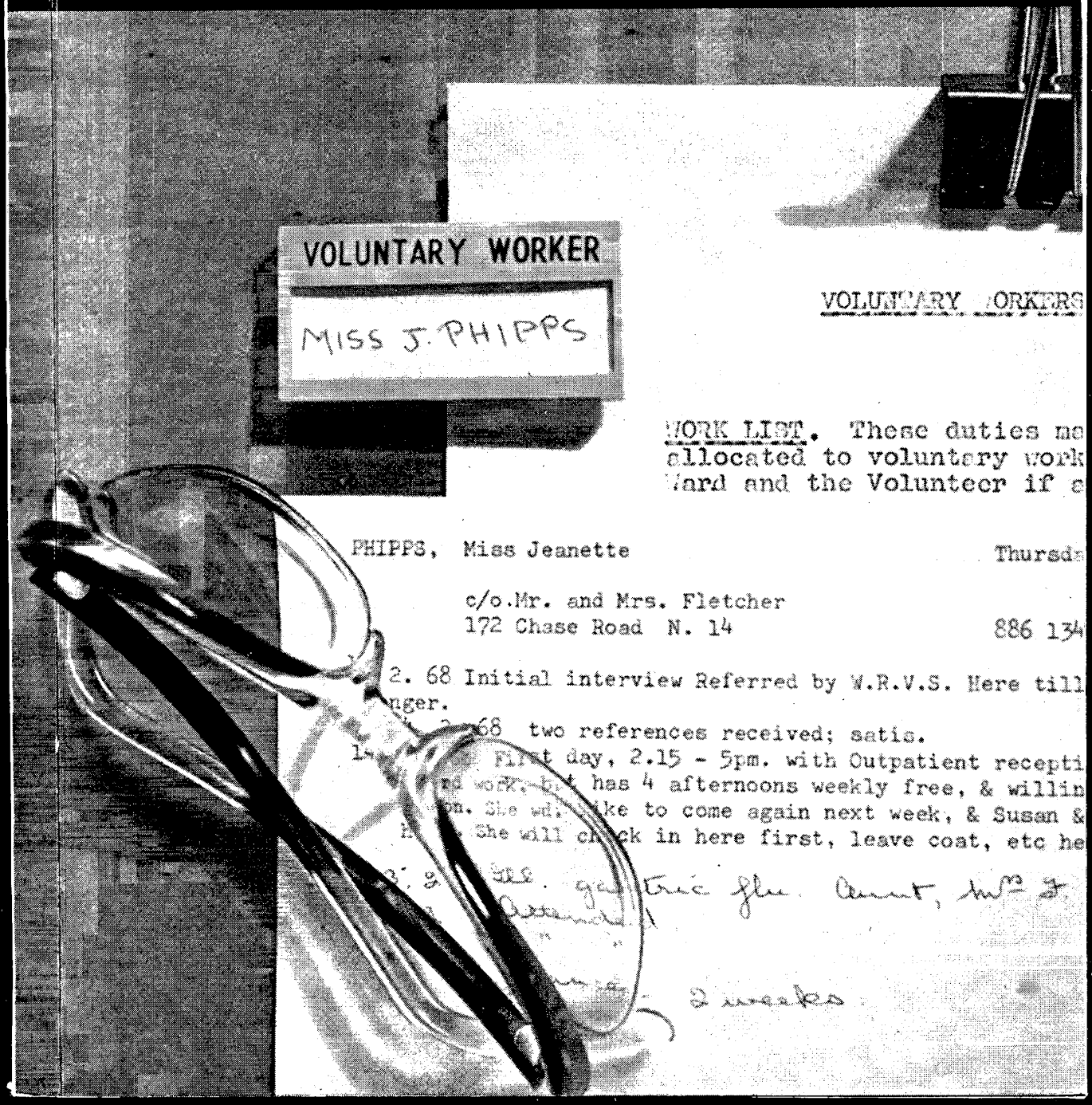
Organisers of Voluntary Services in Hospitals



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A survey of the use of paid organisers of voluntary services in hospitals carried out by a social worker for the King's Fund

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Introduction

Voluntary support for hospitals is nothing new in Britain. Although many people feared that it would be extinguished with the introduction of the National Health Service in 1948, in fact the spirit of voluntary service is still flourishing and expanding.

In 1948, one of the earliest Ministry of Health circulars, HMC(48)25A, stated that 'the Minister of Health has made it clear on a number of occasions that he wishes to encourage all forms of local support and voluntary help to hospitals'. By the same circular, however, members and staff of hospital authorities were officially forbidden to take part in the organisation of groups of supporters such as the 'Friends' of hospitals. By 1952, the climate of opinion about this had changed, and circular HMC(52)17 stated that the Minister had come to the conclusion 'that there is no longer any objection to members – but not salaried officers – of hospital authorities taking part in the organisation and work of Leagues of Friends and similar voluntary groups, including appeals for funds'.

During the following years Leagues of Friends and other voluntary organisations gave increasing support to hospitals. The publication in 1962 of circular HM(62)29, see Appendix A, recognised this support and gave it very positive encouragement. The circular prompted many more hospitals to review the possibilities offered by the use of volunteers. It also emphasised that 'there is no uniquely right pattern for the provision of voluntary services, and where a service is being satisfactorily provided it is not intended to suggest that the existing arrangements ought to be changed. There will, however, often be a need for additional help, and, where more than one

organisation is concerned, there may be room for better coordination'.

Throughout these years of increasing voluntary support, only one hospital in Britain had appointed a full-time officer on its own staff to help coordinate and organise the services available from individuals and voluntary bodies in its own area. But in the USA the Director of Volunteers had by now become a well-known and long-established figure in all types of hospitals, and it was following a visit to the USA in 1951 that the house governor of the Royal National Throat, Nose and Ear Hospital decided to appoint an Organiser of Volunteers. The smallness of the scheme prevented it from attracting much attention and the restrictions of the early Ministry circulars already quoted doubtless discouraged many other hospitals from considering the employment of members of their own staff to help organise voluntary services.

In many ways the absence until recently of full-time Organisers could be considered a tribute to the effectiveness of the Leagues and other organisations in providing their services and in maintaining close links with the hospitals that welcomed their activities. Yet by 1962 some authorities were beginning to feel that the appointment of somebody to work full time on the staff of the hospital to coordinate the activities of all these interested organisations and individuals would enormously increase the value of voluntary help.

In 1963, the Nuffield Provincial Hospitals Trust decided to finance a three-year experimental project at Fulbourn Hospital, Cambridge, and a medical social worker was appointed as a full-time paid Organiser of Volunteers. The experiment was highly successful and at the end of three years the appointment was made permanent and the hospital management committee took over financial responsibility for it. Almost simultaneously, in 1963, St. Thomas' Hospital in London also created an Organiser's post and this appointment is now firmly established. In June, 1966, the King's Fund Hospital Centre held a conference, *The Use of Volunteers*, attended by about 100 people representing the Ministry of Health, hospital authorities and various statutory and voluntary organisations. Several Organisers were present, for by this time their number had grown. Following this conference, and after informal

discussion with the National Association for Mental Health and the National Association of Leagues of Hospital Friends, the King's Fund decided to undertake an investigation into the use of Organisers of Volunteers in hospitals. The post of investigator was advertised, and in February 1967, a social worker, Miss Jan Terdre (now Mrs Rocha), was appointed to carry out the survey and prepare this report.

The declared aims of the survey were:

to record and describe the experience of the hospitals concerned in relation to the recruitment, training, remuneration and method of working of these Organisers;

to study the achievements of full-time Organisers in the use of volunteers within the hospital and in their relationships with the local community and with the health service and welfare authorities;

to produce and publish information that would be of immediate practical help to hospital authorities developing the use of voluntary service and considering the employment of Organisers of Volunteers.

It was felt also that a study of their work to date would be of value to those hospitals already employing Organisers by enabling them to compare their experiences.

Apart from this limited study, a number of research projects are in progress on voluntary organisations and volunteers. In Scotland the Department of Social and Economic Research of the University of Glasgow is investigating the role of voluntary organisations in eight hospital groups; in London the Gulbenkian Foundation has financed the employment of a professional worker to provide practical advice and help to settlements and other voluntary bodies; and the National Council of Social Service and National Institute for Social Work Training set up a committee in 1966 to enquire into the role of voluntary workers in the social services as a whole, including health, with particular reference to their need for preparation or training. It is hoped that the information contained in this report will contribute usefully to the knowledge now being gained on the subject.

Method of Survey

When the survey started in late February 1967, only 13 hospitals were known to employ Organisers of Volunteers, although several other hospitals have since made appointments. The survey was conducted in these 13 hospitals, all of which, with the exception of the three psychiatric hospitals, are situated in London; see Appendix B for list of hospitals.

A questionnaire was drawn up after consultation with a number of individuals and organisations. The questionnaire was divided into two main parts: the first seeking factual information on the Organiser's conditions and methods of work, the type of volunteer and the work performed; the second seeking the opinions of those vitally concerned in the scheme – the Organiser, the hospital staff, the volunteers and the patients. Additional questions were prepared relating specifically to the different needs of psychiatric hospitals.

Copies of the questionnaire were sent in advance to each of the 13 hospitals with a letter explaining that the investigator would complete the questionnaire herself after visiting the hospitals. The investigator then visited each hospital several times in order to interview and to observe. The questionnaire was filled in during and after these interviews and general opinions were also recorded.

Meetings were arranged with groups of volunteers and with representatives of the voluntary organisations working in the hospital field, see Appendix C. A number of volunteers gave answers to a series of questions in writing. Some patients were interviewed by the investigator for their opinions with another short set of questions.

Information was also collected from the Ministry of Health; from a number of the trade unions concerned; and from American and Canadian hospitals with voluntary service schemes, the American Hospital Association and the International Alliance of Hospital Volunteers.

For the sake of brevity, all Organisers, whether men or women, are referred to in the feminine gender throughout the report.

Conclusions

1 As stated by the Ministry of Health in 1962, there is no uniquely right pattern for the provision of voluntary services in hospitals. This still holds true.

2 The main factors which prompted the hospitals in this survey to appoint Organisers were: the need to coordinate existing voluntary services; the desire to increase voluntary help; the example of the schemes at Fulbourn Hospital and St. Thomas' Hospital and of the many American and Canadian schemes; the desire to promote community interest and involvement in the hospitals.

3 The introduction of an Organiser and the development of a voluntary help scheme should be regarded as a major step by a hospital; no major step should be taken without adequate preparation and planning.

4 The enthusiastic and sincere support of the hospital secretary and matron is a prerequisite of a successful scheme.

5 The state of the hospital's internal communications will inevitably affect the scheme. The scheme will suffer where communications are not good, not only at the outset but thereafter.

6 In very small hospitals it may be that initially a part-time Organiser will be sufficient. But in larger hospitals, the work of the Organiser, involving many diverse activities, is a full-time occupation. The scheme will not be able to grow if attempts are made to combine the post with another one in the hospital.

7 On visits aimed at recruiting volunteers, the Organiser often finds herself acting as unofficial publicity officer for the hospital. She therefore needs to be kept informed of hospital policy and activities in general and not only of those which might be considered to be directly relevant to her department.

8 The appointment of an Organiser has always resulted in greatly increased numbers of volunteers, not only through the Organiser's own recruiting efforts but also because her presence encourages organisations which hitherto have not been involved with hospital work to supply volunteers.

9 The most successful means of recruitment, once a scheme is under way, is probably by word of mouth from satisfied volunteers. At the beginning, however, visits to local firms and factories together with articles and advertisements in the local or national press are usually successful.

10 Without some form of paid help an Organiser cannot cope with more than 100 individual regular volunteers adequately. Where an Organiser is coping single-handed with between 100 and 250 volunteers, as in some hospitals in the survey, it means that she can arrange few if any meetings, preparation or training sessions, and has little time for public speaking or recruiting visits. It also invariably means that the Organiser is working many extra hours.

11 To be able to operate efficiently, an Organiser needs at least one room with a telephone, big enough to accommodate herself and an assistant or secretary. There should be provision for private interviewing. The room needs to be near the centre of the hospital so that the Organiser can be easily available to volunteers and staff alike.

12 The quality and ease of the Organiser's relationship with the hospital staff will depend to a great extent on the prior preparation given to the introduction of the scheme. Where staff are merely advised of her appointment, the Organiser will find that enthusiasm for the scheme depends very much on her own unaided efforts. Where the staff are consulted and given the opportunity to discuss the scheme and think about it positively, the Organiser will find the going much easier.

13 Unless there is a clear understanding with the trade unions of what jobs are to be undertaken by volunteers, as distinct from paid employees, before the appointment of the Organiser, the smooth running of the scheme will be difficult.

14 The success of individual volunteers on wards will depend in the first instance on what preparation the Organiser has been able to give the volunteer – thereafter it will depend to a great extent on the ward sister's ability in personnel management. When she has not developed this ability, it will be harder to achieve success. The ward that is most understaffed and in need of volunteers is often the one that is least able to use them because of the ward sister's inability to deploy staff successfully.

15 The introduction of ward housekeepers in some hospitals has meant that nurses can spend more time on nursing. The wise use of volunteers could mean the same in a more limited way. And there seems no reason why nurse, ward housekeeper and volunteer should not work successfully together as members of a team.

16 Volunteers have many different motivations; most are acceptable but need to be understood to ensure successful placing of the volunteers.

17 Great care needs to be taken in placing young volunteers, that is, schoolchildren and adolescents. But many do not wish to be, and do not need to be, excessively shielded from the sights and sounds of hospital life.

18 Discipline in volunteers is not necessarily in direct proportion to age or social status. Hair and skirt length are no guide to reliability and efficiency either way.

19 Voluntary work in hospitals is not the prerogative of any one section of the community, but appeals to all sorts of people regardless of age, sex, occupation or social position.

20 The recognition from the hospital desired by most volunteers is not an award but occasional words of thanks. An annual letter of appreciation on behalf of the hospital and an occasional social function are also welcome and satisfy the hospital's

need to recognise the work of the volunteers. But it is probable that regular joint meetings and discussion groups would be considered by many as much more satisfying demonstrations of appreciation.

21 The existence of a League of Friends and an Organiser of Voluntary Services in the same hospital are not mutually exclusive and can in fact be of mutual benefit.

22 The collaboration of all the voluntary organisations, both with each other and with the Organiser, can mean that full use is made of volunteer potential in the area. Where these organisations are too parochial in their outlook, unnecessary friction may arise. It is the hospital's responsibility to encourage this collaboration.

23 Finally, the survey has shown how desirable it is to have one person on the staff of the hospital responsible for the coordination and encouragement of the local voluntary organisations and individual volunteers.

Recommendations

1 This survey has shown how the appointment of Organisers of Voluntary Services can enable hospitals to increase greatly the support given to them by voluntary organisations and individual volunteers. It does not follow that hospitals should consider the appointment of an Organiser an automatic necessity. Only after a thorough survey of the voluntary services already existing in the whole area and consultation with the voluntary organisations already working in the hospital, should the appointment of an Organiser be considered.

2 Whether or not a hospital appoints an Organiser, there is probably scope in most hospitals for developing still further the valuable help available from voluntary sources.

3 If a hospital decides that the appointment of an Organiser is desirable the post should form part of the hospital establishment and not be dependent upon charitable funds.

4 Whatever the source of the funds for the Organiser's appointment, she should be considered a member of the hospital staff with head of department status, responsible to the hospital secretary or group secretary. All voluntary help should be channelled through her department, even when it is provided on a 'contract' basis by another organisation.

5 Before the decision to appoint an Organiser is taken, full consultation should take place at all levels within the hospital. An Organiser should not be appointed until the need for one is widely felt in the hospital.

6 The appropriate salary scale for the post will vary with the size of the hospital. However, it is most important that the salary scale offered should be such as to attract people of the necessary calibre and experience required for this work. There are no similar posts already in the health service with which that of Organiser can be readily compared so far as Whitley Council scales are concerned, but for hospitals of over 300 beds the post could be considered as comparable with those of Secretaries of Councils of Social Service whose salary scales are recommended by the Standing Conference of Councils of Social Service. If a professionally qualified social worker is appointed, one of the corresponding Whitley Council salary scales for social workers might apply.

7 When choosing an Organiser, experience of voluntary organisations should be considered more important than experience of hospital work, and leadership ability as important as administrative ability.

8 Except in very small hospitals, the post should be full time. No attempt should be made to combine it with other work, such as that of a public relations officer.

9 New Organisers need preparation for their work. A suggested outline of topics to be covered in this preparation is shown in Appendix D.

10 One person, preferably the hospital secretary, should be responsible for the induction of the Organiser when she first arrives.

11 When considering the appointment of an Organiser and the initiation of a voluntary help scheme, a hospital should study the following check list of suggestions.

Check List of Suggestions for Setting up a Voluntary Help Scheme

Staff

i communicate with staff about intended scheme by means of meetings, circulars, films and discussions

ii invite staff from other hospitals with schemes in operation to talk about them

		iii invite suggestions from staff regarding jobs which could be done by volunteers iv allow sufficent time for receptive atmosphere to develop in the hospital
	Voluntary Organisations	i consult local voluntary organisations suggested in Ministry circular HM(62)29, also all existing individual volunteers ii establish and maintain liaison with representatives of the League of Friends, British Red Cross Society, St John Ambulance Brigade, Women's Royal Voluntary Service and any other organisations interested in voluntary service
	Trade Unions	consult trade union representatives about the jobs to be performed by volunteers
	Advertisements	advertise post of Organiser both internally and externally
	Office Accommodation	provide suitable office and a telephone for Organiser before she takes up her appointment
	Assistance	plan development of scheme to include assistant or secretary after numbers of volunteers reach 100
	Organiser's Training	i arrange for Organiser to spend two or three days on attachment at two or three different hospitals followed by a second visit after about three months ii arrange for Organiser to spend one week on attachment at different voluntary organisations in the same town or area iii study topics outlined in Appendix D, *Suggested Subjects for Organiser's Preparation*
18	**Meetings**	i invite Organiser to meetings of heads of

	departments and other ward and departmental meetings **ii** introduce Organiser to trade union representatives and arrange for her to have regular contact with them
Practical Hospital Experience	arrange for Organiser to spend some time working in wards, out-patient department and other departments so she may get personal experience of jobs to be performed by volunteers
Preliminary Survey	arrange for Organiser to spend first three months visiting wards and departments, attending meetings, planning recruitment, etc, so that hospital needs are properly assessed
Recruitment	Organiser to start recruitment at the end of the third month by visiting factories, firms, clubs and schools, and by arranging publicity about the scheme in local papers and magazines
Cloakroom Facilities	allocate cloakroom and washroom facilities for volunteers
Pilot Scheme	put pilot scheme into operation for one month with small number of volunteers and arrange for joint discussion between staff and volunteers concerned at the end of that period
Hospital Support	**i** encourage Organiser to hold training evenings and discussion groups for volunteers **ii** encourage Organiser to hold joint meetings between staff and volunteers **iii** encourage volunteers to use the training facilities of voluntary organisations where available

iv encourage Organisers in the same area to meet regularly

Staff Participation

i arouse and maintain interest of staff in scheme and, similarly, develop understanding and encourage interest of volunteers in hospital and health service procedures

ii ensure that volunteers are made to feel a welcome and useful part of the hospital team

1 Appointing the Organiser

Why did these hospitals decide to appoint full-time paid Organisers? There is no one simple answer to this question. The Ministry circular HM(62)29 encouraged a more positive attitude to the use of volunteers than had perhaps existed before and created a greater awareness of what was already going on in other places. Among the hospitals in the survey several factors combined to decide the introduction of a scheme. Amongst the most important of these was the presence already in the hospital of a number of volunteers, who came individually or in groups from a variety of sources, and whose work in the hospital was uncoordinated by any one person on the staff. Two other factors of importance were first-hand knowledge or information about the work of Directors of Volunteers in the USA and, as they got under way, the examples of St. Thomas' and Fulbourn Hospitals.

In most cases, the hospital administrators recognised very clearly the valuable contribution that could be made to the hospital's work and atmosphere by the service of volunteers. They recognised the need for some one person to harness the efforts of these volunteers so that the fullest use could be made of them, to the satisfaction both of the hospital and of the volunteers themselves. They recognised too that much could be done to develop and expand the range of voluntary support by having someone on the staff who could maintain and foster closer links with the local branches of the British Red Cross Society, League of Friends, St John Ambulance Brigade, Women's Royal Voluntary Service and other voluntary organisations; with churches, schools and other community groups; and with individuals who wanted to help the hospital as individuals and not through a group. Yet at the same time, the administrators realised that there was no senior officer on the hospital staff who could be spared to devote his or her time exclusively to organising the voluntary services that were, or could be, available to help the hospital. In some cases the

administrators felt very conscious that little time could be found by anyone on the hospital staff to encourage and support the volunteers already helping the hospital.

For such reasons, the administrators welcomed the idea of trying to organise voluntary services more effectively. Some saw this development as being primarily beneficial to the patient, by providing extra services and comforts; others emphasised the benefit to the staff, by filling gaps and enabling them to give a more efficient service and easing the pressure of work. Some hospitals also recognised the desire of many people to give voluntary service and to know more about their local hospital, and saw it as a means of encouraging community interest.

This was especially true of psychiatric hospitals, who saw the scheme not merely as a valuable one, but as an essential means of bringing patients and community together with definite therapeutic benefit to the patient. Psychiatric hospitals were interested in the educational results of a voluntary scheme, both directly through talks and discussions for volunteers and indirectly for all the other people who would then hear about their work. These hospitals also saw it as a means of getting the benefit of the special skills of many people for occupational therapy classes and for lectures and discussions. Some general hospitals emphasised the educational advantages in making people less afraid of being admitted to hospital or attending for treatment.

It was a combination of all these factors that led the surveyed hospitals to appoint Organisers of Volunteers.

Advertising and Selection

Seven of the 13 hospitals advertised the post of Organiser in the national press only, one in the local press only and one in both. Two of the psychiatric hospitals advertised in social work journals, and one in the university social study departments. The national dailies, such as *The Daily Telegraph*, *The Guardian* and *The Times*, brought the best results in terms of numbers of applications, usually between 50 and 100.

Description of the post varied considerably. Social work and personnel experience were often specified. Organising and recruiting ability were most often mentioned as desirable qualities, and good humour, quiet authority, adaptability, a practical approach, realism,

energy, tact, drive and initiative were all variously sought. The long and irregular hours which are inseparable from the job were not mentioned, and in many cases are still not recognised or realised.

Four posts were not advertised. Of these, two were filled by members of the staff already working in the hospital in another capacity, one was converted from a voluntary to a salaried post, and one was filled by recommendation.

Only three hospitals advertised the post internally. Failure to do so in the others led in some instances to resentment amongst sections of the staff, especially trade union representatives, who felt that a question of principle was involved.

Applicants for the posts were usually short-listed and then interviewed by a sub-committee of the board of governors or hospital management committee, or an *ad hoc* committee including the matron, the hospital secretary or house governor, and sometimes a well-established Organiser from another hospital and, where the hospital had a league, the chairman of the League of Friends.

The 13 Organisers appointed presented a wide variety of age, experience, background and qualifications. Eleven of them were women, five were married, including the two men, and the majority were aged between the early thirties and late forties, with an overall range from 25 to over 60.

Educational background varied from secondary school to university with a BA Honours degree, but the majority were grammar school educated. Two were qualified social workers, one was an occupational therapist, and one a registered mental nurse. Several had war-time or post-war experience in Forces' welfare and military hospital work. Other previous experience included personnel management, market research, commerce, administration and beauty culture. Most had worked for a voluntary organisation at some stage in their careers, among others the British Red Cross Society, Citizens' Advice Bureaux, St John Ambulance Brigade, Women's Royal Voluntary Service and United Nations Association. Seven had no direct hospital experience before their appointment.

Terms and Conditions of Work

Although in almost all cases the appointment was the first of its kind

in the hospital, no job specification was supplied. Instead the Organiser was given a broad outline of her duties and a 'blank sheet' about methods. For example, one letter of appointment said 'you will be responsible for establishing and organising a system of voluntary help . . . to assist in both the wards and the other departments . . . you will be primarily responsible to the hospital secretary for the day-to-day administrative problems which will arise, although you will obviously be required to liaise a good deal with the matron or her designated representative'.

The first Organiser at Fulbourn Hospital, in what was then an experimental project financed by the Nuffield Provincial Hospitals Trust, had an advisory committee, which has since been discontinued. The Organiser at St Francis Hospital, Haywards Heath, had an advisory committee. The terms of reference of this latter committee were, i) to receive reports from the Voluntary Services Organiser, ii) to discuss ways and means of assisting the Organiser, and to give advice and assistance to him with regard to any major problems he might experience from time to time, and iii) to deal with any other relevant matters concerning voluntary workers. This committee met quarterly.

The Organiser was usually expected to produce a report after three or six months, or whenever the preliminary survey of the situation had been completed, and, afterwards, annually. She was usually able to consult informally the hospital secretary, or house governor or his deputy, and the matron, when necessary, and was left very much on her own to work out the scheme and get it going. Organisers were responsible to the hospital management committee or board of governors through the hospital secretary or house governor, and had generally been given head of department status, attending meetings of heads and receiving circulars on general policy. A few, however, were not invited to meetings, one at least by accidental omission, nor did they receive circulars, except on subjects related to volunteers. The Organiser appointed by a League of Friends was responsible primarily to it, a situation which could foreseeably lead to difficulties without a very close liaison between the hospital administration and the League.

All the Organisers were paid on the General Administrative Grade (A and C Whitley Council Scale), with London Weighting where appropriate, except for one trained social worker who was paid on the medical social worker scale. The one part-time Organiser was paid by the

League of Friends who appointed her. All full-time Organisers at non-psychiatric hospitals were paid out of endowment funds and, in two cases, the Leagues of Friends paid half the salaries. The psychiatric hospitals paid their Organisers from exchequer funds.

The official number of hours of work for almost all the full-time Organisers was 38 but the number of hours actually worked was always over 40 and quite often 45 or more a week. This is, perhaps, unavoidable when so many volunteers are full-time workers themselves and can only come to the hospital after five or six o'clock. The Organiser has to conduct interviews and introduce new volunteers to their jobs in the evening. She often likes to be there to welcome the evening helpers and maintain contact with them. Additional extra hours are worked at weekends when volunteers are also at work in the hospital. Altogether it is very much a full-time job with peculiar hours. Where the Organisers had dual roles in the hospitals the scheme did not, and could not, grow. The part-time Organiser found that she worked virtually full time because it was not the sort of job that could be done properly part time.

Only two Organisers, both long-established and both in general hospitals, had full-time assistants *and* secretarial help. One psychiatric hospital had a full-time assistant/secretary, another had two patients giving secretarial help, and others got occasional voluntary help from amongst their recruits. Typing is therefore yet another ability Organisers find they need.

Some administrators see volunteers as a permanent solution to this problem but in practice there are few volunteers who can spare five days a week, and to have several volunteers providing this assistance gives rise to more confusion than actual assistance. If the help is occasional it means that only non-urgent letters and routine clerical work can be done, which still leaves the Organiser with the problem of how to be in two places at once the rest of the time – manning the telephone and making the rounds of the hospital for the indispensable personal contacts. It is not surprising if Organisers soon develop the bustling gait so often found in hospital staff.

The problem that looms progressively larger on the horizon of the newly-appointed Organiser is how to take a holiday or what will happen if she becomes ill. Sometimes an experienced volunteer has been able to fill the breach, sometimes hospital staff have coped. Neither was entirely satisfactory. Muddling through takes no account

of volunteers lost or never engaged, of misunderstandings and confusions that are bound to arise when the key figure is missing.

Desperate lack of accommodation in the hospitals had made a room near the centre of the hospital, large enough to conduct interviews and house a secretary and/or personal assistant, difficult to obtain. Four recently-appointed Organisers have found themselves situated outside the main building. On the other hand, the farther away from the centre the office is, the larger it is likely to be.

Organisers are very much dependent on the telephone for much of their work. Yet in one general hospital the Organiser had to share a line with the office next door and had no message-taking service when she was out. A number of hospitals recognised the importance of availability to their Organisers by putting them on the internal communication 'bleep' system and arranging to take messages when necessary.

Planning and Preparation

Once the hospital authorites decided to implement the voluntary help scheme, it seems in some cases to have been enthusiastically put into practice without the necessary planning and preparation; for example, most hospital staff were simply informed that an Organiser was to be appointed and then were introduced to her when she arrived. Sometimes Leagues of Friends and other voluntary organisations already working in the hospital were not consulted and trade unions were left to find out about the scheme on their own. This lack of communication has led in several hospitals to a latent hostility towards the scheme.

Where the hospital administration had gone to the trouble of promoting discussions of the scheme, and allowing time for the idea to be absorbed and a need for volunteers felt, the Organiser found a much more positive and stimulating attitude awaiting her. In such case she does not feel quite so much like a door-to-door salesman interrupting an impatiently busy housewife with a new and suspiciously brightly-packaged product labelled 'Volunteers Work Wonders'.

Sometimes, encouraged by the success of voluntary help schemes elsewhere, hospitals have sought to copy them too exactly, without taking into account such factors as the effect of a different geographical location on sources of recruitment, the relative strength or weakness of other voluntary organisations already working in the

hospital and, in one or two cases, the serious communication difficulties existing between the different hospital departments. Only in two of the hospitals did Joint Consultative Committees exist, allowing for a general view to be taken of the possible advantages and disadvantages of the scheme.

Innovations, such as unrestricted visiting hours, the introduction of ward receptionists or housekeepers, had in some cases recently been started, without consideration of how they would affect or be affected by the introduction of the voluntary help scheme.

Lack of planning has meant all too often that there has been no provision of an adequate room for the Organiser or a cloakroom for the volunteers. The Organiser has found herself straight away engaged in a long and arduous battle to get them. If she does not insist, she will not succeed; and yet, being aware of her newness and greenness in the hospital world, she feels diffident about sticking up for her rights. If she does manage to get a good room and facilities for the volunteers, she is aware, too, of the hostility of some of the long-established but under-privileged, who have to make do with inadequate accommodation.

2 The Work of the Organiser

The usual plan of operation for the newly-appointed Organiser was for her to make a survey of hospital needs, during which she made herself known to hospital staff and got to know them. This could take anything from one month to six, depending on the size of the hospital and the degree of urgency with which it wanted the scheme implemented. The general experience has been that the longer the survey and initial period of introduction, the better.

However, there are often many pressures on the Organiser to get volunteers into the hospital as soon as possible: either because some recruiting has already taken place and the would-be volunteers are champing at the bit; or because the administration is accustomed to quick results from anything new; or because the Organiser herself is driven by the need to prove the worth of what is after all a new and unknown venture by having something positive to show for it as soon as possible.

When she too is new and unknown, then identification with the acceptance or otherwise of the scheme is strong, and it may be difficult for an Organiser to be objective about her comparative success or failure. On the other hand, if the Organiser is appointed from within the hospital there are the advantages of being known and knowing the others, as well as the disadvantages of having been associated with one role which may make it difficult to be accepted in a more flexible one, less definable in terms of status.

The Organiser spends this initial period of introduction and assessment meeting the staff, both formally at staff meetings where she will probably be presented and have to explain the scheme, and informally by going round the wards and departments, canvassing for jobs and making suggestions herself. She tries to soak in the

atmosphere of the hospital, to make herself familiar with its terminology and its uniforms, and to make people volunteer-conscious. She is usually aware herself that many members of staff are not particularly enthusiastic, or are even negative, in their attitudes. Some staff have perhaps had a bad experience with unreliable or unsuitable volunteers, or they see just another person to be supervised, rather than a helpful addition to their ward or department. By concentrating on the positive areas where interest is high, the Organiser hopes that others will change their minds when they see the success of the scheme. This has in fact often happened.

Activities

Apart from the long hours she has to work, the Organiser soon finds that she has taken on a physically demanding job because of the distances she must walk every day round the hospital. A rambling structure and long corridors are common features of many hospitals and a good deal of perambulation is unavoidable. Organisers without the necessary physical fitness will find it a very exhausting job. The Organiser at St Thomas' found, when she checked with a pedometer, that she walked between five and eight miles a day. In the psychiatric hospitals the size of the grounds made a car essential, but a good deal of walking still had to be done. Few hospitals seemed at first to realise the long hours and physical strain involved in the job. It was conceived to be primarily sedentary, administrative work, when in fact it was much more. A number of Organisers have found it necessary to do some of the voluntary tasks themselves, either because they believed in testing them out, the better to place their volunteers satisfactorily, or to fill a gap when there was an absentee. Sometimes an Organiser has filled a gap for several months or weeks when unable to find a volunteer for a job which she felt ought to be done.

Administrative and clerical duties filled varying amounts of time according to the assistance available. Organisers preferred to spend as little time as possible on office work and devoted more time to personal contact, whether with volunteers, hospital staff or representatives of voluntary organisations. Some therefore kept only minimal records about their volunteers because they were single-handed.

The main activities which made up the Organiser's daily round were:

answering and making phone calls

making out duty rotas and lists

arranging replacements for absentees

testing new projects

interviewing prospective volunteers

showing them round the hospital

introducing them to ward sisters or department heads where they would be working

visiting wards and departments to find out their requirements and see how volunteers were getting on

talking to individual volunteers who needed support or explanations

assessing the programme as a whole and individual assignments in particular

attending staff meetings and heads of department meetings

organising volunteers' meetings, social evenings and training sessions

maintaining liaison with other voluntary groups working in the hospital

giving talks to groups of staff about the scheme

speaking at clubs, schools and societies; visiting welfare or personnel officers of big firms; writing articles for magazines and newspapers; preparing posters – all for recruiting purposes

buying and checking stock for shops, trolleys and stalls

keeping in touch with all volunteers – sometimes two or three hundred of them

Through her many public-speaking activities outside the hospital, the Organiser finds herself becoming unofficial public relations officer because she inevitably has to answer many questions about the hospital and its activities. If the Organiser does not already possess journalistic and public-speaking abilities she must try to develop them. They will certainly be an advantage.

Communications

Apart from meetings and work-time contact with hospital staff, Organisers also had the opportunity for informal contacts during meals and social events. The smaller the hospital the easier this was. In half the hospitals special meetings were held, when needed, to

discuss the volunteer programme or special assignments, but in only one, a psychiatric hospital, were regular meetings held specifically about the programme.

The Organisers were constantly in touch with their volunteers either on the job, or by telephone and letter. Most either held, or planned to hold, occasional meetings to discuss the work and exchange ideas, and to provide the chance for volunteers to meet each other. In the psychiatric hospitals, where most of the volunteers worked in groups and numbers were much larger, the Organiser saw the group leader or representative more often, and sometimes got different groups together to pool ideas. A bi-monthly newsletter was successfully started at three hospitals.

Most Organisers found themselves called upon at some time or other to give help and support to a volunteer who was feeling uncertain of the job, or was worried about something he or she had seen, or whose own personal problems were giving cause for anxiety. Some Organisers feel that this supportive work is a necessary part of their job, and admit as one of the legitimate aims of the scheme the help received by volunteers through their participation. Others would not agree, and are wary of taking on volunteers who seem in need of this supportive relationship.

Contact between volunteers and staff was mainly on the job and at the occasional social functions given by the hospitals in recognition of their volunteers' services. Joint meetings of staff and volunteers were sometimes held. One or two hospitals held training evenings and special talks or lectures for groups of volunteers, given by members of staff. Most Organisers, many staff and the great majority of volunteers would have liked more meetings, whether social or educational, for mutual discussion. The biggest obstacle seemed to be lack of time on the part of the staff.

Contact with trade union representatives in the hospitals was minimal in most cases. Most trade union representatives at hospital level were in fact in favour of the scheme as long as paid employees' jobs were not threatened, and they appreciated its benefits to the patient. The most satisfactory relationships have been achieved where the Organiser took care to consult the trade unions over any assignment which might be thought to overlap with domestic, portering or clerical duties. In a few cases the representatives seemed to take no interest at all in the scheme or in its effects.

In only one hospital area did joint local authority and hospital social worker appointments exist. Apart from this area, where contact had also been made with the education and youth officer about the use of young volunteers, little or no contact seemed to exist, except in the psychiatric hospitals. Here all the Organisers were in touch with the local welfare officers and the use of volunteers from the hospitals for the visiting of discharged patients was growing.

Recruitment

All the Organisers found, on appointment, that there were already a number of voluntary helpers at work in the hospitals, some of whom had been there for many years. Dozens of letters offering help had often been received by the hospitals. Nevertheless the majority of volunteers had to be recruited by the Organiser herself and a variety of methods were used with greater or lesser success.

The national press was used by two London hospitals when placing advertisements to help their search for volunteers. One of them asked for a minimum of two hours a week, a willingness to learn, commonsense and reliability. References were required. This advertisement produced 140 applicants, which were reduced to 60 when application forms were sent and to about 30 after interviews. Publicity in the local press was more popular, usually in the form of an article about the scheme, accompanied by photographs, in which it asked for more helpers. This always produced quite a number of interested people.

Articles in parish magazines and local club or organisation newsheets, posters in libraries and other public places, on noticeboards in firms and colleges, and in the hospital itself, had all been tried. One such poster used by a London hospital said simply 'Can you spare us a little time? . . . Hospital needs men and women for interesting voluntary work'.

Recruiting visits to local firms to enlist the cooperation of the welfare or personnel officer were fruitful. Articles were sometimes published in house magazines, or the officer personally circulated news of the scheme by means of the bulletin board. Visits to clubs – Lions, Rotary, Townswomen's Guilds, Women's Institutes and to college societies in the university towns – often led to groups of members taking over a particular project and running it on a rota system. Visits to schools and youth clubs either to talk to the head or youth

leader or directly with the pupils or members again led to groups of young people taking on a rota for a particular project.

Liaison with existing voluntary organisations already participating in hospital work such as the British Red Cross Society, St John Ambulance Brigade and Women's Royal Voluntary Service produced many valuable volunteers, valuable because of their previous training and experience. Recruitment is an on-going process and the Organiser must always be exploring new sources of volunteers.

Nine of the ten general hospitals used application forms and all interviewed prospective volunteers for varying lengths of time. The Organisers in psychiatric hospitals often did their interviewing at the homes of the volunteers in order to get a better idea of their personalities. Many used a tour of the hospital as a means of gauging their reactions to the sights and sounds of the hospital world.

The interview was considered by all the Organisers as an important part of their work. They felt responsible not only to the hospital for the volunteers they introduced into it, but also to the volunteer for taking her on. Interviews could vary in length from 20 minutes to two hours. A few Organisers were against enquiring into or probing motivation if the volunteer did not herself offer this information. They felt that if someone had volunteered, and seemed fit and capable, then her offer of help should be accepted without further ado. Organisers seemed to acquire an acute perception after a certain amount of practice and most became expert at fitting the round peg into the round hole. Good selection can be ruined by wrong placement. The scheme should be flexible enough for volunteers to be moved to another job if necessary. Some Organisers asked for references; one made sure that parents of a young person or the husband or wife of a married volunteer were consulted. All tried to give the volunteer as realistic and unromantic a picture as possible in order to put off the woolly-minded-would-be-brow-smoothers and to make sure the volunteer was prepared for hard, often routine, work.

The London hospitals seemed to find that the overall average length of stay was about a year. One hospital asked a minimum of nine months' service from its prospective volunteers. The most frequent reasons for leaving were moving to another area, sickness, added family commitments (getting married, having children, looking after aged or sick relatives) and changing jobs. In the university towns

many of the volunteers were students who left when they had finished their courses or degrees, or before taking examinations. Schoolchildren inevitably had a high turnover rate as they left school or became involved with public examinations. But in all the older schemes there was a large core of volunteers who had worked for two or more years.

Few had to be turned away because most of those volunteers who were unsuitable realised it themselves before the Organiser needed to say so. They gradually dropped out or invented a reason for leaving, or just admitted that it was not quite what they expected. Sometimes an unsuitable volunteer would continue working because the ward sister (or head of department) in charge, constrained by the knowledge that it was a *volunteer*, felt reluctant to tell the Organiser that she was not satisfied. Understandably she was then reluctant to have another volunteer later or recommend the idea to other staff.

It is essential that good communications should mean frankness between all concerned; the desire not to hurt one individual can damage the whole scheme. Organisers did on occasion have embarrassing moments with volunteers in spite of their carefulness. For example, the religious group who went to a psychiatric hospital ward for a social meeting with the patients and within a few minutes were talking earnestly of guilt and fear to their unfortunate audience; the over-enthusiastic woman on a children's ward who had to be restrained from gathering up and hugging delicate children in her loving but bearlike embrace.

In psychiatric hospitals the request by a volunteer to help is sometimes a thinly disguised plea to receive help by those unable to face the fact directly or unaware that this is really what they need. Others are helped by being accepted as volunteers, and the therapeutic value of the scheme for many lonely or bored people is unquestionable – whether in a general or a psychiatric hospital.

In the psychiatric hospitals many members of staff already took part as volunteers in social activities such as dances, outings and sports events, outside their normal working hours. Most general hospitals were not particularly keen on their staff joining the scheme, feeling that it would be better for them to volunteer somewhere outside. But at least one hospital actively encouraged clerical staff to join, reasoning that they would thus get a picture of ward life and so find their own work more interesting.

Placement

The system of placement and recruitment is a two-way affair: fitting volunteer to job and job to volunteer. Most Organisers started off with a list of jobs to be filled and then sought the people to do them. Sometimes a volunteer would turn up with a special skill or knowledge which the Organiser could use for a new project that would not otherwise have been considered; sometimes the volunteer herself had an idea and it was put into practice.

Languages could be used when there were foreign patients. Other special interests or skills used were: typing in the medical records office, work by ex-nurses in leukemia research and by science sixth-formers in chemistry or pathology laboratories. In psychiatric hospitals the opportunities are endless for the utilisation of special interests or hobbies in the entertainment, information or education of the patients, especially in the occupational therapy department. See Appendix E for complete list of jobs performed by volunteers.

Sometimes a particularly happy solution was found thanks to the Organiser's talent in matching up. One old man who offered his services as a volunteer, freely admitting that he was lonely, was put in touch with another old man on the geriatric ward who had served on the same ship in the battle of Jutland. This resulted in a genuine friendship and the recounting of endless reminiscences.

The Organiser often tried out a job herself before giving it to a volunteer so as to get a better idea of the work involved and to see whether in fact it was feasible. Matrons were consulted before new jobs in wards or in out-patient departments were started, but, as a rule, they left their ward sisters a free hand in deciding whether they wished to use volunteers or not.

After a volunteer had been on a job two or three weeks the Organiser usually made a point of talking to her about it and seeing the ward sister to find out if all was well. This way both sides were satisfied. In fact on her daily rounds the Organiser was constantly observing and evaluating volunteers. At more than half the hospitals surveyed occasional meetings had been held to evaluate the programme and to discuss other or more useful ways of employing the volunteers. Some Organisers could attend staff meetings when they wanted to discuss volunteers' progress or suggest new jobs.

When a scheme had been going for some time, the Organiser often found she received more requests for help than she could meet. Sometimes the volunteers had been so well accepted that the Organiser was almost embarrassed by the flow of demands and the strain of filling urgent requests at the last minute. Needless to say, she was anxious not to spoil her hard-won reputation for being able to meet every need.

3 The Volunteers

In the seven general hospitals whose schemes started before 1967 there were approximately 1,000 volunteers working. Three hospitals had less than 100 (including the two with Organisers who had dual roles), two had between 150 and 200, and two between 200 and 250. The two psychiatric hospitals who started before 1967 both had nearly 400 volunteers, including many groups and occasional helpers. Numbers of volunteers could not be directly correlated with the number of hours given as some volunteers gave far more time than others.

The average length of time worked was three hours on one day a week. At one extreme there were those who worked five hours, four days a week, and at the other there were those who could only manage two hours a month. Of the London hospitals with over 200 volunteers, one reckoned on over 13,000 hours a year, another on over 14,000 hours, and the psychiatric hospitals calculated that they received between 25,000 and 40,000 hours of voluntary help a year. Estimates in the latter were only approximate as so much of the work was on an occasional basis with varying numbers of people in the groups. It was difficult to see how a hospital could absorb so much help without a paid employee to coordinate and deploy it.

All occupations and social classes were represented amongst the volunteers, see Appendix F; for example, underground train drivers, antique dealers, private secretaries, NAAFI supervisors, actresses, computer programmers, typists and magazine editors. The majority were women but those who think it is exclusively a woman's job are wrong. Anything from an eighth to a third of the total volunteer force in a hospital might be men.

It was impossible to get complete statistics of the age distribution

of volunteers because not all Organisers kept these details; some for lack of time, some because they felt it an unnecessary intrusion on personal affairs. The ages ranged from 14 to 81, with the largest number in their forties and fifties. The least represented age group seemed to be 25 to 35, the age of maximum participation in child rearing and career building. The average age of volunteers in the psychiatric hospitals appeared to be younger than those in general hospitals, not surprisingly as two were situated in university towns. These two hospitals also had the youngest Organisers. Only two of the general hospitals did not use any young volunteers, that is, aged 18 and under. All the schemes started in 1967 intend to include them.

Young Volunteers

Young volunteers came from six grammar schools, four public schools, three secondary modern schools, six university societies, four technical or teacher training colleges and four church youth clubs. There were also a number of scouts and girl guides and a number of young office workers in London. They came either as individuals or in groups.

Five Organisers said schools in their areas actively encouraged voluntary work or community service. Two others had no success when they tried to get local schools interested. One of them attributed this to overwork and understaffing, which resulted in no one member of the school staff having enough time to encourage and organise volunteers. Some volunteers had come independently, without school encouragement, in their own free time. In schools where community service was encouraged and a member of staff took a special interest in it, then a close and helpful liaison had been established between Organiser and school.

There was some evidence that schoolchildren often accepted voluntary work as a soft option when they had a choice. Nevertheless, many of these became really interested and enthusiastic once they were working. Others were already contemplating a hospital career and were glad of the chance to get first-hand knowledge of a hospital. A number of others who had had no such intentions had since become interested. Hospitals who see a voluntary help scheme as a means of recruitment are justified. Fortunately the member of staff who thought volunteers should not be encouraged in case it put them off a hospital career was not typical.

There were three organisations for young volunteers working in the

hospitals in the survey. International Voluntary Service runs summer workcamps for young people from different countries. They worked on projects in the hospital grounds and in the wards and joined in social and entertainment events with the patients and staff of the psychiatric hospitals. In addition, volunteers from local branches of International Voluntary Service take part in weekend projects of similar work throughout the year. Community Service Volunteers send individual volunteers to many psychiatric hospitals where they stay from four to nine months, working as members of staff. In Cambridge they had a voluntary organiser who supplied weekend workers for Fulbourn Hospital. A succession of full-time volunteers at St Francis Hospital in Haywards Heath enabled a swimming pool to be built with the help of hundreds of local young people. Community Service Volunteers try to serve as catalysts, stimulating and organising young volunteers in the area where they are working. They have pioneered the role of voluntary organiser in several hospitals in the North. This could be useful in paving the way for paid Organisers. Task Force operates in several London boroughs and is keen to increase the number of its members in hospital work. They worked as individuals within the Organiser's scheme.

Apart from the volunteers recruited and directed by the Organiser there were sometimes groups working independently. In one hospital the chaplain had a band of visitors for patients, in another there was a group of 30 schoolgirls running a flower stall. The League of Friends, League of Jewish Women, Women's Institute and Women's Royal Voluntary Service often ran their own rotas for canteens and refreshment trolleys. The British Red Cross Society and St John Ambulance Brigade often provided hospital library and trolley shop services.

Training

Apart from the introductory talk on the hospital background, a number of hospitals produced booklets or sheets of information with rules and regulations to be observed by volunteers. Training usually took place on the job and most ward sisters and heads of departments made a special point of themselves starting the training on the volunteer's first appearance. Sometimes an old hand was specially prepared for training new ones. This seemed a successful method which avoided the unfortunate situation of a volunteer arriving eagerly for duty and finding everyone too busy to show her what to do.

A few hospitals had arranged training evenings for groups of volunteers when a member of staff talked about various aspects of the work and answered questions. In one psychiatric hospital a panel of members of the staff, including the medical superintendent, talked and then answered questions.

These efforts and the interest they represented were much appreciated by the volunteers and the majority of them would definitely like more. On the other hand some members of staff said that the particular value of volunteers was their ignorance of medical affairs and their lay approach as members of the community. This seems to confirm the feeling expressed by many volunteers that staff often under-estimate their intelligence and fail to give them sufficiently demanding work.

One hospital gave refresher courses for the ex-nurses among the volunteers who might not have nursed for many years. They could then be given nursing duties on the wards. An experimental course in routine tasks such as bedmaking, sterilising equipment, feeding patients, and so on, was also held at this hospital for volunteers with no nursing background. One Organiser felt that some sort of preparation was a good way of giving the volunteers confidence before they set foot on the wards – a nerve-racking experience for the more timid.

Uniform

Only one general hospital did not have uniforms for its volunteers. The cost of the nylon overalls was borne by the hospitals which lent them to the volunteers for the duration of their service and expected the women to wash theirs at home. The jackets worn by men volunteers, much smaller in number, were laundered by the hospital. Ease of washing was the main reason for choosing nylon which many volunteers found rather hot worn over other clothes. (Only one Organiser wore uniform herself.)

A wide range of colours were used: chocolate-brown, nasturtium-red, green, blue, dark red, pink candystripe. The men wore short white drill jackets with contrasting coloured collars in several hospitals, armbands on white coats in another, and navy-blue three-quarter length coats in another. Most uniforms had the words 'Voluntary Helper' or 'Voluntary Worker' written on the breast pocket. The one hospital that did not use uniform gave its volunteers badges. The main advantages of a uniform were considered to be the protection afforded to the volunteers' own clothing, especially on ward work,

and the maintenance of hygiene. Ease of identification by staff and patients so that the volunteer, however new, was recognised and accepted, was felt to be another important advantage. Some Organisers felt that the common uniform gave their volunteers a group identity and a feeling of self-confidence in an institution where uniforms were symbolic of belonging. Where men volunteers wore white coats, however, confusion sometimes arose and volunteers found themselves being addressed as 'doctor' not entirely to their own dismay.

The disadvantages were felt to be that patients, especially children, were faced with yet another uniform in a world of uniforms; that some of the duller uniforms led to volunteers being mistaken for domestic workers, which is perhaps more of a reflection on the unadventurousness of the hospital administration than anything else. In the psychiatric hospitals the concept of the therapeutic community automatically excluded the wearing of uniform except for any really messy jobs where protection was essential.

Conditions

Free meals to volunteers who worked all day were offered by half the hospitals surveyed; several of the others provided free tea or coffee. Otherwise volunteers bought their own refreshments, sometimes being able to use hospital meal tickets.

Organisers often paid the fares of people, such as old-age pensioners, whom they knew to be hard-up, quite often taking the money from their own pockets to do so. One hospital with many school-age volunteers regularly paid their fares. The Ministry of Health has no objection to help being given with fares and meals and leaves it to the individual hospital to decide. The hospitals usually left it to the Organisers' discretion. Most of them made it known to their volunteers that help was available if needed. One psychiatric hospital with a poor public transport service helped groups of young volunteers with fares and arranged transport among the volunteers themselves for other individuals and groups.

One Organiser felt that volunteers had the right to preferential treatment if they needed the services of the hospital, though naturally not in preference to a seriously ill person. At least one elderly volunteer freely admitted that one of his motives in working in the hospital was to be near treatment if it became necessary, having already been a patient in the same hospital. For him, voluntary work was a form of

insurance for which he paid by working 20 hours a week.

The question of insurance has been discussed at one of the regular meetings of the Ministry of Health with regional hospital board secretaries and the position has been put as follows by the Ministry.

> 'The hospital authority is responsible for what goes on in their hospital and should be prepared to define and direct the work of the voluntary workers as necessary and therefore accept liability for the results of their actions within recognised spheres.
>
> The arrangements between hospital authorities and voluntary workers or organisations should be so worked out between those concerned, that the limits of their activities are clear and defined. The hospital authority would then, if satisfied that it should properly do so, stand with the voluntary worker in any legal action for loss or damage and reimburse damages that may be awarded as it would towards its own staff.
>
> This arrangement does not, of course, mean an automatic indemnity for the voluntary helper in all circumstances against legal action and it is for them, or their organisation, to take any action they think fit by the way of insurance for their own protection. It does mean that the Minister (for his agents) carries his own insurance and, as he wishes his agents to do, stands by a voluntary helper in the same way as he would were the voluntary helper a paid member of the staff.'

Therefore it seems that volunteers are covered like any other hospital worker as long as they are doing their appointed tasks, which in turn means that their tasks must be clearly defined. So far no case of a volunteer injuring a patient or being injured has been recorded.

The National Association of Leagues of Hospital Friends does provide insurance coverage for all affiliated members.

4 The Organiser and the Voluntary Organisations

The British Red Cross Society, the St John Ambulance Brigade and the Women's Royal Voluntary Service are the three main uniformed voluntary organisations concerned with hospital and welfare work. Their members give service in well over 1,000 hospitals up and down the country. They are long-established, familiar figures around hospitals. Of the 13 hospitals in the survey, 11 had British Red Cross Society members working in them, nine had Women's Royal Voluntary Service members and six had St John Ambulance Brigade members. Only one hospital had none from these bodies.

The Women's Royal Voluntary Service were running four canteens and three shops as well as providing individual members for work with telephone trolleys, tea trolleys and other services. The British Red Cross Society and St John Ambulance Brigade had libraries run jointly in five hospitals, provided many escorts for short and long journeys, and also had members giving individual service on the wards. During emergencies they could supply team relief services on the wards, as the British Red Cross Society recently did at Charing Cross Hospital. This was the pattern of their work in the hospitals within the survey. In the vast number of other hospitals where they are active a much greater range of duties is undertaken. The British Red Cross Society also has a nation-wide escort service and picture library service, relying for their success on the network of local branches all over the country, and trains members for beauty therapy and diversional therapy.

The reactions of the organisations to the employment of paid Organisers by hospitals have been mixed: in some cases enthusiasm tempered by reservations, in others reservations untempered by enthusiasm. Some agree that voluntary organisations today need paid professional staff to be able to keep up to date in an increasingly

professional world. They believe that the advent of Organisers can mean more, not less, work for their members, and even more interesting work. Others, however, tend to see it as a threat to their contribution to hospital work. Some think that voluntary work should be organised by voluntary workers.

There are basic problems which most agree about – the question of divided responsibilities and divided loyalties. For these organisations hospital work is only one of their functions, only one of their means of preparation for national need. Their primary and fundamental aim is to be ready for any emergency, disaster or accident – whether international, national or local – where civil defence, first aid, nursing or welfare training might be called into play.

They therefore consider that they must retain responsibility for, and close contact with, their members, in case of sudden need – rescue work at train crashes or in floods, the dispatch of blankets and clothes to disaster areas overseas and other such emergencies. Hospital work can be valuable experience for members and gives them a chance to practise their training usefully, but the uniformed organisations do not want to see their members become anonymous volunteers in hospital schemes. The training, the uniform and the membership of a nation-wide organisation are important factors in the maintenance of a separate identity. One organisation has gone so far as to state that they can operate in a hospital employing an Organiser only if they can contract to undertake full responsibility for certain clearly defined jobs. This was in fact what happened in several of the hospitals in the survey.

It should be noted that some hospitals have managed to extend their voluntary help schemes without the appointment of a paid Organiser, because they are fortunate enough to have sufficient manpower available through one organisation. In one case the Women's Royal Voluntary Service has 81 members working in a Yorkshire hospital providing a wide variety of services, coordinated by the local Women's Royal Voluntary Service hospital welfare organiser who has been given a room in the hospital.

But in some areas there are not enough members to maintain a rota. Where this was the case in the survey either the Organiser supplemented the number with some other volunteers, or the members worked as individuals within the scheme, rather than as their own group. In one hospital it was the Organiser herself who filled in for the many times

the members on the rota could not come. In another the Organiser asked the local branch of one of the uniformed organisations to provide members to run a canteen without success because of lack of people with time available. Special recruiting campaigns for canteen projects are sometimes held by the Women's Royal Voluntary Service to overcome this problem. Therefore, although it might be considered ideal for the Women's Royal Voluntary Service, for example, to run all the canteens in hospitals where there are Organisers, in practice it is not always feasible.

Another bone of contention to some is the wearing of the uniform. All general hospitals except one in the survey provided a distinctive overall for their volunteers. Uniformed organisations expect their members to wear their own uniform because they are proud of it and the organisation they belong to (in the case of St John Ambulance Brigade because they also feel it is practical for nursing duties). Hospital volunteers, too, may become proud of their overalls, especially if the colour happens to suit them. One widely practised solution is to wear the hospital's overall with the organisation's badge. Where a service is being maintained entirely by members of one organisation, they do wear their own uniform.

Dealing with unsatisfactory volunteers can become a problem if they belong to a uniformed organisation. Normally the Organiser would talk it over with the person concerned and probably try to transfer her to a more suitable job. When the volunteer belongs to a uniformed organisation she must consult the branch or divisional superintendent responsible, who might not agree with her. On the other hand it has been suggested that if a member is unsuitable for hospital work it is much easier for her to be transferred to another activity outside run by the same organisation.

The paid Organiser, by virtue of her status as a hospital employee, is in a better position to make suggestions and experiment with new assignments than a uniformed organisation working independently within a hospital. She will have much easier access to hospital staff, and has much more formal and informal contact with them, for the exchange of ideas, criticisms and suggestions. She is not an outsider whose suggestions might be resented as interference and who might feel that it is not her place to make any. The presence of an Organiser can in fact be an advantage to the uniformed organisations by serving as liaison between them and the hospitals for easier and more forthright communication.

It must not be forgotten, too, that however conscientious, cooperative and understanding a local superintendent or director may be, the hospital is only one of many commitments to be organised and supported; while to the Organiser the hospital is her only loyalty.

The volunteers recruited by the Organisers were of all ages and social classes, with a small but sizeable number of men and boys. They included intellectuals and manual workers. The British Red Cross Society and St John Ambulance Brigade have large junior sections and the Women's Royal Voluntary Service has many younger members, but the fact remains that the bulk of members available for hospital work are middle-aged women who have the time to spare for daytime activities. The Organiser is able to recruit the many people who do not wish to belong to an organisation or wear a uniform but who just wish to give a few hours' service a week. If all work in hospitals were run by uniformed organisations many people would be lost to it; but if uniformed organisations did not participate then many excellent volunteers would also be lost.

Members of the uniformed organisations have a number of advantages as volunteers. Many British Red Cross Society and St John Ambulance Brigade members are trained in first aid and nursing and can do skilled jobs on a ward. Some are trained nursing auxiliaries of the National Hospital Service Reserve. On the welfare side, the British Red Cross Society organises courses to prepare volunteers for working with the social services. All three organisations often have close and long-standing relationships with the medical social work department. They provide a variety of services through this department: escorting for both long and short distances, meals-on-wheels for discharged patients, hospital car service and many others. Their nation-wide organisation means that they can make arrangements to help discharged patients who come from any part of the country, something that the Organiser's local volunteers could not do.

Where the medical social work department was already using members of these organisations, the Organiser was sometimes able to supplement the number, where needed, but otherwise did not try to substitute.

In some hospitals close cooperation had been achieved and the maximum use was made of all trained organisation members within the voluntary help scheme. In two hospitals liaison committees had been established, with representatives of the three uniformed

organisations and the League of Friends meeting every three months with the Organiser and the local vicar to discuss new assignments and the deployment of volunteers. Sometimes trained volunteers were needed for a special job and one of the organisations could supply them. Recruiting ideas could be pooled, suggestions made, discussed and put into practice.

Apart from the three big organisations there are many others that participate in voluntary hospital work. Inner Wheel and Rotary Clubs, Toc H branches, Townswomen's Guilds, Women's Institutes and others, often provide seasonal entertainment and rotas of visitors. The League of Jewish Women have done herculean tasks of washing up on Christmas Days and are always willing to take on Sunday jobs as well as weekday ones. The Cruse Club for Widows, the Fish Scheme in Cambridge, local units of the guide and scout movements, local associations for mental health, a local gardening society, and others, contributed many hours and efforts to the hospitals in the survey, some independently, but many working through the Organiser and invited in by her.

There is no doubt that a number of hospital administrators favoured the appointment of an Organiser because they found it difficult to cope adequately with a variety of different groups and individuals working in the hospital independently of each other with no one person responsible for them. In this way full use of their potential could often not be made. Friction was sometimes created on both sides simply through lack of time for the organisation and attention required.

The Organiser has been able to coordinate the efforts and offers of the different groups and to see that they are used for the benefit of the patient and not, as sometimes happened, for the benefit of the group's own self-esteem and satisfaction. As it is her full-time job, she has time for the organisation and attention necessary and can get better value out of a group. She can also interest those groups who have not before worked in the hospital and, especially in a psychiatric hospital, make sure that the group know quite a lot about what to expect by showing them round and talking to them beforehand. By maintaining close and frequent contact with the group she prevents them feeling taken for granted or neglected as they continue to come month after month. Where staff and voluntary groups might have found it difficult to make suggestions or criticisms face to face, the Organiser can serve as intermediary and avoid hurt feelings or

resentment. She can, of course, also arrange face-to-face meetings and perhaps be a useful scapegoat for both sides when necessary. She learns to be prepared for anything.

5 The Organiser and the Leagues of Friends

A League of Friends, or Guild as it is sometimes called, existed in all but two of the hospitals in the survey. Not all of them were affiliated to the National Association of Leagues of Hospital Friends. Their numerical strength and activities varied considerably.

In some of the hospitals the leagues had memberships of several hundreds, raising thousands of pounds a year for hospital amenities. In others they were equally interested in giving personal service to help staff and patients, organising telephone trolleys, flower and sewing rotas, refreshments, reception and visiting rotas, and many other things.

A common pattern was to have several hundred mostly passive subscription-paying members with 30 to 50 highly active ones who did most of the hard work and from whom the committees were formed. Many members were ex-patients or relatives of patients, grateful for the treatment and care received; others were simply interested in their local hospital.

The Organiser's appointment affected the leagues in various ways; in turn their reactions have been various. Most hospitals took care to consult their leagues before the appointment and some league chairmen were members of the selection board choosing the Organiser. In one psychiatric hospital it was the chairman of the National Association of Leagues of Hospital Friends who was instrumental in getting an Organiser appointed.

In hospitals where the league's activities were traditionally confined to fund raising, any initial misapprehensions about the role of the Organiser have usually been overcome as it was realised that activities would not overlap. In one hospital the league had dwindled in number

to a handful of steadfastly self-perpetuating committee members, suspicious of new ideas, but a strict demarcation of duties appeased them.

When reactions have been difficult or strained, the causes are usually basic and involve a lack of understanding of human relationships on the part of the hospital. A league may have worked hard for many years raising money for the hospital, providing amenities for patients and staff alike, unobtrusively and devotedly. Suddenly, in the full glare of publicity and attendant prestige, an Organiser is appointed and a new breed of volunteers flocks into the hospital. They wear conspicuous, brightly coloured overalls; everyone knows who they are; they work all over the hospital, including places the league has never been near; the Organiser has her own room, sometimes centrally located, whilst the league makes do with a remote room or none at all. They feel taken for granted and unappreciated. This, to a greater or lesser extent, is what happened in some hospitals.

Leagues have often found advantages in the introduction of an Organiser to their hospitals. The far greater number of volunteer assignments developed under the supervision of the Organiser has provided many league members with new ways of giving service. Quite a number of volunteers who join the scheme from outside become interested in the league's other activities and join up. Some Organisers have encouraged their new volunteers to join the league, or at least have made it known to them.

In at least three hospitals the Organiser was able to provide volunteers to help with league fund-raising functions; in another she herself was of invaluable assistance as secretary for committee meetings. The Organiser's office in another hospital was often used by the league for meetings, as its own was distant from the centre of the hospital. Where a league was already running rotas for flowers, refreshments or visiting, it had continued.

In two hospitals the Organiser had been co-opted on to the league committee; in two others the leagues participated with other voluntary organisations in the hospital at a quarterly liaison committee meeting. In one hospital the Organiser was actually paid and appointed by the league and in two others they paid half her salary. In one the league paid it for the first year. In this way the leagues were often directly and intimately involved with the Organiser right from the start.

The relationships existing between the leagues and the hospitals can be vastly different. Some do enjoy a close and harmonious relationship, but voluntary relationships based on money are not always so. The Organiser, by virtue of her position as a paid employee of the hospital, has a clearly defined responsibility and loyalty. If the hospital is not satisfied with her, then the contract can be terminated. With a voluntary body, such frankness is not always possible. The Organiser can act as liaison and coordinator for all the voluntary bodies and organisations that work in the hospitals, be they St John Ambulance Brigade or Rotary Club, workcamps or scouts. The League of Friends cannot act for other voluntary groups.

The Organiser usually manages to recruit people of all ages and backgrounds, including many young people. At the conference in June 1967, organised by the National Association of Leagues of Hospital Friends, an appeal was made to hospitals to enlist the support and enthusiasm of young people in junior leagues – as many had already done – but in the main, membership is adult and middle-aged. There are many people who want to give voluntary service but do not wish to join an organisation. There are many who are not interested in fund-raising activities and there are many who are only interested in fund raising. Some leagues are hampered by perennial chairmen and committee members who do not gladly suffer change. New members often find it difficult to be effective.

Amongst Leagues of Friends in general there are undoubtedly some reservations about the appointment of Organisers. Some feel that a hospital should look first to its league to see whether such a post could not be combined with that of secretary of the league. It is felt that it should not be necessary for a hospital to pay someone to organise voluntary work if the league can do it. One recent appointment of an Organiser in a hospital outside the survey has caused bad feeling in the local league because it was felt that the secretary who had been there for many years should have been offered first refusal of the job. When, however, the individual leagues vary so much in size and character it is difficult to generalise. The job of Organiser is a full-time one and for many men who are league secretaries in their spare time, the salary scale and lack of promotion prospects would have little attraction. The activities of secretary and Organiser are different and to be good at one is not necessarily to be good at the other. On the other hand, in the hospitals where both Organisers and leagues exist, it has been shown clearly that with goodwill the

arrangement can be to mutual advantage. Both have much to contribute and by putting the welfare of the patients first good relationships can be developed and maintained.

6 The Organiser and the Trade Unions

There were a number of trade unions represented in the hospitals in the survey. Four of them, Confederation of Health Service Employees, National and Local Government Officers Association, National Union of Public Employees, and Transport and General Workers Union, were approached for their views at national level, in addition to the contacts with their local representatives in the hospitals.

The trade unions were concerned about the long-term implications of the growing number of voluntary help schemes. They approved the use of volunteers in such activities as hospital shops, libraries, refreshment trolleys because, as one put it, 'we think that there are many aspects of hospital life which could better be handled by volunteer workers and people who have an interest in the social service than they could by full-time staff . . .' But they were afraid that the introduction of volunteers into the many new spheres of work which followed the appointment of an Organiser would mean the employment of fewer paid staff and be a serious blow to the improvement of status and conditions of existing staff.

If a hospital could get volunteers to do domestic work on the wards and clerical work in the medical records office, would it bother about filling empty posts or improving pay and conditions ? Would a hospital take into account the use of volunteers in allocating its finances and reduce, or at least not increase, the amount to be spent on salaries or the improvement of working conditions ? Although it is not known whether this has already happened, it would be a distinct possibility were the numbers of volunteers to extend greatly and their use to become indiscriminate. Might not the vision of hundreds of willing workers for the price of an annual sherry party and a nylon overall be enough to gladden the hearts of an overspent hospital committee ? There is already a precedent in the transatlantic

scene where many private hospitals rely almost entirely on voluntary staff and would have to close down without them.

Many hospital administrators would agree with this attitude of the trade unions in principle but they are forced into pragmatic solutions by the reality of the hospital situation, where shortage of staff and excess of work prevail. Without volunteers to fill the gaps many things would simply not be done, or not be done as efficiently.

Volunteers were often used to save highly trained staff, such as nurses, from having to waste their time on routine or non-nursing jobs; for example, washing up, checking menus, arranging flowers, running messages to other departments, serving coffee, tidying lockers, or shopping for patients. They saved medical social workers' time by clearing out cupboards, fetching crutches or wheelchairs. They saved the time of nurses and doctors, physiotherapists and radiographers in the out-patients' clinics by helping to undress, weigh and record patients, looking after children, calling out names and directing people. These and many others are all routine and unskilled jobs that are being done in numbers of hospitals by highly qualified staff, or not at all.

The employment of volunteers in medical records offices, in central sterile supply departments, in staff dining rooms, for transport of discharged patients or out-patients, or in any other job that is normally performed by a paid worker, is open to criticism. However, sometimes volunteers were employed during hours when paid staff were not available, that is, during evenings and weekends. Sometimes they were doing special jobs, for example, reclassifying records into a new system, a task which would otherwise take months to do gradually in the spare moments of paid staff. Often they were doing jobs that would otherwise simply not be done, or they enabled staff to spend less unpaid overtime on the job, or they eased the pressure on the paid staff by providing another pair of hands.

In some cases the use of volunteers can actually create new jobs for paid staff: a voluntary worker who worked regularly four days a week in out-patients' reception and had become an integral and essential part of the work force, had to be replaced by a paid employee when she left because it was not easy to get another volunteer with so much spare time. In this way the temporary use of a volunteer can create a permanent job for a paid employee in the long run.

In some hospitals consultation about the jobs to be undertaken by volunteers had taken place between the administration and the trade unions before the scheme began. Most Organisers took care to consult trade union representatives before placing volunteers in a new project. In one of the hospitals where there was a Joint Consultative Committee, consultation was regular and there was mutual confidence helped by the fact that the Organiser was a member of staff before appointment. Sometimes the Organiser has refused to fill requests for volunteers from staff because it would have meant filling jobs normally done by paid staff. Organisers in general are extremely careful about maintaining good relationships with the trade unions because they do not want to risk prejudicing the long-term results of the scheme in order to win short-term approval from one department head.

Trade union representatives in the hospitals expressed favourable opinions about the scheme, which they recognised could be of great benefit to the patient. But where strict demarcation of jobs did not exist unhappy incidents had occurred. In one hospital a volunteer took a patient in a wheelchair to the x-ray department at a consultant's request because no portering staff were available and the patient had already been waiting some considerable time. As a result there was a threatened walk-out of two hundred hospital staff. Since that occasion strict demarcation of duties had been observed.

Another cause of discontent had been the failure to advertise the post of Organiser internally. This happened in seven of the 13 hospitals. In several of them the trade unions were neither informed nor consulted about the scheme before it was put into operation.

Where the post was advertised internally and trade unions were consulted, the Organiser generally found initial reactions more favourable and good relationships easier to establish. Here the general state of communications existing in the hospital and the status of the trade unions' representatives have their effect.

The trade unions' main anxieties are therefore the way in which the Organiser is appointed and the type of work performed by volunteers. Otherwise, to quote one national secretary, 'we think that the volunteers can render a valuable service to the community and that full-time Organisers would undoubtedly be helpful in coordinating the activities of the voluntary workers'.

7 Opinions of Patients, Staff and Volunteers

i The patients: 24 patients in 6 hospitals were interviewed by the investigator.

1 Please describe the contacts you have had with volunteers.

Of 24 patients questioned, nine did not know who the volunteers were, although there had been volunteers on their wards for several weeks or, in some cases, months. The patients themselves had all been there at least three weeks. Those who did know the volunteers had had varying degrees of contact. A few had got to know a volunteer well over a period of months and regarded her very much as a friend who could be relied upon to do all sorts of odd jobs; who always had time for a chat if the patients were feeling depressed or lonely. Others just knew that the volunteer helped to serve the meals and drinks, did bits of shopping, changed flower water, and would pick up objects that had fallen on the floor or do other little things that the patient felt reluctant to ask a nurse to do. In this case, she was just another face on the ward, a useful but not indispensable person. Most patients had used the trolley services for books and confectionery.

2 Why do you think the hospital has volunteers ?

About two-thirds of the patients had no doubt whatever that shortage of staff was the main reason for the use of volunteers. Some did qualify this by saying that it would still be nice to have volunteers around even if the hospital were fully staffed. A few thought the hospital had them primarily to do the extra, odd jobs such as shopping and arranging flowers, washing and setting hair. A group of ladies in one hospital decided that the main reason was to help the volunteers who were widowed, lonely women needing an interest in life.

3 What other jobs do you think could be undertaken by them?

Many suggested that volunteers could take an especial interest in patients without friends or relatives. They were aware of how painful visiting hours could be for people without visitors, sometimes from first-hand experience. Several patients suggested that early morning volunteers to help with the breakfast rush would be a great asset. (One man was especially keen on this as he thought it would enable him to have the soft-boiled eggs he craved instead of the hard-boiled ones he inevitably got.) Many also suggested reading to patients who for one reason or another could not see or hold a book, or found it a strain.

4 Have you ever thought of becoming a volunteer?

Several of the patients either were volunteers in some other field, or had close relatives who were. A few others said they would if they were younger, or fitter, or had the time, etc. Two said they would like their daughters to do voluntary work in a hospital. Others did not see themselves as volunteers because this was the activity of certain types of person – somebody with leisure time or, as one said, 'with a certain finesse'. One man said he could not face the idea of being exposed to suffering.

5 How have the volunteers helped you during your stay in hospital?

Several patients said that, apart from practical help, the great thing about volunteers was that they were people like themselves from outside, and therefore they could exchange gossip about themselves and their families as they would not feel free to do with a nurse or other member of staff. Another said that patients tended to talk about their illnesses amongst themselves but the volunteers brought outside interests. One said that having older women volunteers was reassuring for older people like herself when all the nurses were so young. (It must be remembered that often there are dozens of unsung volunteers on a ward – the patients themselves. Many, who would not think of becoming a volunteer when outside, take an active interest in helping and comforting each other.)

ii The Staff: 103 members of the administrative, medical, medical auxiliary, nursing, social work and ancillary staff in 13 hospitals were interviewed by the investigator. Not all

of them answered all the questions.

1 What are the aims of the volunteer service in the hospital?

Aims fell into five main categories:

i improving the hospital's service to the patient by the provision of personal, extra services; improving the patient's comfort and well-being by supplementing the work of the permanent staff;
ii a means of arousing and maintaining community interest in the local hospital; and in psychiatric hospitals, a means of improving public understanding of modern treatment and mental illness in general;
iii a means of allowing nurses more time for nursing duties; relieving other trained staff of routine, non-technical duties;
iv the utilisation in psychiatric hospitals of the many different talents and skills of scores of volunteers to make a richer ward programme for patients and help in their social rehabilitation;
v a gap-filling service made necessary by the shortage of staff.

Matrons especially were keen that volunteers should be used to give nurses more time for nursing. They and medical social workers were particularly aware of the value in arousing community interest in a hospital. Administrators were more prone to see the voluntary service as a means of improving the hospital's effectiveness and efficiency. In the psychiatric hospitals much more importance was attached to the educational value of the scheme in the local community. Administrators and doctors at these hospitals were enthusiastic about the part volunteers could play in the patient's social life at the hospital and social rehabilitation, particularly of long-stay patients.

2 What is the role of the Organiser?

The functions of the Organiser were thought to be, in order of importance:

recruitment and selection
coordination and liaison between staff and volunteers
assessment of needs in the hospital
placement
keeping volunteers happy
responsibility for volunteers after placement
liaison with voluntary organisations in the community
public speaking
preparation/training of volunteers

3 Is the role of the Organiser considered well defined or vague?

Two-thirds thought it was well defined in their own hospitals, one-third thought it was vague. Many qualified the statement that the Organiser's role was well defined, for example: 'although always within a broad and permissive framework'; 'but I am not sure that it is well understood by all my colleagues here' (medical social workers); 'but the manner in which the job is carried out is left to the Organiser' (hospital secretary); 'his or her terms of reference should not be so formal as to prevent progress or improvements related to the ever-changing community in a large hospital' (matron). Amongst those who thought it vague there were also qualifications, for example: 'it may appear vague because the Organiser is working at a higher overall level than other staff and will have contacts with persons and groups beyond the ken of the other staff' (doctor); 'it is vague as far as general hospital staff are concerned – the Organiser is just another member of staff – although well defined in relation to the duties involved' (administrator). Finally, one administrator tried to get the best of both worlds by saying that the role was vaguely defined but reasonably well understood.

4 What are the reactions to the volunteers of a) the patients b) the patients' relatives?

a) the patients	Approximate %
Very good, very favourable	44
Gratitude	8
Unaware they are volunteers	6
Depends on the individual volunteer	4
Don't know	38
	100%

Reasons given for the patients' favourable reaction included: 'children like the volunteers because they do not associate them with treatment' (ward sister); 'they (the patients) are glad to have someone to talk to' (ward sister, teaching hospital); 'often the volunteer is the only person on a ward who was there during a previous admission – they provide a stable link' (ward sister, teaching hospital); 'they get used to the volunteers and learn to trust them although it takes time' (head occupational therapist, psychiatric hospital); 'the patients are sensitive to emotional feelings that the volunteer expresses and will react accordingly. Enthusiasm, sincerity, honesty, sympathy,

tolerance, patience will be quickly picked up by the patient and returned to the volunteer' (doctor, psychiatric hospital).

b) Very little was known about the relatives' reactions.

5 What are the qualities of a good volunteer?

Qualities in order of number of times mentioned.

Reliability
Initiative (getting on with the job without asking all the time)
Common sense
Genuine desire to help
Humility
Patience
Adaptability
Cheerfulness
Discretion
Enthusiasm
Good listener
Intelligence
Liking for people
Regularity
Sense of responsibility
Sympathy
Tolerance
At ease with all ages
Compassion
Conscientiousness
Humanity
Kindliness
Non-emotionalism
Non-involvement
Personable manner
Punctuality
Sincerity
Tact
Tolerance of hospital etiquette and atmosphere
Understanding
Warmth
Willingness

6 Are there any difficulties caused by volunteers in hospital?

The type of difficulty most known to staff or visualised by them concerned the attitude of the volunteer. They were thinking of the volunteer who was too emotional, who became too involved with patients, who allowed herself to be manipulated or played up by psychiatric patients. Or they were afraid of the volunteer who might assume too much initiative once she had been coming for some time and even become 'bossy'. They usually recognised, however, that good preparation should be able to eliminate or, at least, alert the volunteer to the danger of these failings. Other difficulties, either real or imagined, concerned communications: the volunteer feeling diffident about telling staff if she had not enough to do, or a member of staff failing to tell the Organiser if the volunteer was unsatisfactory. A few members of staff thought difficulties could be caused by the work performed by the volunteers. One ward sister on a children's

ward thought it would mean nurses would be confined more to treatment or nursing procedure and a hospital secretary was concerned about the effect of an unclear demarcation of jobs and possible anxiety on the part of the staff.

7 Any suggestions for the better preparation of volunteers and staff?

There were many suggestions that volunteers should be given a better introduction to hospital life in those hospitals where this did not already take place. Some general idea of hospital etiquette, the running of the hospital and the work of the different departments were recommended by several. One felt that volunteers, like the public in general, had out-of-date ideas about many aspects of a hospital and needed to be brought up to date. Methods suggested were booklets, talks or discussions with the Organiser and lectures from members of staff. Some staff felt that there should be more preparation for what the work involved so that volunteers, particularly in psychiatric hospitals, should not have unrealistic expectations about what they could achieve. In the general hospitals it was suggested that volunteers should be prepared for the unevenness of work so that they did not get despondent when they were not kept 100 per cent occupied. Staff in general thought that more information about the introduction of a voluntary help scheme should be given before the Organiser actually arrived. Some ward sisters felt they had not been sufficiently consulted and that staff nurses should be shown how to use volunteers in the ward sister's absence. An administrator stressed the point that the use of volunteers must have the full support of the staff, 'thus staff must be made aware of the help volunteers can and are giving, and this demands a good communication system'.

8 Any suggestions for other volunteer activities?

Not many members of staff had suggestions, either because they thought the scheme was too young and must be consolidated in a few departments to begin with, or because they felt that all possible activities were already being covered. Suggestions were:

crèche for children of married staff under supervision of skilled person
clerical work on wards
sixth form science students to do laboratory work without needing supervision
regular service to help isolated patient on discharge by lighting

fires, doing essential shopping, etc
visiting home-bound out-patients; for example, disabled, mothers of large families, elderly
minding children in out-patient departments
circulating a list of interests, hobbies and languages to be found amongst volunteers, to ward sisters or charge nurses, so they may know what is available to help individual patients
working with patients on gardening projects (psychiatric hospitals)
visiting discharged patients under supervision of psychiatric social worker and mental welfare officer (psychiatric hospitals)

9 Any suggestions for improving relationships between the staff and the volunteers and/or the Organiser?

Most of the staff thought that relationships were sufficiently good not to need improvement. However, some thought that more social contact between staff and volunteers would help and one said that 'volunteers tend to remain on the fringe instead of being drawn into hospital activities. Some are able to overcome this by the force of their personalities, but others may feel they are intruders. They should be invited to partake of meals, teas, etc, on the hospital premises, and to join in other hospital social activities so as to make them feel they are identified with the hospital team'. Several members of staff from different departments thought that relationships would be improved if greater use were made of joint consultative procedures. Another suggested that the circulation of a progress report from the Organiser would help.

iii The Volunteers: 86 volunteers in 10 hospitals filled in questionnaires. Not all of them answered all the questions.

1 What do you think is the role of the Organiser?

Nearly half the volunteers thought recruiting and placement were the Organiser's principal duties. Assessing the volunteer's capabilities, finding and assessing the jobs to be done, training and preparing volunteers were also thought to be important. About a third saw liaison, coordination and the promotion of good relations between volunteers and staff as the primary role. Another group thought the Organiser's main responsibility was to the volunteer, 'keeping her happy'. Some elaborated on this, saying the Organiser should keep in touch regularly with the volunteer, giving information and advice as needed, consulting with her should the need arise. There emerged a

need to feel that the Organiser was always around, readily available and easily approachable. A few volunteers, particularly from psychiatric hospitals, thought the Organiser should also be interpreting the needs of the patients by having regular contact with them. (How an Organiser could maintain contact with several hundred patients was not made clear.) One volunteer said shortly that the Organiser's role was – to organise. From the volunteers' answers the picture of the ideal Organiser emerged as a person who would keep everyone happy. (No mean feat in a hospital.)

2 Do you have enough contact with the Organiser ?

Most volunteers said they had enough contact, many saying they could see the Organiser whenever necessary, and anyway saw her at least once a week. A few said they had little direct contact but that was quite enough and they saw no need for more. Others said they saw little of the Organiser but knew they could easily get in touch when necessary. The telephone link emerged as being very important. One volunteer did not see a need for contact unless someone was on the wrong job, whilst another thought a few more visits when working would be appreciated. However, somebody else said that seeing little of the Organiser did not mean that the work suffered – she just got on with it. One schoolgirl sounded a bit bored: 'we see the Organiser every week and she asks what we are doing and if we enjoy doing voluntary work'. Another was quite down to earth: 'I see the Organiser once a week which is quite sufficient'. Many volunteers commented that regular appeals for information or opinions by letter or newsletter made them feel useful, although they did not say whether they actually responded to these appeals. On the whole even those who preferred little contact liked to know that, if necessary, the Organiser was there, if only at the end of the telephone. In the psychiatric hospitals where many volunteers came in groups, some felt that newcomers to the group should have a chance to meet the Organiser socially after a couple of visits. Another appreciated very much the interest shown by the Organiser in the progress of patients with whom the volunteers were working. Where a newsletter was circulated it seemed to be much appreciated. Others said they would like the Organiser to arrange more discussion meetings and give more background information on mental illness before volunteers started work.

3 What is the attitude of the staff to you ?

The great majority of volunteers found staff to be 'very helpful,

friendly, appreciative, grateful and pleasant'. A few had found some exceptions to the generally favourable attitude: staff were '*usually* cooperative, *generally* giving the appearance of welcoming, in *most* cases friendly'. Others said that initial unease and surprise that anyone should volunteer to work in hospital had turned to 'keenness to include them in whatever was happening on the ward', or that 'at first all the staff resented my presence but after a while the barriers broke down'. A few spoke of disappointment: 'some staff do not know what a volunteer is for'; 'some staff extend one more than others'; 'they seem uninterested in me as a person', although another volunteer expressed pleasure that she was treated just as 'an extra pair of hands to be used in the best way required'. Young nurses came in for criticism: 'they do not have a clue' (about how to use volunteers), or 'they are diffident about asking' or 'some think that to be unqualified as a nurse you are unqualified altogether'. (Presumably these are nurses who have learned nothing about volunteers during their training.) Volunteers also indicated the different ways in which they were used – 'they are always willing to find me an odd job to help out' contrasting with 'they make me feel one of a team'. The appreciation of staff varied from 'they do not seem to resent our helping' or they 'regard one's work as useful' to 'grateful for even the slightest assistance'; 'always glad to see me arrive'; 'treated as one of the family'. Generally speaking the impression given was that the majority of staff were friendly and helpful, although it took some of them time to get used to the volunteers and young nurses did not always understand what the volunteers were there for.

4 Are you satisfied or dissatisfied with voluntary work?

Volunteers gave a variety of different reasons for their feelings of satisfaction. The largest number said that their satisfaction came from altruistic reasons – the knowledge that they were helping others, being useful, helping those less fortunate, helping overworked staff. A small number said they derived their satisfaction from the appreciation expressed or simply felt by the patients or staff; some because they knew they were providing a link between the patients and the outside world. Another group of volunteers found the work satisfying because it was so interesting: 'meeting so many different people'; 'learning from others'; 'especially when working with overseas staff and patients'; 'meeting so many nice people' (in reception). One volunteer felt he had 'gained a great insight into the work done by the overloaded NHS and I am most impressed by the care given to the individual patient'. Another felt she was learning about suffering

and illness and how to come to terms with it herself; another said he considered himself 'fortunate not to be a patient but to be able to come along and help'. He helped as he would like to be helped himself under similar circumstances. Several mentioned the satisfaction of 'being of further use when one is retired' or found it a 'pleasurable, satisfying way of spending one's spare time'. Several felt satisfaction at being able to 'release a nurse who could be more usefully employed' from unskilled menial jobs. One said 'it is economic to free professional people from chores'. Another said 'even though the job is menial, the fact of giving up one's own time for someone else adds to the pleasure; it is good to forget oneself'. One volunteer frankly said she found the work satisfying because she was 'able to work independently, unhampered by other volunteers'. Many volunteers acknowledged that they were often doing trivial or menial tasks but felt satisfied because these were important to the patient and they were able to give the patients the feeling that someone had time for them.

One-fifth of the volunteers who answered this question expressed some degree of dissatisfaction. The main reason related either to the type of work they were doing or the arrangements for their work, for example: 'too many volunteers on the same job'; 'not kept busy'; 'routine work had already been done by probationers and one feels one's work no longer wanted or required'; 'I am only satisfied when the work to be done is specified and I am left to do it'. The other reasons all related to the quality of the work and varying degrees of frustration with the amount they were actually able to achieve. They said 'there is no sense of achievement'; 'the work is piecemeal'. They wondered whether they could not do something more demanding 'with more mental stimulation', but in the psychiatric hospitals they were also dissatisfied with their own efforts: 'we would like to do more and better'. They were not always unrealistic: 'the aim is to get patients back into the community and it is not easy'.

5 Do you consider voluntary work important for the well-being of the patient or an inessential extra?

Of the volunteers who thought it was important, most gave as a reason the contact they provided between patients and the outside world. 'A change of face breaks the monotony'; 'patients are glad to see a fresh face'; 'it makes a welcome change for the patient.' Talking to patients, especially those with no visitors, 'easing their nerves', was seen as a real contribution. Others saw their importance as easing the pressure on staff, enabling them to get on with skilled work, and being

available to do the many small things, such as shopping, which patients felt reluctant to ask staff to do. In general they felt their value to the patients lay not in being an unskilled member of staff but in being an outsider like themselves who could make them feel more at home. Those volunteers who considered their work an inessential extra gave exactly the same reasons – they gave help in small ways, had time to talk to the patients and gave the nurses a bit of a rest. (Therefore it seems a question which can only be answered in a subjective way.)

6 Do you expect or want recognition?

(This question was ambiguous.) Many volunteers assumed it meant financial recompense and therefore out of 90, 59 said No. Some were most emphatic (perhaps indignant that such an idea could ever have been suggested) and block letters, underlining, and horrified exclamation marks abounded in such answers as 'certainly not'; 'definitely not'; 'none whatsoever'. Of those who did want recognition, two-thirds said that verbal encouragement from staff or volunteers 'made all the difference to the job'. One wanted appreciation from medical staff. Several volunteers wanted recognition in the form of meetings or social functions. According to some volunteers it was up to the Organiser. She needed to 'give volunteers the feeling they are doing something worthwhile'. A leader of a group wanted 'an opportunity to express ideas'. One volunteer mentioned the encouragement she received from the Organiser's occasional letters. Only one mentioned an annual letter from the hospital, and only one suggested that an outstanding worker should be given an MBE or OBE *'pour encourager les autres'*.

7 Why do you like working in a hospital?

Answers were very varied but fell into several main groups. Some felt it met a need of their own: the need to do voluntary work, the need to belong to a group, the need to salve their own conscience, the need to fill in spare time, the need to feel needed. The largest group liked hospital work because of the contact with others – whether staff, patients or other volunteers – and because they liked people. Another large group were interested in nursing or medicine and a few said curiosity about hospitals had made them do it for the experience. Many volunteers were attracted by the atmosphere of a hospital. (This attraction is perhaps felt especially by office workers and others whose own job is basically routine and mechanical.) Another group felt that a hospital was the best place to be useful. About half the

volunteers were working in a hospital primarily because it provided an opportunity to do voluntary service and only incidentally because it was a hospital (Table A). The other half were interested because it was a hospital and would not necessarily wish to do voluntary work in any other setting (Table B).

Table A

I have a desire to help, to be useful
I like meeting others, contact with others
I am needed
I need to do voluntary work
I like people
I find it rewarding, satisfying, enjoyable
It fills spare time
I need to belong to a group
I like social service

Table B

It is worthwhile, purposeful, constructive
I have an interest in medicine/nursing
I like the atmosphere, the team spirit
It is a new, different experience
I am grateful for my good health
It is a change from my own limited world
It is a balanced community
There is variety of work
It is an opportunity for expressing sympathy
It is a conscience salve
In case of my own health need
I am an ex-nurse

8 What qualities do you think are essential for a good volunteer?

Qualities in order of number of times mentioned.

Patience
Willingness
Reliability
Tact
Cheerfulness
Sympathy or compassion
Sense of humour
Adaptability
Pleasantness
Discretion
Acceptance of discipline
Liking for people
Regularity
Helpfulness
Kindness
Punctuality
Good listener
Interest in work

Cooperativeness
Enjoy helping
Understanding
Common sense
Friendliness
Thoughtfulness
Integrity
Practicalness
Humility
Altruism
Good humour
Tolerance
Sociability
Normality
Good temper
Dedication
Self-confidence
Intelligence
Perseverance
Enthusiasm
Sense of responsibility
Efficiency
Sincerity
Conscientiousness
Loyalty
Energy
Alertness
Unselfishness
Resilience
Serenity
Personality
Initiative
Youth
Quick or good learner
Hard worker
Good feet
Strong stomach

When these are analysed it is seen that volunteers place greater emphasis on qualities that are more important to, and more easily appreciated by, staff than they do on qualities that would be more important to the patient. For example, of the four qualities mentioned at least 15 times, three – willingness, reliability and tact – would seem more important to the staff and only one – patience – would seem more important to the patients.

9 Give suggestions for other volunteer jobs and services.

Only a small number had suggestions to make and in the general hospitals over 50 per cent of these were for some form of visiting:

discharged patients who were lonely, infirm, or elderly – to chat, cook, read to them or shop for them

elderly out-patients at home

elderly or lonely wives of long-stay patients

lonely or friendless patients on wards – shopping, writing letters, reading to them

expectant mothers to help with shopping

Other suggestions were:

older women volunteers to help in bathing elderly patients

volunteers to sit with children having injections or x-rays when no parent was present

volunteers to be hostesses or guides in out-patient departments

volunteers to arrange flowers on wards where there was no permanent volunteer

In the psychiatric hospitals over half the suggestions were for volunteers to be used in follow-up visiting of discharged patients. Another group suggested more use of volunteers for taking patients out individually for lunch, tea, walks or outings. One wanted more preparation for long-term patients to face keeping a home; another suggested a joint patient-volunteer society for painting or building projects on workcamp lines. (Some hospitals are already using volunteers in one or more of these ways.)

10 Give ideas for helping the Organiser in her work.

The biggest group of suggestions were for various means of improving communication. Volunteers wanted meetings, discussion groups, informal get-togethers, where they would feel free to make suggestions, ask questions, discuss what they were doing, pool ideas. Nobody wanted formal functions but they did want to meet staff on a social basis. Other ideas were for establishing channels of communications; a regular means of making suggestions. One put forward the idea of a suggestion box, another a questionnaire such as the one he was filling in. The second group of ideas concerned reliability. Volunteers were well aware of how important it was to inform the Organiser in advance of unavoidable absences. They should also be prepared to fill in for others and to do any odd job they were asked to do. A particularly zealous volunteer suggested they should be on call in case of urgent need. Another idea was that the Organiser should see that her telephone was manned at all hours to receive messages. The third group of suggestions concerned keeping the Organiser up to date with the progress of the job the volunteer was doing, passing on information about openings for other jobs, giving the Organiser an accurate picture of the ward in order to place other volunteers to their best advantage, and reporting any real problems but not bothering the Organiser with unnecessary complaints. Other suggestions included

several to help new volunteers: a list of hospital regulations to be supplied, preparation by experienced volunteers before starting a job, a warning that they might get depressed at the beginning but it would soon wear off. Finally, one volunteer said 'No committees'.

11 What are the best means of recruiting new volunteers?

	Approximate %
Word of mouth or personal contact	32
Advertisement in local/national press	17
Approaching local firms	9
Giving talks	7
Through social clubs and organisations	6
Through schools/colleges	5
Through churches	5
Magazine articles	5
Existing voluntary organisations	5
Youth clubs	3
Radio, television	3
Notices in hospitals	3
	100%

12 How did you become a hospital volunteer?

	Approximate %
Through a voluntary organisation	31
Church Fellowship	
League of Jewish Women	
Women's Royal Voluntary Service	
British Red Cross Society	
Through word of mouth or personal contact	29
another volunteer	
as a patient	
as a patient's friend or relative	
member of staff's friend or relative	
Through direct enquiry	15
at hospital	
at Citizens' Advice Bureau	
at Council of Social Service	

Through a third party	13
school	
work	
Through publicity	12
newspaper article	
parish magazine	
magazine article	
	100%

(The large number who became volunteers through a voluntary organisation included many who considered themselves primarily members of those organisations and only secondarily members of the hospital's voluntary service scheme.)

Young volunteers: two group meetings of young volunteers were held.

First group: 9 students from a technical college working as volunteers in a psychiatric hospital.

This group had been coming for only six weeks. Some seemed rather unrealistic about what they could achieve, assuming that friendly contact over a period of a few weeks would enable patients to return to the community. There was a tendency also to forget that staff were with the patients 24 hours a day and that at this particular hospital hundreds of other volunteers were also coming. However, others were more realistic and had realised the limitations of what they could achieve and were prepared to work within this framework. They were enthusiastic about their visits and their friendships with patients and they felt their eyes had been opened to another world. Most said they had started coming out of curiosity but had continued because they felt it worthwhile and constructive. One said it was an alternative to orthodox religion – a practical sort of Christianity.

Second group: 18 boys and girls aged between 14 and 18 from different schools (public, grammar and secondary modern) working as volunteers at a general hospital.

The schools represented varied greatly in their attitude to voluntary service. Some actively encouraged it, maintained close liaison with the Organiser and had a waiting list of pupils to fill rotas of helpers.

At the other extreme there were girls from schools which gave no encouragement at all. Although the Organiser took great care in placing them, they had sometimes had embarrassing, frightening or difficult experiences during their work, but they seemed to have coped with these. One girl, for example, had innocently asked a patient whether she wanted her hair washed, to which the good lady replied, whipping off her wig, 'are you being funny?' Another boy had seen a dead body brought in from an ambulance: it had shocked him and he felt quite affected by it at first but had learnt tc accept the idea of death. Occasionally customers at the tea trolley in the out-patient department would get annoyed at a delay and snap at the boy or girl in charge, not knowing they were volunteers. They said they accepted this and never said as an excuse that they were volunteers. Some were unhappy about doing gap-filling jobs such as washing bottles in the pharmacy or rolling bandages and felt that volunteers should not be used on these. Others felt that whatever job they did, the patient was the ultimate beneficiary and therefore even gap-filling jobs were worthwhile. But they all appreciated most the jobs that brought them into direct contact with patients. Several had decided on hospital careers as physiotherapist, administrator, nurse or social worker since they started their voluntary work. One girl had confirmed an already present desire to be a nurse. Many said their parents took a great interest in their work and they discussed the things they had seen or done with them. They all felt they were learning about life through their hospital experiences and they all disclaimed any desire for recognition or gratitude. It was useful, interesting work and they enjoyed it. That was enough.

8 Opinions of Organisers in Psychiatric Hospitals

Written answers to an additional set of questions.

1 In the selection of volunteers, how much importance is attached to motivation?

'It is desirable that the motivation be known, as this often determines placement.'
'Being aware of motivation helps me to keep an eye open for possible side effects.'
'When volunteers are motivated by personal reasons rather than the simple desire to help, it often enables them to have a greater level of understanding.'
'The key is how the volunteer can cope with the problem rather than the nature of the problem.'
'The Organiser must balance the needs of the hospital against the needs of the individual and be satisfied that the volunteer will be reliable, adequate and able to contribute usefully.'

2 Are ex-patients accepted as volunteers?

'They are a very motley group just as the normal community is: each person has to be judged as an individual but naturally we are far more selective with ex-patients.'
'They are considered like anybody else on grounds of suitability.'
'Many come back to the hospital anyway as members of the League of Friends, or to visit friends, or to work. They should not spend too much time at the hospital, but they should be enabled to help if they want to, like anybody else.'
'They can serve as an encouragement to the patients, by showing how they have been able to overcome problems, and are often better able to understand the patients' anxieties.'

3 Are volunteers accepted as an integral part of the treatment process?

'They are not accepted as an integral part, but for the contribution they can make and for meeting specific needs.'
'Many staff see the volunteers purely as providers of entertainment: there is a long way to go before they will be accepted as an integral part.'
'Yes they are accepted thus.'

4 How are the volunteers used for the reintegration of the patients into the community?

'Community participation in the hospital is developing slowly.'
'By encouraging outside groups into the hospital, it is hoped that in the future they will accept patients as members.'
'By taking part in social activities in the hospital and giving hospitality at home to patients.'
'By following up patients after discharge on a friendly basis.'
'By running a club for ex-patients with a social worker.'
'By becoming landladies of halfway houses.'

5 Does the use of volunteers allow the staff to do their own work more completely?

'It allows them more time to do their own work.'
'Helps staff in many ways – easing pressure of work – gives staff more time to be with patients.'
'They provide extras in the way of entertainment and social activities which give staff a new situation for the assessment of the patient in relation to the volunteer.'
'They can relieve nurses of such jobs as feeding senile patients, and help them with bathing, cleaning the ward and helping patients doing ward work.'
'After the initial period of introduction they can help in the occupational therapy department by keeping the pace of work going while the occupational therapist talks to individuals.'

6 Has the use of volunteers had any positive or negative effect on the local community's reaction towards mental health and mental hospitals?

'Positive effect has been to raise considerably the level of understanding in the community and create a great deal of interest.'

'It has made the hospital more familiar with the local community; which in time is bound to have a positive effect on the community's reaction towards the hospital.'
'A new local mental health association started almost simultaneously with the Organiser which meant a great deal of liaison: many members of the association have volunteered, and many spontaneous requests to visit the hospital have since come from individuals and groups.'
'Occasional negative effects due to the lack of experience of the Organiser in her early days, for example, a group of young people was placed on a ward where the sister had not been made aware of the amount of support needed, and they consequently left with bad feelings about the hospital.'
'Most volunteers had been completely unaware of what goes on in a mental hospital. They learn the problems and difficulties and see more clearly the services that should be provided.'

7 What importance is attached by the staff to the reactions of the patients either to individual volunteers or groups ?

'Great care is taken to match volunteers to patients and a constant watch kept for the reactions of both parties. Groups of volunteers are discussed at ward meetings before visits and after the initial period.'
'On occasions patients have expressed a desire for a certain group to leave and they have been placed elsewhere.'
'Some staff on geriatric and long-stay wards do not attach any importance; others comment favourably.'
'A good deal of importance will be attached to the patients' reactions on admission and short-term units where volunteers and patients are members of the same community, and patients will need to accept the volunteers.'

Finally an assessment by the nursing administrator of Fulbourn Hospital of the contribution of a group of volunteers.

'For the ward staff the interest of the volunteers over the past year has been a source of stimulus and encouragement. No matter how enthusiastic and efficient the nursing staff may be, even if staffing is adequate (which often it is not) and continuous, they are limited in what they can do by having to work within the rules and regulations of the hospital as a whole. They are not free to jettison certain very necessary administrative and purely nursing duties in order to give as much time as they would like to talking, listening, working and playing with the patients in their care. Even if this were not so, their

relationship with the patient is bound to be affected to some extent because they do represent authority however benign it may be. So the volunteers have brought to the ward friendship and interest unhampered, and have exposed the patients to new and fresh personalities which have challenged them to attempt to make new relationships and overcome difficulties in personal relationships. Already a number of patients have responded well in this respect, and it has been possible to make new assessments of certain individuals in this new setting, and to extend their work effort and social life – a step in rehabilitation which was unforeseeable in several instances a year ago and may well have been missed altogether but for the influence of the volunteers.'

9 General Observations

The following are some general observations reflecting the opinion of the investigator.

1 The four most frequent ways of regarding a voluntary help scheme are:

the provision of workers to fill gaps in the hospital's services with a minimum outlay of time and effort on the part of the staff;

as a fashionable means of enhancing a hospital's public relations image for the benefit of the public;

as a means of providing the 'personal touch', a more satisfactory service to patients by people with time to spare;

as a deliberate means of drawing the hospital into the community and the community into the hospital, breaking down still further the hospital's isolation and aloofness from the community, particularly in the case of mental hospitals.

The first two can provide a service which in the short term does a lot of very useful work and will achieve their objectives. But long-term problems will be created and the scheme might then become the means of creating bad relationships in many other sectors, inside and outside the hospital. The third way will provide a service beneficial to hospital, patients and staff, as long as no problems arise and the volunteers are content to do undemanding work with little or no responsibility. The fourth way involves replacing the professional mystique of knowledge, and the layman's uncertainty and apprehension, with a working partnership as an expression of real community care. This, I believe, is the right way.

2 The appointment of the Organiser, the preparation leading up to it,

and the introduction of a voluntary help scheme, should be seen as an exercise in community development on two levels. First, with the hospital as the community, where the scheme is answering a need felt by most of the inhabitants, patients and staff alike. Secondly, where the outside community is given a chance to feel responsible for the hospital and the treatment of the people in it, thus fulfilling the true meaning of the word community – common ownership or liability. If all communities felt this about their local hospitals, it is difficult to see how the incidents cited in *Sans Everything* could happen.

3 When choosing an Organiser a hospital must look for more than a cheerful personality and administrative ability. The selection must be made on a more objective basis with a greater understanding by the hospital of what a successful scheme involves. Some hospitals seem to choose as Organiser a person whom they think is malleable and undemanding, and therefore unlikely to clash with the personalities of the hospital authorities. When hospital staff say that the most important thing to look for in choosing an Organiser is personality, as nearly all of them do, they often mean a compatible person who will not upset their own personalities.

4 Every hospital has its own idiosyncracies, traditions and customs. Each Organiser must adapt the scheme to suit her own hospital. But she must also remember her role as pioneer and innovator and beware of identifying herself too closely with negative hospital attitudes. She must understand them without accepting them.

5 The Organiser must also beware of accepting a role as mere filler of gaps. She must continually scrutinise and evaluate her programme to see what she is achieving and must ask herself whether volunteers are doing something meaningful, whether they are making a real contribution to the welfare of patients and to the work of the hospital.

6 The occupation of Organiser is not an administrative one, but a community organisation one, and perhaps has more affinity with the work of a Secretary of a Council of Social Service, or a community development worker, than any other. The skills that should be looked for are not primarily administrative skills, although these can be a help, but human relations skills: group dynamics, interviewing, personnel management, etc. The experience that should be sought is not first and foremost hospital experience, although this can have certain practical advantages, but experience in community or voluntary work.

7 The post of Organiser is comparatively new and often an isolated one. The regular exchange of opinions and consultation with colleagues, which other members of hospital staff find so helpful and stimulating, is needed. The formation of an association to arrange such meetings and the exchange of information would help.

8 To some the report may convey the impression that the Organiser is always right. This is certainly not the intention and I think Organisers would be the first to admit that they have made many mistakes, trodden on many toes, and dropped many resounding bricks.

Appendices

Appendix A HM(62)29 Voluntary Help in Hospitals

Summary This memorandum gives advice on ways in which voluntary help in the hospital service can be expanded; it asks hospital authorities to review the position and to arrange meetings with representatives of the appropriate voluntary organisations.

1 In Cmnd 1604, *A Hospital Plan for England and Wales*, it was stated that representatives of the hospital authorities, the local authorities, and the voluntary organisations were being invited to confer at national level on the scope for voluntary provision within the development of the hospital and local authority services and on the manner in which the planning of these services could best take account of it.

2 A preliminary conference took place on the 13th February and included representatives of the Regional Hospital Boards, the Association of Hospital Management Committees, the Teaching Hospitals Association, the local authorities concerned with health and welfare, the English and Welsh Associations of Executive Councils and the following voluntary organisations:

British Red Cross Society
National Association of Leagues of Hospital Friends
National Council of Social Service
National Old People's Welfare Council
St John Ambulance Association and Brigade
Women's Voluntary Service for Civil Defence

3 A further conference bringing in a much wider range of voluntary bodies, including those concerned with particular aspects of health or disability, will be held in the near future.

4 There was general agreement at the conference on 13th February that there was scope for a considerable expansion of voluntary effort in hospitals. There are still many gaps to be filled. In particular it is known that there is considerable scope for the more personal services to patients especially in psychiatric and geriatric hospitals. Some hospitals may not realise the range of voluntary help which can be given or the extent to which it can add to the comfort and lessen the anxiety of patients. The attached list (not included here), which is not exhaustive, illustrates some of the services given to hospitals by voluntary bodies.

5 There is no uniquely right pattern for the provision of voluntary services, and where a service is being satisfactorily provided it is not intended to suggest that the existing arrangements ought to be changed. There will, however, often be a need for additional help, and, where more than one organisation is concerned, there may be room for better coordination.

6 The Minister therefore now asks Hospital Management Committees and Boards of Governors to take the initiative by reviewing the voluntary service given at all their hospitals and considering ways in which greater use can be made of help from voluntary bodies.

7 In deciding how to obtain additional help, the first step is to approach the voluntary bodies which provide services at particular hospitals and to ask them whether they can provide the additional services required. The approach should be to the responsible body and not to individual members. The voluntary organisations represented at the conference are informing their local branches and constituent bodies so that consultations may begin at once.

8 Where the bodies already helping cannot meet the request for additional services, an approach should be made to the County Director of the British Red Cross Society, the County Director of the St John Ambulance Association, the County Commissioner of the St John Ambulance Brigade or the County or County Borough organiser of the WVS. The Minister's Principal Regional Officers will always be glad to help in suggesting the most appropriate approach.

9 A wide range of services can be provided by a League of

Friends. Where a League of Friends does not exist, it may be possible for local well-wishers to establish one. The National Association of Leagues of Hospital Friends, 7 Grosvenor Crescent, London SW1, will give advice on this.

10 If these steps have been unsuccessful in obtaining the particular services required a local conference of all voluntary bodies providing help or believed to be capable of providing help might be called at which the hospital needs can be explained and offers of help invited and coordinated.

11 The Minister suggests that there should be continuing meetings with the representatives of the voluntary organisations which take responsibility for providing help at particular hospitals, so that the current working and development of the services can be discussed and any improvements or extensions made. The hospital chaplains should be invited. In some places these meetings can cover all hospitals in a group; elsewhere it may be better to have separate meetings for some of the larger individual hospitals. It is suggested that at these meetings the chair should be taken by a member or senior officer of the Hospital Management Committee or Board of Governors, who would be in a position to explain how far the services provided are meeting the need and what further help the hospital authority requires. The meetings will also provide opportunities for the voluntary organisations to discuss any difficulties they encounter in their work, to suggest ways in which it could be facilitated by the hospital authority, and to discuss how profits from such activities as canteens can be disposed of to the best advantage.

12 Hospital authorities are asked to ensure that all hospital officers concerned are adequately informed of the discussions at these meetings and of any developments likely to result from them.

13 A circular on similar lines has been sent to County Councils and County Borough Councils and a copy is enclosed. A copy of this memorandum has been sent to those authorities.

Ministry of Health
Savile Row W 1
12 April 1962

To: Regional Hospital Boards
Hospital Management Committees
Boards of Governors

Appendix B Hospitals and Organisers Included in Survey

Hospital	Organiser	Date of Appointment
Charing Cross Hospital	Mrs N Taylor	October 1966–September 1967
Guy's Hospital	Mrs M McGlone	January 1967
The Hospital for Sick Children, Great Ormond Street	Miss E Crawley	February 1967
Lambeth Hospital	Miss H V Webb	June 1965
The London Hospital	Miss H De Pass	April 1966
Queen Mary's Hospital, Roehampton	Dame Leslie Whateley	October 1965
Royal National Throat, Nose and Ear Hospital	Miss V L Johns	June 1951
St Mary's Hospital, Paddington	Miss T Twell	February 1967
St Thomas' Hospital, Lambeth	Miss J Finzi	November 1963
Westminster Hospital	Mr L S London	October 1965
Psychiatric Hospitals		
Fulbourn Hospital	Mrs E M C King	September 1963–September 1966
	Mrs A Woolfe	October 1966

Littlemore Hospital	Miss E Wolfenden	February 1967
St Francis Hospital, Haywards Heath	Mr J J Funnell	January 1966

Appendix C Voluntary Organisations which Provide Volunteers for Hospitals in Survey

The following are the national organisations whose local branches provide volunteers for the hospitals included in the survey. It should be noted that, in addition, there are numerous local organisations, for example, Cruse Club and Fish Scheme, which also provide volunteers for their local hospitals.

British Red Cross Society	14 Grosvenor Crescent, SW1
Community Service Volunteers	Toynbee Hall, 28 Commercial Street, E1
Girl Guides Association	17 Buckingham Palace Road, SW1
International Voluntary Service	91 High Street, Harlesden, NW10
League of Jewish Women	Woburn House, Upper Woburn Place, WC1
National Association of Leagues of Hospital Friends	4 Grosvenor Crescent, SW1
National Association for Mental Health	39 Queen Anne Street, W1
National Federation of Women's Institutes	39 Eccleston Street, SW1
National Union of Townswomen's Guilds	2 Cromwell Place, SW7
Rotary International in Great Britain and Ireland	Sheen Lane House, Sheen Lane, SW14
St John Ambulance Brigade	1 Grosvenor Crescent, SW1

The Scout Association	25 Buckingham Palace Road, SW1
Task Force	11 Bruton Street, W1
Toc H Incorporated	15 Trinity Square, EC3
Women's Royal Voluntary Service	17 Old Park Lane, W1

Appendix D Suggested Subjects for Organiser's Preparation

It is suggested that new organisers should be given the opportunity to acquire some knowledge and understanding of the following subjects if they are not already familiar with them.

1 Background to hospital service

The structure and the function of the National Health Service
Ministry of Health
Hospital boards and committees
Financing the National Health Service
Hospital administration
The functions of each hospital department and its relation to the others
Staffing structure in hospitals

2 Structure and function of other statutory services

Welfare
Education
Youth
Community health and social services

3 Function and aims of voluntary organisations

British Red Cross Society
Leagues of Hospital Friends
St John Ambulance Brigade
Women's Royal Voluntary Service

Rotary Club
Toc H
Townswomen's Guild
Women's Institute

Community Service Volunteers
International Voluntary Service
Task Force
Other youth organisations

Local organisations

4 Function and purpose of trade unions in the National Health Service

Confederation of Health Service Employees
National and Local Government Officers Association
National Union of Public Employees
Transport and General Workers Union

5 Social aspects of physical and mental illness

Social factor in causation of illness
Social factor in relation to treatment
Social and psychological consequences of illness for patient and his family
Meaning and implications of community care

6 Initiating and maintaining a voluntary help scheme

Methods of:
assessment of hospital needs
liaison with voluntary organisations in and outside hospital
recruitment
interviewing
selection
communications with staff and volunteers
organisation of meetings and social events
record-keeping, report-writing, statistics
public speaking and public relations

Understanding of:
human relationships
group dynamics
motivation
attitudes

7 Additional subjects in psychiatric hospitals

Mental Health Act 1959
National Association for Mental Health (NAMH) – resources and activities of headquarters and local branches.

Appendix E Jobs Performed in Hospitals in Survey by Volunteers

Each of the jobs shown below is being performed in at least one of the hospitals in the survey; some of them in all the hospitals. For hospitals contemplating the introduction of some of these jobs it is obvious that close consultation with local trade union representatives will be necessary.

1 Ward

answering telephone
arranging flowers
bathing patients
bedmaking
blanket-bathing
changing thermometers
checking linen cupboards
clerical assistance
distributing menu cards
escorting patients to other departments
feeding babies
filling sugar bowls, water jugs
hairdressing
interpreting
library trolley
manicure
messenger service
pedicure
playing with children
reading to patients
serving meals and drinks
shopping for patients
sitting with women in labour
taking patients out for walks, outings
talking to lonely patients
telephone trolley
tidying lockers
writing letters for patients

2 Out-patient Departments

(ante-natal, cardiology, casualty, chest, family planning, physiotherapy, post-natal, radiography, VD)

accompanying children
cutting up examination couch paper
fixing ECG terminals
form filling
guide and information service
helping undress and dress patients
lift attendant

preparing instruments
reading slides
reception
selling baby food
selling flowers
serving refreshments
servicing heart machine
testing urine
tidying magazines

3 Other Departments

i *Medical Social Work*
cleaning cupboards
escorting patients to transport terminals
visiting discharged patients
visiting lonely patients on wards

ii *Medical Records*
filing records
progressing records
sorting files

iii *Central Sterile Supply*
preparing packs

4 Psychiatric Hospitals

i *Inside*
giving massage and exercise to older men
helping in occupational therapy and industrial therapy departments
literacy classes for individuals
playing chess
providing entertainment on wards and befriending patients
organising bingo sessions
running children's nursery for day patients
running launderette for patients
serving meals on geriatric wards
taking long-stay patients to social centre and for walks
taking patients in wheelchairs to chapel

ii *Outside*
assisting staff with patients on holidays or outings
helping in social club for discharged patients
inviting patients home
making surveys of and finding lodgings
providing transport for outings and to bring other volunteers to the hospital
visiting discharged patients at request of psychiatric social worker

iii *Special skills and interests used in classes and talks*

beauty therapy
child rearing
choral group
community singing
cookery
current affairs
dancing
flower arranging
instrument playing
laundry
literacy
mothercraft
photography
pottery
physical education
religious discussion
scriptwriting
slide shows
youth group

Appendix F Occupations Represented Among Volunteers in Survey

accounts clerk
actress
administrative assistant
airman
antique silver dealer
artist
art publisher
bank clerk
bank manager
butcher
buyer
child care officer
civil servant
computer programmer
cook
correspondent
dentist
engineer
factory hand
filing clerk
gas board manager
hairdresser
housewife
insurance clerk
librarian
magazine editor
medical receptionist
medical student
music teacher
NAAFI canteen manageress
nurse
personal assistant
personnel manager
policeman
Post Office fitter
Post Office telephones supervisor
printer
private secretary
private means
receptionist
records clerk
remand home worker
research assistant
retired hospital orderly
school teacher
senior executive
shop assistant
shopkeeper
shorthand typist
solicitor
staff superintendent
store manageress
supplies officer
tax office clerk
teacher trainee
technical college student
technician
telecommunication officer
telephonist
typist supervisor
underground train driver

university lecturer
university student
vicar
warden of hall of residence
youth leader

Appendix G Some Features of Two Voluntary Schemes Not Included in Survey

During the period of the survey, two other hospital groups appointed paid full-time organisers, one on the South Coast, one in the East Midlands. Both voluntary service schemes have features not found elsewhere, as described briefly below.

1 The East Midlands Scheme

i The Organiser was appointed after a voluntary service scheme had been in operation for three years and 700 volunteers had already been recruited.

ii The group secretary and hospital secretaries of the two hospitals where volunteers first started were prepared, in conjunction with an organising committee of the Hospital Management Committee and League of Friends, to devote considerable time, mostly in the evenings but also inevitably during the day, to formulating the scheme and introducing it, over a period of three years.

iii The volunteers are divided into sections, each responsible for a certain activity or for duty in a certain place, for example: recruiting, shop and trolley, children's ward, out-patient canteen, flower arrangement, hospital guide service, etc. Each section has its own chairman and vice-chairman with whom the Organiser now works. He has limited contact with rank-and-file members.

iv The Organiser is responsible for the scheme in the whole group of nine hospitals. So far it exists in three but is to be extended.

v The Organiser is also part-time Honorary Secretary of the League of Friends.

2 The South Coast Scheme

i The scheme was started as a result of a feasibility study by a group of selected heads of departments who had taken a personnel management course together. The group decided that such a scheme would help to improve communications and relationships between the town and the hospital. After gathering information about other schemes they decided a paid Organiser was essential to start the scheme.

ii The Organiser has established a regular training programme for volunteers. Groups of new volunteers receive a total of five hours' training in two sessions. Subjects covered include:

geography of the hospital
function of wards and departments
the hospital team
code of ethics
the work of volunteers

There is also time for questions, discussions, and a tour of the hospital. Volunteers are also given the following documents:

list of hospital staff names and appointments
list of consultants, registrars and housemen
list of volunteers' names and addresses
list of definitions of medical terms
list of ward duties
map of hospitals
'Guide to Patients' booklet
code of nursing ethics

iii When numbers are sufficiently large, the Organiser plans to divide his volunteers into groups with leaders.

As in most voluntary help schemes it is too early yet to be able to evaluate these schemes, but it is obvious that there are many lessons to be learnt from them, just as there are from the others already mentioned in the survey.

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