



Voluntary Help
for
General Hospitals
and for
Children in Hospital

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VOLUNTARY HELP
for
GENERAL HOSPITALS
and for
CHILDREN IN HOSPITAL

"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. . . 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"

Organisers of Voluntary Services in hospitals
by Jan Rocha. King Edward's Hospital Fund,
1968. Obtainable from The Hospital Centre
Price 57p

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WHY PEOPLE IN GENERAL AND CHILDREN'S HOSPITALS NEED VOLUNTARY HELP

By David Boorer

People who work in hospitals have always provided more than clinical care. They have always regarded it as part of their job to provide comfort, to offer that ingredient so essential to good nursing - tender loving care.

This desire has not changed but it has become harder to realise. General hospitals are large and busy places. As they grow in size, as they become even busier and as the demands upon them increase, those who work within them have to try harder than ever to give patients the unhurried attention that is so much a part of care.

The cost of hospital building and the consequent need to group expensive equipment and specialist staff in fewer centres may all add to the apparent remoteness of the large general hospital and thus to the patient's sense of isolation in what may well appear to be an alien world.

People who work in hospitals rapidly become accustomed to them and can easily forget how strange and even frightening a hospital can be. For a patient, a spell in hospital is not usually an eagerly-awaited event - it is something associated with pain, fear and deep uncertainty. A newly-admitted patient, having recently experienced an admission routine designed for speed and convenience, having had clothing taken away and having ended up in bed in a strange ward, probably feels that he has joined a club of which he is the only member who doesn't know the rules. What he needs is someone to tide him over this period of strangeness; someone who also appears to be 'a stranger in a strange land', someone who, at the very least, can identify with the patient's feelings. What is needed is someone who can remember, or imagine, just how strange a hospital can be. In short, a volunteer.

If it is important to maintain a friendly, unhurried personal contact with adults, how much more vital must this be for children? Research has shown how beneficial it is for children in hospitals to maintain contact with their parents. Free visiting and the actual involvement of mothers in basic nursing care is now fairly common. But it is not always possible for mothers to be present for prolonged periods and it is here, especially, that volunteers can do a great deal, under staff leadership, to provide entertainment and emotional comfort and to help children to while away long, dreary hours in a hospital bed.

As hospitals grow more complex and expensive, and as staff become more specialised, the need for this kind of help will grow. If this need is to be met, if voluntary help is to be an asset and not a bone of contention, then careful planning, preparation and organisation of voluntary help schemes will be needed.

To sum up, the volunteer in a general hospital has two main roles; one to act as patient's friend and helper, the other (not so widely recognised but equally important) to help hospital people to retain that precious human touch so vital to good care. Within this general context the volunteer can undertake a wide range of tasks which complement those of the paid staff and which release them to concentrate upon their own specialist work. In addition, the very presence of volunteers in a hospital leads to greater community involvement and participation in the affairs of the hospital. Volunteers who see the daily life of patients and staff, and their problems, can become powerful friends and supporters of the hospital, not only as volunteers giving service, but also as members of the public pressing for more national and local resources to be devoted to improving standards of health care.

In the following pages, there are listed a variety of jobs that are being done in general and children's hospitals or departments.

Further details can be obtained from the Voluntary Service Information Officer at the Hospital Centre. It is realised that these lists are incomplete and the Voluntary Service Information Officer will be glad to have details of any other services that could be added to them.

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Before introducing any form of voluntary help, there must obviously be the closest consultation and cooperation with doctors, nurses and others professionally concerned in the care of the patient, as well as with management and trade unions and with voluntary organisations already providing services.

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WARDS

befriending between people of the same nationality
changing cubicle curtains
chatting to patients
clerical assistance of a temporary nature
collecting and delivering newspapers
dealing with birds and fish tanks
dealing with plants and flowers
distributing menu cards
diversional therapy of all kinds
escorting patients to different wards or departments
escorting routine admissions
filling water jugs
giving patients personal services, ie, hairdressing, manicures and pedicures
helping patients at meal times under supervision
helping patients in and out of bed
helping to bath patients
interpreting
library trolley
making beds
making hassock covers for the chapel
playing chess, draughts, etc
posting, reading and writing letters
putting out clean paper towels
reading foreign books and writing a brief synopsis of the story in English
running errands
running internal radio, and handling requests for records by patients
serving coffee
sewing, mending altering and marking clothes
shop trolley
shopping for patients
taking patients out for walks and outings
telephone trolley rounds

OTHER DEPARTMENTS

assisting radiographers on rounds
assisting with despatch of house journals
assisting with projects in departments
assisting with records, projects in laboratories and elsewhere
being on call in reception area
buying clothes for patients
canteen - serving light refreshments, making price lists, posters, etc
collecting and sending abroad medical journals
collecting clothes, etc, from patients' homes before they are discharged
collecting money orders, pensions, etc, under patients' instructions
collecting x-rays from wards
committee work
emergency blood donors
emergency typing
escorting patients
escorting patients to convalescent homes
fund raising
general assistance with routine work of Nurses' League, etc
giving change for prescriptions
helping at nursing school during examinations
helping generally in the occupational therapy, speech therapy and orthopaedic departments
helping in nurses' reference library
helping with research projects
helping in voluntary workers' office
information service
making charts for teaching purposes in dietician's department
mending and sorting out patients' clothes
providing transport for elderly relatives to visit patients
running creche for children when parents are visiting the hospital
selling flowers
sitting with patients
sitting with women in labour

shopping for and settling in discharged patients
sorting and progressing records to make space for new folders
showing visitors round hospital
sorting index cards and destroying old ones to make room for new ones -
a once in five years job
stapling diet sheets, etc
taking messages
taking work to patients on wards
talking to nervous and confused patients
timing out-patients clinics (checking waiting times of patients), as part
of work study project

SUGGESTIONS FOR ADDITIONAL SERVICES IN A CHILDREN'S HOSPITAL

accompanying mothers and children to and from the cerebral palsy unit

accompanying mothers and children to the hospital to help them cope with a complicated journey

accompanying parents and patients to other departments

bringing parents who are disabled or in poor health themselves to visit their children on the wards, usually by car

checking toys for breakages

escorting children several times a week for speech therapy, or elsewhere

escorting children to examination centre for paediatric examinations

escorting children to other hospitals, often by ambulance (those who are well enough)

escorting children to own homes on discharge in special circumstances

escorting children in special circumstances (ie, when they have missed the hospital bus)

escorting older children to out-patients department for special appointments when their parents are unable to bring them

looking after brothers and sisters of patients while parents visit

marking and mending childrens' clothes and bibs

minding children

playing with and reading to children

reading to children who are isolated

running errands

taking children to other departments

taking older children on shopping trips

taking convalescent children out on trips (to zoo, museum, etc)

talking to older children who are lonely, depressed or isolated

tidying toy cupboards

tidying playrooms

weekly scout, cub and brownie meetings

A volunteer's memory of a patient

by Rachel Grieve

Mrs Blackwood could move only her eyes. She could also speak, and in this she was luckier than her neighbours who were equally paralysed and who had lost their speech as well.

Mrs Blackwood therefore became their spokeswoman. By swivelling her eyes from left to right, she could manage to see them, and to study their needs.

Forty two years ago, paralasis had started to creep over her. During that time, her husband and her child had died, she had lost her home in Bermondsey, and now she was being cared for in the small special hospital where I had come to work as a timid and inept volunteer.

No one could remain inept with Mrs Blackwood, however, she had no use for anything so unnecessary. By the time I arrived in the morning, the nurses had got her up and dressed her and put her in a big arm-chair in the day room. There she spent the day, her stunted arms and her little useless hands hung limp, her head lolled forwards, because her neck muscles had long ceased to work. Her field of vision was therefore very restricted, but still her bright blue eyes moved from left to right, taking in all that went on.

She taught me how I could help her briskly and efficiently - how to feed her, how to hold up a newspaper or a letter at the right height and angle, how to arrange her possessions for her in exactly the right place, how to write letters for her, at her dictation, how to blow her nose, how to massage her legs - it all had to be done properly, she had no patience with carelessness. "I'd have made a good boss", she said to me. She was right - she would, she did.

The needs of the other helpless patients were her constant preoccupation. She taught me and the other helpers very precisely what we could do for them. "Put Teddy's feet on that stool", she would say, "And now you've got to stop his knees trembling, haven't you? So get that cushion by the window - it must be the yellow one, it's the right thickness - and put it between his knees - that's right. Now, he'd like a cigarette. I'll tell you how to help him smoke it...." and so on. There was one patient whose only method of communication was to blink her eyelids, in the morse code. That had been Mrs Blackwood's idea - she had been a Guide in her youth, and of course she remembered the morse code perfectly.



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I never heard a word of self pity from her, although if there was no scope for her active brain, she could become bored and depressed. But she was never in this state for long. Friends and relations from Bermondsey visited her constantly for help and advice, nurses queued up to do things for her, everyone in the hospital from the Medical Director to the cook came to confide in her, and talk to her. She knew everything that went on in the hospital. Her mind was the only thing that was untouched by her illness, and she was determined to keep it working. I shall always believe she ran the hospital single handed from her arm-chair in the day room.

We all depended on her and drew strength from her. I remember an old lady called Dolly, a patient who also sat in the day room. Dolly was very inert and liked to be fed at meal times. Mrs Blackwood disapproved of this. "Don't you feed Dolly", she would say, "She can do it herself and it's good for her to try. You leave her." To Dolly, she would say, "You feed yourself, you lazy old Doll. It's good food, that is. I fancy it myself". So Dolly would eat her food. But Mrs Blackwood was taken away for a two weeks' holiday, and Dolly pined. "I miss her" were the only words she ever said, and she refused food even when you fed her. She died two days before Mrs Blackwood came back. "Silly old thing", Mrs Blackwood said to me, "I told her I'd be back in a fortnight".

She had over a hundred cards at Christmas. So she had to send over a hundred back. This was quite hard work, as a special message had to be thought out and written to each recipient, names and addresses had to be checked carefully. There was always a queue of people waiting to do this job, another queue of those who had made Christmas decorations, and who had to have her approval before hanging them up. Very critical she was, too. She took a tremendous interest in each little star, each cross. It all had to be right.

In January she caught a cold. This of course turned to pneumonia, and she was mortally ill. She had no fear of death, her belief in God was total. But she hated losing her grip. "I wish I could fancy something?", she gasped several times, and she meant it. It distressed her that she had lost her zest for life. Presently she had to have injections to help her. At midnight, she woke from a drugged sleep. "I feel wonderful" she said. And she died.

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