

The volunteer workforce of small rural communities

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As the resources of rural health services continue to have less and less capacity to ensure the delivery of all care requirements of the patients and residents it has been important to develop alternative ways to address their life needs. Our organisation in a small South Australian town has recognised the potential to expand the lifestyle services offered to the residents.

The hospital delivers health services to the people of two small coastal towns; the first with an official population of 1500 people and the second with a population of 900. There are two doctors based in the main town and one based in the second. The communities can access, locally, general medicine, rehabilitation, 24-hour accident and emergency, palliative care, outpatients, visiting cardiology and high and low aged care residential services. The health service profile includes:

- 1 12 Acute beds
- 2 26 Residential Aged Care Beds (high and low)
- 3 An ageing workforce
- 4 The patient separations are static, while the occupied bed days are increasing
- 5 The most frequent separations are general medicine
- 6 Aged persons make up most occupied bed days
- 7 Most admission diagnoses are reflective of the burden of disease profile.

The service is funded as minimum volume and has minimum staffing arrangements. Besides the employed staff there are currently 68 volunteers contributing to the work of the service. The volunteers who work in this health service increase the productive potential of the health facility.

This paper attributes the work to the volunteers as Social Capital of the small rural community and thus the health service and aged care facility they work with.

Social Capital is a concept attributed to the work of Putnam (1993) in Kenny who paraphrases:

The idea of social capital begins from an interest in people's ability to associate with each other. It refers to features of social organisation, such as trust, reciprocity, norms and networks, that increase a society's productive potential. Social capital facilitates coordination and cooperation for mutual benefit.

Kenny states that there is a growing interest in the argument that community organisations provide the sites, par excellence, for the civic engagement required for the development of social capital. She explains that the voluntary and generally egalitarian structures of community organisations facilitate the trust, reciprocity and open communication that are necessary for the resolutions of a sense of shared responsibility and a willingness to find innovative and collective resolutions to social and political problems. (Kenny 1999).

When I first arrived at the Kingston Soldiers' Memorial Hospital I was amazed at the number of volunteers making a contribution to the work of the health service especially in the aged care area and in the community of Kingston as a whole. I have worked in a number of small rural health services and while the small rural communities depended on volunteers to drive much of the work in the community it is very unusual to find the number working for one organisation such as in Kingston.

I spent some time thinking about why this town was so exceptional and what became apparent was that the co-ordinator of volunteers had very special qualities. The qualities I believe that we also celebrate in highly skilled Community Development workers. The attributes or principles which drive the work of a Community Development worker includes

- making contacts
- encouraging involvement, building trust
- developing team work
- communication skilled
- public relations.

Most of the literature that addresses issues confronting the small rural health services today makes comment about the declining workforce. Little is mentioned about contribution being made by volunteers. However rural health services survive because of the valuable contribution made by various volunteer groups.

There is no magic formula for using Volunteers. In Australia there are 4 000 000 volunteers and 260 000 of these are involved in volunteer work in South Australia each year. About 77 000 of these are over 55, so that surely shows, there is life after work! There is a need for commitment to community development principles, which underlie day-to-day activities, it needs capacities and skills that vary and are not the same for each job. There is a need to match appropriately to particular situations. Lifestyle-Volunteer Co-ordinators (LVC) will emphasise different capacities depending on their life experiences. There is a great need to be sensitive to the life experiences of residents and their families.

Empowerment of the community and use of resources available in and around the community of the small town are a key factor in community work An LVC must be able to perform a variety of activities requiring a wide range of knowledge, abilities and skills.

TYPICAL ACTIVITIES

During a period of a week a volunteer co-ordinator may have meetings with volunteers, families, residents, other staff, outside organisations, about a variety things such as safety, privacy, Dementia, Mental Health, general entertainment, address local organisations about the role and services of an LVC. A visit to the local Library to organise taped books and to gather up magazines, that are to be discarded, to take back for the use of the residents, there is a need to exchange library books. Rather than grow pot-plants, contact was made with "Trees for Life" so that residents could experience a real sense of service by growing trees for the farms in the surrounding area. The Volunteers helped mightily by actually planting the seeds in the pots for the residents who watered them. Exercises are always a very popular activity, foot spas, hand-waxing and chats occur on a regular basis, along with taping life-stories of our residents. Bus trips occur on a weekly basis with volunteer drivers. Often just offering support, reassurance and a friendly face and supporting independence improves quality of life of the residents.

The role involves the organisation of in-service education for, at present, 68 volunteers in such areas as manual handling, speech pathology, violence, dementia, occupational health and safety. Information about speakers and entertainers is shared with fellow Lifestyle/Volunteer Co-ordinators from the Lower and Upper South East. This extends our knowledge and contacts using networking

MY EXPERIENCES AS A LIFESTYLE-VOLUNTEER CO-ORDINATOR

I moved to this five years ago and was unfamiliar with the local people, I heard the Hospital Auxiliary was going to recommence, having gone into recess. So put I in an expression of interest and went on a tour of the Hospital. I immediately saw a need and asked the Director of Nursing about the possibility of helping in a volunteer capacity. Within a very short time I was approached to co-ordinate the lifestyle program using the volunteers. I called on the few people I knew, went to the Senior Citizens and from there it snowballed. I very quickly realised I needed a range of different contacts to fulfil the needs of both the Low and High care residents.

Making contacts

We started a buddy system, that is encouraging volunteers to adopt a resident, give them individual attention and visit and document their needs, wishes, their moods and attitudes. This, in turn, gave an increased awareness as to why the particular resident was not being involved in our activity program and gave a powerful review tool at the end of each month for documentation. Enquiries were made of local people who played any musical instrument so that the life of the residents was enriched by this pleasure. Contact was made with volunteers who were interested in reading to the residents and conduct reading groups twice a week. Those volunteers who were interested in playing cards were encouraged to do so with our residents. It was most enlightening to discover one resident with severe dementia able to competently play the card game 500. We had a Dinner Dance, which included two Professional Exhibition Ballroom Dancers bringing back memories of the Old Time dances so familiar to our residents. Silk scarf painting was a huge success with all the participants.

It was important to be very careful not to be too demanding of the volunteers in the enthusiasm of the moment, as they were not to do the work of paid staff.

The first round of contacts was minimal and involved people with similar skills. However wasn't long before a wider contact with people of varying skills became interested in the program.

The local Area school became involved and started with grade 2; before long the grade 5 teacher rang and asked could she bring her class to read to our residents. This was a huge success with one of our residents writing a letter to the teacher stating that she felt she now had 18 more grandchildren. When the bus pulled up out the front, all residents even those with severe dementia would walk to the door to greet the children. These children read their books, coloured in with our residents sang songs, served and shared afternoon tea.

Snowballing even evolved from participants in a Bridge playing group who upon hearing the need offered help in various activities

Encouraging involvement

The LVC needs to be sensitive to the expectations of people's involvement in community issues. There is a need to value neighbourhoods, and resident's needs to be involved with all people in the community therefore alienate loneliness to enhance their feeling of purpose and function within the community.

To give an example of this little community, one of our residents couldn't get accommodation in the town where they had lived for many years. The resident was allotted a place in to Kingston, which was an hour and a half away. Her aged husband was very impressed with the care his wife was receiving, and finding the 200 km round trip very tiring, decided to sell up and buy a house in Kingston. An invitation was extended to me to see the house when it was all set up by his daughter, and feeling extremely sorry for him being in a town and not knowing anyone, I made contact with the Senior Citizens and within a week he was included in their activities, this progressed through the RSL the Probus club, This man is now a very happy and involved member of the community.

PREPARING FOR THE FUTURE AND SUSTAINING THE PROGRAM

There is a need to ensure the program's continuity so that it doesn't only function with a particular LVC and therefore be subjected to failure when that co-ordinator moves on. Others need to be trained to have foresight and engagement, they need to be motivated, understand why they want to volunteer and be encouraged to work by themselves and to keep trying when they don't succeed. All of this will ensure sustainability of the program and so there is need to work with someone whose potential is apparent so that encouragement of their leadership skills can be forthcoming and give them a chance to perform whenever the LVC is absent for whatever reason.

Volunteers need to have experience of life, attend regular meetings to enhance their knowledge of all that is planned and achieved, and be involved in decision making, which in turn, gives ownership.

Our volunteers need to be appreciated for the time large or small they devote to the program. Some need to be encouraged to develop confidence in their own abilities, some have much energy to contribute, some need to develop the foresight to realise that things can happen if all pull together. So the LVC must be empowered and given the freedom to work within the boundaries of the role fulfilled and take advantage of situations as they arise.

There can be gaps in service function in the Health Services in rural and remote communities, due to limited numbers and funding of day-to-day work. A Lifestyle program needs Volunteers who provide a range of skills. There is a need for close intersectoral communication and monitoring of outcomes, all of which encourages paid and unpaid staff working together to fulfil the needs of our residents.

BUILDING TRUST

An LVC will hear stories from families, volunteers and residents that have never been revealed to professional staff. One way of being productive in these situations is to use self-disclosure. To be successful in the role of the LVC there is a need to be forthcoming with information, however one must not pressure volunteers. This is a way to build up trust. Volunteers will be retained if recognition is given to each small victory achieved by the Volunteer e.g. getting one

of our very determined residents to join the reading group, and having the pleasure of that resident actually asking questions, and relating her life experiences.

DEVELOPING TEAM WORK

Volunteers don't work alone as individuals, they are a valued part of our team which is endeavouring to improve the lifestyle of our residents within this small community. To assist this we promote mutual trust between volunteers who can share activities, ideas and problems. They need to have their views taken seriously and responded to. They need to feel wanted and valued. LVCs from the Upper and Lower South East meet three-monthly and have developed a group culture of listening and sharing ideas in a very sympathetic atmosphere. All contributions are valued and everyone's skills and contacts tend to be used in this team environment.

COMMUNICATION SKILLS

An LVC must have good communication skills, be genuine and have empathy for residents, families, volunteers and other staff. There is a need to be able smooth ruffled feathers and encourage all to keep a positive outlook. Without these skills there is a tendency in small communities for people to become inward looking and exaggerate negatives. If happiness can be promoted within the Volunteer group and if the Lifestyle-Volunteer Co-ordinator can exude a happy attitude, it has been found that so much more energy is released and a sense of fun pervades the group e.g. playing the fool with our residents.

PUBLIC RELATIONS

In a small country community it is important to develop informal rapport with all community groups. One particular group involved in Kingston was the Senior Citizens Group. The informal contact led to that group undertaking a project of supplying home cooked meals, entertainment and gifts once a month for four months over the winter period. All of these activities came from within their own range of skills and their generosity for the needs of our residents. A further activity snowballed with the involvement of the Day Care Centre who also enjoyed the meal and outing with our residents.

The local Area School, and the local CWA, RSL. Church groups, Probus group and various guest speakers are active in our resident's daily lives

Three-monthly newsletters are forwarded by the LVC to keep Volunteers informed of activities, education available, meetings, and increase their awareness of the difference they have made to the residents. These newsletters are a valuable source of information for the writing of the Lifestyle-Volunteer Co-ordinator's annual report to the Board.

The local newspaper is invited to pertinent activities and as a result, the program has received very positive publicity with photographs of our residents which has been found to encourage the whole community to be involved and value our contribution to their community.

We have developed a seamless relationship between all, as we improve the lifestyle of the substantially isolated older people in our small but active community in Kingston, South. East, South Australia.

In conclusion we would like to take this opportunity to remind rural health workers and researchers that the Volunteer Co-ordinator and the Volunteers of our community make important contributions and must not be overlooked when looking at the whole picture of the rural community. Our volunteers are the important social capital of our rural communities, they make our work sustainable. Also to celebrate the Volunteer Co-ordinator who is somehow hidden from the literature.

REFERENCE

Kenny S. (1999) *Developing Communities for the Future Community Development in Australia*, 2nd edition, Thompson, Australia.

PRESENTERS

Lesley Siegloff has had many years' experience working in rural health, in both education and management in South Australia, Victoria and New South Wales. She is a past member of the Board of the NRHA and is a Friend of the Alliance. She is currently the Executive Officer/Director of Nursing of Kingston Soldiers Memorial Hospital Kingston SE South Australia.

Mary Weir has a history of working as a Mother Craft Nurse and Teacher Aid with the Education Department in Alice Springs for 14 years. She has been involved in farming in Western Australia and South Australia. Two years ago, on returned to South Australia, she joined the local Hospital Auxiliary. At the time she saw there was a need for a more involved lifestyle program for the aged residents and took up the part-time position. She has since developed a strong connection with the local community and the outcome is a very active lifestyle program.