VOLUNTEERS IN REHABILITATION MEDICINE

Jacob L. Rudd*
Reuben J. Margolin**

All social agencies now widely use volunteers; but the Veterans Administration, in particular, has led the way in demonstrating the value of their utilization. Volunteers have been extremely useful in every phase of the Physical Medicine and Rehabilitation Service. They have been used as clerical assistants, but more significantly, as Occupational Therapy, Educational Therapy, Manual Arts Therapy, Corrective Therapy, Physical Therapy, and Industrial Therapy aides. Because of the assistance provided by these volunteers, therapists can be relieved of some of their routine duties so that they may concentrate on more difficult therapeutic problems. Volunteers permit more available time for regular personnel to give increased individual attention to larger numbers of patients.

The wider use of volunteers in Physical Medicine and Rehabilitation should be encouraged. Many benefits have been noted and are briefly reviewed in the remainder of this paper.

(1) A greater number of patients can be reached in the rehabilitation process. Motivation is a crucial factor in rehabilitation. Patients are often motivated by the recognition that volunteers from the community are devoting their time and energy without compensation for the patient's therapeutic progress. It is well known that volunteers can often reach patients where professional personnel cannot. This commentary is not offered as a reflection upon the skills or abilities of professionals. Rather it occurs because volunteers can communicate to patients free of medical jargon which often threatens or frightens a patient. It occurs because volunteers can empathize with patients through a process of "there but for the grace of God go I." It occurs because volunteers need to have evidence that their contributions are worthwhile and do not represent meaningless or interfering efforts. It occurs because patients require emotional support from representative members of the community and volunteers feel the need to provide that emotional support.

(2) By utilizing volunteers, the community becomes more intimately involved in the rehabilitation process. The community is unaware of the complexities of the rehabilitation process. To most people in the community, rehabilitation is a blend of pathos and glamour. Everyone thrills to the uphill struggles of a patient overcoming adversity due to illness or injury. But few people realize the necessity for close teamwork among hospital, outpatient clinic, and community in order to complete the patient's rehabilitation process. The volunteer has a first hand glimpse of this process as well as being a partner in the therapeutic progress. As a result, volunteers have been instrumental in securing community cooperation from community agencies and citizens where without it, rehabilitation would have been impossible.

(3) Volunteers help patients get a better reception in the community after the individuals have been rehabilitated. Integrating rehabilitated patients back into the mainstream of community life is not a simple task. The patient is fearful and apprehensive. Not infrequently the community is rejecting or lacks understanding of

* Dr. Rudd is Chief of Medical Rehabilitation, Veterans Administration Out-Patient Clinic, Boston, Massachusetts.
** Dr. Margolin is Chairman of the Department of Special Education and Rehabilitation, Northeastern University, Boston, Massachusetts.

the patient's problems and needs. Volunteers have been helpful in obtaining jobs for the patients. They have paved the way, enabling the patient to make constructive use of leisure time by reintroducing them to such activities as church suppers and social events offered by civic organizations. In some instances volunteer organizations have either provided scholarships or helped patients to secure scholarships to further their education.

(4) The use of volunteers makes possible the employment of a wider variety of skills to rehabilitate the patient. As skillful and well trained as professional personnel are in their particular specialty, they do not possess all the talents or skills necessary to meet the needs, interests, and problems of a diverse patient population. For example, in one educational therapy program a patient was interested in raising bees. A specialist in this field was secured to teach the patient not only the intricacies of raising bees but also sales, purchasing, and marketing procedures pertinent to a successful enterprise. Today this patient is successfully self-employed in this field.

In another situation a patient who was Christian married a girl who was Jewish. The girl's parents spoke primarily Yiddish and were deeply religious. In-law conflict was interfering with patient treatment. A volunteer taught this patient how to read, write, and speak Yiddish which so impressed the in-laws that friction was greatly reduced and treatment enhanced. Countless examples of this sort can be documented where volunteers have utilized their special talents and skills to facilitate the rehabilitation process where serious obstacles existed.

(5) The use of volunteers helps stimulate an educational process which ultimately leads to citizen support of legislative appropriations for rehabilitation efforts in hospitals. In a study of legislator support for rehabilitation services carried out by the Rehabilitation Research Institute at Northeastern University, it was revealed that although legislators may believe in the value of rehabilitation they must be convinced that it requires a greater priority for allocation of funds than other programs such as highways, urban renewal, etc.(1) Volunteers or their spouses are usually prestigious community citizens. With their intimate knowledge of the rehabilitation process they can communicate most effectively to legislators the needs and problems which need fiscal support for successful resolution. In many instances they can even exert subtle pressure upon the legislators to act positively.

(6) The opportunity for volunteering in hospitals provides a meaningful activity for those who have the time to spare, especially for retirees. For the latter, a situation is created which is of mutual benefit to the patient and the volunteer. At the same time certain community problems of rehabilitation, and of the aging, are dealt with in constructive fashion.

The following summary of volunteer activities at the V.A. Outpatient Clinic in Boston gives a bird's eye view of the wide variety and scope of volunteer participation in this agency. It certainly gives us an idea of the tremendous potential that resides in the effective utilization of volunteers.

The Boston Outpatient Clinic Voluntary Service shows what good work can be done in an outpatient clinic where it is more difficult to recruit and assign individuals than is true in a hospital. The latest Department of Medicine and Surgery Station Evaluation Program Report summarizes the voluntary service activity as follows:

"The VAVS activity in the Boston Outpatient Clinic is enhanced through the perseverance of staff, Advisory Committee, and the regularly scheduled affili-

ated and unaffiliated volunteers. Community support and understanding have enhanced the development of cultural, educational, recreational, and vocational programs for the benefit of patients in the Day Treatment Center, and the Physical Medicine and Rehabilitation Service. The impetus of new and added support along the above lines by student volunteers from Harvard University has had a stimulating effect in relation to social and rehabilitation activities. Industries in the community continue to extend 'sub-contract' support for the Incentive Workshop in the Day Treatment Center. The facilities of the Curtis Hall Gym have been made available for physical exercise, and the Fred Astaire Dance Studio provides musical dance therapy. There exists a harmonious relationship with local colleges and universities.

Plans have been projected for a transitional workshop in PM&RS where the physically handicapped are equally dependent upon community support, as are the mentally disturbed in the Day Treatment Center. A preliminary step in this direction has been undertaken by the recruitment of two volunteers who have been assigned to PM&RS.

Major developments include the implementation of a 'Ceramics' Workshop in the Physical Medicine and Rehabilitation Service supported in part from donations to the General Post Fund, and a sizable contribution received from the Arthritis and Rheumatism Foundation; the establishment of a Voluntary Service Program at the Lowell VA Sub-Office; and the expansion of volunteer service to Nursing and Foster Homes in the Worcester area, Geriatrics, Medical Research (Weight Control) and the Normative Aging Study.

Representatives and Deputies on the Advisory Committee have been encouraged to recruit suitable volunteers for assignment to nursing and foster homes where contact by outside influences is so urgently needed and appreciated. We anticipate activation of a volunteer program for Nursing and Foster Homes in the Boston area after the holidays. Several organizations are interested in this project, and they have been provided with background information relevant to same.

The Lowell Mental Hygiene Clinic continues to make effective utilization of five affiliated volunteers for resocialization therapy, and an attempt is being made to recruit student nurses from St. Joseph's School of Nursing and the Lowell General School of Nursing to serve as volunteers. Faculty members from both institutions responded favorably.

In Worcester, seven volunteers affiliated with the Jewish War Veterans Auxiliary, are visiting veteran-patients in private nursing homes, and providing service in terms of friendly visiting, entertaining, handling correspondence, sending seasonal greetings, holding birthday celebrations, and providing emergency transportation for relatives.

In the Springfield Clinic, volunteers are being utilized to provide escort service for recreational and sporting events, and to give tutorial instruction in card games (bridge, whist, etc.). These activities, it was found, tend to promote and foster wholesome interpersonal relationships. Because of the expansion of the Family Care Program, various organizations have been approached for volunteers with a varying degree of success.

The VAVS Program is well integrated into the total clinic operation in terms of administrative functioning and in providing supplementary service to our veteran beneficiaries and their families." (2).

REFERENCES

1. Goldin, G., Margolin, R. J., Perry, S. and Stotsky, B., "Legislator Motivation for the Support of Rehabilitation Services".

2. Quigley, T. J., Bell, B., Karam, T., Zammarchi, F. A., "DM&S Station Evaluation Program Report - Voluntary Service.

THE PERSONALITY OF VOLUNTEER HOUSEWIVES AND CANDY-STRIPERS

Luciano L'Abate*

Two studies of the personalities of volunteer housewives and candy-stripers are reported. In comparison to control psychiatric and medical women patients, volunteer housewives are superior in vocabulary and in other measures of adjustment and psychological health. In terms of Leary's interpersonal checklist regional differences between two groups of volunteer housewives were found. These results were discussed in relationship to methodological problems of selection and especially of relevant controls for a more detailed study of volunteers.

Recent manpower considerations (Rioch, 1966; Poser, 1966; Reiff and Riessman, 1965) have indicated the potential usefulness of volunteer housewives in a variety of roles. L'Abate (1963) suggested their use in research and in the administration and scoring of group tests and simple psychodiagnostic techniques. Rioch et al (1963) used them in psychotherapy and group activities. A recent review of the ever increasing literature on the use of lay volunteer students and housewives indicated the lack of normative data and information concerning the characteristics and possible motivation of these volunteers (1). This study is an attempt to investigate the personality of volunteer housewives and candy-stripers as studied through a variety of objective and semi-projective techniques. The first pilot study was conducted to fulfill this goal. A second study was conducted to study any regional differences between two groups of housewives drawn from two different settings.

FIRST STUDY

Method

Ss: The first experimental group consisted of twenty-six volunteer housewives drawn from a large volunteer service of university-connected hospitals. The second experimental group consisted of forty-seven "candy-stripers," high-school teenagers employed in the same setting on a volunteer basis during the summer.

Two "control" groups were compared with the experimental samples. The first sample consisted of thirty-three women inpatients in the psychiatric hospital of the same hospital complex. The second control sample consisted of twenty-seven inpatients in various medical services of the same complex. They were compared for age (Table 1) which was highly different ($F = 38.28$; $p > .001$), education ($F = 52.41$; $p > .001$) with the volunteer housewives being almost all college graduates, while the psychiatric sample was graduated from high-school. The medical sample was even less educated and comparable to the candy-stripers whose grade level was completion of the tenth grade. Most Ss reported being unemployed housewives with all of the candy-stripers being unmarried. Volunteer housewives had less indication of marital conflict in terms of separation and divorce than the psychiatric and medical controls.

Tests: These Ss were administered various tests by the specially trained volunteers who were otherwise full-time trained and employed as speech therapists(2). They were administered individually: (a) the WISC vocabulary scale from which an IQ score was extrapolated; (b) the Loevinger sentence completion test (scored)

* Dr. L'Abate is Professor of Psychology at Georgia State College, Atlanta, Georgia.

according to the I-level system; Loevinger, 1964); (c) Kahn Test of Symbol Arrangement (KTSA) scored also for hostility and depression (L'Abate and Craddick, 1965); (d) the MMPI that in addition to the usual validity and clinical scales was scored for ten new scales (Welsh and Kahlstrom, 1960) dealing mainly with hostility and impulse expression and the overall sum of the deviations from the mean standard score, or scatter for the nine clinical scales (L'Abate, 1962). All of these tests were scored by volunteers.

The scales of hostility were as follows: Ah - alcoholism differentiation, Pa_1 - persecutory ideas by Harris & Lingoes (W + D, p.461), Hc, Schultz's hostility by Siegel (D + W, p. 468), and MF3 altruism by Pepper & Strong (p.460).

Sargent's (1953) Insight Test was also administered but since it was never scored because of the difficult and time-consuming nature of its scoring systems, results for this test cannot be reported.

Results

There is no question that volunteer housewives' vocabulary is higher than any of the other three groups (Table 1). They all are in the superior group ($F = 7.75$ $p > .05$) while the bright normal vocabulary of the candy-stripers and psychiatric patients may indicate differences in socio-economic background and education superior to the medical group. Although these groups differ insignificantly ($F = 14.73$; $p < .01$) in their level of integration (Table 1) the medical controls seemed mainly responsible for this difference since the other three groups were extremely similar and superior to the medical controls.

Table 1

Characteristics of Four Groups of Women

Groups	N	Age Mean	Age SD	WISC Voc. IQ Mean	WISC Voc. IQ SD	I-Level Mean	I-Level SD
Volunteers	26	36.31	13.78	118.73	14.24	5.92	2.78
Candy Stripers	47	15.28	.83	109.89	10.93	5.76	.89
Psychiatric	33	33.06	12.06	109.42	15.51	5.03	2.43
Medical Controls	27	31.22	9.39	101.19	13.00	2.59	2.65

The results for the KTSA are not reported because no significant differences were found on any of the scales, even though the overall trend from the total abstraction level (numerical element) was strongly in keeping with expectations (3). Volunteer housewives were higher (Mean N.E. = 106.19 S.D. = 19.65) than all the three groups, with the candy-stripers next to them (Mean N.E. = 105.02, S.D. = 19.01), psychiatric women lowest (Mean N.E. = 95.97; S.D. = 20.37) while the medical sample approached the expected normality (Mean N.E. - 100.37; S.D. = 19.80).

Table 2

MMPI Results for Four Groups of Women

Groups	L		F		K		Hs		D	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Vol	1.81	2.48	49.27	6.88	48.77	3.14	59.50	8.11	49.38	6.37	48.31	8.23
CS	2.49	3.87	46.83	7.22	52.85	7.74	55.38	7.76	49.32	6.69	50.04	8.04
P	5.39	11.17	51.27	7.43	59.12	10.18	54.51	10.07	63.51	15.34	68.57	17.37
M	2.37	4.57	50.55	7.45	52.67	10.15	57.81	8.25	59.55	11.60	60.15	11.51

Groups	Hy		Pd		MF		Pa		Pt		Sc	
V	51.35	8.33	52.42	8.91	43.38	9.78	52.77	8.54	50.73	6.28	51.77	5.19
CS	54.49	7.69	58.96	9.41	48.30	8.57	54.68	6.67	54.72	7.85	56.83	7.23
P	68.30	15.65	71.97	14.39	49.00	9.50	66.81	13.48	64.36	14.77	67.30	13.21
M	64.00	9.18	62.00	.99	50.00	9.10	56.00	9.48	56.48	7.82	55.92	8.59

Groups	Ma		MSi		Ah		Pa		FT	
V	55.73	10.35	48.19	9.57	108.92	15.14	31.58	19.24	110.23	17.65
CS	57.04	9.84	50.87	7.26	116.02	14.21	49.98	20.32	113.15	17.48
P	57.79	11.36	56.48	9.73	123.64	29.00	84.67	38.70	106.00	50.88
M	54.74	11.31	54.07	9.73	106.04	28.62	68.22	29.58	115.00	109.86

Groups	HC		MF_3		Scatter		IM	
V	5.23	2.18	6.50	1.42	61.81	16.32	5.69	1.91
CS	7.28	2.43	5.40	1.44	67.10	26.51	8.15	3.61
P	9.76	4.20	6.03	2.07	146.67	77.91	8.82	4.04
M	8.14	3.77	5.92	1.87	87.63	44.05	6.63	3.86

The greatest number of differences among the four groups was found for the MMPI (Table 2). Here the greater degree of health was confirmed for the experimental groups in all the validity scales and the conventional clinical scales except the MF and Ma scales. Among the new scales only Ah ($F = 3.81$ p<); Pa ($F = 20.60$, $p > .01$), Hc ($F = 10.13$, $p > .01$), IM ($F = 4.89$, $p > .01$) and the total scatter ($F = 22.95$, $p > .001$).

A factor analysis with varimax rotation yielded three major factors worthy of consideration. A first order factor showed the highest loadings on the MMPI scatter index, Pt, Sc, Hy, Pd, Hs, D, and Hc according to rank from highest (.91) to lowest (.63) loading. This factor seems to be concerned with the acting-out aspects of maladjustment. The second factor was characterized by high loadings on the KTSA-E (color) and MMPI-K with a negative loading on KTSA-D. No ready interpretation is available except to suggest that this factor may relate to defensiveness. The third factor was an altogether negative one with high negative loadings on KTSA-C and the MMPI F and K scales. On interpretation most available would refer to mode of responding like cooperation, test-taking attitudes, and negativism. No loadings worthy of consideration were found with the sole exception of Hv as a fifth order factor and MF3 and Mj as sixth and seventh order factors respectively.

SECOND STUDY

To check on the possibility of regional differences among volunteers a second study was undertaken in two steps. The first step involved applying the Leary system (1956) to the MMPI and the Leary Interpersonal checklist to the volunteer housewives. The second step involved comparison between groups of volunteer housewives differing in setting and in geographical location.

Method

Ss: Two different regional samples of volunteers were used in this study.

1. The St. Louis Group:

   A. Fifteen adult volunteers (housewives) with a modal age of 38.8 and 16 grades of education.

   B. Nineteen high school volunteers (Candy-stripers) with a modal age of 16.1 and 11.3 grades of education.

2. The Atlanta Group:

   A. Fifteen adult volunteers (housewives) with a modal age of 32.9 and 16 grades of education.

   B. A Control group of 20 mothers whose children were referred to a psychological laboratory for evaluation. The modal age of these mothers was 37.1 and 13 grades of education.

Tests: Tests administered to the St. Louis group consisted of the Leary Interpersonal Checklist (ICL) which was scored for both Lov and Dom on both Self and peer rating and the MMPI which was also converted into Leary's Lov and Dom scores.

The test administered to the Atlanta group consisted of the ICL with rating for Self, Ideal Self, and Husband. All ICL and MMPI scores were converted into Lov - Dom scores and plotted on the Leary Octant System. Discrepancy scores such as Self to Ideal Self were computed by measuring the distance between the coordinates of the Self rating to those of the Ideal Self rating. Numbers were recorded in sixteenths of an inch representing only relative measures of maladjustment (Leary, 1956).

Results

The only significant (t = 2.58, p > .05) difference between the St. Louis volunteers and candy-stripers was on Lov, on which housewives scored higher (3). The two significant differences between St. Louis and Atlanta volunteer housewives were on the ICL self-ratings. Apparently the St. Louis group were less "loving" (t = 11.72, p > .001) and more dominant (t = 5.39, p > .01) than the Atlanta group. Between the two Atlanta Groups, the volunteers rated their husband as more dominant (t = 2.50, p > .05) than themselves. Their self-to-ideal discrepancy was smaller (t = 2.42, p > .05) than in the control mothers. Although this result did not reach a statistical significance, the self-to-husband discrepancy was smaller for the volunteers than the control mothers.

DISCUSSION

On the basis of the results of the first study, there is the suggestion that a greater degree of intelligence, emotional stability, and high cooperative functioning are the earmarks of volunteer housewives and candy-stripers.

In terms of Loevinger's theory of ego development (1966) as measured through the sentence completion, the results may make sense for the medical patients if one accepts the proposition that this is a transitory momentary stage of impulsivity and fear of retaliation in which the patient must assume a dependent position and her conscious preoccupation is mainly focused on body feelings as Loevinger suggested (1966). On the other hand, the uniformity of scores and lack of difference among the psychiatric and the two experimental groups as being mainly at stage five characterized by conscientiousness, internalized rules based on guilt, responsibility, differentiated inner feelings and achievement orientation would describe well the two experimental groups in a manner which is consistent with the MMPI results. However, the lack of differentiation between the psychiatric women and the two experimental groups raises some questions not on the validity of the theory, but on the efficiency of the sentence completion method as a method of testing the theory (Goldberg, 1965).

On the basis of the MMPI results besides the clear indication of superior adjustment in volunteers, the suggestive trends on the M-F and Ma scales indicate a lower degree of submissiveness and a higher degree of activity in volunteers than the controls. The aspects of submissiveness, together with other aspects, has been found by Stienmann *et al* (1965) and indeed may be a *sine qua non* for successful volunteering.

One of the major problems with volunteers is the staying on the job for a prolonged period of time. It would be helpful to use some of the characteristics already found as selection criteria. On the basis of a year follow-up a group of 28 volunteer housewives was split into stayers and quitters. The latter group ostensibly left for extrinsic (moving, pregnancy, etc.) rather than any personal reasons. Furthermore, the stayers were decided into a Group A and a Group B on the basis of their attendance and performance as test administrators and scorers. The results of this division (Table 3) do suggest the usefulness of measures of vocabulary functioning and of adjustment. The best group (A), tended to have a lower vocabulary IQ than Group B. However, on both global indices of adjustment, the KTSA-NE and the MMPI scatter index (Craddick and Stern, 1963; Stone, 1964), Group A appeared better adjusted than Group B. Although no statistical significance is given these results suggest possible ways and means of screening, selection, and evaluation of volunteer housewives.

Table 3

Intelligence Level and Adjustment

Among Three Groups of Volunteer Housewives

	WISC Voc IQ		KTSA	NE	MMPI	Scatter
Stayers	Mean	Range	Mean	Range	Mean	Range
Group A	120.7	95-135	112.3	68-162	57.6	31-95
N = 10						
Group B	138.7	108-141	101.0	83-134	63.25	37-95
N - 4						
Quitters	124.0	106-142	108.0	93-149	66.4	26-122
N = 10						

The characteristic of submissiveness found on the MMPI was the basis of applying the Leary system subsequently, where the most relevant measures of the system, love and dominance, would appear especially relevant to the study of volunteers.

The primary impression gained by a review of the findings in the second study is that regional as well as age differences are found in separate samples of volunteers. There is also an indication that the personality of the volunteer within a given sample conforms closely with the others in that group.

Although Murstein and Glaudin (1966) point out that the completing of the ICL by a subject who has a personal stake in the results is surely different than for an altruistic volunteer, the ratings of the Atlanta Volunteers and the Atlanta Control group (mothers of disturbed children) were surprisingly similar. They differed significantly only in the rating of their husbands' dominance (Atlanta volunteers mean Dom rating of their husbands was 68.3; Atlanta Control group mean 61.8) and their Self to Ideal Self discrepancy ratings (Atlanta volunteers mean discrepancy 10.9; Control 28.0).

It is possible that the more dominant volunteer type personality (mean Dom Self rating of Atlanta volunteers was 58.2; Atlanta Controls 53.5) attracts and chooses a more dominant husband.

A significant factor in the Self to Ideal Self discrepancy ratings of the two groups (Atlanta volunteers and Control group) could be that mothers of disturbed children may feel inadequate and seek to over or under-achieve in their Ideal Self ratings thus scoring high on the discrepancy scale. On the other hand, housewives who volunteer to spend time away from home probably have no small children to care for and in many ways are more independent than those of the Control group. This independence and stability is likely to produce a high degree of maturity and account for the relatively small Self to Ideal Self discrepancy scores.

The significant difference found between the MMPI Lov rating of the St. Louis adults and Candy-stripers is hard to account for with any one hypothesis. It is likely that a combination of factors cause the adults to show a higher Lov score than the high school girls (adults mean Lov rating 56.8; candy-stripers 50.2). Maturity is probably the largest single factor while education and experience may also be involved. In addition a low discrepancy score in the Self to pooled rating may be another indication of maturity (mean adult Self to pooled discrepancy).

There may be an educational effect on taking the ICL and the overall

result is hard to predict except that groups with more education score lower on each variable and are more difficult to rate on discrepancy scales. Evidently there are many other variables which are involved in Leary's hypothetical construct of Lov and the question involves concepts which are beyond the scope of this paper. This small sample could not prove conclusively whether there is indeed a Southern personality as opposed to a Northern one, but certainly there was an obvious difference in these two regional samples. It is interesting to note that the volunteer project in St. Louis is still going on. The Atlanta project, however, has reached virtually a standstill and has had a much higher rate of "quitters." It is suggested that the more dominant personality of the St. Louis adult volunteers is a vital factor in the success of the project while the role of the low Lov scores is uncertain.

It is acknowledged that a number of factors are involved in the success of any project utilizing volunteers. External conditions such as pregnancy, moving, sickness, poor organization, and social prestige of the work effect the outcome of the project. These conditions were not controlled for and therefore assumed to occur randomly in both regional samples. Differences reflected in personality scores are believed to be major factors in the results of the two projects.

Because virtually no clinical data was available on the non-volunteer, it was necessary to choose some other source of information. A random sample of housewives would be useless as the results would consist of those who chose to volunteer information - thus another volunteer group. It was decided to utilize the data on mothers whose children had been referred to a children's clinic for evaluation. The ICL is routinely administered to both parents of such children. Since the mother was not volunteering <u>per se</u>, but merely complying with a request for background information, it was believed that this source of information furnished a good reverse control group. The previously cited results seem to support this hypothesis.

FOOTNOTES

[1]L'Abate, L. <u>The Laboratory Method in Clinical Psychology</u>. Chapter 7; Technical and Subprofessional personnel (in preparation).

[2]The help of Sandra Davis and Joan Good is gratefully acknowledged.

[3]A copy of the detailed results can be obtained directly from the author.

[4]The help of Ronald H. Dewees in analyzing the data of this study is gratefully acknowledged.

REFERENCES

Briar, S., & Bieri, J. A factor analytic and trait inference study of the Leary interpersonal checklist. Journal of Clinical Psychology, 1963, 2 193-198.

Craddick, R. A. and Stern, M. R. Note of the reliability of the MMPI scatter index. Psychological Reports, 1963, 13, 380.

Dahlstrom, W. G. and Welsh, G. S. An MMPI handbook. Minneapolis: University of Minneapolis Press, 1960.

Goldberg, P. A. A review of sentence completion methods in personality assessment. Journal of Projective Techniques and Personality Assessment, 1965, 29, 12-45.

L'Abate, L. MMPI scatter as a single index of maladjustment. Journal of Clinical Psychology, 1962, 18, 142-143. (a).

L'Abate, L. The relationship between WAIS-derived indices of maladjustment and MMPI in deviant groups. Journal of Consulting Psychology, 1962, 26, 441-445. (b).

L'Abate L. The contribution of volunteers in mental health work. Invited address, Auxiliary section, Missouri Hospital Association Weekly, St. Louis, Missouri, October 31, 1963.

L'Abate, L. and Craddick, R. A. The Kahn Test of Symbol Arrangement (KTSA): a critical review. Journal of Clinical Psychology: Monograph Supplement. No. 19, 1965, Pp. 1-23.

Leary, T. Interpersonal Diagnosis of Personality. New York: The Roland Press, 1957.

Leary, T. Multilevel Measurement of Interpersonal Behavior, Berkeley, California: Consultation Service, 1956.

Loevinger, Jane. The meaning and measurement of ego development. American Psychologist, 1966, 21, 195-206.

Loevinger, Jane. Measuring personality patterns of women. Genetic Psychology Monographs, 1962, 65, 53-136.

Murstein, B. I. and Galudin V. The relationship of marital adjustment to personality: a factor analysis of the interpersonal check list. Journal of Marriage and Family, 1966, 28, 37-43.

Poser, E. G. The effect of therapists' training on group therapeutic outcome. Journal of Consulting Psychology, 1966, 30, 283-289.

Reiff, R. and Riessman, F. The indigenous nonprofessional. Community Mental Health Journal. Monograph Series, No. 1.

Rioch, Margaret J. Changing concepts in the training of therapists. Journal of Consulting Psychology, 1966, 30, 290-292.

Sargent, Helen, The Insight Test: A Verbal Projective Test for Personality Study. New York: Grune and Shatton, 1953.

Stienmann, Anne, Fox, D. F., and Levi, J. Specific areas of agreement and conflict in women's self perception and their perception of men's ideal woman in Argentina, Peru, and the United States. International Mental Health Research Newsletter, 1965, 2, 1-7.

Stone, L. A. Another note on the reliability of the MMPI scatter index. Psychological Reports, 1964, 15, 445.

TOWARD AN ASSESSMENT OF THE VOLUNTEER WORKERS PROGRAM AT OSAWATOMIE (KANSAS) STATE HOSPITAL

Monroe Stein*

As an outgrowth of a one-day workshop consisting of volunteer workers and administrative staff members at Osawatomie State Hospital, an attempt to evaluate the Volunteer Workers Program was undertaken. In general, the hospital staff, as expressed at the workshop, seems to regard the Volunteer Workers Program as making a valued contribution to the care and treatment of patients. Occasionally, though, some dissatisfaction is expressed by staff members, and there are allusions to weaknesses and shortcomings also. Volunteer workers, both individually as well as in groups, provide direct and indirect services to patients. Volunteers, though, are not regarded as substitutes or replacements for the regular hospital staff, but as supplemental to the staff. The overall aim in enlisting volunteers is to serve our patients in diverse capacities that are beneficial to them. Therefore, the present study was initiated in the hope of improving the Volunteer Workers Program through attempting to appraise it, particularly to discover its strengths and weaknesses and any other significant information. If indicated, recommendations will be made to overcome shortcomings and to strengthen the program.

We are especially interested in learning about the motivations of the volunteer workers themselves as well as their attitudes and ways of seeing their relations to the hospital personnel and the therapeutic program so that, if needed, we can attempt to make the necessary improvements. We then may be able, for example, to help the volunteers and personnel to better understand their roles, and perhaps to be more effective in such roles. Hopefully, the volunteers and personnel could thereby arrive at a greater sense of working together for the benefit of the patients.

The volunteer program, under the direction of Mrs. Rosalie Bowker, essentially consists of approximately 30 adults and 30 teen-agers who visit the hospital on a more or less weekly basis. There are also 13 clubs, comprised of about 8 persons each, that visit the hospital once a month to render volunteer services. In addition, there are 200-250 persons who voluntarily assist our patients, such as collecting and sending gifts to them, arranging picnics and church dinners, providing complimentary tickets to sporting events and musicals, and so forth.

Much benefit has been derived from the presence of volunteers in mental hospitals. The use of volunteers gained an impetus in the early 1940's, the need for their services having then become more acute due to the exigencies of manpower shortages in wartime.

Our volunteer program is founded on a philosophy that merits careful consideration. By "philosophy," we mean the principles, general beliefs, and basic conceptions that shape our understanding of phenomena that confront us and guide our approaches to dealing with them. Thus, a "philosophy" provides one with a more or less consistent way of thinking about, and an aim-oriented way of coping with problems. It would follow, then, that an understanding of the philosophy of our volunteer program would better enable one to understand the program.

The philosophy of our volunteer program is based upon the convictions

---

* Dr. Stein is Chief Clinical Psychologist, Osawatomie State Hospital. The author wishes to express appreciation to A. G. Arnold, M.D., Reverend Richard H. Athey, Abdul Basit, Rosalie Bowker, Reverend Paul Kapp, and Lee Jacobson for their helpful suggestions, and their assistance in planning the survey. Special thanks are due to Lurene Paddock, herself a former volunteer worker, for her contributions in interpreting the data, and her valuable editorial assistance.

that volunteers, under proper guidance, can contribute importantly to the care and treatment of our patients, and that volunteer services supplement the service of the personnel to our patients. We also adhere to the view that the volunteer makes a special contribution to patient care and treatment by virtue of not being a member of the hospital staff. According to this view, the volunteer - minus professional training, pay, and not representing any mental health discipline - makes her* (or his) contribution both as a fellow citizen, providing a simple human quality to her helping effort, and as an outsider. The volunteer, as an outsider, offers a vital link between the patient and the world outside the hospital, and she represents the members of the community who are entitled to be aware of what is done or not done for citizens suffering from psychological illness.

In indirect service, volunteers serve as a connecting link in the hospital's efforts to develop relations with the community, and in improving the public's understanding of mental health and illness, particularly of the hospital's treatment program and the part that the community can play in assisting it.

As a cardinal point, we wish to emphasize the principle that volunteer services should not be used as a substitute for the services of paid staff of the hospital. To regard the volunteers as a source of cheap labor is to fail to understand the meaning and purpose of a volunteer program in a modern psychiatric hospital. We think that volunteers should be used as supplementary to personnel because we seek from the volunteers relationships with our patients that afford contacts with the world outside the hospital. These experiences with volunteers, we believe, have unique value in the treatment program because they also provide our patients with interpersonal relationships that have the flexibility, variety of experiences, and unhurried permissiveness that patients find to a much lesser extent with regular staff members because of the latter's usually more authoritarian roles.

METHOD

In undertaking the task of assessing the Volunteer Workers Program, a survey - utilizing questionnaires - was conducted of the hospital personnel and the volunteer workers. Three groups of hospital personnel were asked to complete a questionnaire in order to obtain their opinions and perceptions of the volunteer workers program. These groups consisted of (1) section chiefs and department heads, (2) adjunctive therapists, and (3) a random sample of nurses and psychiatric aides. These personnel were asked to state the kind of volunteer services they felt were the most valuable, and to rate the volunteer workers on a 5-point scale as either (a) very helpful, (b) helpful, (c) neither helpful nor unhelpful, (d) hindering, or (e) troublesome. They were also asked if they felt that volunteers overstepped into personnel duties. They were asked who they felt should supervise the volunteers. They were to list problems encountered in the past in supervising volunteers. Then, their opinions and suggestions to improve the program were solicited.

Another questionnaire was sent to volunteer workers to gain information about their views of the problems as well as the strengths and weaknesses in the program, and to obtain their suggestions for improving the program. Among other information, the questionnaire sought to tap (a) the degree to which volunteers regard hospital personnel as helpful or unhelpful, and the ways they seem to be so, (b) how the volunteers became interested in volunteer work, and their reasons for being a volunteer, (c) the satisfactions they derive from their work, and (d) the ways they regard themselves as helpful to the patients.

---

* Since the volunteer workers in mental hospitals consist overwhelmingly of women, the feminine gender, her, would be more appropriate to use in the text of this report.

RESULTS

Section Chiefs and Department Heads

The group of section chiefs and department heads generally expressed the opinion that the volunteer workers were of value to the hospital program. Direct contact of the volunteers with the patients was unanimously considered most valuable. There is a felt need, though, for better organization and supervision of volunteers as well as other suggestions for improvement of the volunteer program.

Of the ten section chiefs and department heads who answered the questionnaire, nine reported having worked with volunteer workers. Two reported working with volunteers directly, five had worked indirectly, and two had worked both directly and indirectly. As to the kind of volunteer services mentioned as most valuable, all of the respondents included the volunteers' direct contact with the patients. Direct contact with patients includes activities such as games, drama, music and art activities as well as outings, such as walks, wheel chair rides and shopping trips. Two respondents suggested that greater emphasis in the use of volunteers be placed on work with the chronically-ill, somewhat deteriorated patients to help them re-establish social contact. One respondent felt that the one-to-one relationship of volunteer and patient was of most value. Another stated that the services of most value depended upon the patients' needs. Three made no response to the question concerning the volunteer services considered most valuable.

TABLE I

SECTION CHIEFS' AND DEPARTMENT HEADS' RATINGS OF VALUE OF VOLUNTEER WORKERS' CONTRIBUTIONS

	N
Very helpful	3
Helpful	6
Neither helpful nor unhelpful	0
Hindering	0
Troublesome	1

As shown in Table I, in rating the value of the volunteer workers' contributions, 6 rated them as helpful, 3 rated them as very helpful, and 1 rated them as troublesome. Those respondents who rated volunteers as very helpful and helpful pointed out that volunteer services provide activities that hospital personnel either cannot provide or cannot provide sufficiently. They particularly cited activities that "break" the hospital routine, such as outings, and companionate association with geriatric patients and the patients at the Bridge. Appreciation of the tendency of volunteers to see the "well side" of patients was expressed. The volunteers' attitudes of interest, concern, and the providing of shared experiences with patients was particularly felt to be valuable. As one respondent said, "I see them as helpful not in what they do as much as that they are here." Four mentioned the work of the volunteers at the hospital as the avenue of communication through which the community comes to know directly the services and needs of the hospital, thereby fostering and maintaining much-needed community understanding and support of the hospital. In the same vein, such community-hospital contact, as a respondent stated, helps to promote mental health education and better attitudes toward the mentally-ill.

One respondent, who rated the volunteer workers as troublesome, emphasized that they "intrude into clinical therapeutic areas and do so without organization, planning, direction, guidance, or good communications." The "clinical staff is not included in planning the program."

One of the questions was, "Do you feel that volunteer workers tend to overstep into the regular duties of psychiatric aides or other ward personnel, thereby tending to be an annoying or disturbing influence to you or your co-workers?" Of the ten responses given, seven were "no" and three were "yes." One respondent said that overstepping by volunteers sometimes occurs if they are not properly supervised. Another reported that "when they are not trained they become very demanding and the aides have to spend considerable amount of time with them." Similarly, volunteers who "become too anxious with an incident they are unable to handle" may also become demanding of special attention from the aides. The questionnaires listed 6 possible ways the volunteer workers services may be improved, and the respondents were asked to indicate any or all of the ways they thought improvement could be made. As shown in Table II, of the 6 ways, better supervision of volunteer workers was designated 8 times. Improving communication between staff members and volumteer workers, and better availability of information about patients' needs and problems were both designated 5 times. Expanding existing services was designated twice.

TABLE II

SECTION CHIEFS' AND DEPARTMENT HEADS' SUGGESTIONS FOR IMPROVEMENTS

	N
Expanding existing services	2
Improving communication between staff and volunteers	6
Better training of volunteers	5
Better screening of volunteers	5
Better supervision of volunteers	8
Better availability of information on patient needs and problems	6

Most of the department heads and section chiefs who responded also made their own suggestions for improvement of the volunteer services. The most frequent suggestion was that volunteers be screened, oriented or trained, and then more closely supervised. Screening and training were mentioned 3 times, and better supervision was suggested twice. The view was expressed several times that screening would help determine if the volunteer were best suited for direct or indirect contact with patients or for individual or group activities. One respondent noted that screening and training would afford an opportunity to become more certain that each volunteer "could come for a period of time that would be long enough and on a regular basis...to make it both a rewarding experience for the volunteer and helpful to the hospital." Such orientation and training, it was suggested, would help volunteers know how to work better with the hospital personnel. The training and orientation, according to one suggestion, could be done by the adjunctive therapists, nurses, or aides. Another respondent felt that the hospital personnel should also be oriented as to the functions of the volunteers. As to who should be responsible for supervision of volunteers, 9 of the respondents in this group felt the supervision should be done by an employee on the scene or a supervisory employee. Some addition-

al suggestions were that supervision be given by either adjunctive therapists, the director of volunteer services, self-supervision through the use of group meetings, or by the psychiatrists.

TABLE III

SECTION CHIEFS' AND DEPARTMENT HEADS' OPINIONS ON SUPERVISION RESPONSIBILITY

	N
Employee on the scene	5
Supervisory employee	4
Department Heads	1
Section Chiefs	1
Others suggested:	0
Adjunctive Therapy Department	3
Volunteer Services Coordinator	1

In reply to the question about difficulties encountered in supervision of volunteers, 6 respondents did not indicate any problems. However, 2 respondents indicated that the greatest problem was in communication and in lack of time to make contact with the volunteer. It was also expressed that the volunteers had a poor understanding of the hospital's treatment program, its limited funds and limited facilities.

As to reward and recognition of volunteers for the services they rendered, 2 respondents suggested that recognition be made by those with whom the volunteers worked most closely. Another suggestion was that since the feeling of helpfulness is an intrinsic reward for the volunteer, this important source of reward would be enhanced if some volunteers were occasionally invited to staff meetings to share their observations of patients. One respondent strongly suggested that the amount of publicity given volunteers should be cut down greatly.

Adjunctive Therapists

As shown in Table IV, the adjunctive therapists almost unanimously expressed the attitude that the volunteer workers were helpful, but one regarded the volunteers as troublesome. This latter noted that a "great amount of orientation, supervision, and coordination arrangements" were needed. The majority of the respondents felt the volunteer workers are most valuable in one-to-one relationships with patients. This group considered better communication, expanding the services, and better volunteer supervision as the greatest needs of the program.

TABLE IV

HOW ADJUNCTIVE THERAPISTS REGARD VOLUNTEER WORKERS

	N
Very helpful	8
Helpful	6
Neither helpful nor unhelpful	0
Hindering	0
Troublesome	1

Fourteen questionnaires were returned by the adjunctive therapists. Of them, 10 reported they worked with volunteer workers, 8 of them having noted that they had worked directly with volunteers. One AT worked directly and indirectly with volunteers. The kinds of volunteer services regarded as most valuable by four of the respondents centered around person-to-person contact. Two felt that outings for dinner, shopping, and out-of-town trips were of most value. Another respondent felt that group activities were of most value. Another expressed the opinion that all services were valuable as long as they were not "utilized specifically (to substitue) for a program on the section." Other volunteer services mentioned as valuable included the sending of gifts and cards, and teaching with the aim of arousing or creating interests. Five respondents, though, gave no response to the question.

Of the AT's who felt volunteers were helpful, personal attention to patients was mentioned 4 times as of central therapeutic value. Others mentioned that volunteers provide help that employees do not have time to give the patients. Three times the contact of patients with persons from outside the hospital was mentioned as valuable. Two respondents added that volunteer services help serve as a channel for the hospital's effort to provide mental health education for the public.

Eleven of the respondents expressed the opinion that the volunteers do not overstep into the duties of personnel, but 3 AT's felt volunteers did so. Two said the volunteers overstepped when the adjunctive therapists let them take over duties to relieve them. Another reported that overstepping happened when an ex-patient came as a volunteer "to do things that were never done for me."

TABLE V

SUGGESTIONS FOR IMPROVEMENTS BY ADJUNCTIVE THERAPISTS

	N
Expanding existing services	5
Improving communication between staff and volunteers	7
Better training of volunteers	3
Better screening of volunteers	3
Better supervision of volunteers	5
Better availability of information on patient needs and problems	3

As shown in Table V, of the suggested possible ways of improving the volunteer worker services, better communication between staff members and volunteer workers was chosen 7 times. Expanding services and better supervision of volunteers were chosen five times each. Better training of volunteers, better screening, and better availability of information about patient's needs and problems were chosen three times.

As indicated by Table IV, the AT's seemed to think supervision of the volunteers should be done predominantly by the employee on the scene or the supervisory employee. To a much lesser extent, department heads and section chiefs were chosen as the person who should supervise volunteers. Seven of the respondents cited no problems in their experience in supervising volunteers. However, some AT's mentioned that they encountered problems in supervision, such as communication difficulties in schedule changes, the volunteers not knowing what to do, the volunteers not understanding hospital procedure and limitations, and volunteers not being punctual. One respondent reported that he felt his work with volunteers had been ineffectual because they had passed over his level of supervision and gone to section chiefs and department heads.

TABLE VI

ADJUNCTIVE THERAPISTS' OPINIONS ON SUPERVISION RESPONSIBILITY

	N
Employee on the scene	7
Supervisory employee	5
Department Heads	3
Section Chiefs	3

Several suggestions for improving volunteer services were given, i.e., more structure and control was mentioned 8 times, 1 respondent felt that teen volunteers should not work with teen patients, and another expressed the need for softball games, ward games, and walks. "Structure" seemed to be defined as planning of the volunteer program as well as training of the volunteers themselves. Four respondents offered no suggestions for improvements.

Nurses and Psychiatric Aides

The general opinion of nurses and psychiatric aides was that volunteers were helpful and should work in direct contact with the patients. They expressed a need, however, for better communications between staff members and volunteer workers, and for more availability of information to volunteers concerning patients' needs. In addition, several suggestions for improvement were made.

Fourteen of the 15 nurses and psychiatric aides who answered the questionnaire reported having worked with volunteer workers. Nine worked directly, 2 worked indirectly, and 3 worked both directly and indirectly with volunteers. Of the volunteer services, the ones considered most valuable by the group centered around direct patient contact. Such volunteer services, according to the respondents, included working with the chronic, deteriorated patients and the geriatric patients, taking walks on the grounds with patients, good-grooming helps, and also conducting dance and drama groups. Other services mentioned included the adopting of wards and organizations by groups of volunteers, and the providing of gifts and grooming supplies. One respondent expressed the belief that a "variety of services (are required) in order to get results, and

to better benefit our patient care."

TABLE VII

HOW NURSES AND PSYCHIATRIC AIDES REGARD VOLUNTEER WORKERS

	N
Very helpful	5
Helpful	8
Neither helpful nor unhelpful	2
Hindering	0
Troublesome	0

As shown in Table VII, 8 of the nursing personnel rated volunteer workers as helpful, 5 rated them as very helpful, and 2 rated them as neither helpful nor unhelpful. In rating volunteer workers as very helpful and helpful, 3 respondents added that they regarded the volunteers so because they provided the patients with contacts with people outside the hospital. Three others noted that volunteers were helpful because they provided activities for which aides did not have time. Two mentioned that volunteers were helpful in that they give patients personal attention. As 1 respondent recalled, "I have seen depressed patients attend (dance class) when they were really down in the dumps and come away happy." Another expressed the feeling that volunteer workers were helpful in that they provided supplies necessary for patients' good grooming. The 2 who felt that volunteer workers were neither helpful nor unhelpful mentioned that the teen volunteer working with teen patients needs supervision, and, in this capacity, considered them to be hindering. Another specifically stated that teen volunteers were not helpful with actively aggressive or hostile patients.

In response to the question whether or not volunteers overstep into duties of personnel, 13 responded "no," and 1 replied "yes." One of the respondents who said "no" enlarged the response by noting that at times "employees may feel they do." One of the respondents said "yes" and "no" because volunteers may arrive on the ward "unannounced and unaccompanied, without even introducing themselves or saying what they are doing there." One who answered "yes" complained that sometimes volunteers "disregard what the nurses or aides tell them about patients and cause them (the patients) to become upset."

Table VIII shows that of the 6 possible ways of improving the volunteer worker services, 11 of the 15 respondents indicated that there existed a major need to improve communication between staff and volunteer workers. Better availability of information about patients' needs and problems was chosen 7 times. Expanding services and better supervision of volunteer workers were indicated 3 times, and better screening of volunteer workers was chosen once.

TABLE VIII

SUGGESTIONS FOR IMPROVEMENTS
BY NURSES AND PSYCHIATRIC AIDES

	N
Expanding existing services	3
Improving communication between staff and volunteers	11
Better training of volunteers	7
Better screening of volunteers	1
Better supervision of volunteers	3
Better availability of information on patients needs and problems	10

Nursing personnel offered several suggestions to improve the volunteer services. Three times it was suggested that volunteers should do more planning and then make arrangements with the ward personnel. Other suggestions, included the providing of more training and supervision of volunteers, and more work with the chronically-ill patients. Two respondents specifically suggested that employees be better instructed in the role, function, and limitations of volunteers. Another felt that the volunteers received too much recognition at the expense of employees' recognition, particularly emphasizing that even though volunteers are not paid (and they do need recognition), some employees also make contributions beyond what they are expected to make, and they receive far less recognition than volunteers.

Ten members of the nursing personnel felt that the employee on the scene should be responsible for the supervision of volunteers, as shown in Table IX. Section chiefs and department heads were designated twice and once respectively as the ones to provide supervision.

TABLE IX

NURSES' AND PSYCHIATRIC AIDES' OPINIONS ON
SUPERVISION RESPONSIBILITY

	N
Employee on the scene	10
Supervisory employee	6
Department Heads	1
Section Chiefs	2

Nine of the respondents mentioned no problems encountered when supervising volunteers. Two said they themselves did not know enough about the

volunteer services, especially as to their roles or the extent, if any, of orientation they had received. However, 4 respondents reported some difficulties with the volunteer workers. Specifically, one noted that patients sometimes get rowdy when with the volunteer workers. Another felt that some were too young to understand the patients' problems, and thus were a hindrance. One had difficulty in having the volunteers report to the staff on the behavior of patients with whom they had worked, although this difficulty seemed to have eased recently. Another respondent mentioned that volunteers seemed uneasy about asking questions about patients and their activities.

Volunteers

The majority of the 18 volunteers who returned their questionnaires expressed the feeling that the hospital personnel were helpful and appreciative of their efforts. Most of them felt that the nature of their contacts with the personnel should remain unchanged. Although one half of the respondents did not indicate any problems encountered in their work with personnel, others expressed some objections and problems with them.

Seven respondents preferred to work with groups, 5 preferred individuals, and 6 indicated no preference with respect to individuals or groups. Concerning problems encountered in their work-experience, one half of the volunteers mentioned no problems, but 5 mentioned difficulty in getting individual patients to participate, and another respondent said that at times groups of patients were not receptive. Similarly, difficulty in communication with patients was mentioned 3 times, and 1 reported difficulty in playing the various games because the patients lacked knowledge of the rules of many games.

TABLE X

VOLUNTEERS WHO FEEL
UNAPPRECIATED OR UNWANTED BY PERSONNEL

	N
Never	10
Seldom	5
Occasionally	3
Moderately so	0
Often	0

Four questions were asked to sample the volunteer's opinions of the attitudes and behavior of hospital personnel toward them. One question was whether they felt unappreciated or unwanted by the personnel, and, if so, by what group. As shown in Table X, 10 reported that they never felt unappreciated, 5 report seldom, and 3 reported occasionally. As to the group by which the volunteers felt most unappreciated, the psychiatric aides were indicated 7 times, nurses were checked twice, and doctors were checked once.

TABLE XI

HOW VOLUNTEERS REGARD PERSONNEL

	N
Very helpful	8
Helpful	6
Neither helpful nor unhelpful	4
Hindering	0
Troublesome	0

However, as shown in Table XI, 8 of the volunteers regard the personnel as very helpful, 6 as helpful, and 4 as neither helpful nor unhelpful. Of those who rated the personnel as very helpful and helpful, 5 said that the personnel were cooperative. Of those who rated the personnel as neither helpful nor unhelpful, the personnel were perceived as just leaving them alone and not even talking to them. For another respondent the aides were experienced as not introducing the volunteer to the patients, as not helping to start games, and sometimes not even making an effort to find the patient with which the volunteer is supposed to work. To improve volunteer-aide relations, it was suggested that personnel attempt to be more cooperative with volunteers, such as introducing volunteers to the patients, and helping volunteers to start games with the patients. Similarly, another suggested that the volunteer could be made to feel more welcome.

The volunteers were also asked in the questionnaire whether services would be more useful if their contacts with hospital personnel were closer, less close, or remain the same. Eleven respondents felt that contact should remain the same, and 6 felt that contact should be closer. The reason given by 2 respondents who felt that contact should be closer is that the volunteer would feel more able to go to them with the problems encountered in her work. Another 2 respondents felt that closer contact was needed so that the volunteer would know what to do that was best for the patients.

The volunteers were asked how they became interested in volunteer work, their reason for being a volunteer worker, the satisfaction they derive through their work, and the ways in which they feel they are helpful to the patients. Five replied that they became interested through Y-Teens, 3 became interested through their church groups, and 4 through their parents who work at the hospital. One entered volunteer work through responding to a newspaper advertisement placed by Mrs. Rosalie Bowker, and 1 responded after hearing Mrs. Bowker speak at a mental health association meeting. Other ways mentioned were through friends, through hospital entertainment, as a sponsor of a sub-teen group, through having been hospitalized as a psychiatric patient, and "just trying it because it appeared interesting and educational."

The reasons for being a volunteer, as given by 15 of the respondents, can be succinctly stated as mostly personal satisfaction. "Personal satisfaction" can be better understood as including the sense of being useful and helpful as well as having intrinsically interesting experiences, largely of a learning and/or creative nature. The gaining or re-gaining of the feeling of being useful and appreciated is the propelling force for 11 of the respondents. One expressly noted that volunteer work for her is a way of rewarding others for what had been done for her as a patient. Two respondents felt volunteer work would be of value to them in their future work. Three mentioned the reward for them in seeing patients respond favorably to treatment, and another sought volunteer work for the opportunity to make new acquaintances.

The personal meaning of volunteer work to many respondents is poignantly captured in the replies, "Whatever I give to Osawatomie, I have returned in many ways. It leaves a feeling inexpressible." And, as noted by another, "It's doing me even more good, I feel, than the ones I work with." The therapeutic value to the volunteers of the work they perform needs no further elaboration.

Asked in what way they felt they were helpful to the patients, 8 of the volunteers said they were bringing some pleasure to the patients, such as someone to visit them, to add the "personal touch" to their everyday hospital experience, and by enabling the patients to have additional experiences in which they feel that someone is interested in them. Two felt that they serve as a link with the world outside the hospital. One said that her helpfulness is in showing them that a hobby is relaxing and can be profitable. Another noted that the volunteer seems inclined to see the healthier side of the patients, and greater asknowledging of health in the patient is helpful. The respondents among the volunteers contributed relatively few suggestions for changes or comments for improvements in the volunteer services. However, 5 offered suggestions for closer structure of the program, including help in delineating for the volunteers the nature of their roles, particularly as supplementary to the personnel. It was also stressed that volunteers need to have a definite assignment, and personnel should be informed adequately of the assignment. In the same vein, in the case of a change in assignment or schedule, the volunteer and/or the personnel should be informed accordingly. Two respondents expressed the need for more supplies for their work-activities. One felt it would be more beneficial for a volunteer to work a whole day rather than a couple of hours a day. Another suggested that the volunteer should accept or be helped to accept constructive criticism, and the personnel should feel free to offer it. Greater cooperation from hospital personnel is needed, another declared. "Enthusiasm on the part of the personnel is certainly a great help."

DISCUSSION

In attempting to discern broad trends in the results of the entire survey, we shall turn to each of the sub-groups in an attempt to ascertain various vectors that may be present in them. Virtually all of the section chiefs and department heads regard volunteers working in direct contact with the patients as valuable. They seem to view volunteers as beneficial to the patients, and, to a lesser extent, as supplementing the relations of the hospital with the community. However, there are fairly consistent references to the need for more structuring of the volunteer program, particularly more planning in the use of volunteers, screening of them, orientation and training, and, last but not least, closer supervision. SCs and DHs express the feeling that personnel orientation is needed also, and supervision of volunteers should be carried on by the employee on the scene or a supervisory employee. There is 1 respondent who rated the volunteers as troublesome, but the reason for so rating them arose from a felt-need for more structure in the program. Similarly, the small minority that expresses the view that volunteers overstep into personnel duties also sense a need for greater structure in the program. This minority even explicitly suggests more structuring of the volunteer services. One respondent objected that the clinical staff was not included in the extent of the planning of the program that does occur, and the objection deserves further consideration. Next in importance, emphasis was given to the need for better communication. On the other hand, such difficulties in communication can be expected to be alleviated considerably, if the volunteer workers program were more highly structured. Even though more structure of the program was strongly emphasized, such structure should not come into being at a great cost to the flexibility of the program. As one respondent aptly noted, the most valuable services arise out of the volunteers' responsiveness to the patients' needs, particularly the need shaped by the individuality of the patient, and influenced by changes with the passing of time.

The adjunctive therapists seem to be predominantly interested in the one-to-one relationship between patients and volunteers. A large majority of the ATs considered the volunteers helpful or very helpful, especially on a one-to-

one basis. However, one respondent considered the volunteers helpful in indirect contact with patients, but troublesome in direct contact with patients. Volunteers were considered troublesome in that a great deal of "orientation, supervision, and coordination" was lacking for them. Implicitly, this AT respondent seems to express a need for greater structure in the volunteer program, but there is also the implication that the ATs do not have time to orient and prepare volunteers for their work. An orientation program may be needed to prepare volunteers for direct contact with patients. The need for an orientation program is expressed again when mention is made of problems encountered in the supervision of volunteers. As a consequence of the need for orientation, one of the more important supervisory problems is that volunteers are often unaware of hospital procedures and limitations in the treatment program. Half of the AT respondents, in citing needed improvements in the program, mention the need for an orientation program for volunteers, but - seemingly inconsistent - one of the least suggestions is the training of volunteers. The ATs regard the problem in communication as rather prevalent also in the use of volunteers. Here again, the need for a more structured program is implied, including orientation - such structure likely to contribute to alleviating the communication difficulty. Explicitly, several times AT respondents suggested that more structure is needed. Among the suggestions of better ways of using volunteers, more participation of them in weekend and summer activities was given a fair degree of weight. One wonders whether the ATs generally have an accepting attitude toward volunteers, but also wish the volunteers to remain distant from them and their work-activities. There is some suggestion in the findings that the ATs, although perceiving volunteers as beneficial, prefer to maintain some distance from them, such as preferring that volunteers engage in one-to-one activities, in weekend and summer activities, and underemphasize training of them. On the other hand, the suggestions made by the ATs for improving volunteer work are valuable.

Among the nurses and psychiatric aides, almost all the respondents worked with volunteers, and all - except one - considered them helpful. The majority regard volunteers as of most value in direct contact with patients. There is another fact, however, worthy of consideration in assessing the attitudes of nursing personnel toward volunteers. To wit, when the survey was made, the nursing personnel was the only sub-group that had a very low rate of returned questionnaires. As a result, they were contacted a second time to get them to return the questionnaires. In some cases new copies of the questionnaire had to be re-distributed. Although the meaning of their reluctance is unclear, it is likely that their hesitancy reflects some noteworthy ambivalence (mixed feelings) or undercurrent of antipathy toward the program.

Although the majority of nursing personnel express the feeling that the volunteers are of value, some felt they were neither helpful nor unhelpful. As an example, teen volunteers were singled out as not helpful with aggressive, active, or hostile patients. Teen volunteers were considered to need more supervision. One respondent mentioned a not infrequent situation where a volunteer arrives on the ward without any previous contact with the personnel, and does not let the personnel know who she is or what she is doing. Another respondent said that sometimes volunteers disregard what they are told by nurses or aides about some patients, and cause the patients to become upset. Another respondent reported having difficulty in getting the volunteers to report patient behavior to the staff. Some nursing personnel also felt that volunteers overstep into the duties of the personnel.

Screening or careful placement of both volunteers and patients would help avoid some of the problem-situations that arise. Another helpful measure would be, of course, an orientation program for volunteers. Orientation would familiarize the volunteer with procedures to follow, enabling her to make appropriate arrangements to work on a ward, and then to proceed smoothly when arriving there to carry on her work with patients. The volunteer would also be better able to avoid incidents detrimental to patients. An orientation would also include becoming familiar with some of the responsibilities expected of the volunteer, such as reporting patient behavior. An orientation program would help prepare volunteers to work better with the personnel, and the personnel with them. If a volunteer upsets a patient, the psychiatric aide or nurse or any other

hospital personnel involved should attempt to understand the problem through talking with the volunteer, and then attempt to clarify, instruct, suggest, and otherwise advise and support the volunteer to deal better with it. If unable to help the volunteer, the employee should seek assistance from a supervisor. Such problems and experiences also suggest a need for clearer definition of roles for the personnel and the volunteers in their relations with each other. A clearer role definition is particularly needed by personnel who do not know enough about the volunteer services, the roles of volunteers, or the amount of orientation the volunteer had received.

Since only half of the volunteers reported problems encountered in the program, the volunteers may be considered, to a large extent, satisfied with their work. A great majority of the volunteers wish to have their contacts with personnel remain unchanged. The retaining of a wide variety of services from which the volunteers can choose for their personal participation, and the preserving of program flexibility would enable large numbers of volunteers to continue to have the opportunity for satisfying work-experiences, and thus would bring more beneficial results to the patients.

The problems mentioned by volunteers, however, were rather the counterparts of problems expressed by the personnel. Thus, the volunteers' problems concerned difficult situations likely to arise in contact with patients, and not knowing what to expect from the aides. These problems suggest the need for more structure, orientation, and role-definition. Many such problems would be likely to be considered and handled in an orientation program, preparing the volunteer for problem-situations they could expect, and for reactions from patients they might receive. They would be alerted to, and gain an understanding of what is expected of them in their roles as volunteers, and what to expect from aides. The volunteers explicitly mention the need for more structure in the program in their suggestion for improvements.

The ways by which volunteers became interested in volunteer work were varied. A great majority, however, became interested through the Y-Teen organization, through their church groups, and through their parents who are affiliated with the hospital. These ways through which volunteer came to be volunteers are suggestive of means of securing future volunteers for the hospital program. Volunteers with special training or abilities would be especially desirable in future programming of volunteer services. The reasons for being a volunteer and the satisfactions derived from the work seem rather consistent. Most prevalently, volunteers derive the satisfaction of feeling they are of value to someone in need, and they are motivated by the reward of seeing results from their efforts to help persons in distress and/or less fortunate. Volunteer work is, in a very real sense, therapeutic for many of the volunteers, and their experiences are also satisfying to quite basic personal needs, such as doing for others what was not done when one was a patient oneself, re-discovering a feeling of personal usefulness to others, and overcoming feelings of emptiness and depression experienced in everyday living.

SUMMARY AND CONCLUSIONS

In an effort toward assessing Osawatomie State Hospital's Volunteer Workers Program, noteably its strengths and weaknesses and to recommend measures toward improvement, a survey - utilizing questionnaires - was conducted of the hospital personnel and the volunteer workers. According to the responses to the questionnaires, the large majority of the personnel views the volunteer workers program as either helpful or very helpful. They also view the volunteer workers program as supplementing the hospital therapeutic program. The personnel recognize the value of volunteer workers, both their direct and indirect services. Personnel generally accord greater value to the individual volunteers working in direct contact with patients, preferably in small groups or in one-to-one relationships. The emphasis on small groups and one-to-one relationships arises from an interest in giving the "personal touch" to patient care and treatment. There are some noteworthy suggestions that many of the nursing personnel have at least some undercurrents of non-accepting feelings toward volunteers. In addition, although the adjunctive therapists largely consider volunteer workers helpful, they seem to mostly regard volunteers as valuable in one-to-one relationships, and seem

to see less need for training for them - suggestive of some concern that the volunteers not overstep into their sphere of work-activities.

The responses from the volunteers reflect a great deal of satisfaction with the program. Generally, they feel that the hospital personnel accept them and are cooperative. The volunteers largely perceive their roles as supplemental to the hospital therapeutic program, and their basic concern is helping to provide additional human interest and concern for the patients, and the hospital personnel as providing therapy. The volunteers derive personal satisfaction from helping those in need, often reflecting ideal basic attitudes for helping relationships with psychologically-ill persons. At the same time, many of the volunteers have sought out and carry on their work in an attempt to fulfill certain personal needs and to cope with their own emotional problems, such as to retrieve a feeling of being socially useful, to overcome undercurrents of depression, and so forth. They are also healthily motivated to be of service to the emotionally-ill, distressed, and otherwise disadvantaged of our society.

The problems experienced and suggestions for improvement by both the personnel and the volunteers are very closely related. The personnel and volunteers, although indicating a great deal of satisfaction, indicate a need for clearer role-definition, orientation, more careful screening, and more supervision of volunteer workers. A clearer role-definition would enable the personnel to better know what is expected of them in their contact with volunteers, and to better understand the duties and responsibilities of the volunteers. The volunteer workers need to know what duties or responsibilities would fall on them, such as reporting patient behavior or the amount of pre-arrangements to be made and procedures to use. After these roles have been more clearly defined, they could be explained and clarified in, or as part of orientation sessions. Orientation sessions are needed for both the volunteer workers and the personnel. The volunteer workers should be somewhat prepared through orientation sessions for their contact with patients, particularly aiming at highlighting possible patient reactions they might receive and other difficult situations that might arise in their work. They should also be given a general view of the hospital organization and the treatment program. These orientation sessions should be merely an exposure for the volunteer, not a training program in the customary sense. If an orientation program is too formalized or too complex, the volunteers would lose the flexible, casual atmosphere that is one of the most vital elements in the volunteer workers' usefulness and effectiveness.

The personnel felt the employee on the scene should be responsible for supervision of the volunteer workers, but the employees also need to know how much supervision is expected of them. Supervision should be intense enough to be of help to the volunteers, but still not stymie them.

To a significant extent, some of the volunteers feel a need for more simple hospitality on the part of the staff members toward them, such as at least having staff members show an interest in talking to them when they come to the wards, having the patients ready to see them, and simply recognizing their (the volunteers') presence. The volunteers especially feel a need to know about the treatment plan for the patients with whom they work so that they can fit their efforts into the plan, and thereby make a better contribution to the patient's welfare. In many instances, volunteers also need to reach out socially toward personnel, such as letting personnel know who they are and what they are seeking to do to be of help to the patients, to be cooperative in an attempt to elicit cooperation from the personnel.

Screening of volunteers is a process of fitting the volunteers to the needs of the patients. Screening also includes ascertaining the stronger abilities of the volunteers so that the workers can be more useful and beneficial in their contact with patients. Several of the personnel are concerned that teen volunteer workers upset, or otherwise work poorly with teen patients and hostile or aggressive patients. This is a problem-area that deserves further inquiry and efforts by supervisory personnel, points up a need for more cooperative involvement by personnel in the volunteer program. Some teen-volunteers probably need more individualized help in choosing and working with patients so that patients can avoid adverse experiences, can benefit to a greater extent from contacts with

volunteer workers.

More structure is also recommended in an attempt to improve the Volunteer Workers Program. Although more definite structure is needed, a fair degree of flexibility in the program should be retained to enable the volunteers to deal adaptively to different and every-changing needs and situations in the hospital. Increased structure would also enable personnel and volunteer workers to better understand each other's needs, roles, and aims, and to be more effective in their contacts with patients.