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VOLUNTEERS IN HEALTH CARE

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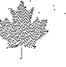
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EDITORIAL

Depuis quelques mois, les médias nous rappellent sans cesse que notre système des soins de la santé va à la dérive financière. Gouvernements de tous paliers, intervenants de tous secteurs et clientèles de tous genres s'interrogent quotidiennement sur cet état de crise. Dans le brouhaha des communications parfois houleuses, le mot "coupure" revient constamment en refrain avec en sourdine le mot "bénévolat". Le bénévolat serait-il finalement en train de se voir conférer ses lettres de créance par la force des choses?

Maggie Milne dans "Boiling Point" nous amène à réfléchir sur les déviances d'une certaine bureaucratie institutionalisée à outrance, trop préoccupée par son mandat au détriment des besoins réels des intervenants et de la clientèle; elle nous propose des solutions intéressantes axées sur la personne plutôt que sur la mécanique du système.

Sue Wood par ailleurs nous amène au coeur de "La réforme des soins de la santé en Alberta et ses conséquences sur le bénévolat". Elle nous parle du nouveau phénomène de la régionalisation des services et de l'incorporation nécessaire d'un partenariat permanent avec les bénévoles, devenant dorénavant membres à part entière de l'équipe des soins de la santé, tant au niveau de l'élaboration que de la gestion des services.

"Les communautés en santé d'Ottawa-Carleton" constituent tout autant un bel exemple d'une équipe de volontaires en action. Dans son article "Seniors in Action for Healthier Communities", Maryan O'Hagan nous décrit le vieillissement gracieux de ces bénévoles aînés offrant leur expérience et leurs services à leurs congénères plus frêles, à travers divers programmes de support, établis de concert avec le personnel infirmier de la région.

Doris Thomas, quant à elle, nous introduit à un programme de formation spécialisée pour les bénévoles destiné à répondre aux besoins spéciaux d'une clientèle en perte d'autonomie et aux besoins du personnel infirmier dans un centre de soins de longue durée. Les résultats sont très positifs pour toutes les parties, en particulier pour la reconnaissance du rôle des bénévoles par le personnel de l'établissement.

Suzanne Bannon apporte un éclairage sur la situation des organismes volontaires de maintien à domicile au Québec et des bénévoles qui y oeuvrent. Plus de 40 organismes ont formé une coalition et ont élaboré des lignes directrices qui serviront de balises au bénévolat afin d'accéder à un réel partenariat avec le gouvernement et ses agences.

Le présent bulletin nous fait réaliser que certains groupes de bénévoles commencent déjà à prendre leur place comme partenaires à part entière dans l'élaboration et la gestion des services de soins de la santé. A quand le jour où tous les bénévoles auront leurs lettres de créance en main?

There is no doubt that our present health care system is at stake in these difficult financial times. As governments and clients grope with this crisis we hear words such as "volunteers" and "cutbacks" used in the same sentence. Does this mean that as a result of fewer health care dollars volunteers will now be seen in a different light? Some volunteers have already taken their place as true partners in the health care system. Is the day approaching when all volunteers will receive their rightful credentials and become recognized for their true worth? Read on and see what the authors in this issue have to say about the subject and see for yourselves.

Marie-Thérèse Charbonneau est coordonnatrice des bénévoles aux Services communautaires de Prescott et Russell.

THE ALBERTA HEALTHCARE REFORM AND ITS EFFECTS ON VOLUNTEERS

by Sue Wood

THE PLAN

In 1993, the Alberta Conservative Government was swept into power based primarily on their promise to eliminate the deficit. As promise turned into reality, it became clear that the most highly impacted services would be education and healthcare. The government cutbacks to these areas have been swift and deep creating a need to quickly develop new paradigms and strategies in order to maintain the quality of service expected by the citizens of Alberta.

In a news release dated February 24, 1994, the Health Minister, Shirley McClellan stated that the Government would be making "Alberta's health system responsive, contemporary and affordable". To accomplish this, the following steps were outlined in a 3 year business plan:

- $749 million in savings on health spending from 1992-93 levels to be achieved by the end of 1996-97;
- home and community services, including mental health services, to be significantly enhanced;
- the number of patient-days in hospital to be reduced to 745 days per 1000 people; and
- seniors' extended health services to be consolidated under the proposed Alberta Seniors Benefit program; seniors to pay premiums according to ability to pay.

In justification of the business plan, Mrs. McClellan stated: "Our business plan calls for positive changes to the health system. Our current system is based on assumptions and models developed 20 and 30 years ago. The time has come to restructure the system so it reflects new possibilities and changing health needs of Albertans. With the structure laid out in the plan, we will continue to have a health system second to none, and it will be done without leaving a burden of debt on future Albertans."

THE IMPLEMENTATION

In order to implement the plan, Alberta was divided into 17 healthcare regions, creating regional boards for each. Each board is now responsible for the restructuring of the healthcare system in its region including acute care, continuing care and community care. Each board is in varying stages of implementation at this point and each board is creating its structure based on the needs and geography of that region.

THE EFFECT

As we are all acutely aware, change creates stress. The healthcare reform is no exception! According to Bridges, it is not actually the change that people find difficult, but it is the transition - the psychological process people go through to come to terms with the new situation. Bridges' Model of Transition includes three phases: Endings, The Neutral Zone and New Beginnings. Each phase has distinct psychological effects, however the transposition from one phase to the next is not clearly defined. In the Endings phase - the letting go of the old - people experience anger, fright, depression and confusion. This is often identified as poor morale, but indeed is a grieving stage. The Neutral Zone is both a time of opportunity and a time of danger. It creates a sense of renewal and creativity in people, but can also instill a lack of focus, mixed messages and denial. The final phase of New Beginnings is the acceptance stage where the role of leaders becomes one of education, support and empowerment. Being closely involved in the current reform, I can fully concur with Bridges' theory!

In preparation for this article, I asked my colleagues across Alberta to share with me their perspective and that of their volunteers on how the volunteers were being affected by the changes. I received an overwhelming response inclusive of all areas of healthcare. Clearly, volunteer groups are in different stages of the transition, depending on their region and what changes are occurring therein. However, there are certainly some common trends and, to my delight, a greater emphasis on positive rather than negative effects.

Common Trends:

- We know that volunteers will continue to be integral members of the healthcare teams;
- A concern has developed for the future of healthcare in Alberta: will the quality of healthcare be compromised?
- The number of requests for volunteers has increased.
- The Volunteers are concerned about the number of staff who are being laid off and therefore there is a need to clarify that volunteer roles are not being perceived as replacements for staff.
- Stress levels of staff may be responsible for a decrease in the quality of supervision of volunteers.

Negative Effects:

- Particularly in rural communities, where staff and volunteers are neighbours, volunteers are feeling uncomfortable volunteering in areas where layoffs have occurred.
- There is a perception that volunteers are being asked to replace staff.
- Due to budget reductions, there is a decrease in the management of volunteers staff in some areas. (An example is in a couple of regions where recreation therapy staff have taken over the responsibility of volunteers).
- In a number of cases, staff are asking volunteers to perform tasks traditionally done by staff and this puts volunteers in a difficult position and creates some resentment from staff.
- Greater demands are being placed on staff managing volunteers.

Positive Effects:

- There is an increased awareness on the part of the citizens of Alberta that they can help shape the future of the new healthcare system through voluntary action. In many areas, this is resulting in an increase in volunteer numbers.
- A "seamless" system of care is creating many exciting opportunities through the integration of institution and home care volunteers.
- Through regionalization, there is an increase in the sharing of resources within the areas of healthcare. This is improving the quality of training for volunteers.
- Because staff are requesting a greater involvement of volunteers, there is an increased appreciation of the role of volunteers, both by front line staff and senior management. In some regions this is improving the quality of volunteer positions being offered and has actually created new jobs in management of volunteer services.
- Volunteers are being asked to work in partnership with the healthcare decision-makers to help advocate for the new system being created. Their role as public relations ambassadors is being recognized and utilized.

CONCLUSION

Perhaps one of the most resounding impacts of the healthcare reform and its effect on volunteers is the recognition by the boards and administrations that volunteers are very much a part of the "Team". Their contribution to the healthcare system is having to be discussed and analyzed in the same way all of the human resources are. Through this process, as one of my colleagues so aptly put it, "volunteer resources may have come of age"! In many regions it is providing an opportunity for volunteers to sit around the decision-making tables and to be listened to.

There is no doubt that the role of the managers of volunteer services is changing. Currently, there is a high level of accountability demanded within the system creating a need for statistical data and proof of the value-added component of volunteers. An example of this is being told that the business plan developed for the retail shops in a hospital would have to prove the profitability as being greater than that of an outside contract. It is clear that the accountability must not only be to the healthcare system, but also to the volunteers. They must be kept in the communication loop so that their information is as current as possible. They must be asked to participate in the changes. They must be considered equal partners.

The challenges facing volunteers and their managers are not taken lightly. For the most part it seems apparent that the chaos of change is rallying people to become involved in the shaping of the healthcare system knowing that to sit back and let the government look after them is no longer a reality.

Sue Wood is the Director of Volunteer Resources at Calgary General Hospital. She is an instructor for Management of Volunteers at Mount Royal College and The Volunteer Centre of Calgary. She also facilitates customized workshops. Sue is involved in numerous volunteer activities.

LA REFORME DES SOINS DE LA SANTÉ EN ALBERTA ET SES CONSÉQUENCES SUR LE BÉNÉVOLAT

par Sue Wood

LE PLAN

En 1993, le gouvernement conservateur de l'Alberta a été porté au pouvoir grâce avant tout à sa promesse d'éliminer le déficit. A mesure que cette promesse se réalisait, il devint évident que les domaines de l'éducation et de la santé seraient les plus durement affectés. Les coupures budgétaires rapides et importantes dans ces secteurs firent en sorte qu'immédiatement de nouveaux paradigmes et de nouvelles stratégies devaient être créés pour pouvoir maintenir les services de qualité auxquels aspiraient les albertains.

Dans son communiqué de presse du 24 février 1994, la ministre de la santé, Shirley McClellan, a déclaré que le gouvernement créerait un système de santé souple, moderne, frugal, adapté aux albertains. Pour parvenir à ce résultat, voici les étapes du plan d'affaires de trois ans qu'elle a proposé:

- des économies de $749 millions dans le domaine de la santé retranchées des allocations prévues depuis 1992-93 jusqu'en fin d'exercice 1996-97;
- un développement marqué des services communautaires et de maintien à domicile dont ceux de la santé mentale;
- une réduction du nombre de jours/patients dans les hôpitaux jusqu'à 745 jours par 1 000 habitants;
- un regroupement des services de santé élargis aux aînés via le Projet des bénéfices aux aînés albertains; les aînés ayant à débourser des primes selon leur capacité de payer.

Pour justifier son plan d'affaires, Mad. McClellan a annoncé: «Notre plan d'affaires vise à apporter des changements positifs au système de santé. Le présent système se base sur des hypothèses et des modèles qui datent de 20 ou 30 ans. C'est le moment de restructurer le système pour refléter les perspectives actuelles et les nouveaux besoins des albertains dans ce domaine. La structure proposée dans le plan nous permettra de continuer à jouir d'un système de santé de premier plan sans laisser un fardeau de dettes à nos héritiers.»

LA MISE EN PLACE

Pour mettre ce plan en oeuvre, l'Alberta a été divisée en 17 régions avec des régies régionales de santé pour chacune. Chaque régie doit restructurer le système de santé dans sa région dont les soins aigus, de longue durée et à domicile. Chaque régie doit élaborer sa structure en tenant compte des besoins locaux et de sa géographie, tout en progressant à son rythme.

LES CONSÉQUENCES

Nous le savons tous, le changement génère du stress. La réforme de la santé ne fait pas exception à cette règle. Selon Bridges, ce n'est pas le changement même que les gens trouvent difficile mais plutôt la transition - le processus psychologique par lequel il faut passer pour apprivoiser une nouvelle situation. Le modèle de transition de Bridges comporte 3 phases: la Fin, la Zone Neutre et le Recommencement. Chacune des phases présente des effets psychologiques distincts bien que la transposition d'une phase à l'autre ne soit pas clairement définie. Dans la phase de la Fin - l'abandon des vieux schèmes - les individus éprouvent de la colère, de la crainte, de la dépression et de la confusion. C'est une étape où le moral est bas, une période de deuil en quelque sorte. La Zone Neutre présente des opportunités et des dangers. Les gens sentent un renouveau et sont plus créatifs mais également ils pourraient tout autant manquer de focus; les messages peuvent devenir brouillés et une certaine résistance peut s'installer. Dans la phase finale, le Recommencement, apparaît l'étape de l'acceptation, étape où les leaders doivent jouer

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un rôle d'éducation, de support et d'habilitation. Etant moi-même impliquée dans la présente réforme, je partage entièrement les vues de la théorie de Bridges.

Pour la rédaction de cet article, j'ai demandé à mes collègues de l'Alberta de me faire part de leurs points de vue et de ceux de leurs bénévoles sur les conséquences que ces changements occasionnent dans le secteur bénévole. J'ai reçu des tonnes de réponses provenant de tous les secteurs de la santé. Il est évident que tous les groupes de bénévoles sont présentement parvenus à différentes étapes de la transition, selon leurs propres régions et les changements locaux. Toutefois, on peut déceler des tendances générales et à mon grand plaisir, il y a beaucoup plus d'emphase sur les effets positifs que négatifs.

Les tendances générales

- Les bénévoles continueront d'être des membres à part entière de l'équipe des soins de santé;
- une inquiétude est présente quant au futur des soins de santé en Alberta: la qualité des soins sera-t-elle compromise?
- le nombre de demandes de bénévoles a augmenté;
- les bénévoles sont inquiets face au nombre d'employés mis à pied et ils voient la nécessité de clarifier leur rôle qui n'est pas de remplacer le personnel rémunéré;
- le niveau de stress des employés peut être la cause de la diminution de la qualité de l'encadrement des bénévoles.

Les aspects négatifs

- Plus particulièrement en milieu rural où employés et bénévoles sont voisins, les bénévoles sont inconfortables au moment de travailler dans des secteurs où il y a eu des mises à pied;
- les bénévoles ont la perception qu'on leur demande de remplacer le personnel rémunéré;
- dû aux compressions budgétaires, il y a diminution des gestionnaires de bénévoles dans certains secteurs. (Par exemple, dans deux régions, des récréologues se sont vus attribuer la gestion des bénévoles).

- dans plusieurs cas, le personnel demande aux bénévoles d'accomplir des tâches qui incombaient auparavant aux employés, créant ainsi une situation difficile pour les bénévoles et du ressentiment chez le personnel;

- on exige d'avantage de même des gestionnaires de bénévoles.

Les aspects positifs

- Les albertains sont davantage sensibilisés au fait qu'ils peuvent contribuer, dans plusieurs secteurs, à façonner le nouveau système de santé par le bénévolat qui connaît alors une augmentation de ses recrues;

- un système de soins "sans cloisons" ouvre de multiples opportunités en raison de l'intégration des bénévoles qui oeuvrent en institution et à domicile;

- la régionalisation fait appel au partage des ressources à l'intérieur des secteurs des soins de santé. La qualité de la formation des bénévoles y trouve donc son compte;

- la demande accrue de bénévoles de la part du personnel a renforcé la valeur du rôle des bénévoles auprès des employés de première ligne autant que des cadres supérieurs. Dans certaines régions, des postes bénévoles disponibles ont été améliorés ou de nouveaux postes de direction de services bénévoles ont été créés;

- les décideurs dans le domaine de la santé établissent des partenariats avec les bénévoles pour plaider en faveur de la création du nouveau système. Au niveau des relations publiques, le rôle des bénévoles en tant qu'ambassadeurs est maintenant reconnu et mis à profit.

CONCLUSION

Il se peut qu'un des impacts les plus importants de la réforme de la santé et de ses effets sur le bénévolat soit la reconnaissance des bénévoles comme «membres à part entière de l'équipe» par les conseils d'administration et par la direction. Leur contribution au système de santé doit être considérée et analysée au même titre que tous les autres employés. Ce processus contribuera à «faire entrer le bénévolat dans l'âge adulte» selon une collègue. Dans plusieurs régions déjà, les bénévoles ont maintenant l'opportunité de siéger à la table des décisions et d'être écoutés.

Nul doute que le rôle des gestionnaires de bénévoles est en train de changer. Le système actuel exige un haut niveau de responsabilité qui doit être appuyé par des données statistiques et par des preuves que la composante bénévolat est une valeur supplémentaire. Par exemple, il a été mentionné que le plan d'affaires élaboré pour les boutiques des hôpitaux doit fournir la preuve de leur rentabilité, au-delà même d'un contrat accordé à l'extérieur. Il est évident que cette responsabilité s'applique aux bénévoles autant qu'au système de santé. Ils doivent faire partie du réseau de communications afin de maintenir leur information le plus à date possible. On doit leur demander de participer aux changements. On doit aussi les considérer comme des partenaires égaux.

Les défis auxquels sont confrontés les bénévoles et les gestionnaires de bénévoles ne doivent pas être pris à la légère. Il semble que le chaos provoqué par le changement rallie les gens qui s'impliquent dans le modelage du système de santé sachant bien que le temps où le gouvernement s'occupait de tout est révolu.

Sue Wood est directrice des Services bénévoles à l'hôpital Général de Calgary. Elle est formatrice en gestion du bénévolat au Collège Mount Royal et au Centre d'action bénévole de Calgary. Elle anime également des ateliers d'appoint. Sue est impliquée dans de nombreuses activités bénévoles.

BOILING POINT

by Maggie Milne

Boiling water changed the face of hospital care. Florence Nightingale, the first nurse researcher, shook the establishment and persevered in her belief that sanitation could save lives. What is now a common practice was then a radical change in the system, conceived by a reformist female nurse. Eventually, *they* listened. She won their confidence not only by what she did, but by *how* she cut through their icy politeness.

Medicine in 1860 seems simple enough in hindsight. What is surprising is this woman's passion about confronting a penny-pinching government and recalcitrant bureaucracy as well as changing public attitudes. *"Don't let us stereotype mediocrity"*, she wrote. Ironic, isn't it, that the technical and scientific advancements of this century have out-performed our understanding of creative change? We are fighting the same battles, over and over again.

James D. Newton, in an attempt to understand the evolution of medical practice, realized that Nurse Nightingale and many other visionaries held the patient at the centre of their work. "[She] was determined to make statistics an active reality which would influence the general welfare as well as the health of all mankind." What have we learned about balancing individual needs of the patient with the bureaucratic needs of the institution's systems?

The power struggle we face today in health reform centres around the driving forces in the paradigms of change. The expressed values of the stakeholders about dollars versus delivery, treatment / prevention, institution / community based care, bring copious participation to the table, yet the vicious circle grows.

We are preoccupied with study, analysis and recommendations. Ministry priorities are set for major program reviews, delivery systems reform, equity in the workplace stimulation and development of health care industries... Health Regulatory Colleges are established with Councils to review and recommend from the professional and public perspectives... Community Health Centres knock at the doors of the grass roots and speak loudly of the need for coordination at the community level... Unions hold their views sacred... Holistic and eastern philosophies dare to dent the traditions of the west... Royal Commissions hold forums and write reports... Senators debate; and health care professionals in all of these arenas fear for their future security in the workforce.

At what cost to the consumer requiring service and care?

"What got you where you are won't keep you where you are," claims Charles Handy, in *The Age of Paradox.* Goals are not accomplished through mandate, but through an understanding of the system, the structure and the staffing dynamics of the organization. Reform depends on *each and every individual* - health care "Customers" included - in doing their share to "connect the dots" together. As isolated entities, we create mediocrity. When we wait for someone else to lead the charge and point fingers at "them" when we expect answers which are not disclosed, the patient will bear the weight of our misdiagnosis.

Ross Perot's analogy drives home the point:

"I come from an environment where, if you see a snake, you kill it. At GM, if you see a snake, the first thing you do is go hire a consultant on snakes. Then you get a committee on snakes, and then you discuss it for a couple of years. The most likely course of action is -- nothing. You figure the snake hasn't bitten anybody yet, so you just let him crawl around on the factory floor."

Reality Check

Let's look at health care as a "multiple realities concept", in which each stakeholder has equal power and input. We will assume that the "Consumer" also holds this status.

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SENIORS IN ACTION FOR HEALTHIER COMMUNITIES

by Maryan O'Hagan

Keeping seniors as healthy as possible for as long as possible...that's the goal of the Healthy Neighbourhoods Program, a community based health promotion program of the Ottawa-Carleton Health Department. Volunteers are at the heart of this program's success. This article will describe the Healthy Neighbourhoods Program, the crucial role that volunteers play, the challenges of managing volunteers in a seniors' program, and the benefits of volunteer involvement - to the volunteers themselves and to the program.

Healthy Neighbourhoods is a health promotion program for senior adults that has been in operation since 1992. In partnership with seniors and other community agencies the program has three main objectives - to strengthen communities so that they support health and independence, to promote healthy lifestyles, and to reach out to the more frail and isolated seniors. The program is located in three areas of Ottawa where there are high numbers of seniors, a higher proportion of seniors in need, and few health promotion resources specific to seniors. Public health nurses work with seniors in a variety of locations: health promotion centres in local shopping malls, seniors' apartment buildings, and local community agencies such as recreation centres. Program activities include physical activity promotion through chair exercises and mall walking programs, drop-in times at the health promotion centres initiated by the Program, health information series, support groups for seniors recovering from depression, and for caregiver support as well as one-on-one counselling as the need arises. The Program reaches about 2500 seniors a year.

Senior volunteers play an essential and vital role in the Healthy Neighbourhoods Program. In 1994 volunteers donated about 5,000 hours doing work on advisory committees, leading chair exercise groups and social events, co-facilitating support groups, soliciting donations for health fair prizes, explaining the program at community displays, managing the day-to-day operations at the three health promotion drop-in centres, and taking part in specific initiatives such as working to make recreational pathways safer for all ages. In addition, senior volunteers are ideal role models of "healthy aging".

Senior volunteers in the Healthy Neighbourhoods Program are indispensable partners in promoting healthy living. Both volunteers and public health nurses benefit from this relationship and learn from each other. The nurses' expertise concerning health issues, partnership building, and program planning combine with seniors' time, talents, energy and life experience to create strong, cost-effective senior friendly programs. Volunteers have the opportunity to gain valuable skills and knowledge, get to know more about the people and services in their community, and increase their self-esteem and confidence. Volunteers not only help the program be more cost effective, but they offer valuable skills and resources such as informal peer counselling and marketing for program activities.

For the health professional involved in the management of senior volunteers there are special considerations. First, staff must be sensitive to the fact that the volunteer senior is aging and therefore facing the reality of living with diminishing energy levels and decreasing functional abilities. This reality must be accepted along with the skills and talents that senior volunteers bring because of their valuable life experience. Second, seniors may find that looking after a sick friend or relative can be time consuming and energy draining. Staff can play a valuable role as a support and in involving these volunteers in activities that provide fun and diversion. Third, many seniors who are interested in volunteering have more discretionary time than in their younger years. Seniors cherish the freedom to take advantage of opportunities by choosing what they want to do when they want to do it. They may travel for several months, and programs need to be sensitive to the absences that travel brings and to plan around them. The essential element, as with all management of volunteers, is to accept what the volunteer can bring and to work creatively with the many talents that come forth.

With the aging of the population there will be more seniors to participate in and benefit from programs like Healthy Neighbourhoods. Volunteers at the health promotion drop-in centres say that they have been offered a "second home" to share friendships, hobbies, and interests. Many feel that through volunteering they have been given "a platform to perform on" - a chance to contribute to the community, remain active, share knowledge, and build self-esteem. One volunteer sums up what many have said and what has often been reported in volunteer literature: "If you are enjoying yourself while volunteering, you are more apt to be a happy, healthier person." In short, the Healthy Neighbourhoods Program has shown that senior volunteers can play an important role in helping seniors to live long, healthy and independent lives and to have fun along the way.

Maryan O'Hagan is program manager for the Healthy Neighbourhoods Program in the Adult Health Directorate of the Ottawa-Carleton Health Department. Her work experience includes hospitals, community and social services agencies as well as health departments. She has a special interest in working to maintain seniors' independence.

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Coming to terms with important differing viewpoints can be a non-threatening process when the evaluation is a diagnosis and not an autopsy. *"Isn't this interesting!"* gives all parties room to explore and breathe. This is a process which enables the "AHA!" of insight to strike. Fear creeps off the premises and action by key people begins to change the momentum. This is the leverage also used over a century ago by the "Lady with the Lamp". She helped her colleagues to *learn.*

Successful organizations are characterized by their ability to *learn,* internally and externally. Disseminating information is not enough. Even knowledge cycled into action is not enough. We need the highest level of information transfer, *wisdom,* to learn and celebrate change.

A second key factor in accomplishing the impossible is the organization's ability to continually mould its own future. It is aware and aligned with the external environment, yet it has control. It learns from and for all levels, increasing knowledge and competency with a result in mind. Its attitude supports new knowledge and experimentation. It experiences success more often than its counterparts. "IT" is empty policy and procedures without people who think and who care.

How do you know you are part of a "learning organization"? Recent studies in Systems Thinking have isolated five areas to consider.

1. Your "best ideas" are heard.
2. You know the end result of your personal work and its impact on the consumer.
3. You are free to individualize your work within parameters.
4. You are expected to reach for more knowledge and put that knowledge into practice.
5. Change is not a dirty word; it's an expectation.

A recently released diagnostic tool, The Organizational Learning Inventory (Nevis, Dibella, Gould, MIT 1995), delves deeper into the factors which allow for organizational learning and change. The

analysis is the foundation for a reality check, for dialogue about the implications, and an action plan to remain "as is" or to shift in a focused direction.

As an example, gather your working group for an hour's discussion and collectively (not individually) rate the following statements under the topic "Climate of Openness" in your organization. Open up, even if this may be uncomfortable. (Low/High ratings are not "good" or "bad": they are your perceived reality.)

LOW	MODERATE	HIGH
(LITTLE EVIDENCE TO SUPPORT THIS FACTOR)		(EXTENSIVE EVIDENCE TO SUPPORT THIS FACTOR)

{Definition: **Climate of Openness**: Accessibility of information. Open communication within the organization. Problems, errors, or lessons are shared, not hidden. Debate and conflict are ways of solving problems.}

LOW	MODERATE	HIGH
1	5	10

A. There is widespread dissemination of critical information and performance indicators in our unit, including sharing with customers, vendors, consultants and other stakeholders (e.g. Boards).

B. Managers tend to invite staff who have worked on projects to meetings in which project reports are presented.

C. Ideas are exposed to the give and take of presentation, discussion, and debate; we test ideas in the crucible of the internal marketplace.

D. New employees are given frequent opportunities to see how more seasoned people work.

E. We are structured so that occupational groups working on similar tasks can readily share their experiences and problems.

F. We believe that mistakes can be shared and dealt with openly in order to avoid repeating them and are not used for punitive or political ends.

Of all the factors, the Climate of Openness is an organization's most vulnerable point. People shut out, shut up, shut down in organizations with "learning disabilities" to protect their investments, experiences, daily routines and job security. However, *for every action there is a reaction.* What are the consequences for health care when people with information, knowledge and wisdom are silenced by the systems in which they work? When does the internal temperature reach the Boiling Point?

As one facility in Northern Ontario envisioned: "Healthy People Make Healthy Communities". How, then, do we make healthy, progressive, financially viable, learning organizations?

We all know *part* of that answer! It's time to get on with it NOW.

Maggie Milne, The Speaker with SISU (*Guts, Drive and Perseverance) bases her Strategic Human Resources firm in the urban forest of Thunder Bay. Maggie Milne International (1986) has a reputation for innovative professional development in Canada, Australia and the United States. Maggie is the first Canadian consultant to be licensed through MIT to deliver "The Organizational Learning Inventory", based on a Systems Thinking approach. She writes a regular column for Northern Ontario Business. Her book, Circles of Choice, as well as audio-learning is now available.*

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Newton, James D. Uncommon Friends: Life with Thomas Edison et al. New York: St. Martin's Press, 1975.

Raven, S. and Weir, A. Women of Achievement. New York: Harmony Books, 1981.

THE ROLE OF VOLUNTEERS IN ADDRESSING THE "SPECIAL NEEDS" OF PATIENTS IN A LONG TERM CARE FACILITY

by Doris Thomas

Volunteers have played a vital role in caring for the sick since Biblical Times. The participation of volunteers in a traditionally medically dominated environment has promoted the reintroduction of "caring" into health care. Societal trends, including demographics and economic hardship, suggest that the need for volunteers continues into the 21st century. Never before have volunteers been better educated and the quest for knowledge has never been greater.

Education and Training

Directors of Volunteer Services in hospitals or long term care facilities are frequently requested to provide volunteers to assist staff with patients in the "special needs" category. These people may include persons with anxiety who were just admitted to an institution as well as those on waiting lists for another level of care. It may be someone dealing with loss, whether it is loss of independence or a family member. However, the greatest number of people in this category seem to have some form of dementia.

To assist in meeting the needs of this diverse group of people and others, a program was developed to train volunteers. The program focuses on the adult learning model and consists of a series of small modules. An introductory module, combined with a multiple sclerosis module, a palliative care module and the Alzheimer module, provides a full special needs program. Each module also requires the volunteer to perform on-the-job training. This practical experience is often reported as the most important part of training. The introductory module includes five sessions where the volunteer gleans information that is relevant wherever they may work. One key session focuses on communication. Other sessions include spiritual meaning of life, physical care, living with chronic illness, universal precautions, and attitudes and activities to enhance quality of life.

To obtain a certificate of completion in any area, e.g. Alzheimer, the person must attend both the introductory module and the sessions that focus on behaviours and activities specific to that area. They must also perform on-the-job training. However, should the person decide to further their training in other areas, they would be required to attend only the sessions that are specific to that area, along with the on-the-job training, as they have already completed the five introductory sessions.

Scheduling

To meet patient needs and staff requests, volunteers are scheduled for three hour shifts, four shifts daily with overlap at mealtimes to ensure patients who require assistance with meals have that help. There is also a list of volunteers who are available to sit with patients overnight when the need arises. This schedule coincides with the existing palliative care schedule which has been working well for five years. Volunteers work as a team with two people on each shift. (A report on the volunteer palliative care program will be published in the Journal of Palliative Care later this year.)

Benefits

Volunteers who receive recognition in the form of specialized training not only feel a greater sense of commitment to that organization but also give more hours on a regular basis.

Busy volunteers are offered the opportunity to make a commitment to the training modules that last from three to five weeks, where they may be unavailable for the usual eight consecutive weeks. Because of this flexibility, more volunteers attend educational sessions. The socialization that takes place during the course often results in friendships being formed and this in turn strengthens the team.

The 'on the job' training component that is a requirement of each course has resulted in volunteers

who feel confident to meet the needs of these patients. Staff have appreciated the assistance provided to patients in the past. Sometimes the needs of patients who are anxious and calling out were unmet. Volunteers have been very successful in calming patients with disruptive behaviour by being there, holding a hand, and being reassuring. This has resulted in the nurses' appreciation and a calmer environment for other patients on the nursing unit.

Trained volunteers coordinate the various modules, including introducing the speakers, keeping attendance and preparing refreshments. Volunteers feel empowered to be given the opportunity to perform important administrative tasks.

Staff who lecture are now only asked to give their time on an annual basis. Each module is offered once a year. Instead of being another commitment it is a pleasure and it gives them the added benefit of meeting the new volunteer who will become part of the team.

Conclusion

This program, while still in the toddler stage, is working. All of the customers' (volunteers, patients and staff) needs are being met. When you implement a program where there are only winners, it is a success.

Doris Thomas - Director of Volunteer Services at St. Mary's of the Lake Hospital for 12 years. Personnel Assistant 2 years in health care, 9 in industry. Graduate of Human Resource Management and Fundamentals of Volunteer Management - Humber College. Recipient of MS Society Award for Excellence in Volunteer Training.

THE PARAMETERS OF VOLUNTEER WORK, VOLUNTEERS AND HOME SUPPORT SERVICES

by Suzanne Bannon

In recent years, volunteer organizations in Quebec have experienced a marked increase in demand for volunteers in home support services. Also there have been some inappropriate requests asking volunteers to give needles, scrub floors, etc. Apart from the fact that some of these tasks are professional services and hence liable to legal ramifications, volunteers have to be protected from being used as cheap labour.

Unfortunately a true partnership between government agencies and volunteer organizations is still a very rare occurrence. Service plans which define the involvement of volunteers are implemented without prior consultation with the affected volunteer organizations. Even though at present the buzzword is PARTNERSHIP, recognition of the autonomy of a volunteer organization is rare and the freedom of choice of the volunteer is often not taken into account.

Apart from our common concern for the welfare of the client, government and volunteer administrative structures and priorities are different. Our prime concern is the quality of the life of the client and not the mechanics of health care.

Constant representation and education has to be undertaken if we are to be accepted as equal partners. Furthermore the limitations and strong points of each have to be recognized and respected.

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LOOKING AHEAD

The First Annual Fund Raising Congress
Toronto, ON .... **November 15-18, 1995**
For more information contact: Cynthia Kane, Conference Organizer,
The Fund Raising Congress, 260 King Street East, Suite 500,
Toronto, ON , M5A 1K3
Phone: (416) 941-9212 1-800-796-7373 Fax (416) 941-9013

International Volunteer Day .... **December, 1995**

1996 Conference on Volunteer Administration
"Sowing the Seeds"
MacMaster University, Hamilton, ON .... **May 21-24, 1996**
For more information contact: Liz Weaver at (905) 523-4444

CDVH Annual conference – Theme: "Opening Doors"
Le Clarion Hotel, Hull, P.Q .... **June 9-12, 1996.**
For more information contact: Mirielle Roy at 782-2761

ITEMS OF INTEREST

Graff, Linda, Volunteer for the Health of It, Report of the Findings from a Health Promotion Grant Funded by the Ontario Ministry of Health, Etobicoke, Ontario: Volunteer Ontario, 1991.

Ontario Association of Directors of Healthcare Volunteer Services, Volunteer Services Management Manual, Toronto, Ontario: Ontario Hospital Association, September 1989.

Pagé, Michèle, Volunteers with Special Needs: An Invaluable Asset, in Long Term Care, V.5, #1, p. 22-23 (February 1995).

Woodside, and Richardson, Making the Difference, On-site Support for Volunteers with Schizophrenia, Hamilton, Ontario: The Volunteer Mentor Project, 1995.

Where to get Resources

Anyone interested in acquiring these resources can call (613) 256-5516 for a list of distributors. Any distributor wishing to be included on the list is invited to send their resource and price list to the JVRM.

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COMACO (Coalition pour le maintien dans la communauté (Montréal et alentours), which represents over 40 volunteer organizations with the mandate to provide home support services, decided to look at the role of volunteers in home support more closely.

We asked ourselves and later our member organizations what are the parameters of and the limitations to home support in the voluntary sector. They were defined by: 1) the law, 2) insurance coverage, and 3) the definitions of certain essential/professional services.

THE LAW

- Professional services cannot be performed by non-accredited persons.
- Under the Quebec automobile insurance act, a volunteer cannot drive more than two clients at a time, otherwise he/she falls under the classification of a taxi.

INSURANCE

- Liability insurance helps define what we can responsibly ask a volunteer to do.

ESSENTIAL/PROFESSIONAL SERVICES

- Volunteer organizations do not have the mandate to guarantee essential/professional services. We provide support services.

Based on these premises, and after in-depth consultation with our partners, we developed simple guidelines. These were published in a brochure entitled "The Parameters of Volunteer Work".

The material covers:

- Advice on how to develop a clear and concise outline of the services offered which is then distributed to one or preferably two contact persons at the referring agencies. (In the long run, it will save a lot of aggravation in case of refusal of a referral.)
- Samples of information on the rights and responsibilities of the client, the volunteer and the organization.
- Information needed to evaluate a request.
- Application forms.
- Confidentiality.
- Limits of liability insurance of the respective organizations, etc.

This information has been found valuable to United Way/ Centraide and other agencies. It may be considered a small step towards mutual respect and understanding. A second document dealing with Partnership has just been completed and will be translated in the near future.

"Les balises du bénévolat"/"The parameters of volunteer work" and "Partenariat?" (at present in French only) can be obtained at COMACO, 1857 boul. de Maisonneuve O., Montréal, Qué., H3H 1J9. Phone (514) 933-8603, FAX (514) 937-5548. Price per copy $6.00 mailing included.

SUZANNE BANNON. Retired. For 18 years Executive Director of Contactivity Centre, Westmount. Founding member National Institute of Senior Centres (not functioning at present due to lack of funds). Founding member and President of the Quebec Association of Senior Centres. Board member of COMACO for the last 10 years, as well as on the Board of various organizations concerned with the elderly. Part of a team of organizers and presenters of Pre-Retirement courses under contract with McGill.

WHIT AND WHIMSEY

By Lynne J. Savage

Volunteers in healthcare provide a variety of necessary services!

Many of these *gift givers* become positive influences ... an encourager, a listener, a supporter for individuals during their time of need. My message is directed to all of you who have held a hand, shared a smile, shed a tear...

Your attitude and understanding are vital in helping another person through a difficult time in life. You may be that special confidant... the one who experiences a closeness that allows others to be themselves!

The importance of your presence is expressed in two poems:

'Tis the Human Touch
by Michael Spencer Free

'Tis the human touch in this world that counts -
the touch of your hand and mine -
that means far more to the fainting heart
than shelter, bread or wine.
For shelter is gone when the night is o'er
and bread lasts only a day,
But the sound of the voice and the touch of the hand live on in the soul always.

The second offering is by yours truly...

Your Soothing Words
by Lynne J. Savage

Frustrations face me every day,
You stroke my hand and softly say,
"Just relax and let it go."

Sometimes I worry and get up tight,
You gently nod and then recite
"Just relax and let it go."

When things go wrong, I think of you -
Your soothing words remind me to
"Just relax and let it go."

You've helped me finally realize
In awkward times to emphasize
"Just relax and let it go."

The only pressure I've concealed
Is inner gas ... but now I yield -
I'll relax and let it go!

*Lynne Savage is a speaker and writer whose philosophy is **Laugh and Learn.***
She welcomes your comments at (905) 371-0700 or by writing to her at 7340 Fern Avenue, Niagara Falls, CANADA L2G 5H2

JOURNAL OF VOLUNTEER RESOURCES MANAGEMENT

Editorial Process and Guidelines for Authors

Objective

The Journal of Volunteer Resources Management is intended:

1. to serve as a credible source of information on the management of volunteers in Canada;
2. to provide a forum for the exchange of ideas and to encourage networking among managers of volunteers;
3. to provide a professional development tool for managers of volunteers;
4. to recognize and encourage Canadian talent in the field of Management of Volunteers;
5. to include in each issue at least two articles that will consider different views of a specific and predetermined theme.

Target Audience

The Journal's intended audience includes managers of volunteers, educators, media and funders of not-for-profit organizations across the country.

Submissions

All manuscripts will be accepted either on diskette or on typed, double spaced pages. Submissions should be written according to "The Canadian Style - A Guide to Writing and Editing" - Secretary of State, Dundurn Press.
External reviewers may be engaged to review content if deemed advisable by the committee.

The revised draft is edited for clarity and consistency by the Editorial Team.

The edited version is returned to the author for acceptance along with an approval form for signature.

The signed form is to be returned to the Editorial Team within a week along with any suggestions for final revisions.

Format and Style

Authors are asked to respect the following word counts:

	Words	Pages
Lead Article	2000	5-6
Secondary Article	700-800	2-3
Book Review	150	1

The lead article will look at the topic in some depth and will normally require the author to conduct research into current trends and perspectives on the subject.

The secondary article will adopt a more practical approach, including personal experiences and opinions.

Advertising

Limited advertising will be allowed in the Journal, for materials of direct relevance to managers of volunteer service, and as long as it conforms to the guidelines set out by the Editorial Committee. All ads are subject to the approval of the Editorial Committee.

Suggested Guidelines:

1. Only 1/4 page and 1/2 page ads will be accepted.
2. Ads must be camera-ready.
3. A maximum of one page of ads will be permitted per issue.
4. Ads are to be placed near "Items of Interest" or toward the end of the issue.
5. Job ads are not recommended.
6. Cost is to be determined by the Editorial Committee.

DEADLINES FOR SUBMISSION AND THEMES

Issue	Deadline	Theme
Winter '96	articles due on the 24th of October	Diversity
Spring '96	articles due on the 24th of February	Technology & Volunteerism
Summer '96	articles due on the 24th of May	Seniors
Fall '96	articles due on the 24th of August	Special Events Volunteers

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... to Aarkade Design & Offset Printing Inc.
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