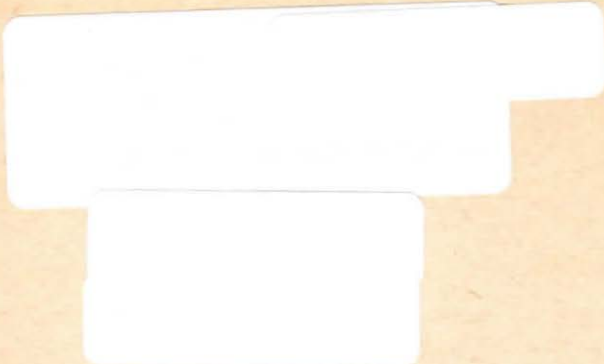


Special Agent in Charge, Division
of the Federal Bureau of Investigation
Washington, D. C.

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Lyons, New Jersey

Distributed by
THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.
1790 Broadway, New York 19, N. Y.



Reprinted from
Occupational Therapy and Rehabilitation
Vol. 26, No. 3, 1947

Also published in REHABILITATION OF THE HANDICAPPED,
by William H. Soden, New York: Ronald Press Co., 1949, p. 305-321.
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VOLUNTEER WORKERS

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RECRUITMENT, SCREENING, TRAINING AND MANAGEMENT

The gift of a white elephant has proverbially proved embarrassing. Only three basic courses of action are open to the recipient of such a gift: It can be refused with profuse apologies; it can be accepted and placed in a cage for all to admire; or, it can be utilized to pull its own weight and prove a great asset. To many hospitals, the proffer of volunteer services is like that of the white elephant. This article is written with the hope that it may aid in solving this usually undiscussed, but very real, problem.

In this era of severe shortages, none has been more acute than the personnel shortage. To refuse well-intentioned and potentially competent assistance merely because of inexperience in handling such problems as may arise is the least desirable of the three courses. Accepting volunteers indiscriminately without proper selection, orientation, training and assignment, results in a wandering of a herd of these "white elephants" through the corridors, and the swaying trunks and clumsy feet will sooner or later cause serious damage. A general plan for dealing with volunteers is herewith presented in an effort to show how they can be integrated into an over-all program. In many cases, not only can volunteers assist in routine tasks, but they also can offer services of a unique type that have a therapeutic value all their own.

NEED FOR VOLUNTEERS

The relationship of volunteers to regular paid employees calls for some words of caution. A volunteer must never replace a regular employee except in the briefest of emergencies. Reductions of regular staff by using volunteers not only leads to employee resentments but may seriously endanger essential services when for any reason volunteer services become scarce. On the other hand, employees worth their "salt" have already visualized how the efficiency of their departments could be greatly augmented if only additional assistants or co-workers were available. A volunteer program should aim in part to provide this very type of additional personnel. On the other hand, there are certain types of volunteers who cannot bear to be assistants or even co-workers. They must "run the show." The method of dealing with these individuals is discussed under "Screening."

Trepidation that Mrs. Bigg, whose husband is president of Super Colossal, Inc., will not condescend to act as assistant to an employee who may be receiving less

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salary than her butler, is actually groundless. The urge to do something useful (which is so often thwarted in the wives of successful men) orients the volunteer in terms of accomplishment, rather than monetary return. The regular employee may at first look askance at a volunteer bed-pan emptier who has nine servants at home, but when these employees find the ward running more smoothly, the patients receiving extra detailed care, and that time, which did not formerly exist, is now available for them spend more time exerting the special skills which they possess, the skepticism will vanish.

The interest of the volunteer worker often brings a new pride to the regular employee in the performance of duties which have become mere dull routine and it is not surprising to find a whole department functioning with "increased tonus" because of the presence of a single volunteer worker.

The patients themselves have frequently shown improvement that can be accounted for only by the presence of the volunteers. Too often, especially in long-term or chronic hospital patients, a state of undeclared guerilla warfare has been reached, in which the patient adopts an attitude of "passive non-resistance" with occasional pot-shot sniping to relieve the monotony. The presence of the volunteer may call forth constructive exertion from the patient. The personal appearance and manners of the patients may improve following the injection of volunteer workers into a ward. Often, too, the patient may have more in common, emotionally and socially, with the volunteer worker than with a hospital employee, so that the patient's interests may be strongly stimulated with the resulting effort to "get back home" which sometimes spells the difference between therapeutic success and failure.

An often unremarked, but extremely important aspect of a volunteer program in a private or community supported institution, in contrast to a Veterans Administration Hospital is the effect on the community itself. If inadequacies of equipment or personnel do exist, public attention is frequently brought to these matters, and in a most effective quarter, since the volunteer worker group quite often contains representatives of the most politically active elements in the local community. If Assemblyman X's wife, a volunteer worker, tells him about the patient whose diagnosis had to be left in doubt because of insufficient X-ray equipment, it will very probably make a deeper impression than the request for additional funds based on the hospital budget. Mrs. Joiner, who, in addition to being a volunteer worker, is also vice-president of the Thanatopsis Sewing Circle, may well start a drive for a new ward or a new piece of equipment. The public support of hospitals achieved in this manner is no small matter. In the case of mental hospitals, not only is the need for financial support brought home to the community, but—and this is equally important—the ordinary citizen receives some much needed education in the nature of mental disease.

If the hospital is that *rara avis*—an institution that needs no additional financial support, possessed of adequate equipment, and, if a mental hospital, situated in a community that is already enlightened about mental diseases—then, certainly, there could be no objection to volunteer workers at least singing loud "Hosannahs!" about the wonders of the place.

Some functions cannot be carried on very well without volunteers: motor trips,

away-from-the-hospital parties, and other off-station activities. How fully these may be utilized is described under the development of the volunteer program at the Veterans Administration Hospital at Lyons, New Jersey.

SELECTION AND SCREENING

The indiscriminate acceptance of all volunteers is an extremely dangerous procedure. Screening is not only necessary to protect the hospital, but also to protect the individual from him or herself. Physical disabilities or mental instabilities may often be accentuated by the performance of unsuitable duties. The applications of volunteers at indiscriminate times throughout the year are also to be discouraged since it places an unnecessary burden on the hospital. It is well to have definite periods—perhaps an interval of one week every three months—during which time volunteers will be accepted. This alleviates undue confusion and taxing of the time of hospital personnel.

It is also extremely expedient to adopt a procedure that allows for a certain amount of pre-selection. This can be accomplished by encouraging the potential worker to apply through some community organization that has established connections with the hospital. This serves at least a three-fold purpose: First, the director of volunteer services of the local organization can give the inquirer a fairly detailed, relatively unbiased picture of what the volunteer work will consist. This may not be what the potential worker wishes to do, and self-elimination, without a waste of hospital time, may occur; second, it may be obvious to the interviewer for the community organization that the candidate is not suitable, and time may be saved by the individual being actively discouraged at this point; third, effective control can be exerted over the volunteer through the parent organization. Regular attendance is more likely because of *esprit de corps*, or a desire to avoid the disapproval of fellow volunteers of this same organization. Transportation to and from the hospital is much more easily arranged for the group.

At selected intervals, the local organizations can supply volunteer workers as the need arises. Within the hospital itself, it is definitely necessary to assign responsibility to one individual on the regular hospital staff, who should not only be aware of the hospital's needs, but should continue to be responsible for the volunteer services as an assigned duty. If the hospital is sufficiently large, some sharing of responsibility may be necessary, but there should still be a designated individual who is ultimately responsible.

After the need for certain types of volunteers has been ascertained, the community organizations can be contacted, and, after recruiting, pre-selection can be exercised. Arrangements can then be made to interview the entire group from one organization on a certain day. The director of volunteer services—or assistants—can then interview each applicant and obtain information of the following type² having already been obtained by the chairman of the local organization:

² This preliminary questionnaire follows in part the excellent application procedure of the American Red Cross for the hospital and recreation corps service in Veterans Hospitals in the North-Atlantic area (under Marjorie H. Frank, Director of Services in Veterans Hospitals).

1. Miss, Mrs., Mr.....
2. Address.....
Telephone Number.....
3. Date of birth.....
Place of birth.....
4. What foreign languages can you speak?.....
What foreign languages can you read?.....
5. Can you provide your own transportation to and from the hospital if necessary?.....
How many others can you accommodate?.....
6. Check your educational background:
(a) High School..... (b) Business School.....
(c) College..... (d) Major subject.....
7. Have you ever done hospital volunteer work before?.....
What type?..... Length of time?.....
8. Interests and Training:
(a) Have you ever belonged to a dramatic society?.....
(b) Do you like to read aloud?.....
(c) Can you play a musical instrument?.....
(d) Can you sing?..... Direct group singing?.....
(e) Can you teach any type of dancing?.....
(f) Have you experience in directing games?.....
(g) List games in which you are proficient (either indoor or outdoor).....
(h) With what types of handwork or crafts are you experienced?.....
(i) What types of discussion groups, if any, have you conducted?.....
(j) Have you had any library experience?.....
(k) If you have had any teaching experience, in what subjects is it?.....
9. Can you type?..... Take dictation?.....
10. Have you had any training or experience in social work?
If so, describe briefly.....
11. Availability:
(a) Can you come throughout the year?.....
(b) Will you be out of town at certain seasons?.....
When?.....
(c) Can you serve any day during the week?.....
Can you serve in the evenings?.....
Can you serve Saturdays?.....
Can you serve Sundays?..... Holidays?.....
(d) How many hours can you serve weekly?.....

This information should be available to the director of the hospital's volunteer services before the applicant is even seen. It is also advisable to set a minimal annual hourly requirement which the volunteers must serve, and to which they should agree prior to acceptance. It should be stressed to the potential volunteer that additional screening will occur for the protection of both the hospital and the applicant. It may be well to briefly describe the type of activities in which volunteers participate. This preparation of the volunteer for what is to come provides a means of avoiding possible hard feelings later.

The immediate impression, upon considering the fairly elaborate regime which the volunteer must go through, is that even good, potential candidates would be discouraged. Actually, at Lyons, the opposite is found to be the case: if a relatively high standard is placed upon the volunteer workers, they will not only be more respected by the regular hospital employees, but will have much greater respect for themselves. As a rule, not much prestige or self-satisfaction is attached to a job which "just anyone" can perform. The volunteers who meet the initial requirements and take the complete orientation course, pass the final screening and survive the probationary period, feel that there has been real

accomplishment and this results in a greater pride in their work, and, consequently, better performance.

At the time of the interview with these potential volunteer workers by the director of volunteer services (after initial screening by the volunteer's own organization) notation is made of any individuals who appear unstable or seem otherwise unsuitable for volunteer work. This list is eventually transmitted to the medical interviewer. After each of the applicants has been interviewed, as to his or her qualifications, the next step is a written examination. Standard personality tests may be useful, especially when followed by competent psychological interviews. We have found it expedient to conduct a test of our own, which while aiming at eliciting personality defects, and "attitudes" is primarily an educational instrument. In a mental hospital, the attitude of the volunteer worker is of primary consideration. Attitudes that deviate grossly from the normal are suspected, and the discovery of a general misconception, which almost all the volunteers have in common, provides an excellent lead for a discussion in the orientation course. The "test" is not used to "pass" or "fail" a volunteer but serves primarily as a point of departure for the psychological interview. The "correct" answers are given to the volunteers as part of their orientation and is an excellent basis for questions from the group with further orientation and education resulting.

Since over half the hospital beds in the country are for mental patients, the presentation of our screening device may be of some general interest.

TRUE-FALSE TEST FOR VOLUNTEERS³

NAME: DATE:

The following test is composed of a number of statements—some true and some false. Each statement is followed by the letters "T" and "F." Read each statement carefully. If the statement is true, circle the "T." If the statement is false, circle the "F." Answer all questions.

- | | | | |
|--|---|---|------|
| 1. Unusual behavior and peculiar ideas are always present in all mental patients. | T | F | (1) |
| 2. People who like to work around mental patients are usually somewhat mentally queer, themselves. | T | F | (2) |
| 3. Mental disease is not contagious. | T | F | (3) |
| 4. Most mental patients are over-sexed. | T | F | (4) |
| 5. It is very difficult to insult or offend a mental patient. | T | F | (5) |
| 6. I have had a nervous disorder. | T | F | (6) |
| 7. People who work around mental patients often become ill themselves. | T | F | (7) |
| 8. All mental patients are very much alike. | T | F | (8) |
| 9. In order to successfully work with mental patients, you should first win their confidence. | T | F | (9) |
| 10. Many people feign insanity to receive government support. | T | F | (10) |
| 11. Knowledge of mental disease is not harmful to well-adjusted, normal people. | T | F | (11) |
| 12. I have been under treatment for a nervous condition. | T | F | (12) |
| 13. There is much that can be done for mental patients aside from administering to their physical wants and hoping they will get well. | T | F | (13) |
| 14. Insults and obscene language are invariably found with mental patients. | T | F | (14) |

³ Developed by the author and Mr. Harry Hyman, Mr. Philip Goldberg, and Mr. Bert D. Schwartz of the Psychology Department of the Hospital.

15. Mental patients should be sterilized before being allowed to leave the hospital.	T	F (15)
16. One should pay no attention to requests from mental patients, since they do not know what is best for them.	T	F (16)
17. Some mental patients have a real sense of humor.	T	F (17)
18. When dealing with patients in a mental hospital, one should remember that they are different from normal people in their thinking and feeling.	T	F (18)
19. Mental disease is hereditary.	T	F (19)
20. I have been a patient in a mental hospital.	T	F (20)
21. Nervous people are often helped by working in a mental hospital.	T	F (21)
22. Mental disease is not more definitely prevalent in one race than another.	T	F (22)
23. It is unnecessary to win a mental patient's confidence as he mistrusts everybody anyway.	T	F (23)
24. Most mental patients are curable.	T	F (24)
25. In working with mental patients, a sympathetic attitude is more important than an understanding of their disease.	T	F (25)
26. Most mental patients are homicidal.	T	F (26)
27. Punishment often convinces a patient that he should behave more normally.	T	F (27)
28. I have changed jobs frequently because of physical or mental ailments.	T	F (28)
29. Wealthy people very seldom have mental illnesses.	T	F (29)
30. Masturbation is one of the principle causes of mental illnesses.	T	F (30)
31. "Everybody is a little crazy" at times, and all of us have had serious doubts about our sanity at one time or another.	T	F (31)
32. Most mental patients appreciate favors that you do for them.	T	F (32)
33. All mental patients like to be by themselves and resent interruptions and intrusions from outsiders.	T	F (33)
34. I am subject to frequent blue spells or sick headaches.	T	F (34)
35. You can usually tell whether a man is insane by the look in his eyes.	T	F (35)
36. Mental patients are really sick like other patients in other hospitals.	T	F (36)
37. The actions and speech of most mental patients are revolting and disgusting to a person of fine breeding.	T	F (37)
38. Once a person has been mentally ill, he can never lead a completely normal existence again.	T	F (38)
39. I consider myself a rather high-strung person.	T	F (39)
40. Some mental patients do not require kindness and consideration.	T	F (40)
41. Most mental patients come from the slums.	T	F (41)
42. Mental patients need more punishment and criticism than normal people because they do not understand what they are doing.	T	F (42)
43. I often complain of various physical ailments.	T	F (43)
44. Demanding mental patients should be ignored.	T	F (44)
45. People who lead immoral lives often go insane as a result.	T	F (45)
46. Mental patients have feelings and emotions like other people do.	T	F (46)
47. Many insane people are really criminals and are not sick.	T	F (47)
48. People consider me a healthy, well-rounded person.	T	F (48)

The test is scored by presenting the scorer, who need not know anything about the test, with a key copy in which atypical answers are circled, and a numerical rating assigned to each question. Only incorrect answers are scored, and the total atypical point score obtained. Certain items are considered "stop items" and all individuals answering any of these in an atypical manner are interviewed in detail, regardless of total score. The scoring is as follows, with the number of questions in Column I, the atypical response in Column II, and the point score rating in Column III.

<i>Item number</i>	<i>Atypical response</i>	<i>Point score</i>
1	T	1
2	T	2
3	F	3

<i>Item number</i>	<i>Atypical response</i>	<i>Point score</i>
4	T	2
5	T	2
6	T	5
7	T	2
8	T	1
9	F	2
10	T	1
11	T	1
12	T	5
13	F	2
14	T	1
15	T	3
16	T	2
17	F	1
18	F	2
19	T	1
20	T	5
21	T	1
22	F	1
23	T	1
24	F	2
25	F	3
26	T	2
27	T	3
28	T	5
29	T	2
30	T	3
31	T	2
32	F	2
33	T	2
34	T	5
35	T	3
36	F	2
37	T	1
38	T	2
39	T	5
40	T	2
41	T	1
42	T	1
43	T	5
44	T	1
45	T	1
46	F	3
47	T	2
48	F	5

Items #6, 12, 20, 28, 34, 39, 43 and 48, were considered "stop items" if the answer given was atypical. The fact that the efficacy of the "stop items" depends upon the volunteer's veracity is a common failure of almost all screening devices of the pencil and paper type. Rather than attempt to "trick" the subject into possible contradictions it is felt that giving sufficiently strong motivations for answering questions truthfully is the more desirable course.

This can be done by a brief preliminary talk in which the volunteers are thanked for their good will in appearing for the examinations, followed by an explanation that the hospital in return desired to protect the potential volunteers from assignments which may prove detrimental to them and without their full cooperation in answering the items on the examination truthfully that would be impossible.

A total point score of 20, or more, also necessitated a detailed interview. Using a team, consisting of a psychologist and a psychiatrist, it was possible to interview approximately 35 individuals an hour. Those potential volunteers, whose

atypical point score was below the "cutting point," and who had not been designated by any of the "stop items," were interviewed by the psychologists only. A brief one- or two minutes' discussion was all that was necessary in most cases, and those who seemed to the psychologist to present special problems, were also seen by the psychiatrist. The psychiatrist also saw those volunteers who had been caught on "stop items" and who had high atypical point scores. Sometimes immediate judgment could be made as to the volunteer's potential usefulness, but if not, sufficient time could be devoted to the individual for a real exploration of his suitability. The few hours of staff time devoted to this particular screening have been considered very well spent.

The announcement of acceptance or rejection of the applicants can very well be left to the local organization through which they applied and thus relieve the hospitals of a possibly unpleasant and embarrassing duty. Most of the recruiting organizations find it advisable to stress that possible volunteers may be rejected, not because of unsuitability, but because the particular services they offer are not needed at that particular time.

Thus far, a fairly adequate "cross section" of the potential volunteer has been obtained. Before definitely accepting the individual, we have found it wise to also obtain at least a brief "longitudinal" view of the individual, and this can be accomplished during the period of orientation. For example, we found that one individual was much impressed by Question 35, and spent the next few days during orientation staring unabashedly, and with no attempt at concealment, at the patients, trying to get a good look at their eyes (which startled some of them considerably).

At the termination of the orientation course, a second examination is given covering the subjects discussed during the orientation lectures. This provides some measure of the volunteer's adaptability and ability to assimilate new material. It is only after this examination that the local organizations are informed as to which of their members are accepted as full-fledged volunteer workers.

ORIENTATION

The following subjects are discussed in a three-day orientation course which all volunteer workers attend after preliminary screening is successfully completed.

- I. Introduction
Purpose of Training Institute
Manager⁴
- II. Neuropsychiatry
Mental and emotional aspects of psychiatric illness
Clinical Director
- III. Understanding the Neuropsychiatric Patient
Psychiatrist
- IV. Communicable diseases and their treatment.
Chief Surgeon
- V. Hospital etiquette and ethics.
Chief Nurse

⁴The physician-director of a Veterans Administration Hospital is called the manager. Dr. H. E. Foster is the manager of the Hospital at Lyons; Dr. L. G. Sewall was the Clinical Director at the time this article was written and Dr. A. T. Colley is at present.

- VI. Psychiatric social work
Chief Social Worker
- VII. Occupational Therapy
Chief Occupational Therapist
- VIII. Special Services⁵
Chief of Special Services
- IX. Chaplaincy
Hospital Chaplains
- X. Athletics for psychiatric patients
Physical Director
- XI. Library Service
Chief Librarian
- XII. Recreation and entertainment
Music Director
Dramatics Director
Recreation Director and Staff
- XIII. Written examination.
True and False
Essay type questions

A copy of the schedule of lectures is given to each of the potential volunteers and serves the secondary purpose of impressing upon them how important their work is considered. For a general hospital, the subjects, of course, would differ somewhat, but the same general plan could be followed. The part that volunteers play in all these is naturally stressed.

If at all feasible, arrangements should be made for the potential volunteers to go on a conducted tour of the hospital. This, too, helps the individual gain some idea of his or her niche in the scheme of things.

VOLUNTEERS IN ACTION

Considering the fact that the Veterans Administration Hospital at Lyons, New Jersey, is relatively isolated, being ten to fifteen miles from the nearest communities of any size, the amount of time spent at the hospital by volunteers and the size of their contribution is almost staggering. Each month, between six and seven thousand volunteer hours are spent at the hospital⁶ and during the course of a year, the value of equipment and other material contributions to the hospital amount to over two hundred thousand dollars. Fifty-three different organizations contribute directly, or indirectly, to the hospital.

The manner in which fifteen hundred volunteers contributing their services each month are managed may very well be of interest to other hospitals contemplating the innovation or enlargement of their own volunteer service facilities. The representatives of voluntary service organizations on The Hospital Voluntary Service Advisory Committee coordinate all the volunteer activities of their respective organizations through the chairman of this committee (who at our hospital is also Chief of Special Services). Special Services also has charge of the athletics, chaplaincy, library (both medical and patient), entertainment, recreation and canteen. In addition to an Assistant for the Chief of Special Services, there is one person in charge of all recreational activities. There are also four assistants to the Director of Recreation (one for music and the other

⁵ Special Services includes recreation, sports, chaplaincy, library, and canteen.

⁶ There are approximately 2,200 patients at the Veterans Administration Hospital at Lyons, New Jersey.

three, general assistants). All these individuals have other regularly assigned hospital duties aside from the volunteer part of the program which occupies, on an average, one to two hours every day of their time.

UNSKILLED WORKERS

There are two types of volunteer workers—the skilled and the unskilled. Between eleven and twelve hundred unskilled volunteers contribute time each month, making a total of about three thousand volunteer hours, exclusive of time spent in transportation to and from the hospital. The activities of these unskilled workers may be broken down roughly as follows:

(A) Ward Parties. Except for the extremely disturbed patients, there is an average of one party on each ward every week. After years of experimentation, it has been found that a certain ratio of volunteers to patients is desirable on different types of services, and for the benefit of those who may be interested, they are listed briefly.

1. On Infirm or Acute Services, with less than 100 patients on the ward, six to eight volunteers are used.
2. On a Chronic or Non-Acute Service, or one made up largely of psychoneurotics with less than 100 patients, fifteen volunteers are used.
3. On Semi-Acute Services with one to two hundred patients, again, fifteen volunteers is about the optimum number.
4. With wards above two hundred patients, between twenty and twenty-five volunteers furnish the best services.

As a rule, the parties are given in the evening, but on wards where the patients go to bed very early, the party may be given in the afternoon.

On Infirm services where there is a small patient turn-over, and where it "means something to see a familiar face," the same group is encouraged to return each week. On wards with younger and more active patients, an effort is made to rotate the volunteers giving the parties so that the patients may meet as many different individuals as possible. The assignment of wards to various groups depends not only on size, but also on how much an organization plans to spend, and since the wards in our own hospital range from forty to almost five hundred patients, there is quite a difference. Ward parties can be run as cheaply as from 25¢ a patient (cigarettes, ice-cream and cookies) up to \$1.00 a patient, or more. Some of the ward parties have included an orchestra, door and game prizes, paid entertainers when volunteers were not available, etc., as well as transportation cost to and from the hospital for the volunteers, which must be thought of in financing a party.

(B) Recreation Hall Parties. To these parties, all the "privileged" patients (those having ground parole) are invited, as well as all the patients on the Reception Service, and those receiving shock therapy, if approved by their ward doctors. There is usually a Bingo game which requires eight to ten volunteers among the older women, who supervise the party. At the same time, the party for the closed-ward patients, which includes dancing, games and refreshments, requires the services of fifteen to twenty of the younger female volunteers.

(C) Dances. Twice a month, a dance is given on the hospital grounds to which approximately 170 patients are invited. A certain number of patients are pro-rated from each ward. For this number of patients, a minimum of eighty hostesses, and a maximum of 120, as dancing partners, have been found most desirable. These volunteers provide their own transportation, as well as refreshments, an orchestra, and usually some sort of door prize—if nothing more than cigarettes.

(D) Off-Station Program. It is impossible to list all the Off-Station activities, but in addition to dinners, theatres, movies, concerts, dances, there are many special events, e.g. 150 of our patients were taken to the World Series last year, and a number to the Army-Navy football game. There are approximately eight trips a week which take care of 140 patients. Transportation to and from these events is usually furnished by the hospital or by the Red Cross Motor Corps.

The usual procedure for dealing with groups of these unskilled volunteers is through their "Hospital Chairman" or her "delegate." This individual confers at frequent intervals with the Director of Recreation, as to hospital policy, ethics, and procedures. The fifty-three different organizations who contribute to this group are listed since they may very well suggest reservoirs of volunteers whose services have not been tapped in other hospitals.⁷

⁷ Organizations contributing to the volunteer program:

Air Raid Wardens Inc., Zone 8, Irvington, American Legion Auxiliary (Comprised of 297 units), American Theatre Wing, American Red Cross, American Veterans' Committee, American Women's Hospitals Reserve Corps, American War Dads, American War Mothers, American Women's Volunteer Service.

Beta Sigma Phi, Billiards Association of America, Blue Star Mothers & Wives of World War II, Blue Star Mothers of America—Union Chapter #1, B'nai Brith.

Community Concerts—Plainfield and Morristown, Collite-Tungston, Inc., Department X, Catholic War Veterans Auxiliary.

Daughters of America, Daughters of Union Veterans of the Civil War, Disabled American Veterans (approximately 20 units), Emblem Club #72, Ex-Presidents Club (American Legion Auxiliary).

Fidelity Guild.

Griffith Music Foundation, Gold Star Mothers.

Industrial Union of Marine & Shipbuilding (Workers of America CIO), International Brotherhood of Teamsters.

Jewish War Veterans (Approximately 50 Units).

Knights of Columbus.

Madison Square Garden, Inc., Marine Corps League, Mary Meyers War Mothers, Masonic Service Association of the United States, Military Order of the Purple Heart, Military Order of the Cooties, Morning Club—Ladies Auxiliary, Morris County Fair Association, Mountain Lakes Choral.

National Broadcasting Company, Navy Mothers, New Jersey Federation of Music Clubs, New Jersey Garden Clubs.

Order of Elks, Order of the Eastern Star.

Packanack Civic Club, Parent Teacher's Association, Patriotic Cheer Workers of America—District #10.

Psychology Club of Junior Centenary College.

SKILLED WORKERS

The relative importance of the contributions of any one local organization varies from hospital to hospital; but at the V. A. Hospital at Lyons, N. J., the American Red Cross is the greatest source of skilled workers, and during a typical month, approximately 300 trained volunteers donate a part of their time, making a total of over 3,000 hours a month. The distribution of the services of these trained volunteers for a typical month is as follows:

Recreation.

This includes ward parties, music groups, birthday parties, and presents for each patient, interviews with all new admissions as to interests, hobbies, etc., discussion groups on the tuberculosis ward, feeding of breakfast to patients on the shock wards, provision of three packs of cigarettes a week to each indigent patient, the manipulation of book projector machines, outside games when weather permits, and the helping of visitors. Ninety-four Gray Ladies devoted a total of 1,425 hours to this activity exclusive of their transportation to and from the hospital.

Medical Rehabilitation.

Trained teachers are provided to help with typing, bookkeeping, remedial reading and writing, social sciences, commercial art, applied sciences, and mechanical drawing. This group also assists in minor surgery in mending rubber gloves, and preparing swabs, dressings, and other equipment, as well as feeding infirm patients. A total of 55 Gray Ladies (40 of whom also worked on the Recreation Services), contributed a total of 573 hours.

Arts and Skills.

These workers are under the direct supervision of trained occupational therapists. Some of the volunteers do diversional and tonic crafts, while others work with the functional crafts, on the basis of a prescription provided by the psychiatrist. These activities include the direction of weaving, ceramics, leather work, metal work, painting, applied design, etc. Twenty-six trained volunteers contributed approximately 500 hours during an average month.

Production Corps.

The routine assigned duties of this group of volunteers is the mending of patients' clothing. Approximately 30 volunteers donated a total of 150 hours during a typical month, but in addition, within the chapters, an unknown number of hours were devoted to the preparation of drapes, slip covers, and other equipment for the hospital.

Canteen Service.

On the two weekly visiting days, the volunteers from the Canteen Service, provide refreshments for both the visitors and the patients. In addition, they sponsor weekly off-station dinners for selected groups of patients. Fifty volunteers donated about 150 hours.

Salvation Army, Silver Link Rebekah Lodge # 85, Sixty Club—Social Club, Jersey City, Sons of Union Veterans of the Civil War, Stadium Concerts.

Theatres—10 in nearby communities, Theta Rho Club, Townley Choral—Elizabeth, New Jersey.

Veterans of Foreign Wars (approximately 100 units).

U.S.O. Camp Shows, Inc., Urban League of Eastern Union County.

Walther League (A church group from Paterson, New Jersey), Westminster Choir College, Wright Aeronautical Corporation, Women's Forum of Washington Valley, Women's Relief Corps.

Staff Assistants.

These workers assist in the filing of Clinical Records, in the Social Service Department, in the Library, and elsewhere about the hospital where needed. Approximately 150 hours were served by the 16 workers.

Motor Corps.

The time spent by this group of volunteers is difficult to calculate, but in addition to the transportation of the other volunteer workers to and from the hospital, 46 trips were made in a typical month, which were for the benefit of the patients alone. In the fall of the year, about 200 men are taken to football games every month, 100 on scenic tours or visits to commercial plants, 125 roller skating, 80 to parties, etc. The hours contributed by these workers is not included in the totals given.

Other Skilled Workers.

In addition to the trained workers provided by the American Red Cross, about 50 skilled workers are provided by the American Legion, the Disabled American Veterans, The USO, and other organizations, including ten music volunteers. Their work includes bedside visits to patients, card playing, assistance in assembling the hospital patient-newspaper, letter-writing, reading, and other services which the patients need of a personal nature. The music volunteers provide music for listening, in the form of vocalists, pianists, trios, etc., and visit as many wards as possible. They also assist in the teaching of music and, if someone is interested in an unusual instrument, an effort is made to obtain someone to assist in instruction. The USO volunteers recruit and supervise entertainers for off-station parties, (This does not include the paid USO workers, or the entertainment provided)

CONCLUSION

The magnificent contribution that volunteer workers have made, and are making, to the Veterans Administration Hospital at Lyons conclusively demonstrates that with proper selection, screening, orientation, and management, such a program can make a major contribution to any hospital.

SUMMARY

1. The acceptance by a hospital of volunteer workers not only meets emergency needs, but also inspires regular employees to new interests in their work, allows these employees to devote more time to the application of their special skills, arouses new interests in the patient which often spells the difference between therapeutic success and failure, and finally, provides the public of the local communities with a knowledge of the specific needs of the hospital with support frequently forthcoming. In the case of mental hospitals, some of the very necessary public education about mental disease results from information spread by well oriented volunteer workers.

2. The desirability of screening all potential volunteers is emphasized. A program of pre-selection by application through hospital affiliated organizations, specific techniques of screening, an outline of indoctrination, and suggestions for organization within the hospital are presented.

3. The magnificent work of the volunteer workers at the Veterans Administration Hospital at Lyons, New Jersey, in providing six to seven thousand volunteer

hours of work each month, and donating equipment and other supplies to the value of over two hundred thousand dollars a year is described. The manner in which the volunteer services are organized at this Veterans Hospital are presented in detail.

Appreciative acknowledgment is made to Mr. J. E. Whitford, Miss Pearl I. Dossett and Mrs. Isabel Twombly of the Special Services Department and to Miss Florence Patenaude of the American Red Cross, who are largely responsible for the excellence of the Volunteer Program at the V. A. Hospital at Lyons, N. J. Without their assistance this article could not have been written.

