

CREATING THE
VOLUN-CHEER
FORCE

Rethinking the way we use volunteers in long-term care

PAUL P. FALKOWSKI, PH.D.

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Interior and cover designs by Najdan Mantic
Printed in the United States of America by BookBaby,
Pennsauken Township, NJ

Library of Congress Control Number: 2019911421
Falkowski, Paul P.

Creating a Volun-Cheer Force: rethinking the way we use volunteers in
long-term care / Paul P. Falkowski.

Includes bibliographical references and index.
ISBN 978-1-7339394-2-3 (pbk.)

Dedication

This book is dedicated to the hundreds of wonderful people I met during my visits to nursing homes. Through their shared wisdom and life experiences, I learned that our relationships to friends and family is the most valuable gift of all.

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Acknowledgments

WRITING THIS BOOK was not the effort of one person but rather a network of peers, friends, and family coming together to contribute their thoughts and ideas culminating in what I hope will inspire new ways of thinking about volunteers in long-term care communities.

First and foremost, I want to thank the choir members who suggested that we go to the local nursing home to sing Christmas carols. It was at that nursing home that the seed for working with older adults was planted.

Second, I want to recognize Dr. Chuck Powell, Department of Gerontology, the University of Nebraska at Omaha for encouraging me to come back to school to earn a graduate certificate in gerontology that resulted in a doctorate in gerontology. Moreover, thank you to all the faculty and staff at UNO who have supported me in this venture.

I am very grateful to Mary Hoekstra for her expert editing and her patience with me through that process and to Najdan Mancic for his beautiful book design. I also want to thank Patrick Alyward at BookBaby for answering my thousands of questions while guiding me through the process of getting this book into your hands.

One of things I most enjoy about working in the field of aging are friendships and input from some very remarkable people like Gary George, Karen Kelly, Mary Parker, Rachel Brandenburg, Dr. Allen Power, Daniella Greenwood, Judy Sealer, Jill Woodward, Dr. Amy Hanson, Syrelle Bernstein, Janis Sternhill, Sabrina Teles, Cameo Rogers, Joy Rich, Lisa Hayes, and Jean Reiner, all providing valuable insight as I developed this book. There are so many more that I could list.

Finally, I want to thank my wife Mary, and my children Steven and Katherine for their loving support throughout this journey.

INTRODUCTION

What If?

*“If you can imagine it, you can achieve it. If
you can dream it, you can become it.”*

—WILLIAM ARTHUR WARD

EVERYONE SEEMS FOCUSED on the aging of 80 million Baby Boomers, but I am not hearing much conversation about the 88 million Millennials who will begin turning 65 years of age just as the last of the Boomers are turning 85. The growth of this aging American population means, somewhere around the middle of the 21st century, there will be some 100 million people over the age of 65 who, depending on their health status, may be looking for long-term care services. In the meantime, there will be some 2.2 million openings for professional caregivers and managers. So, while I do not want to create a “doom and gloom” message, I do see an excellent opportunity to expand community involvement. I do not believe we can afford to ignore any possible resource.

Robust volunteer programs for nursing homes and other communities where older adults live become great recruiting tools, as well. I got into this world because I started as a volunteer. I do not think my experience is unique. Once I saw the need and learned how I could contribute to the lives of the people living and working in nursing homes, I left behind other aspirations for this one.

Over the years, I have met many people who have had similar experiences. They started as a nursing home volunteer and went on to become administrators, nurses, social workers, activity directors and so on. Create a great volunteer program, and you open the doors for new workers.

I love to watch old science fiction movies, particularly those that deal with space travel. I chuckle as the little model rocket, dangling from what I believe is a clear thread, seems to valiantly whisk its human passengers to some distant planet. The spacecraft was meant to be so sophisticated yet lacked any semblance of grace as it bounced along through the darkness of space.

If only the creators of those early 20th century movies could see where rockets are taking us now. In the same vein, I would love to see the Wright brothers' reactions as they witness the flyover of a super-sonic fighter jet or a two-level super airliner, outfitted with onboard apartments on the upper level. I am sure they would be amazed. Dreaming of and pursuing space travel and flight have brought about some fantastic results. Moreover, that brings me to my vision—my dream. From a movie script to the physics of space flight, all projects begin with a vision.

What if I told you there are people in your city, your town, your neighborhood, who have reached mid-career or are nearing retirement, and are looking for meaningful ways to give back to their communities? They are passionate about serving older adults living in long-term care communities. They are eager to learn new skills and they are willing to endure stringent vetting and training protocols. They want to be a reliable support for your staff and the people who live in your nursing home...and they are there, waiting for you to open your doors to them.

With this book, I'm sharing with you what I have learned through more than 25 years of experience in vetting and training volunteers for nursing homes; I'm sharing the research that sup-

ports this dream—this vision, of available, reliable volunteers waiting to give their time, talents and knowledge as adjuncts to your nursing home staff.

I encourage you to read this book cover-to-cover and to consider the potential value of a well-trained volunteer force, not only to provide meaningful relationships with the people who live in your nursing home, but also to provide positive relationships with your staff. This volunteer force can learn and perform the non-technical tasks of resident care, while freeing your professional and highly trained staff to engage in the technical jobs only they can do.

If contemplating that possibility, I would ask myself, as Litwak (1985) asked, "Is using highly trained nursing staff to complete nontechnical tasks such as dressing someone a good use of resources?" Can a nurse or a nurse aide take the time each morning to ask and discuss with each resident what they would like to wear, how they would like their hair combed and what they would like for breakfast? In the current climate, the answer is likely "No."

What could be an opportunity for volunteers who would provide person-centered care through conversation, learning more about a person, and respecting their wishes, would not the likely reply of your nursing staff be, "I have ten people to get dressed and ready for the day. I don't have time to chit-chat. I have a job to do." And before we go forward, please do not think for a minute that my opinion of direct-care and support staff is anything but the very best. In my years of experience, the majority of people I have met, i.e., nurses and nurse aides, are trying to provide excellent care in a system that works against them. The reality is, there are too few people on staff, so those who are working race from one end of their shift to the other end.

I have organized this book by looking first at my own experience: I started as a volunteer. I like to tell my students that I went to a nursing home to play music for the people living there.

I never came out and I wound up with a doctorate in gerontology. When people volunteer in a nursing home, the experience can have far-reaching effects on them. And this is my point: To also provide meaningful support to the people who live and work in your long-term care community; a well-managed volunteer program can become a conduit for recruiting workers. Over the years, several of the volunteers I've recruited and trained went on to become nurse aides, activity directors, and even bookkeepers in nursing home communities. One of the volunteers I trained left her corporate position as a controller to become bookkeeper at a nursing home in her hometown. The time I spent in nursing homes radically changed my perceptions of nursing homes and of older adults. Now, I tell people that I am like the moth drawn to the candlelight; I cannot stay away.

To write Chapter Two, I interviewed people who volunteered or worked in nursing homes before the Omnibus Reconciliation Budget Act of 1987 (OBRA 1987), a law that, in addition to balancing the United States budget, included the Nursing Home Reform Act (NHRA). At that time in the history of nursing homes, there was a drastic need for regulations to control spending and to ensure the safety of the people living in these places. I suggest, however, that we threw the baby out with the bathwater. When talking with the people I interviewed for the chapter, I was amazed to hear the passion they had for older adults who could most clearly recall events that took place decades ago. I was also surprised to learn that in some communities nurses were training volunteers and had fully integrated the volunteer and professional staff. The nurses were grateful for the help.

Reading regulations is not one of my favorite pastimes, but in Chapter Three, I review the Nursing Home Reform Act to describe how the new laws impacted the operations of nursing homes and how they impacted the people living in and working in these plac-

es. Also, I discuss the evolution of long-term care, and the emergence of assisted living and efforts, like the Eden Alternative and Green Houses developed by Dr. William (Bill) Thomas, that will and are transforming long-term care.

In Chapter Four, I present what I learned from Daniella Greenwood, as well as what I learned from Dr. Thomas Kitwood and Dr. Allen Power, regarding recognizing, respectively, that there is more to giving care than just meeting the physical needs of a person; and that the conversation about meeting those needs must move to “relational care” or creating “authentic partnerships;” (DuPuis, Gillies, Carson, Whyte, Genoe, & Loisel, et al. 2012; Power 2017a). Again, I contend that volunteers, vetted and well-trained, are in the perfect position to provide that level of intimate interaction. The volunteer, in gaining this level of insight into someone's needs, can help inform the staff and the care planning process.

For sure, there are challenges to creating this level of what I call “super” volunteers. In my conversations with people working in the field, I have identified five main objections in Chapter Five for *not* pursuing robust volunteer programs. When one weighs those objections against the future of an increasingly aging population that will need long-term care, and the daunting challenges of hiring and retaining staff, we can ill afford to ignore the “altruistic” motivations and devotion of the people in our communities who possess a passion for caring for older adults.

Several organizations recognize and have created programs that take advantage of and maximize volunteer potential. I've devoted Chapter Six to highlighting groups such as Baycrest in Toronto, Kristiansund kommune in Norway, Elizabeth Knox Hospital and Nursing Home in New Zealand for starters.

Shifting a paradigm is no easy task, but that is precisely what needs to happen when it comes to how volunteers are viewed and used in long-term care support systems. In Chapter Seven, I share

my own experiences with developing the vetting and training program as well as the five key ingredients that “super” volunteers possess, starting with “Community.” We encourage people to “age in place” but what if the “community” ignores or rejects the older population? “Super” volunteers understand that “community” comprises everyone, including the older adults living in that community, and additionally, the people who live in a nursing home near them.

For Chapter Eight, I present the interviews with three “super” volunteers. I selected them because they truly exemplify and fully represent the term “super.” Joy Rich’s sensitivity and creativity opened the doors for her to create a wonderful program. Sabrina Teles, a Baycrest volunteer, trained in cutting edge programs and Lisa Hayes, the senior instructional designer for her company, found that volunteering in a nursing home was a way she could exercise the tenets of her faith, i.e., helping those in need.

Creating a *Super Volun-Cheer Force* requires setting the bar high for volunteer programs. Great programs are well thought out, planned, and executed under the direction of a paid, professional director of volunteers. While Chapter Nine is not a step-by-step recipe for creating a great volunteer program, it does lay out the foundational elements of what a volunteer program needs in order to be successful. Those elements are research-based, given my research, my experiences and the interviews I conducted with professional directors of volunteers.

Finally, I’ve tried to avoid projecting the “crisis” mentality regarding nursing home communities, but in Chapter Ten, I suggest we must face the future head-on. We are going to need a lot of professional caregivers to meet the demand for long-term care.

Before we get into the process of creating a “Volun-Cheer-Force,” let me tell you a bit of my story.

C H A P T E R O N E

A Little History

*Then the Grinch thought of something he hadn't before!
What if Christmas, he thought, doesn't come from a store.
What if Christmas...perhaps...means a little bit more!*

—DR. SEUSS, “HOW THE GRINCH STOLE CHRISTMAS!”

THE FIRST TIME I took our choir into a nursing home, it never occurred to me that 30 years later, I would write a book advocating for “super” volunteers to supplement nursing home staff. As with many church and civic groups, the holiday season still brings out some of our best behaviors, one of which was taking a group to the local nursing home to sing Christmas carols for the “old people” living at the “old folks” home. That is just what happened to me. I have since corrected my language and understanding of long-term care, as I know you have, as well.

Let me explain. Just before Christmas, 1986, the choir director at my church resigned. The following Sunday, our pastor announced the resignation and pleaded for help, “If anyone knows anything about music, we could sure use your help!” I cannot sing to save my life, but because of my training, (my bachelor’s degree is in music performance), I can read musical scores and conduct. I responded to the pastor’s plea and managed to get the choir through

that Christmas season, but not before an event during that time changed the direction of my life.

It was several weeks before Christmas and I was busy preparing music for the choir to sing during the remainder of the holiday season. During one of our choir rehearsals, a member of the choir suggested that the choir go to the nearby nursing home to perform our Christmas music. I agreed, though I had no idea what to expect and had never been inside a nursing home. Nevertheless, I called the nursing home close to the church and asked if we could come to their “facility” to sing for their residents. The person with whom I spoke was the activities director, who emphatically said, “Yes!” On the Sunday afternoon scheduled for our visit, the choir and I loaded into the church van and set off for the nursing home.

When we arrived, a member of the staff ushered us to an activity area that served several purposes, one of which was a place to hold chapel services. The room was well-equipped with a stage for an electronic organ, a piano and a podium. The stage was large enough to accommodate the fifteen choir members and myself. People, staff, families and their loved ones gathered in the chapel.

When everyone was seated and ready, I motioned to the accompanist to begin and the choir began to sing. Although I do not remember which Christmas carol we sang first, and I had my back to the audience, I remember hearing the people singing behind me. I was curious to see them and turned to face the audience. For a moment, for me, time stood still. I was deeply moved by what I saw. There, sitting before us was a group of frail older adults, some wrapped in blankets, some dressed in very plain clothes, most in wheelchairs, and most with gray hair or balding heads. It struck me hard that, despite their circumstances, they were smiling and they were singing. Seeing them filled with such joy pricked my heart. These words flooded my mind, “...pure and undefiled religion is this, to visit the widow and orphan in their distress...” It was obvi-

ous that while we were there singing, we not only helped the residents celebrate the holiday, but we also brought them a deep sense of joy and meaning. Afterward, on our way back to the church, I said to the choir, “I think we should do this more often and not just at Christmas.” I was hooked.

For the next several years, on a Sunday afternoon after church each month, the choir and I traveled to a nursing home to sing whatever songs we had performed in church that morning. It was an excellent experience for all of us, and so much so for me that I began making these visits on my own. I play three saxophones: the soprano, alto and tenor. I pulled together a 40-minute program of familiar songs and began scheduling visits to the 20 or so communities in my city of Omaha. As time passed, my visits became more frequent; soon, I was making appointments daily, all the while observing the dynamics of each nursing home in which I performed.

About six months into making personal visits, I received a letter from an activities director of a nursing home in Manilla, Iowa. In her letter, she said she had heard about what I was doing in Omaha and asked if I would be willing to come to her facility and play for the people there. At that time, and without our present GPS, I had no idea where Manilla, Iowa was. From the map of Iowa, I learned it was about 100 miles northeast of Omaha. I called the activities director and explained I was willing to come to her facility once, but could not promise I’d be able to make regular visits. Working together, we scheduled a day for me to come. By then, I had learned the best time to visit nursing homes was in the afternoon. So, on the day I was to go to Manilla, I packed up my gear and started around 11:30 a.m., anticipating a two-hour trip. To my surprise, it was a beautiful drive through the Loess Hills of Iowa. It was quite scenic and relaxing and along the way, I couldn’t help but wonder what was in store for me in Manilla. When I ar-