THE UNIVERSITY OF MANITOBA

SCHOOL OF SOCIAL WORK

STRENGTHENING THE VOLUNTEER VISITOR SUPPORT SYSTEMS

IN EXTENDED HEALTH CARE SETTINGS:

AN EDUCATIONAL INTERVENTION

A PRACTICUM REPORT SUBMITTED IN

PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR

THE DEGREE OF MASTER OF SOCIAL WORK

by

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A practicum submitted to the Faculty of Graduate Studies
of the University of Manitoba in partial fulfillment of the
requirements of the degree of

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ABSTRACT

The following social work practicum was under-
taken to strengthen the support which volunteer visitors
can provide to patients in extended health care settings.
An educational-support intervention was developed to
improve the quality of volunteer-patient relationships by
effecting change and growth in the volunteers' knowledge,
skills, and attitudes. Additionally, group support was
enhanced in a supportive learning environment.

The writer's rationale that volunteer visitors
need training and support was substantiated in a selective
literature review on volunteer support systems, adult
learning, and educational program development. The role of
the social work profession in developing educational-
support programs was also validated.

Following a needs assessment, the writer utilized
an adult educational framework designed to accomplish the
following educational outcomes:

 (1) an increase in the volunteers' acquisition of
     interpersonal helping skills, communication
     skills, and levels of confidence; and

(2)   an increase in the volunteers' knowledge of the
      aging and dying processes;

in order to form quality supportive relationships with the

patients.

The   educational-support   program   (under the

auspices of the Department of Social Work and the Depart-

ment of Volunteers) was implemented in six two-hour weekly

sessions at the Winnipeg Municipal Hospital and consisted

of fifteen volunteer visitors.

A comprehensive assessment, comprised of program

description (program   development   strategies   and the

experience of the writer) and evaluation (antecedent,

process, impact, and outcome), was utilized to measure and

judge growth and change in relation to both program and

learning objectives. The goal of assessment was to improve

both teaching and learning. A range of measures--informal

feedback, subjective   observations, questionnaires, and

subjective self-ratings--was incorporated.

As assessed by the learners in process evaluation

(formative and summative), the program was positively

verified with respect to objectives, content, and process.

The educational objectives appeared to be positively met as perceived by the learners in impact evaluation (formative and summative) but less so by outside observers (Directors of Volunteers) in outcome evaluation. The overall value of the educational-support program developed for volunteer visitors working with patients in extended care settings was confirmed for the writer. In addition, the writer perceived that her own personal and professional growth in the learning process was positively effected.

In conclusion, the intent of the practicum was achieved in most respects.

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Finally, I am deeply grateful to my family--Doug, Brett, Brie, Mum and Marion. Through their love, they have helped me to achieve my goals in learning and in life.

TERMS OF REFERENCE

The following terms will be used interchangeably for purposes of this practicum report:

1. resident/patient

2. volunteers/volunteer visitors/volunteer support system/social support system

3. learner/participant/respondent/volunteer/volunteer visitor

4. education/adult education/training/human resources development

5. educational program/training program/course

6. writer/student/student as writer/practitioner/educator/facilitator/student facilitator/teacher/programmer/educator-programmer/evaluator

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Chapter I

INTRODUCTION

RATIONALE

This practicum was undertaken to strengthen the support which volunteer visitors can provide to patients in extended health care settings. The writer's intervention was an educational program developed for volunteers to improve the quality of volunteer-patient relationships by effecting change and growth in the learners' knowledge, skills, and attitudes. Additionally, group support was enhanced in a supportive learning milieu (Knowles, 1970).

The practicum involved a self-selected group of fifteen volunteer visitors working in the areas of admissions, geriatrics, palliative care, and pastoral care. The learners were recruited from three extended health care facilities--the Winnipeg Municipal Hospital, Lions Manor, and Central Park Lodge. The educational program, conducted in six weekly two-hour sessions, was delivered under the auspices of the Department of Social Work and the Department of Volunteers at Winnipeg Municipal Hospital.

The rationale for the undertaking of the practicum can be summarized as follows:

(1) <u>An educational intervention is a viable strategy for effecting change and growth in knowledge, skills, and attitudes</u>.

The present and potential role that volunteer visitors can play by virtue of their mandate is significant. Their provision of social, emotional, instrumental, and informational support can enhance the quality of life for institutionalized patients.

Due to a lack of specialized interest and job related training, volunteer visitors are generally unprepared for their role. Furthermore, the potential for the utilization of existing volunteer manpower remains untapped. This is a gap in the health care delivery system that needs to be filled.

The group educational approach is a viable and appropriate strategy for meeting this need. First, an educational approach can enhance the volunteer support system's coping capabilities in meeting the social and emotional needs of the patient. Training may improve the

quality of supportive interpersonal relationships (volunteer-patient) through an increase in knowledge, skills, and positive attitudes in its participants. Second, an educational intervention can influence the quality and level of effectiveness of volunteer service delivery.

(2) <u>Volunteer visitors, like the patients they support, need support</u>.

From an ecological perspective, volunteer visitors are a part of the organizational structure/environment. Garbarino's (1983) statement captures the essence of support among interdependent systems:

"Just as the functioning of an individual depends on a supportive environment, so do social networks depend on a supportive environment." (Garbarino, 1983, p. 27)

Thus, the extent to which the volunteer visitors support the patient may in part depend upon the support they themselves receive from the organization (Dimatteo and Hays in Gottlieb, 1981).

Based on an adult learning model, the educational approach can enhance peer reinforcement, group identity,

and cohesiveness in a nurturing supportive environment (Knowles, 1970).

(3) <u>Social workers can have a significant role in developing educational programs to support volunteer visitors and the patients they serve</u>.

As "supporting agents" (Grant and Wenger in Pancoast, Parker, Froland, 1983, p. 35), social workers in a hospital setting can initiate educational program development to provide "environmental helping" (Garbarino, 1983)--indirect service undertaken on behalf of the patient. The profession's knowledge and skills in addressing the psychological and social needs of patients in care places this educational intervention within the realm of social work.

Moreover, an educational function assumed by the social worker entails a number of compatible and complementary roles such as change agent, consultant, collaborator, human resource developer, and social support system in direct service to volunteers.

These helping roles are congruent with the

profession's purpose, "definition and value-theory-skill-component" (Germaine, 1980, p. 8).

THE WRITER'S PERSONAL STANCE

The educational strategy has been selected based on the premise that:

(1) The educational process influences attitudes, values, and behaviour and produces change in its receivers (volunteers) who in turn become <u>agents of change</u>. Herein lies its worth--a common denominator in the purposes and objectives of both education and social work.

(2) Volunteers work limited, staggered hours, independently and in isolation from their peers. The group educational model promotes peer support and group development (Knowles, 1970). The writer proposes that this model in fact could be appropriately called <u>educational support</u> reflecting dual dimensions of education and social support.

(3) An educational support program serves the purposes outlined earlier. As well, education concretely acknowledges the worth of the volunteers' contribution, raises their status and profile, and may serve as a reward or incentive for an unpaid role which is generally perceived as having reduced value in relation to paid personnel.

(4) Volunteers bring to their job a wealth of diversified life experience. This experience can be shared to make learning meaningful. As a result, the adult education process becomes one of reciprocity in learning: the teacher becomes learner; the learner, teacher (Brundage and Mackeracher, 1980).

(5) The educational approach is an accepted legitimate method compatible with the training mandate of the hospital and conducive to strengthening the supportive network of volunteers.

(6) Volunteers, like other members of the interdisciplinary team, require training.

(7) Additionally, the writer assumes that the educational support model used in the practicum can pragmatically be utilized as a frame of reference for other experiences in patient education/support groups, staff development, inservice-workshops, and public relations representation both within and outside the hospital setting.

INTENT OF THE PRACTICUM

1. Objectives Specific to the Educational Intervention

The overall goal of the intervention is to strengthen a supportive network of visitation volunteers for patients in an extended care setting using an educational framework based on applicable adult learning principles and designed to accomplish the following outcomes:

(1) an increase in the acquisition of:

(i) interpersonal skills,

(ii) communication skills, and

(iii) levels of confidence

(2)   an increase   in   the   participant's   knowledge of
      the:

      (i)   aging process, and
   (ii)   dying process.

      in order to form quality supportive relationships
      with the patients;

      Correspondingly,   in   the   context   of   an   adult
educational   framework,   the   writer attempted to provide a
supportive milieu--one in   which   the   contribution   of the
volunteers was   validated and   acknowledged.   This is based
on a model formulated by the writer (as   student), known as
educational support.

2.   Objectives for the Writer (as Student)

      The writer's personal (learning) objectives were:

(1)   to develop   a working knowledge base in the areas
      of:

      (a)   volunteers as social support systems,
      (b)   adult education,

(c)   educational program development;

(2)   to develop, based on the above, a philosophical and theoretical approach to strengthening a supportive network for the patients in an extended care setting through an educational support intervention;

(3)   to operationalize a working model of practice by planning, designing, administering, implementing, and evaluating an educational support program developed to meet objectives specifically in relation to knowledge, attitude, and skill development in the context of support as earlier outlined;

(4)   to develop increased knowledge in the areas of:
    (a)   aging,
    (b)   death and dying,
    (c)   communication,
    (d)   helping relationships,
    (e)   family dynamics,
in the context of content development for the program;

(5) to document   the educational   program   in   an
     instructional package in order to concretely meet
     the present and future educational needs of
     volunteer visitors working with   patients   in
     extended health care settings;

(6) to effect personal and professional growth and
     change in the learning process of developing the
     practicum.

     This   introductory   chapter   has   established the
writer's rationale which underlies the initiation of this
practicum and its intent. Chapters II to V form the basis
of a selective literature review conducted for the purpose
of formulating a philosophical, theoretical, and practical
approach to the development of an adult educational program
for volunteer social support systems working with the
patients in extended health care settings.

     To this end, Chapter II presents a contextual
overview of volunteer support systems and their systemic
relationship to society, the institution (and its patients/
residents), and the professional social worker in the
context of extended health care delivery.   A profile of
volunteers is presented outlining needs, motivations, and

characteristics. The literature review in this chapter, based on an integrated ecological systems-social network approach, presents a synthesis of social support and educational needs from the perspectives of society, the organization, the patient, the professional social worker, and the volunteer, thus laying the foundation of a beginning framework for assessing learners' needs in the context of adult education and program development.

In Chapter III, a discussion of change and growth as a product of adult education sets the climate for eventual evaluation. A <u>contextual focus on adult learning</u> provides insights on adult learners, their learning processes, their needs, and their learning styles. A study of older learners with general considerations in relation to developmental, motivational, social-cultural and physiological dimensions is incorporated. Additionally, a profile of the adult educator--her/his values, attitudes, and beliefs; roles; personal attributes; and functions-- provides a foundational working model with which the student could pragmatically approach the practicum.

In Chapter IV, a <u>contextual focus on educational program development</u> constructs an operational model of practice which provided a blueprint for action and direc-

tion.   Assumptions underlying program development are specified. A theoretical framework precedes a discussion of the educational program development process. Five broad categories of responsibilities and   functions of the educator-programmer--planning,   designing, administering, implementing and evaluating--are examined with procedural guidelines clearly detailed at each phase. The evaluation components elaborated upon in this chapter are incorporated into an evaluative framework in Chapter V.

The literature review on volunteers as social support systems, adult education, and educational program development validates the writer's conception of "what should be".   Philosophical and theoretical considerations that are identified fundamentally support the writer's personal and professional beliefs, closing the gap between "what should be" and "what it is" and "why it is".

Further, the writer's intent to develop a philosophical and theoretical approach to educational program development for volunteer support systems is substantiated, formulating a framework for a working model of practice.

A descriptive evaluation of the practicum in Chapter V focuses on program description and the experience of the writer (as student) in relation to the implementation of the educational program. Outcomes of antecedent evaluation, process evaluation, impact evaluation, and outcome evaluation are reported.

In the final chapter, the practicum report provides a summary and overall conclusions.

Chapter II

VOLUNTEERS AS SOCIAL SUPPORT SYSTEMS: A PROFILE

INTRODUCTION

The intent of this chapter is two-fold. First, the writer sets forth her philosophical rationale for an educative strategy in the theoretical context of social support systems.

Second, the following literature review (together with the forthcoming literature review on adult education) forms a beginning framework for the identification and assessment of needs, so integral to developing an educational program with the learner as focus (to be elaborated upon in Chapter III and IV).

To this end, volunteers as social support systems are viewed situationally in relation to society, the organization (the health care setting) and the social work profession. Relationships with each perspective system and their potential utilization of volunteers are detailed. A comparative study of educational programs provides insight into content development. The chapter concludes with an indepth profile of volunteers.

VOLUNTEER UTILIZATION

1. Societal Trends in the Utilization of Volunteers

In a democratic society, the contribution of volunteers to human services has traditionally been encouraged (Haeuser and Schwartz, 1980). In an increasingly complex society affected by rapid technological change and characterized by fragmentation, polarization, and bureaucratization, the emphasis on the concept of interpersonal and interdependent connectedness has important implications for the utilization of volunteers in human service delivery systems.

Schindler-Rainman and Lippitt (1971) have elaborated beautifully on the potential of volunteers in bringing about broad-scale societal change. They identify one of our most critical social problems as depersonalization. Moreover, they acknowledge that the demand for personalized and individualized human services cannot be economically met by the supply of professional manpower resources. The authors further suggest, in the face of multiplying social services, that volunteer manpower be mobilized to fill the gap between what service is possible now in light of the workload of professional helpers and

the <u>magnitude of the job to be done</u>. They visualize "delivery of service teams" (Schindler-Rainman and Lippitt, 1971, p. 27) made up of networks of paraprofessionals and volunteers under the <u>consultation, training, and super-vision</u> of professionals.

This shift in thinking predicts new future roles for the professional helper from direct service prac-titioner to that of manager, inservice trainer, consultant to team members, leader of planning and evaluation, and co-ordinator of services (Schindler-Rainman and Lippitt, 1971).

To survive in an age of accelerated change, Schindler-Rainman and Lippitt (1971) contend that "or-ganizations will need to be resourceful in developing mechanisms of <u>self-renewal</u> and in <u>creatively using all potential resources</u>" (p. 22). This will require new teamwork and interagency patterns of <u>collaboration</u>, and interdependence to promote innovative problem-solving in response to service delivery affected by social, economic, and political change.

More recently, social support network theory has validated the concept of "volunteer linking" (Gottlieb,

1981, Whittaker and Garbarino, 1983). This theory values the forces of community, self-help, and preventive health movement for improving the quality of human life in all segments and levels of human services delivery.

2.   Organizational Utilization of Volunteers

2.1   Volunteers in the Health Care Delivery System

(a)   The Relationship Between Health and Social Support

The societal perspective of volunteerism has overriding implications for the role of volunteers in the health care institutional setting. If the challenge of democratic society is to raise the quality of life through humanization and personalization, the challenge of the health care organization most certainly would be to promote and raise the potential for whole health--physical, social, emotional, and spiritual health.

The generalized mandate of many volunteer visitor programs includes provision for (1) emotional support to facilitate adaptation to institutionalization (to offset social isolation and traumatic response to illness and

disability) and (2) tangible instrumental support in the form of information and practical tasks (such as recreational activities and shopping).

Specific aspects of social support identified in the literature have been emotional support or "information that one is cared for and loved"; esteem support or "information that one is valued"; network support or "information that one belongs to a network of mutual obligation" (Cobb, 1976, p. 300-301); resource and economic support or provision of material aid and time; and informational support or advice and feedback.

Volunteer visitors have other functions. For example, they can serve as a link in communication through generic front-line case finding and referral. Additionally, they can be called upon to extend support to the family (where existent) of the patient. They may act as substitute extended families or surrogate relatives (Hooyman, 1983; Pilisuk and Parks, 1980).

The role of social support in promoting health and wellness has been well-documented (Pilisuk and Froland, 1978). Blythe (1983) maintains that the engagement and

development of social support resources has a "potentially

preventive and rehabilitative function" (p. 107).

This concept is based on the premise that:

"social support reduces the risk of
physical disorder, aids the recovery
process and provides a buffer against
traumatic and stressful experiences."
(Blythe, 1983, p. 109)

Further to this, she argues that:

"Such networks can promote remediation
by helping sick people adjust to health
problems, by preventing further deter-
ioration of their health and by improv-
ing their compliance with medical pre-
scriptions." (Blythe, 1983, p. 109)

Moreover, Cassel (1976) and Caplan (1974) have

established that the absence of social supports increases

one's susceptibility to disease. Hooyman (1983) observed

that:

"the outcome of an individual's
response during difficult times was
influenced not only by the degree of
stress and the individual's ego
strength, but also the quality of
emotional support provided by his or
her natural network." (Hooyman, 1983,
pp. 138-139)

While these studies confirm the impact of social support in mitigating the stresses of coping with disability and disease, they importantly point to the fact that social support systems may "play a powerful role in positively changing client behaviour" (Whittaker and Garbarino, 1983, p. 48).

In the field of aging, numerous studies have concluded that social support networks "appear to buffer and mitigate the stresses of aging" (Hooyman, 1983, p. 139). According to Hooyman (1983), "the presence or absence of such networks is a crucial predictor of an older person's well-being" (p. 133). Increased mobility and decreased susceptibility to physical and mental deterioration during bereavement and fewer psychosomatic complaints are just a few of the favourable health behaviour outcomes reported when supportive networks are in place (Dean and Lin, 1977; Heller, 1979; Vachon, 1980). Correspondingly, the presence of social networks are positive indicators of increased self-esteem, heightened self-worth, a sense of belonging, and reduced likelihood of depression (Hooyman, 1983).

Clearly, the older patient faces a double jeopardy--that of being old and having one or more chronic

illness conditions. Specifically, the unwell elderly must cope with situational circumstances of illness plus the life cycle tasks associated with aging--concomitant loss (both normal and intrinsic) of physiological capabilities (physical and mental), career, income and relationships. Stressful developmental changes are further exacerbated by culturally imposed stereotyping, prejudice and shifts in status, role, and "bargaining power" (Kuypers and Bengtson, 1973).

A major consequence for the aged and dying patient is social isolation (Herz, 1980; Vachon, 1980). Moreover, the elderly patient may interpret transition to the institutional environment as rejection and abandonment (Dobrof and Litwak, 1979)--as removal from existing social networks in the community. An increased risk of death may be linked to the traumatic impact of hospitalization or nursing home placement.

In keeping with their mandate, volunteer support systems may be able to facilitate adjustment and adaptation to situational, environmental, and developmental forces impinging upon the patient's overall state of health.

Other detrimental effects of institutionalization may be less frequent visiting by friends and family. Geographic distance, hospital routine, and the illness regimen may hinder the family's intentions to maintain contact with their elderly/dying family member.

Sometimes, strong emotional reactions can render family or friends unable or unwilling to help in the face of serious illness or disability (Blythe, 1983). As well, the crisis of institutionalization can contribute to family disequilibrium, resulting in disengagement and detachment from the ill family member (Caplan, 1974).

Where natural social support networks (family and friends) are lacking or diminished, the volunteer visitor becomes an alternative support.

The persons without family, e.g., the never-married, the childless, the frail widow (Hooyman, 1983) are at particular risk. This group may incrementally seek to cement their tangible, instrumental ties with nursing home staff rather than with peers, in an effort to compensate for the lack of emotional and expressive ties. "According-ly, if only physical care is provided, the demands for that

care increase as lonely people substitute it for more natural sources of companionship" (Hooyman, 1983, p. 162).

The writer proposes that overworked task-oriented professional caregivers would benefit from the adjunctive companion services of friendly volunteer visitors to meet the emotional needs of institutionalized patients.

(b) Human Resource Development

It is reasonable to conclude, based on the earlier job description, that the volunteer visitor specifically has a significant role to play in promoting the quality of health for the patients by extending and enriching organizational service. What is less evident is the degree of educational support that is extended to this group to allow the full maximization of their potential in fulfilling their role as a social support system.

Referring to the writer's premises stated at the onset of this report, it would appear feasible to select an educative strategy. This approach would not only serve the purpose of quality control and organizational effectiveness (Froland, Pancoast, Chapman and Kimboko, 1980) through knowledge/skills/attitude development, but also promote

accessibility of specialized interest and job-related education to volunteer visitors. The educational approach may have additional benefits not readily apparent. Specialized training uniquely responsive to the needs of the volunteers <u>concretely acknowledges the value of their contribution</u>, raises their status and profile, and may serve as a <u>reward or incentive</u> (in the absence of monetary remuneration). On all counts this intervention may neutralize the felt differential between informal care-givers and formal professional health caregivers.

The group training model based on the adult education modality (Knowles, 1970) enhances group development. Weiner (1980) maintains that group cohesiveness can influence the level of job satisfaction and morale-related conditions necessary for quality of service and productivity. In fact, continuing learning or self-renewal of the volunteer may not in reality represent a luxury or an extra "perk" so much as a necessity. This stance considers the structure of volunteer functional organization where its members work limited, staggered hours, independently and in isolation of their peers. The relative flexibility and responsiveness of volunteer programs are on the one hand, a hallmark, but may be on the other hand, a liability that must be compensated for.

Organizationally, it makes sense to build the educative component as an integral part of its volunteer programs for the reasons cited above. By strengthening the supportive network of volunteers to meet the needs of the patient, the health care organization gains <u>reciprocal support</u>--from patient, volunteer, and community--in fulfilling its mission of quality patient care.

3. <u>Volunteer Utilization by Professional Social Workers</u>

3.1 <u>Introduction</u>

Having presented an overview of the social support role and the place of volunteer visitors in the health care organization, the writer will examine volunteer social support systems and their implications for social work practice. The dynamics of relationships and roles of the volunteer and the professional will also be addressed with a view to elaborating on and further substantiating the rationale of an educative intervention with informal support networks.

3.2 Social Support Systems: Volunteers and Social
     Work

As a social support network, volunteers are an
"essential part of the fabric of social work services and
have a distinctive contribution to make" (Olsen in Whit-
taker and Garbarino, 1983, Foreword, p. xvii). The rela-
tionship of volunteer visitors to the social work profes-
sion can best be examined from an integrated social
support-ecological theory.

The appeal to the social work profession to join
forces with informal social support networks in a "social
treatment" approach (Mary Richmond, 1922 in Whittaker,
1983, p. 48) is a common thread interwoven in the social
support theory. This is reflected in such terminology as
partnership; blending (Whittaker, 1983); alliance, col-
laboration, combining professional and voluntary (Froland,
Pancoast, Chapman, and Kimboko, 1980); and interdependence
(Lenrow and Burch, 1981). Gottlieb (1981) and Froland et
al. (1980) ideologically adhere to the parallel principle
that both professional and informal helping are necessary
and complementary elements in an "overall helping strategy"
(Whittaker, 1983, p. 42).

This concept is succinctly expressed in the following statement:

> "Each component (both formal and informal) in the total system is best adapted to meet some needs, and the two together are more than the sum of their parts in meeting the whole need of people for social support." (Whittaker and Garbarino, 1983, p. 405)

Thus, volunteer visitors, as informal helpers in a formal organization, can be seen as a part of the larger spectrum of the health care delivery system.

As well, volunteers in hospital visitor programs are (from an ecological systems perspective) a part of the organizational structure (social environment). As an environmental force, volunteers can influence the patient's behaviour. Reciprocally, and in turn, the environmental systems are shaped by the individual so that a complex interplay of mutual interaction evolves. Put another way, linking volunteers with patients encourages an exchange of support and thus potentially enlarges the networks of both "systems".

By fostering the interdependent relationship of systems, the social worker becomes, in the ecological

sense, a social support system influencing and influenced by other systems in the social environment.

3.3 Education as a Social Work Intervention

The enlightened and progressive social work movement from a pathology, problem-focus model of practice to a preventive health model sets the stage for the education of volunteer visitors in service to patients. As outlined earlier, the intervention is premised on two dimensions--education and support.

Gottlieb (1981) describes preventive interventions that focus on improving the quality of support from people's existing ties and on efforts to bring people into contact with similar peers. His work has direct relevance for the writer's educational support intervention.

With respect to the first intervention, the writer proposed that the quality of interpersonal relationships (volunteer-patient) could be improved by effecting a positive change in knowledge, skills, and attitudes. This hypothesis was derived in part from a noteworthy study by Lemon, Bengtson and Peterson (1972). The authors found that the quality not the quantity of interaction with

friends (in this case the volunteer visitor) "appeared to be the most important for the saliency of networks" (Lemon, Bengtson and Peterson, 1972 in Hooyman, 1983, p. 139).

With respect to the second intervention, the writer proposed that volunteers, like the patients they support, could benefit from reference peer contact (Gottlieb, 1981) to provide social validation, group affiliation, and mutual support.

As educators, social workers can provide volunteers with a nurturing and supportive educative milieu which allows personal and group development to evolve. This notion is widely accepted in adult education circles, and conjointly (although less frequently) occurs from an ecological base in the writings on social support networks.

Further to this, Gartner and Riessman (1977) maintain that "social support systems often need professional encouragement" (Gartner and Riessman, 1977, in Garbarino, 1983, p. 16). Social workers can be a source of support by providing education, feedback, and reinforcement (Blythe, 1983).

Consequently, developing educational programs responsive to the volunteers' needs for education and support is a preventive intervention. This strategy acknowledges the place of "environmental helping" as central to the helping process.

3.4 Role of the Professional Social Worker in an Educational Intervention

A closer examination of the role and functions of the social worker (aside from the educator-programmer roles specified by Whittaker, 1983) in the context of an educational intervention would identify the following principal components:

(1) Public relations - as a way of emphasizing the professional leadership profile of social work;

(2) Resource development - as a method of increasing the scope and quality of resources accessible and available to social work;

(3) Collaboration - as a means of fostering information exchange and sharing of resources, expertise, and skills;

(4) Consultation - as a thoughtfully planned and delivered technique respecting the unique goals of the network (Hooyman, 1983) while at the same time affording legitimacy, credibility, and sponsorship;

(5) Mutual support - as a reciprocal mechanism in facilitating the interaction of formal and informal caregivers by providing positive reinforcement, support, validation, and feedback;

(6) Change - as a basis and ultimate goal of educational purposes and objectives, is shared by the aims of social work. The education process influences skills, knowledge, attitudes, and values and produces change in its receivers, who in turn become agents of change.

The social worker, as an agent of change, enables volunteers, through an educational intervention, to "enhance more effectively their own problem-solving and coping capabilities" (Pincus and Minahan, 1973, p. 15).

Formulating professional social roles and the responsibilities inherent to them in relation to volunteers

provides the context for skill identification in engaging, supporting, and aiding this particular social support network. Aside from setting the guidelines for intervention, this formulation stresses the interdependence and reciprocity of formal and informal systems which, in the mutual process of attaining a common goal of improved health care for patients, also recognizes reciprocal incentives beneficial to both.

However, according to Haeuser and Schwartz (1980), professional resistance both "covert and overt, conscious and unconscious" (p. 595) has created a barrier to the creative and informed utilization of volunteers. A unilateral "traditional model of service emphasizing professionalism and an expert-nonexpert dichotomy" has crystallized a perceived status differential between the volunteer and the social worker--this, despite the fact that "social work evolved from the seeds of volunteer involvement" (Haeuser and Schwartz, 1980, p. 595).

Open acknowledgement of professional resistance and tension, although useful, must be accompanied by a positive shift in attitude and behaviour toward the volunteer. This is not only desirable but a necessary and

essential condition of an interventive strategy with an educational focus.

In developing social support strategies, social workers would do well to examine:

> "the classical values that define the professional role: impartiality, rationality, empirical knowledge and ethics committed to the dignity of the individual and to public welfare." (Lenrow, 1978, p. 268)

A respect for self-determination, self-actualization, and personal growth lie at the very core of the profession. Developing the inner strengths and resources of human beings to enable them to reach their fullest potential is congruent with social work ideology.

A predominant theme in the literature--that of exchange and reciprocity of resources--is compatible not only with social support network development but also with an adult educational strategy. The overriding philosophy of adult education--developing "a total environment conducive to human growth and fulfillment" (Knowles, 1970, p. 34) by helping people learn--values the learner's right to self-directiveness, through participative learning. The

background experience and resources (human competence) the learner brings to the educational experience are drawn upon to make learning meaningful. The educator/facilitator's "part in the process is that of helper, guide, encourager, consultant, and resource" (Knowles, 1970, p. 34). The social worker in this role, becomes a co-inquirer, an equal partner so to speak, and reciprocal learner.

In sum, the converging themes of both a social support strategy development and an educational intervention clearly reflect the compatibility and congruence of an integrated approach that the writer calls educational support.

3.5 Educational Approaches with Social Support Networks

Descriptions in the social support literature have contributed in part to the writer's conceptualization and subsequent operationalization of an educational support approach. More precisely, a study of educational approaches identifies learning needs and content possibilities. In a selective review of relevant studies, several pilot projects provided a blueprint for the student.

Among many generalized studies involving volunteers, several stand out. Parkes (1980) and Hampson (1980) documented considerable success using non-bereaved volunteers who have had extensive training programs in the area of palliative care.

Wiesenfeld and Weis (1979) focused on teaching hairdressers (in their capacity as social support networks). They taught three core helping skills: empathetic listening, reflecting feelings, and presenting behavioural alternatives. D'Augelli and Ehrlich (1980 cited in Gottlieb, 1981) of the Community Helpers Project taught life development (both normative and unexpected life events) and crisis intervention skills in addition to the aforementioned skills.

Robinson and Regnier (1980 cited in Hooyman, 1983) demonstrated that informal caregivers as front-line "referral agents" and information sources could be strengthened to utilize professional services appropriately. They trained South California Rapid Transit bus drivers to recognize sensory and motor losses in the aged. Collins and Pancoast (1976) report training in crisis intervention and consultation and support to individual "gatekeepers" in a Philadelphia gatekeeper project. Lesser

and Watt (1978) noted language improvement and social confidence in patients after receiving encouragement and social confidence enhancement from volunteer visitors.

Hooyman (1983), in reference to community "gate-keepers", recommends training programs addressing signs of mental and physical illnesses" to reinforce preventive interventions of "outreach, detection, and service delivery" (p. 150). In a preventive approach with family networks, she advocates for information about the aging process. In the writer's view, this would normalize aging, reduce stereotyping, and facilitate anticipatory and preparatory guidance in interaction with elderly patients. Certainly, the volunteer as a surrogate relative or family member would derive equal and parallel benefits of this type of education.

In the same view, Dimatteo and Hays (1981) supports the importance of <u>open expression of feeling and self-disclosure</u> as important components in healthy personality adjustment (Chelune, 1979; Cozby, 1973; Jourard, 1971 cited in Dimatteo and Hays, 1981). Friedman (1979) and Montagu (1978) advocated the use of <u>touch</u> in comforting distressed patients. Rosenthal et al. (1979) emphasized the importance of communication in facilitating adjustment

to illness and management regime. In their research Burke and Weir (1981 cited in D'Augelli, 1983) demonstrated "consistent superiority of 'process' helping, that is, helping that focuses on the person's emotional circumstances and is appropriately responsive and caring" (p. 101). Although these findings were formulated apart from an educational frame of reference, they do point to the importance of the development of health-enhancing attitudes and behavioural skills in significant social support persons.

Freeman's (1981) training course for the Volunteer Case Aid illustrates content and process development in detail, and has provided the writer with a valuable frame of reference in planning an educational program for volunteer visitors. The workshop conducted jointly by the Co-ordinator of Volunteers and a professional social worker at the Family Service Association of Greater Boston incorporates adult education principles. Initially, the training course is presented in five sessions, with follow up sessions scheduled on the basis of need. Specifically, educational topics included family dynamics, communication skills, "developing and maintaining a helping relationship (with an emphasis on increasing awareness of what it feels like to have to ask for and receive help)", working as a

team, and "understanding the steps in the termination process, particularly the reactions to loss and separation and its meaning to the client and the volunteer" (Freeman, 1981, p. 516). Training in attitudes (derived from a social work philosophy) stresses respect for individuality, self-determination, empathy versus pity, and limit-setting. Values clarification is a key component of attitude change.

Although Freeman (1981) does not specifically use the terminology "support" in her article, she does stress the need for a climate conducive to learning and to enhancing the self-image of the volunteer in order to build self-confidence and competence.

In summary, the writer's conceptualization of an educational support approach appears to be substantiated in the literature on training interventions with social support networks. Overall, the studies demonstrate commonalities in content that "fit" in part with the writer's perception of and assessment of educational needs--needs of the community, the organization, the professional social worker, and the patient.

A PORTRAIT OF THE VOLUNTEER

1.   Introduction

        The assessment stage of educational design
(addressed subsequently in Chapter III) predicates the
identification of the learner, in this case, the volunteer
visitor. A generalized study of the volunteer's motiva-
tion, needs, values, and characteristics is a beginning
essential step in assessing the needs and interests of the
learning participants. The following synthesis focuses on
characteristics of volunteers as a collective and has some
generalizability to the volunteer as individual.

2.   Motivational Dynamics

        An understanding of the motivational dynamics of
volunteers--why people help--defines at least partially,
the learner population in need of educational support.   It
is widely assumed that volunteers "replicate the noblesse
oblige traditional of the early 'Lady Bountifuls'" (Haeuser
and Schwartz, 1980, p. 596). Underlying this myth is the
stereotypical image of the volunteer as the middle-aged,
affluent housewife motivated by strictly purist ideals of
self-altruism.

In fact, the motivation to <u>help</u> (a complex subject deserving of analysis beyond the intent of this paper) is made of two predominant forces. Kurt Lewin (1951) postulates that the first arises from within one's self (one's own force) and that the second originates from outside one's self in relationship to others (interpersonal and group membership forces). The second dimensional force is subdivided to include situational factors; that is, those circumstances within one's own situational environment that determine whether a person decides to volunteer.

Schindler-Rainman and Lippitt (1971) suggest that the strength of motivational forces vary and influence each decision and commitment to volunteer across individual, group, and situational dimensions. A full analysis is beyond the scope of this report but several cogent factors can be differentiated. It is helpful to visualize a continuum encompassing opposite poles of altruism at one extreme; self-actualization at the other. The notion of altruism, defined as "devotion to the interests of others" (Britannica World Language Dictionary, Funk and Wagnalls, 1959) at one end of the continuum is often equated with self-sacrifice. The need to help others may spring from a sense of tradition (familial, cultural, societal), commitment to community service and citizen duty, or an obliga-

tion to repay a "service received debt" (Schindler-Rainman and Lippitt, 1971, p. 51). Service to God--rooted in one's religious faith--may be a strong altruistic force particularly within the older generation of volunteers.

At the other end of continuum, self-actualization--a quest for learning, excitement, and personal growth--is increasingly acknowledged as a viable and acceptable force in volunteerism. Pragmatically, volunteer endeavours based on advancement, promotion, and skill acquisition for potential future employment are widely acknowledged and encouraged. Training for these volunteers is highly coveted. Transferability of volunteer work toward academic credit and employment experience is an additional incentive.

The societal impact of increased automation, leisure time, shifting employment patterns affected by multiple career changes, and early retirement has been detrimental to the growth of self-actualization. Volunteering may be a way of: bridging transitional gaps between career and job changes, utilizing leisure time in community service, and maintaining self-esteem and productivity in the retirement years. It may, in fact, constitute a lifelong career or job for the "professional" volunteer.

In the writer's perception, an equally related and important trend is volunteerism as a source of social control. The use of community service for rehabilitation and crime restitution is illustrative of this shifting orientation.

Reasons for volunteering are not always clear. There are variations and overlap in motivation. Even with the most altruistic intentions, the volunteer may profit from the enhancement and growth of her/his self-esteem. Additionally, she/he may gain some sense of power, influence, and recognition in bringing about change both on a personal, group, and societal level. Inherent to this principle is the search for an identity (Who am I?). As the world becomes increasingly complex, bureaucratic, and depersonalized, the quest for a sense of self and meaning in relation to others in the social environment becomes compelling (Haeuser and Schwartz, 1980). In volunteering, the "helpers become the helped". In the "process of giving, you get" (Stern, 1986). Ecologically speaking, change in one system affects, and is affected by other systems. The effect is one of interdependence, reciprocity, and interconnectedness.

An interesting notion introduced by Stern (1986) is that volunteering <u>provides a safe arena in which to develop</u>. This thought-provoking statement suggests what traditional literature does not: that volunteerism encourages the individual to test one's level of self-sufficiency and risk behaviour change. The professional, (as an integral system connected with volunteer social support systems) would do well to capitalize on this concept to effect change, and create a supportive, safe environment that reinforces the motivation to volunteer.

Moreover, providing a safe arena in which to risk, test, and change is reiterated time and time again in the literature on adult education (Tough, 1976; Boyle, 1981). As well, one might speculate that an educational intervention may, in fact, present the opportunity to enhance motivation and commitment to volunteer. It constitutes an important question on which more study and research is needed.

3. <u>Barriers to Motivation</u>

Underlying the picture of motivational dynamics are elements of demotivation--those situational factors that determine and impinge upon the extent of or lack of

commitment. These factors deserve particular attention in assessing the educational needs of volunteers.

Schindler-Rainman and Lippitt (1971) identify a number of significant themes alluded to earlier. Several demotivating components include lack of consultative help, little or no appreciative feedback, and unacknowledged legitimization of contribution. A perception of status differential in relation to paid and trained personnel is a common underlying factor that erodes initiative.

A markedly different scenario is a "righteous pressure" (Schindler-Rainman and Lippitt, 1971, p. 56) exerted by staff to exact a full and loyal commitment to politically favoured and/or unappealing activities. This stance ignores the fact that the volunteer may have other legitimate priorities, some of which include demands of personal and familial roles or the community roles of citizen and volunteer in other organizations.

Flexibility and a non-judgmental approach combined with respect to time and energy is important to counteract unrealistic expectations of volunteers. Forces which foster general morale, a sense of "making a difference" (Schindler-Rainman and Lippitt, 1971, p. 56),

professional and peer support, and opportunities for self-actualization can further counteract motivation.

A parallel and related theme is the volunteer's feeling of being appreciated and recognized for the significance of her/his work through participative planning input and incremental responsibility. Too often failure to incorporate this vital supportive component may result in volunteer fall-out (Schindler-Rainman and Lippitt, 1971, Carter, 1975).

The issue of professional resistance (Freeman, 1981; Haeuser and Schwartz, 1980; Whittaker and Garbarino, 1983), occurring frequently and consistently in the volunteer-social support systems literature and previously cited in this report, is perhaps the most persevering threat to motivation. An interesting and noteworthy observation is that the "extent to which paid staff use volunteers seem related to their having been volunteers themselves" (Haeuser and Schwartz, 1980, p. 598). The writer (based on past and present experience as a volunteer), is inclined to agree with this supposition. This poses the question: Could staff with values, attitudes, and backgrounds conducive to volunteer utilization be mobilized to act as advocates for volunteers in organizational settings? Might

they also be used effectively as facilitators and consultants in educational programs for volunteers?

The lack of training, expressed as a felt need by volunteers--is a predominant theme of demotivation in the volunteer literature and a basis in part on which the writer's hypothesis rests.

4. Relevant Characteristics of Volunteers

An interesting dimension flowing from motivational dynamics and related to volunteer characteristics is described by Schindler-Rainman and Lippitt (1971). They ascribe to the theory that volunteers belong to three groups: autonomy-oriented, interdependence-oriented, and dependence or support-oriented. Autonomy-oriented volunteer value freedom, risk-taking, deviation from routine and new experiences, and thrive on excitement. "Interdependence-oriented individuals value peer relationships, opportunities for colleagueship, and mutuality of support and working relationships" (Schindler-Rainman and Lippitt, 1971, p. 53). Dependent support-oriented individuals require clear guidelines, expectations, "well-developed norms and procedures" and would feel comfortable with a directive approach. Within these identified clusters are

volunteers who prefer "action" through interpersonal helping on a more reflective, removed activity such as committee work or policy planning. The writer suspects that more experienced volunteers can shift from one mode to another with relative ease.

Apart from the implications this theory has for matching and improving the fit of volunteers to the right opportunities and for consideration of individual differences, this premise has applicability for adult learning theory which is responsive to and promotes the fit between the learner's needs and the educational experience (to be discussed in greater detail in Chapter III The Adult Learning Model).

Other characteristics of volunteers are worthy of mention. There is a universally well-known supposition in volunteer circles that "once a volunteer, always a volunteer". In a study by Novia Carter (1975), a link was made between duration of commitment and the number of agencies served. It would appear that once involved, individuals get "hooked" on the volunteer concept. Undoubtedly, this phenomenon has implications for an educational intervention. Assessment of and responsiveness to needs must take into consideration prior learning and experience derived in

other settings. From an ecological perspective, this trend speaks to a broader view of training in meeting patient, volunteer, and organizational goals.

In a two pronged approach, educational support as proposed, addresses education that not only serves immediate focused goals but, in fact, is elevated to a systems status that promotes a reverberating, ripple effect throughout the social environment (a "chain" strategy envisioned by Wiesenfeld and Weis, 1979). The other component, support, may in fact provide the sustaining momentum in building and extending the duration of volunteer behaviours at the societal level.

To summarize, the writer has presented a portrait of the volunteer. Motivational dynamics, values, needs, and characteristics were explored through theory and supposition. This overview has enhanced relevance for the understanding and utilization of volunteers as social support systems. More importantly, what emerges from this synthesis is a clarification of volunteer needs, albeit from a collective generalization, which points the way to an assessment of learners' needs, so integral to the educational program design described in Chapter IV.

Chapter III

ANDRAGOGY . . . AN ADULT LEARNING MODEL

INTRODUCTION

In formulating a theoretical and philosophical approach that can be translated into practice, the writer will examine the proposed educative intervention within the context of adult learning theory. This chapter is concerned with the "why" and the "how to" of operationalizing knowledge to fit with the conceptualization of an educative intervention with volunteer support systems working with patients in extended health care facilities.

In the first part of the chapter, assumptions in adult learning will be addressed. Learning in the context of change will be reviewed. Following this discussion, an overview of the adult learner will be presented, highlighting how adults learn, their motivations and needs, and their learning styles. Considerations in relation to the older learner are outlined. In the final part of the chapter, the critical function of the adult educator in relation to the adult learner is described.

ASSUMPTIONS IN ADULT LEARNING

In selectively reviewing the prolific body of literature on adult learning, several salient characteristics of andragogy postulated by Knowles (1970) and others can be identified as follows:

(1) Andragogy is the art and science of "helping adults learn" (Knowles, 1970, p. 38).

(2) Adult education or andragogy is defined as a lifelong continuing process of discovering what is not known and is differentiated from pedagogy (teaching children) which is defined as a process of transmitting what is known (Knowles, 1970).

(3) The central dynamic of the learning process is perceived to be the experience of the learner-- experience being defined as the interaction between an individual and his environment (of which the educator as a resource is a part) (Knowles, 1970).

(4) The adult educator facilitates learning and creates a rich, supportive educative environment

(a climate for learning) from which learners can extract learning, and then guides their interaction with it to maximize their learning (Knowles, 1970).

(5) Learning is an internal process of ego involvement; those methods and techniques that involve the individual most deeply in <u>self-directed</u> <u>inquiries will produce the greatest learning</u> (Knowles, 1970).

(6) The main thrust of modern adult educational practice is in the direction of inventing techniques for involving adults in self-assessment of their needs for continued learning, in formulating their learning objectives, in sharing responsibility in program design and in evaluating their progress toward their objectives (Boyle, 1981).

(7) <u>The locus of responsibility</u> for learning--both quality and quantity--is centered in the learner (Boyle, 1981).

(8)   Adult   learning   is   <u>proactive</u>   versus   reactive;

        <u>participative</u>   versus   passive/receptive;   <u>indepen-</u>

        <u>dent</u>   and   <u>interdependent</u>   versus   dependent   (Tough,

        1971).

(9)   Whereas   the   conventional   pedagogical   model   is   a

        content   model   (or   design)   concerned   with   trans-

        mittal   of   knowledge,   <u>the   andragogical   model   is   a</u>

        <u>process   model</u>   concerned   with   the   attainment   of

        the   individual's   goals   through   mutual   and

        participative   planning   (Knowles,   1973).

        Significant   as   they   are,   the   underlying   theore-

tical   and   practical   considerations   of   andragogy   appear   at

first   glance   to   be   overly   obvious.   Translated   into   the

social   work   sphere,   self-directedness   is   synonymous   to

self-determination,   a   basic   right   of   the   individual.   The

andragogical   concepts   of   a   supportive   environment,   locus   of

responsibility,   participative   planning,   determination   of

individual   goals,   and   experience   as   a   rich   resource   "fit"

with   ideological   values   and   purposes   of   social   work.

        In   this   respect   the   social   worker,   by   adopting

the   role   of   adult   educator,   can   mentally   embrace   the

philosophical   principles.   However,   based   on   the   prac-

titioner's own background experience of <u>pedagogical</u> education, the initial attempt of utilizing adult education principles presented a form of "culture shock". This revelation became poignantly and painfully evident to the writer as the practicum evolved, and resulted in a re-evaluation of the worker's stance (practice, values, and attitude) to education as a whole. The insight experienced by the writer is best expressed by Brundage and Mack-eracher's (1980) statement on "learning how to learn", namely:

> "The basic components of learning how to learn appear to be the individual learner's being able to accept respon-sibility for relying on himself to function as an internal change agent. ('I am changing me'), rather than relying exclusively on the change agent who is perceived to be external ('They are changing me'), and the individual learner's being able to conceptualize his own learning process." (Brundage and Mackeracher, 1980, p. 16)

In the same vein, the writer agrees with Knowles (1970) that most adults come to adult learning with a set of assumptions and values, background experience, and expectations that are embedded in pedagogical conditioning over years. They are indoctrinated to accept dependency and to relinquish control to teachers in deference to self-

responsibility and self-directiveness.   In essence, this

presents a   challenge to the social work educator, not only

in coming to terms with the   shifting educational orienta-

tion personally and professionally,   but also in preparing

adult learners in "learning how to learn" andragogically

(Knowles, 1973).

LEARNING AS CHANGE

Learning has   been variously described as a

process of transformation (Dewey,   1977), self-renewal, and

as a   process of discovery and adventure. The most widely

accepted definition of learning is acquiring new patterns

of behaviour through experience (behaviour in this defini-

tion includes ways of thinking, feeling, and acting)

(Boyle, 1981, p. 48). A common interweaving thread in the

literature is the conception of learning as involving

dynamic change, both planned and unplanned (Boyle, 1981, p.

39) and growth in the individual self and/or her/his

behaviour.

In reference to the latter point, Skinner (1968)

maintains that "learning is a process by which behaviour is

changed, shaped or controlled" (p. 12). This behaviourist

view "assumes that a person is a reactive creature who

changes primarily as a result of changes in the environment" (Boyle, 1981, p. 25).

Carl Rogers' (1969) dynamic trend of thought, based in humanistic psychology, carried the trend of growth to a deeper self-realization level--to a process of becoming. The locus of change, in his mind, resides within the individual. Self-learning, specifically through experiential learning, has a quality of personal involvement: it is self-initiated; pervasive (to the point of making a difference in personality); evaluated by the learner and its essence is personal meaning. Rogers (1969) also believes the individual has an ability to adapt and grow in a direction that enhances the person's development and existence. The end result is "change through new insight" (Boyle, 1981, p. 209).

Maslow (1972) conceived the goal of learning to be self-actualization--man's prime motivation in achieving one's fullest potential. Man's striving for "wholeness of self and uniqueness of self" (pp. 44-45) is essentially growth in self-identity. Similarly, Allan Tough (1976) defines learning as an "effort to change" (p. 145) personally. Interestingly, he focuses on pleasure and self-

esteem as motivating components in the individual's pursuit of personal change.

Boyle (1981) conceptualizes the direction and amount of change along a growth continuum as being influenced by four factors: teaching, learning, the affective aspect of teaching/learning, and the life space of the individual. He challenges the idea that knowledge (learning) equals behaviour change, arguing instead that "learning does not necessarily change behaviour but it does change the potential for behaviour" (Boyle, 1981, p. 20). Although knowledge by itself may change behaviour, the use of knowledge as a tool to problem solve (Apps, 1973) can ultimately bring change to fruition.

Giving an alternative interpretation, Houle (1972) suggests that:

> "desired change may equally as well be directed toward the strengthening of conservative or reactionary values."
> (p. 20)

While it is not the intent of the writer to elaborate on the multi-faceted and complex components of change, it is suffice to say that "education is interven-

tionist by nature, that is, it is undertaken to bring about change" (Peterson in Lumsden, 1985, p. 20) and positive growth of cognitive, affective, psychomotor, and personal dimensions. In the final analysis, the process of planned change characteristic of education is a common goal shared with social work theory, value, and purpose.

THE ADULT LEARNER

1.   How Adults Learn

        Several key and critical assumptions about adult learners constitute the foundation stones of modern adult learning theory and are premised from the context of the maturation process. These are:

    1.1   Changes in Self-Concept

        As the adult learns, her/his self-concept moves from total dependence in childhood to increasing independence and autonomy in adulthood. When identity formation issues have been resolved, adults tend to psychologically identify with and perceive themselves in the adult role. Any contradiction of the adult's perception, need, and

capacity of self as self-directed, responsible, and unique,
is counter-indicated in an adult education experience.

Brundage and Mackeracher (1980) make a sig-
nificant observation with reference to the function of
self-concept in learning:

> "Adults are more concerned with whether
> they are changing in the direction of
> their own idealized self-concept than
> with whether they are meeting objec-
> tives established by others." (p. 24)

Undoubtedly, adults learn best when they are
involved in developing learning objectives for themselves
that are congruent with their current and idealized self-
concept.

1.2 Role of Experience

The accumulation of unique and individual
experience, both in volume and kind, provides a rich
resource for learning and a broadening base from which new
and meaningful learning can be related.

From an educational perspective, this assumption
predicates the sound importance of the utilization of

experience of the learner. However, Knowles (1973) introduces a psychological basis for attending to experience in the following excerpt:

> "As (the child) matures, he increasingly defines who he is by his experience. To a child, experience is something that happens to him; to an adult, his experience is who he is. So in any situation in which an adult's experience is being devalued or ignored, the adult perceives this as not rejecting just his experience, but rejecting him as a person. Andragogues convey their respect for people by making use of their experience as a resource for learning." (p. 76)

1.3 Orientation to Learning

Adults tend to have a problem- or life-centered orientation to learning versus a subject-centered orientation typical of "conventional" education. Essentially:

> "The adult wants to apply tomorrow what she/he has learned today; so her/his perspective is one of immediacy of application." (Knowles, 1973, p. 58)

Therefore, adults engage in learning in order to cope with or improve their capacities in mastering current life situations or problems.

Flowing from these assumptions, Knowles (1970) suggests that adult educators focus on the person (the learner); on problem areas not subjects; and on the starting point for learning experience as concerns of the participants.

A parallel concept of "starting from where the person is" best describes this concept to the social worker in the role of adult educator. Additionally, this approach has implications for the following and last assumption of andragogy.

1.4 Readiness to Learn

As adults mature, their readiness to learn depends less on biological development than academic performance and more on their needs to achieve developmental tasks required for the performance of evolving social roles.

Robert Havighurst (1961), a renowned pioneer in this field, divided adulthood into three developmental phases--early adulthood, middle-age and late maturity. He identified ten social roles of adulthood: worker, mate, parent, homemaker, son or daughter of aging parents,

citizen, friend, organization member, religious affiliate, and user of leisure. The writer speculates that Havighurst (1961) might have equated the social role of "volunteer" with worker, citizen, organization member, or user of leisure. In the event that this was not the case, the writer would suggest that the role of volunteer be incorporated as the eleventh social role in the categorization.

In mastering the ever changing and evolving tasks of both social roles and developmental phases, the adult learner, in a state of disequilibrium and transition, undergoes changing readiness to learn. The timing of learning coinciding with social developmental tasks captures what is commonly known in educational circles as the "teachable moment".

"The Teachable Moment"

Diverging somewhat but in direct reference to what appears to be an elusive concept, that of the "teachable moment", the writer conceptualizes this phenomena visually in Figure 1. Adopted in part from a diagrammatical conceptualization of transgenerational and life cycle stressors (Carter and McGolderick, 1980), the illustrated model has embryonic relevance for adult education theory.

"THE TEACHABLE MOMENT": A MODEL

NEEDS AND INTERESTS ⎡MOTIVATION, ASPIRATIONS: PERSONAL/SOCIAL/⎤ (Kidd 1973;
⎣PROFESSIONAL/EDUCATIONAL   ⎦   Knowles 1973)

VALUES, ATTITUDES, ⎡ABOUT LEARNING⎤   (Boyle 1981;
BELIEFS   McClusky 1970)

SELF-CONCEPT   ⎡NEED TO LEARN, SELF SEEN AS LIFE-LONG LEARNER⎤ (Knowles 1970;
                                                                     Brundage and
                                                                     Mackeracher 1980)

BACKGROUND EXPERIENCE   (Knowles 1970)

PREVIOUS EDUCATION   (Knox et al 1980;
                                                              Wedemeyer 1983)

LEARNING STYLE   ⎡CONGRUENT WITH LEARNING EXPERIENCE⎤   (Meierhenry 1983)

PERSONALITY   ⎡MATURITY⎤   (Wedemeyer 1983)

SUPPORTIVE   ⎡FAMILY, FRIENDS, EMPLOYEE⎤   (Bock 1980)
STRUCTURES

EDUCATIVE ENVIRONMENT

ADULT EDUCATOR   ⎡EDUCATIONAL PHILOSOPHY; VALUES, ATTITUDES, BELIEFS;⎤ (Boyle 1981;
                    ⎢EXPERIENCE; TRAINING; PERSONALITY; INTERESTS;   ⎥   Grotelueschen
                    ⎣JUDGEMENT, SKILL, STYLE   ⎦   1976)

ORGANIZATION   ⎡PHYSICAL, SOCIAL, PSYCHOLOGICAL, CULTURAL, ETHNIC,⎤ (Boyle 1981;
SOCIETY   ⎢ECONOMIC, POLITICAL, ENVIRONMENTAL   ⎥   Knowles 1973)
                    ⎢ADMINISTRATIVE, TRADITIONAL, HISTORICAL FORCES   ⎥
LEARNER   ⎢FORMAL/INFORMAL POWER STRUCTURES   ⎥
                    ⎣POTENTIAL FOR CHANGE   ⎦

T I M E →

LEARNING EXPERIENCES   DEVELOPMENTAL   ⎡LIFE CYCLE⎤   (
. QUALITY, AMOUNT, DESIGN,   ⎣TRANSITIONS⎦ (Havinghurst 1961)
  ORGANIZATION, TIMING   SOCIAL ROLES   (
  (CHARLES 1983)
. PERSON AND LIFE-CENTRED   SITUATIONAL FACTORS ⎡ILLNESS⎤ (Carter & McGolderick 1980)
  (KNOWLES 1970)

Diagrammatical Outline adapted from Carter and McGolderick (1980)

62 Figure 1

On the horizontal axis, the learner, moving through time and maturational stages, is coping with the transitions of developmental phases and evolving social roles.

Along the horizontal axis, the adult learner brings to the learning experience those specific conditions characteristic of the learner (always subject to dynamic change) and delineated along the vertical axis. Variables cited in the literature--needs and interests (motivation, goals); values and beliefs about learning; self-concept (need to learn); background experience; and previous education and learning styles (congruent with the learning experience)--determine readiness to learn. The point where the horizontal and vertical axes intersect represents the "teachable moment"--the systems dependent fit between learner characteristics and the conditions specific to the quality and effectiveness of the educative environment of which the adult educator, the organization, and society are a part.

Thus, while the timing of learning in concert with social developmental tasks is important in attaining the "teachable moment", the writer found this a useful adjunctive tool for the practicum.

2.   Motivations and Needs of Adult Learners

Referring back to the observation cited previous-
ly in Chapter II, the writer concluded that the motivations
internal to volunteers were multi-dimensional and over-
lapping in range.   Motives based on altruism (benefit to
others) and self-actualization (benefit to self) were
summarized.

A further examination of motivation in learning--
"drive for reduction of unmet needs or drive for positive
growth" (Brundage and Mackeracher,   1980, p. 37)--provides
collaborative insight into the needs of volunteers as
learners. Houle's (1961) important investigation into why
adults engage in continuing education sheds light on how
they learn.   His noteworthy contribution to theory iden-
tified three types of learners:

(1) Goal oriented learners who use a variety of
     educational settings and methods for accomplish-
     ing fairly clear-cut objectives.

(2) Activity oriented learners, namely, course takers
     and group joiners, who find in the circumstances
     of learning, little or no connection with the

content or announced purpose of the activity. Like the interdependent individuals (Schindler-Rainman and Lippitt, 1971) described earlier, this group values social contact based on the amount and kind of human relationships the learning situation would yield.

(3)   The <u>learning oriented learners</u>, who seek knowledge for its own sake and make choices and decisions in life (career, travel, leisure) based on the educational potential for growth.

Interestingly, although no learner group is a pure type, the emphasis of each sub-group is clearly discernable (Houle, 1961).

Refined and subsequent research by Morstain and Smart (1974) documented six classifications of learner motivations:

"(1)   <u>social relationships</u> reflect a desire to interact with other people, make new friends, and participate in group activities;

(2) external expectations are pressures from other
     people or institutions to participate in educa-
     tional activities;

(3) social welfare reflects an altruistic wish to be
     involved in bettering the community, the plight
     of others or humanity, and the desire to be
     prepared by education to serve others;

(4) professional advancement is related to improving
     one's occupational performance and status;

(5) escape or stimulation suggests that people
     participate in educational activities to escape
     from routine, boring, or frustrating situations,
     and to find some intellectual stimulation and
     enrichment; and

(6) cognitive interests reflect a desire for knowl-
     edge for its sake and the feeling that learning
     is enjoyable and intrinsically worthwhile." (Mor-
     stain and Smart, 1974, cited in Merriam and
     Lumsden, 1985, p. 62)

While not differentiated as such, these studies infer motivational elements of pleasure and self-esteem proposed by Tough (1961) and self-actualization theorized by Maslow (1970). Two paradigms, not reflected in the foregoing categories of motivation, include the need to meet social developmental life tasks (Havighurst, 1961) discussed earlier and Moody's (1976) theory regarding transcendence or avoidance of the fundamental life task of old age. Whereas studies correlating motivational factors with age, sex, or socioeconomic status have proven inconclusive, one underlying theme predominates:

> "Adults of all ages appear to have mixed motives for participating in educational activities." (Darkenwald and Merriam, 1982 in Lumsden, 1985, p. 62)

Roby Kidd (1973) maintains that adult learners have both educational and "non-educational" motives; (for example, in reference to the latter, belonging to a cohesive social group) that affect the amount of growth or educational change. As a consequence, these unanticipated needs are neither considered nor valued in program planning and evaluation. This practicum, in part, attempts to address both.

What follows logically (though not always practically) from the foregoing considerations is an educational design that allows pluralistic provision for learners' motivational needs.

3.   Learning Styles

Although many theories on learning styles ("ways of changing methods, values, skills and strategies" (Brundage and Mackeracher, 1980, p. 45)) proliferate, the writer has found that Kolb's (1976) well-known learning cycle was useful in formulating an educational approach. Basically, Kolb concludes that learners perceive information along a continuum from concrete to abstract. Concrete learners sense and feel their way to knowledge; abstract learners use thought to perceive knowledge. The cycle is used firstly for identifying the progression from a concrete experience through observation and reflection to the formation of abstract concepts and generalization to testing of implications of concepts in these situations.

When the continuum dimensions of concrete to abstract and the continuum dimensions of reflection-observation to testing/doing are juxtaposed, four learning styles emerge as follows:

Type 1: reflective/sensor feelers (perceive con-
         cretely and process reflectively);

Type 2: reflective thinkers (perceive intellectually
         and process reflectively by watching);

Type 3: thinking/doers (perceive with the intellect
         and process by testing and doing); and

Type 4: doers (perceive concretely and process
         actively by doing).

Meierhenry (1983) speculates that more adult
learners fall into Types 3 and 4; they prefer to be active
learners and they perceive with the intellect concretely.

Witkin (1977) and Meierhenry (1983) classify
learners into two cognitive styles (ways of organizing
experiences into meanings, values, skills, and strategies):
the learner dependent who requires structuring of educa-
tional materials, and the learner independent who intui-
tively develops structures and categories into materials
(even if it is not included in them). Meierhenry (1983)
suggests that field dependents view things more holisti-
cally, are gregarious, and people-oriented. This group

benefits from small discussion groups and face-to-face kinds of learning where sharing of experience dominates. Field independents thrive on abstractions, parts as well as whole, and are not highly people-oriented.

Sperry's (1973) work on hemispheric specialization also led Meierhenry (1983) to speculate on the utilization of both verbal and visual materials in a linear and holistic manner.

However, as generally is the case, a variety of learning styles can be found in adult educational programs. Therefore, a range of materials and activities--concrete and abstract, verbal and visual--and opportunities for reflection, observation, testing, and doing would be appropriate strategies in planning a learning experience. Consideration should also be given to activities that are both individual and group oriented to accommodate preferred modes of learning.

Insofar as this information is useful for planning, it is perhaps significant to understand that learning styles and cognitive styles are theoretically value-neutral--there is no one best way to learn, and that overall, adults with various styles manage to learn quite

productively given the opportunity of "balanced" learning situations.

4.   Older Learners

While it can be assumed that volunteers will be adult learners, it was not always apparent to this educator that a significant percentage of learners in the practicum (50% were over 50 years of age) would comprise "older learners". This distinction, as important as it is, was not fully appreciated by the writer until the practicum was fully operational. Had the student been fully cognizant of the relevance of physiological and psychological changes and social developmental needs of the older learner, the design of specific educational strategies might have undergone preliminary modification.   These modifications will be discussed subsequently in Chapter V.

The underlying principles of educational geron-tology or geragogy, as it is sometimes called, lay claim to a specialized study and practice in adult education and address the factors hereto aforementioned.   It is not the intent of the writer to conduct an indepth review, rather to concisely present theoretical and practical implications as they apply to the education of older learners.

4.1   Educational Considerations

The philosophy of educational gerontology is to:

"prevent premature decline, to facili-
tate meaningful roles, and encourage
psychological   growth." (Peterson in
Lumsden, 1985, p. 3)

Its purpose, both remedial and preventative, is
to improve and enhance the quality of life; its outcome
reflects the social value of education (Peterson, 1976;
Midwinter, 1982).   Education at the later stages of life
(coinciding with awareness of death) differs qualitatively
in time perspective from education for young or mid-life
learners. The thrust of teleological (goal directed) and
future oriented justification of andragogy differs sig-
nificantly from the adaptive, integrative quality of
geragogy.   Midwinter's (1982) theory of geragogy stresses
the means rather than the ends; the sole purpose is self-
esteem and satisfaction gained by individuals in the
realization of their "best self". Lastly, learning in the
later stage of life may be perceived by the learner for its
own sake entirely--learning perhaps in the purest sense.

4.2 Motivational Considerations

Do the motivational needs of older learners differ from the adult learner? Upon reflecting on the needs of volunteers and adult learners outlined earlier, it would generally appear not. Although Midwinter (1982) emphasizes that education at this stage is entirely for its own sake, devoid of career-, income-, and self-seeking ambitions, the motivational elements of gratification and realization of "best self" predominates. Cross et al. (1975) found gaining new knowledge, job advancement possibilities, becoming a happier person, and meeting new people (i.e., social interaction) were important. McLaughlin (1971) established that older adult participation and course planning did not affect achievement but did improve attitudes about the learning experience.

McClusky (1974) outlines the following motives for learning in older participants: coping needs, that is, acquiring skills for functioning in society (e.g., family relationships); expressive needs arising out of enjoyment inherent to learning; contributive needs in order to give or be of service to others; influence needs exerting influence and becoming an agent of social change; and transcendence needs or achieving a sense of fulfillment and

rising above the limitations of declining physical powers (McClusky, 1974 in Lumsden, 1985). It is this last point that presents the most obvious contradiction for the older learner.

4.3 Social Developmental Considerations

While striving for self-fulfillment, the older learner undoubtedly faces societal myths and stereotypes of aging--a pathological distortion of physical and mental decline. The self-fulfilling prophecy inherent to the stigma of aging undermines confidence and self-esteem and induces a role of dependency and learned helplessness (Kuypers and Bengtson, 1973). This social phenomenon, combined with a mind set of an association of education with the young, instills a sense of double failure and incapacitates learning. The fallacies of aging and learning (embraced by young and old) are mutually rein-forcing, triggering a negative spiral effect that culminates in anxiety and decreased intellectual functioning in the older learner (Midwinter, 1982; Merriam and Lumsden, 1985).

The educator is thus faced with the following challenges: persuading the older learners to reverse their

views and perceptions (Hayslip and Kennelly, 1985) of themselves; instilling confidence for intermediate success; and building on their possibilities and potential while sensitively presenting the reality of the aging stigma perpetuated in society. A final note: to be truly effective in influencing change, it is essential that the educator be cognizant of her/his own culturally imposed attitudes to aging to offset detrimental effects on the learner/educator relationship.

Havighurst's (1976) tasks of old age--adjusting to decreasing physical strengths and health; adjusting to retirement and reduced income; adjusting to the death of one's spouse; establishing an explicit affiliation with one's age group; adopting and adapting social roles in a flexible way; and establishing satisfactory physical living arrangements--represent an educational opportunity for the preparation for later life. Older learners are interested in understanding and solving developmental problems (L. M. Gentile et al., 1985).

Anticipatory knowledge of what is to come in aging might "prevent later crisis, or at least prepare people better to deal with related events" (Merriam and Lumsden, 1985, p. 61).

Thorson (1978) maintains that there are several interrelated learning tasks that also confront older people. These are adapting to change, continuing to grow, perpetuating the culture, putting one's life into perspective, finding self-acceptance, remaining integrated in society, and maintaining control and avoiding helplessness.

The evolving social role of the volunteer found at this development stage takes on special significance. For the retired person, the loss of status and identity associated with employment (Midwinter, 1982) may be compensated for by a shift to the career of volunteerism. Whereas retirement may represent society's rejection of older people's contributions, a transition into a "volunteer job" can reaffirm one's identity as a productive citizen, worker, and helper in the community and, simultaneously, affords an opportunity to strengthen one's own social support system. As was noted earlier, education can recognize the value of social contributions and foster the application of acquired skills to reinforce this role.

4.4 Physiological Considerations

Many studies concerning the physiological decline of the senses in normal aging do not adequately address the

implications for learning. Nevertheless, a basic under-standing of physiological changes warrants the attention of the adult educator. It has been the writer's experience that anything less is detrimental to the effective planning and implementation of learning activities for the older learner.

Charles (1983), a proponent of effective learning materials, affirms that aging is accompanied by changes in sensory and motor functioning and cognitive processing that have implications for dealing with the physical and intellectual environment. He examines four areas of concern in relation to capacity to learn: receiving information, processing information, responding, and non-cognitive factors.

With respect to receiving information, vision and hearing would appear to be most obvious concerns in the educative environment. Reduced visual efficiency manifests itself in diminished acuity (precision or clarity); presbyopia (farsightedness); light sensitivity; stereopsis (depth perception); dark adaptation (slower response); and colour vision (increasing confusion in the blue/green range). What follows logically from these observations are simple physical modifications in the educational setting

and the materials utilized. This includes the use of clearly read and printed or projected material geared at eye level; higher and constant levels of illumination; glare-free materials; discretionary use of models and simulations; and realistic expectations as to colour differentiation (McFarland, 1968).

The diminished capacity to hear and process transmitted communication is influenced by presbycusis--an inability to hear higher sound frequencies and speech perception which is exacerbated in surroundings charac- terized by masked sound and background noise. Compensatory educational and environmental considerations include: a quiet setting; a clear but moderate volume in presentation; a slower rate of speech; repetition as necessary (especial- ly with prerecorded materials, e.g., films or tapes); and continual feedback and probing as to reception and com- prehension of education. Additional supportive one-to-one instruction may be warranted and should be freely extended.

With regard to the second area of concern, processing information--a complex procedure of utilizing information or stimulation that has been received--requires more time with increasing age. Charles (1983) suggests modifications to content; reducing verbal information by

simplifying content while retaining meaning; presenting a sequential flow of information with a focus on one aspect at a time; the framing of tasks in concrete rather than abstract form (but in consideration of learning style, prior education and experience); and generally refraining from introducing irrelevant, extraneous, and redundant material.

A related effect of information and stimulus overload is _fatigue_, a factor that can be counteracted by a variation of format; spacing of techniques; progression of tasks; timing; tuning into sessions; organizational cues; assessment of learning rhythms and, most obviously, _provision for frequent breaks_.

The importance of _pacing_, particularly self-pacing, reiterated time and time again in the literature, is, in the writer's experience, of paramount importance. This became poignantly evident in the evaluation process. The writer's request for evaluation before completion was countered by the older learners' appeals for substantially more time (the week between sessions to fulfill the task at hand). Whereas this phenomenon can be attributed to a need for self-pacing (free from time constraints) it also reflects, in the writer's opinion, a conscientious respon-

sibility on the part of the learner not only to complete the task but also to complete it well.

Charles (1983) likely would conclude that the widespread trait of cautiousness--erring on the side of nonresponse for fear of responding incorrectly--typical of older learners, is accountable. Another related reason may be the stress and anxiety associated with tests (Okun, 1980) which is alleviated by the time extension found in self-pacing.

A third area of concern, progressive slowing in response, which occurs as a result of an inevitable physiological change in the central nervous system, appears to affect decision-making. Attempts to reduce newness of any required response (through individual practice or by modifying response) will increase speed and quality of learner response. Materials such as worksheets, guides, and check lists ameliorate this effect.

The changes just described apply to the normal healthy late middle-aged adult (for our purposes, 50 years and over) and do not take into account the impact of physical and psychological illness with its inherent disorders. Each such condition poses special obstacles

that impinge upon learning. Provision for special needs
and circumstances must be considered on an individual by-
task-by situation basis.

The fourth area of concern, noncognitive factors,
includes cohort-related variables of past experience, life
style, culture, occupation, health and vigour, and general
personality traits.

A discussion of these multiple variables is
beyond this writer's intent but worthy nonetheless of
consideration in planning, designing, and implementing
learning experiences.

Insofar as the study of educational gerontology
presents global factors that delineate the "older learner"
from the "adult learner", the bottom line is that the older
person functions as a unified whole. A dynamic interaction
of complex physical, intellectual, social, developmental,
emotional, and environmental factors results in the forma-
tion of a unique learning personality (Lampner, 1985).
Theoretical considerations provide a context for learning
only; respect and recognition for individuality must
predominate to facilitate the fit between the person in
older age and the educative environment.

In summary, then, the starting point for education of the elderly is not their deficiencies, but their present capabilities, learning styles, and accumulated knowledge and experience.

5. The Adult Educator

The critical element in any adult education program is the learning/teaching transaction--the <u>interaction between learner and the educative environment</u> of which the educator is an integral and influencing part. Although a positive correlation between learning and teaching appears unsubstantiated in the literature, the argument that behaviour is a function of the interaction between person and environment (Lewin, 1951) lends credibility to this stance. Brundage and Mackeracher (1980) include important environmental components in the educative transaction such as learning resources, physical setting, etc. What is known is that the quality and amount of learning is clearly influenced by the quality of this interactive process. The critical function of the educator, therefore, is to create a rich environment from which learners can extract learning and then guide their interaction with it, to maximize their learning (Knowles, 1970).

At face value, foundational principles described do not fully reflect the complexity of the adult education process and the pivotal role of the adult educator. It is in reference to the latter that the writer now turns her attention.

It has been the writer's observation, and this is substantiated in the literature, that the andragogical model calls for a number of characteristics: <u>values</u>, attitudes, and beliefs; basic competencies (role-specific <u>skills</u>); personal attributes; and identifiable functions in the adult educator. Other authors identify, in the same line of thinking, the educator's <u>personal style and behaviour</u> (Brundage and Mackeracher, 1980; Gordon, 1955; Knowles 1970) toward the learners as being important.

5.1   Values, Attitudes, and Beliefs

The values, attitudes, and beliefs that the educator brings to the learning experience determine the quality of the educator/learning interaction. Thomas Gordon (1955), writing on group learning, stresses two closely related and inseparable values of the group centred educator as: respect for the <u>uniqueness of the person</u> and faith in the positive <u>quality of man's basic nature</u>. The

educator adopts, as her/his working hypothesis, the philosophy that "the individual has a vast store of untapped potential for positive, constructive, intelligent, and mature behaviour" (Gordon, 1955 in Tight, 1983, p. 218). A parallel premise propounded by Hostler (1981) is the adult educator's belief in the human being's innate capacity for change and learning in a self-directed way.

An important aspect of group education, in Gordon's (1955) eyes, is the attitude of the educator with respect to listening with understanding (Rogers, 1969) so that change can be facilitated in the speaker (the learner) in an indirect way. In addition to creating a nonthreatening group atmosphere conducive to creative participation by the members, this approach also enhances communication so that individual contributions will be effectively utilized by the group.

Put another way, the faith and ability of individuals to learn for themselves what they want to learn is based, according to Knowles (1970), in the "theological foundation" of adult education. The writer perceives this as a belief in the value of human competency; Boyle (1981) would see this as human choice. Additionally, in embracing this philosophy, the adult educator perceives the locus of

responsibility in the learner. Individually and independently, the learner has a personal responsibility for learning as well as the quantity and quality of that learning. Collectively, in the group setting, <u>the individual not only has the personal responsibility to learn but also to help group members learn</u>. Interdependently then, this means that the "learners enrich the world of each other" (Boyle, 1981, p. 25). While not particularly revolutionary, these underlying principles, among others, should strike familiar cords among social workers trained in group work.

Boyle (1981) contends that <u>value orientation</u> strongly affects the role of the educator programmer. If, for example, the educator believes that people are capable of making decisions and taking control of their lives, she/he is likely to utilize roles and behaviour that encourage participation. Finally, the adult educator considers status differential as negligible, sees herself/himself as a collaborator versus an expert, and a co-learner and equal partner in mutual and reciprocal inquiry with the group.

5.2 Roles

While responsibility for learning lies with the learner, the adult educator throughout the educational process takes responsibility as an analyst in assessing learning goals; as a strategist in planning conjointly and participatively with the learner an educative environment conducive to accomplishing the desired results; as a facilitator of the learner's search for understanding; and as an evaluator of learning goals attained. With respect to the above, the adult educator is viewed as a change agent who "uses expertise and skill in human interaction to bring about the desired change by entering into a helping relationship" (Houle, 1972, p. 18); as an enabler and encourager in helping people learn (Boyle, 1981); as a support person who provides social reinforcement (Houle, 1972); and as a guide, consultant, and resource person. The analogy of the educative process as a journey or trip, as a work of art, has prompted other writers to see the educator as a travel agent (Holt, 1971 cited in Greene, 1984), as a creative artist, (Knowles, 1970) and as an architect (Houle, 1972).

Brundage & Mackeracher (1980) suggest three basic modes of educating and directing (training, collaboration,

and facilitating) as unique, individual functions utilized by educators in varying combinations and in response to different situations. Because no one mode serves all purposes, but are valid all the same, the educator approaches each learning context with flexibility and responsiveness, taking into consideration learning style and needs, setting and content (Brundage and Mackeracher, 1980), and changing readiness in the learners.

Although Hutton (1978) agrees that adult educators adopt the facilitator mode proposed by Knowles (1970), she suggests, in reference to Cytrabaum and Mann (1969), that other stylistic strategies and roles incorporated by educators--teacher as expert, teacher as authority, teacher as socializing agent, teacher as facilitator, and teacher as person--have relevance.

A less documented role, but important all the same, is the adult educator as counsellor. Schmidt and Piggrem (1985) delineated categories of counselling in relation to support (in the face of social/psychological loss; career, transition and environmental stressors); planning (coping with change); education and guidance (regarding capabilities). Although their work centred on

the older learner, their theory has equal applicability to adult learners.

5.3   Personal Attributes

Hutton's (1978) reference to the educator as a person speaks to the importance of specific characteristics that   determine   the   quality   of   social   reinforcement of learning. Boyle (1981) points to the place of the emotional aspects of interpersonal relationships in learning. Boyle (1981), in reference to the affective aspects of the teaching/learning transactions, states the following:

> "All learning has an emotional counter-
> part;   and   this   counterpart   either
> facilitates, neutralizes   or   impedes
> learning." (p. 28)

So important are interpersonal relationships to the learner that when asked to appraise an educational activity, she/he will begin by expressing feelings about the educator or her/his fellow learners (Houle, 1972).

Correspondingly, one would expect then, that learning would be enhanced in a nonthreatening and informal environment where the adult educator is an accepting, em-

pathetic, nonjudgmental, authentic, and genuine person, who is capable of listening and communicating with understanding (Rogers, 1951) and risking reciprocal emotional and intellectual encounter. Unequivocally, it would be expected that the educator would engage in a mutual trusting relationship with the learner. Additionally, it would be expected that the educator would be nondefensive, unauthoritative, and able to relinquish control to the individual and group. On providing feedback and reinforcement through process, the educator must also "be able to value and be open to feedback about her/his own behaviour and performance" (accountability) (Brundage and Mackeracher, 1980, p. 71). These personal attributes reflect personal style.

The characteristics outlined here most aptly describe the facilitator, the role model adopted philosophically by the writer. Providing support, guidance, and encouragement to the individual and group development are behaviours best suited to this mode (Mackeracher, 1980).

5.4 Functions

Knowles (1970) distinguishes several levels of the adult educator role and provides similar but separate

foundational functions for the adult educator working with adult learners and directing, planning, and operating broad programs consisting of a variety of adult educational activities. Essentially, the former is concerned with micro designs; the latter with macro designs (Schindler-Rainman and Lippitt, 1971). The adult educator, involved both directly on a face-to-face basis and indirectly, or "behind the scenes", must deftly manage and integrate both dimensions in tandem, recognizing designs within designs, both specifically and globally, that make up the larger whole.

At the micro-level, the adult educator functions are:

"1. helping the learners diagnose their needs for particular learnings within the scope of the given situation (the diagnostic function);

2. planning with the learners a sequence of experiences that will produce the desired learnings (the planning function);

3. creating conditions that will cause the learners to want to learn (the motivational function);

4. selecting the most effective methods and techniques for producing the desired learnings (the methodological function);

5. providing the human and material
    resources necessary to produce the
    desired learnings (the <u>resource
    function</u>);

6. helping the learners measure the
    outcomes of the learning exper-
    iences (the <u>evaluative function</u>)."
    (Knowles, 1970, p. 22)

At the macro level, the programmer functions are focused on

program development:

"1. assessing the individual, institu-
    tional, and societal needs for
    adult learning relevant to their
    organizational settings (the
    <u>diagnostic function</u>);

2. establishing and managing an
    organizational structure for the
    effective development and opera-
    tion of an adult-education program
    (the <u>organization function</u>);

3. formulating objectives to meet the
    assessed needs and designing a
    program of activities to achieve
    these objectives (the <u>planning
    function</u>);

4. instituting and supervising those
    procedures required for the effec-
    tive operation of a program,
    including recruiting and training
    leaders and teachers, managing
    facilities and administrative
    processes, recruiting students,
    financing, and interpreting (the
    <u>administrative and training func-
    tion</u>);

5. assessing the effectiveness of the
    program (the <u>evaluative func-
    tion</u>)." (Knowles, 1970, p. 22)

Identifying the functions of the adult educator
provides a useful reference point for planning, implement-
ing, administering, and evaluating programs designed for
volunteer learners. It is to this area that the writer now
turns her attention.

Chapter IV

EDUCATIONAL PROGRAM DEVELOPMENT

INTRODUCTION

"A major educational program is an
effort to structure numerous and varied
educational opportunities to help
people better their lives by helping
them to change their present knowledge,
skills, attitudes or behaviour."
(Boyle, 1981, p. 184)

This statement reiterates the intent of the
writer to utilize an educative intervention to strengthen a
volunteer support system for the patient in extended health
care facilities. Previously, and at the onset of this
report, the writer outlined her personal stance that an
educative strategy cannot only influence and effect change
in knowledge, skills, and attitudes in its receivers (who
themselves become agents of change) but also provide a
milieu in which mutual support can be fostered. This led
to the belief that an educational support approach would be
feasible.

Boyle (1981, p. 34) contends that the educator's
values and attitudes evolving out of personal and philoso-
phical orientation and theoretical orientation clearly

influence the decisions and actions taken in educational program development. There is a distinction between personal and philosophical stance and theoretical analytical tools for understanding or conceptualizing educational programs. Whereas the former deals with "what should be", the latter deals with "what is" and "why it is".

The previous examination of volunteers as support systems and adult learning theory has substantiated, in part, the writer's conception of "what should be". Further, the theoretical considerations identified in the literature construct for the writer a sense of reality consistent with her personal beliefs, closing the gap between what should be and what it is and why it is.

In the remaining literature review, the writer's intent is to build a philosophical and theoretical approach to educational program development for adult learners (in this context, volunteers) in order to formulate a working model for practice. In the first part of the chapter, basic premises of program development will be examined; in the second part, program development concepts, process, and procedures will be elaborated upon and explored in detail.

ASSUMPTIONS IN EDUCATIONAL PROGRAM DEVELOPMENT

In every program development situation, the educator programmer is confronted with certain "givens", pre-established conditions that are not readily changed and that identify its parameters (Greene, 1984). Collectively, these conditions, reflecting societal, institutional, learner, and educator needs, define the programming task. Other contingencies including program mandate, availability of resources, and setting, dictate further the surface realities of an educational program.

When the program development process is analyzed conceptually, the sequence of components at face value appears logical and linear. Essentially, analysis allows the programmer to make rational decisions based on a theoretical frame of reference. However, while the theoretical considerations provide guidelines for the practitioner, a rigid adherence to systematic program development denies in practice the situational approach expressed in the following underlying assumptions. The premises, extracted from various sources in the literature, translate into the "hidden realities" of program development and must be considered in analyzing the forces at work in the total planning picture. These assumptions are:

(1) "Each learning episode occurs in a specific
   situation or milieu and is profoundly influenced
   by that fact. The purposes, patterns and results
   of that learning are distinctively affected by
   the unique situation in which it occurs" (Houle,
   1972, p. 32). Parlett and Hamilton (1976)
   describe the learning milieu as a "network or
   nexus of cultural, social, institutional and
   psychological variables" (p. 145). Specifically,
   program development must consider the interaction
   of all factors including the learner's situation
   (needs, interests, developmental life tasks and
   roles, family or social group); the community;
   the institution that provides the program; the
   image of adult and continuing education; numerous
   administrative, occupational, and financial
   constraints; and social, ethical, and legal
   structures (Grotelueschen et al., 1976). Thus,
   it can be stated that the educational situation
   or climate is a predominant and impinging factor
   in developing education programs.

(2) Educational planning is a "complex process of
   interacting, interconnected elements, not a
   sequence of events" (Houle, 1972, p. 39).

Theoretical and rational analysis of programm planning dictates a logical, linear, and time-ordered sequence of events; practice does not always follow a rational and temporal course.

Invariably, program development is a series of choices or decision points which require a careful analysis of the circumstances in a complex situation. Analysis takes into consideration the needs of society; the organization, the learner, and the educator-programmer; the stance (values, attitudes, beliefs) of these components or actors; the conditions (both fixed and known at a point in time) and a selection among alternative courses of action (Houle, 1972; Hutton, 1984).

While compromise is predicted, the outcome of a program, in the end, depends upon the beliefs (beliefs about learner, adult education, and program development), judgment, and skill of the educator planner in making choices.

(3) The planning of educational activities must be

based on the realities of human experience and upon their constant change (Houle, 1972).

Program development, as a future-focused activity, has the major purpose of promoting change. An educational program plan provides structure and, to this extent, stability in the experience of change. In responding to human experience, change, and unforeseen and unanticipated contingencies, the planner must incorporate flexibility and adaptability in a developmental and emergent framework. Groteluesschen et al. (1976) call this process:

[a] "flexible rationale for action
which responds as new insights are
gained, opportunities arise or circum-
stances change." (p. 86)

In the final analysis, the abstractiveness of planning should be altered in the face of the concreteness of reality (Houle, 1972).

Paradoxically, program planning is evolutionary and, as such, is characterized by instability (Brundage and Mackeracher, 1980). In achieving

change, the learner and educator-programmer must risk experience and respond to uncertainty and contradiction (Brundage and Mackeracher, 1980, p. 43).

(4)   Planned change, expressed in goals, becomes the focus and basis of the development of educational programs; however, the educational outcomes may be expected or unexpected, predictable or unpredictable, known or unknown.

Clearly, the educator can plan educational strategies, collect resources, and define goals, content, and process. However, the educator "cannot plan how the learner will actually learn since this is controlled by the learner" (Brundage and Mackeracher, 1980, p. 76). From this frame of reference, goals and objectives are "an expression of the purposes of the program that guide the learner and the educator; they are not formal statements of that purpose" (Houle, 1972, p. 32).

(5)   Where planning can be shared collaboratively by learner and educator-programmer, "the potential

for productive and effective learning and a satisfying experience will increase" (Brundage and Mackeracher, 1980, p. 76).

Similarly, Houle (1972, p. 35) sees this process as co-operative, implying voluntary interaction among individuals during the learning experience. If viewed on a continuum, participatory planning, implicit in this definition, is at one extreme, complete sharing in decisions pertaining to the planning process. At the other extreme, the mere presence of the learner implies consent and collaboration.

(6) Educational programming can focus on content to be learned or process to be used. The former is usually subject-centered, highly structured in an individualized manner by the educator-programmer with limited involvement by the learner; the latter is problem or life-centered, responsive to individual learning styles and differences, with involvement of the learner in planning (Brundage and Mackeracher, 1980; Kidd, 1973; Tough, 1976).

(7) The educational planning process is the result of a "goals-to-means-to ends deliberation" (Grotelueschen et al., 1976, p. 86). Taken from this perspective, educational program development is reflective (Hutton, 1984); cyclical in nature (Brundage and Mackeracher, 1980); in a constant state of reformulation (Houle, 1972), adaptation (Schon, 1971), and "becoming" (Grotelueschen et al., 1976, p. 254). It is a medium for gathering baseline data which gives the program direction and sets up both ongoing and eventual evaluation. Throughout the process of planning, implementation, and evaluation, continuous formative evaluation (Scriven, 1967) in short planning cycles assesses effectiveness and need for adjustment; summative evaluation (Scriven, 1967), at the completion of the whole planning cycle (Ingalls, 1973; Weiss, 1972) assesses the need to modify, revise, or discontinue future programs. In accepting this assumption, the educator-programmer recognizes the place of quality and accountability in program development.

THEORETICAL FRAMEWORK FOR EDUCATIONAL PROGRAM DEVELOPMENT

Program development, by definition, is the art of planning, designing, administering, implementing, and evaluating a course of action to achieve an effective educational program (adapted in part from Boyle, 1981). Bennis suggests that human resources development used in the context of training is an "educational strategy adopted to bring about planned organizational change" (Bennis et al., 1969 in Boyle, 1981).

Perhaps the most noteworthy observation of program development is that, consistent with a review of the literature, it is a system, design, or format characterized by striking similarities across approaches. Terminology and time sequences may vary, however, the basic and essential theoretical foundations remain the same. Nevertheless, although the procedures are presented sequentially, actions involved in the process overlap, may occur simultaneously, or evolve in a different sequence at the various levels of the program development framework.

Based on the concept of program development proposed by Boyle (1981), the writer's program most closely approximates an integrated developmental/institutional

framework. Developmental, in this context, is defined as adaptational and reflective of social, environmental, and/or economic changes as a result of the planned program. An institutional framework, on the other hand, implies a more structured approach with a primary emphasis on "mastery of content and growth and improvement in individuals' basic abilities" (Boyle, 1981, p. 55).

With reference to the first approach, the overall outcome of achieving quality interpersonal relationships and mutual group support will reflect social and environmental changes; with regards to the second approach, the outcome will be defined by growth and improvement in cognitive knowledge, affective processes (attitudes) and skills through mastery of content (Boyle, 1981, p. 51).

Although the writer acknowledges that, when viewed separately, each framework cited can be conceptualized and defined by its particular parts, in a pragmatic sense, the parts can be interrelated and combined in a format unique to each situation (Boyle, 1981). Having specified underlying assumptions and a brief introduction to theory, the writer turns her attention to constructing a conceptual framework of program development that represents an operational model for practice for use in this prac-

ticum. The process, illustrated diagrammatically in Figure 2, is organized into six broad categories of responsibilities and functions of the educator-programmer.

Each category or phase will be examined with procedures clearly detailed at each stage. The process catagories are: planning, designing, administering, implementing, and evaluating. A final category, reporting and documentation, is designated in the framework as a logical extension of the program development model.

PROGRAM DEVELOPMENT PROCESS

1. Planning

1.1 Identification for the Basis of Programming

At the onset of any program undertaking, the philosophical basis for program development should be clearly identified and subsequently translated into a working philosophy (Boyle, 1981). In this report, both theory and the writer's personal beliefs about volunteers (as social support systems) and adult learning (in relation to the learner and the educator) have contributed to an educational philosophy. At the beginning of this chapter

Figure 2

EDUCATIONAL PROGRAM DEVELOPMENT

PLANNING
- Identification of the Basis of Programming
- Establishing a Climate Conducive to Learning
- Involvement
- Assessment of Interests and Needs
- Formulating Program Objectives

DESIGNING
- Instructional Resources: Selection of Methods, Techniques, Devices
- Relationship of Learning Experiences
- Human Resources

ADMINISTERING
- Recruitment and Participation
- Marketing
- Educational Counselling
- Co-ordination

IMPLEMENTING

EVALUATING

Evaluation Planning
- Program Description
- Audience Identification
- Evaluation Issues
- Evaluation Design — Antecedent
                     — Program
                     — Impact
                     — Outcome
- Data Collection
- Interpretation and Analysis of Results

DOCUMENTING and REPORTING

Adapted in part from
Houle (1972); Boyle (1981)

several premises were presented in relation to the develop-
ment of adult educational programs, providing the underpin-
nings of a philosophical and theoretical approach to
program development.

1.2 Establishing a Climate Conducive to Learning

Earlier, the writer documented that learning
occurs in the context of an educative environment. There
are a number of determinants that influence and support the
quality of the learning environment or climate. Knowles
(1973), among others (Parlett and Hamilton, 1976), has
identified several dimensions of climate, namely: (a)
ecological (or physical), (b) social, (c) human and
interpersonal, and (d) organizational dimensions.

(a) Ecological Climate

In establishing the physical environment,
logistical considerations of comfort and convenience
(comfortable seating, lighting, temperature, ventilating,
good acoustics, writing materials, clarity of projected and
auditory materials, refreshments, parking, etc.) must
receive due attention so as to avoid distractions and
blocking of learning. Size and layout of the physical

space should be conducive to a variety of seating arrangements in order to facilitate a "sense of community", (Houle, 1972, p. 165) group interaction, (through social reinforcement) and feedback.

Another ecological dimension of the educative climate is the richness, clarity, and accessibility of resources--both human and material. More will be said about resource development in a later section.

(b) Social Climate

The social dimension of the learning climate is established long before the learner ever shows up. As well, it sets up expectations in the mind of the learner. Social climate is reflected in the preparatory and diagnostic activities preceding the actual learning opportunity-- promotion; pre-registration (pre-course information with overall philosophy); telephone contact; solicitation of opinions, needs, and interests; and other recruitment procedures.

Social climate is reflected in the sense of caring for the learner's comfort and is projected in the physical setting (described earlier).

The potent impact of the opening session has important implications in setting the climate for the entire activity. At this point, the educator tries to ensure that the learner feels that she/he is a unique individual (rather than a face in the crowd) who is respected and cared for. The way the learner is greeted (warm introductions, name tags, courtesy cues); the way she/he is oriented (informed of purpose and plan of learning activity); the way she/he is introduced ("ice-breakers"); and the way she/he is treated by the educator (accepting behaviour, positive attitude, mutuality of respect, and reduction of social distance, etc.) are viable strategies in creating a social climate conducive to learning (Knowles, 1970; Strachan, 1983).

(c) Human and Interpersonal Climate

The human and interpersonal dimensions of climate point to a number of concepts already identified in the chapter on adult learning and teaching. Knowles (1973) makes the following observations based on various theories. The personality theorists stress a "mentally healthful" climate (Waetjen and Leeter, 1966 cited in Knowles 1973, p. 112), one in which individual and cultural differences are respected, anxiety levels are appropriately controlled,

<u>achievement and affiliation motivations</u> are encouraged, and
<u>feelings are as relevant to learning as ideas and skills</u>.

Further, he notes that the humanistic psycholo-
gists stress a safe environment of mutual trust (Lippitt in
Boyle, 1981) that emphasizes collaboration versus competi-
tiveness, fostering of group loyalties, supportive inter-
personal relations, and interactive participation.

The cognitive theorists are concerned with
clearly defined goals and objectives; clarification of
expectations and opportunities; openness to inquiry; and
honest, objective feedback. Furthermore, the cognitive
approach of learning through discovery values experimenta-
tion (hypothesis-testing) and growth through risk and
mistakes.

Boyle (1981), in reference to this theory, would
suggest that change or growth is made possible through
risk. Thus, in a climate of mutual trust, the educator
would encourage learning something new and unknown by:
working to reduce fears; fostering the belief that change
is possible; clarifying the paradox (both positive and
negative) of change; and sustaining and supporting the

process of change through the <u>reinforcement of self-
confidence</u>.

On the other hand, the behaviorists view climate
as contributing to the reinforcement of desired behaviours,
especially in motivation and transfer or maintenance of
learning. Therefore, <u>reward</u> (both abstract and concrete)
would be highly approved of.

Interestingly, the andragogists embrace all the
concepts outlined in relation to learning, teaching, and
planning but additionally stress the importance of mutual-
ity, participation, and informality (Knowles, 1970).

Brundage and Mackeracher (1980, p. 84) take a
broader view of climate, suggesting that attention is
directed at the reduction of obstacles to learning by:
helping individuals solve personal problems related to
finances, emotional stress, work-family-education conflicts
(with respect to time and energy), and assisting learners
in gaining access to educative support systems and "<u>how to
learn</u>" <u>study skills</u> (Kidd, 1973; Knowles, 1973; Knox,
1980).

(d) <u>Organizational Climate</u>

The organizational climate, if viewed in an ecological way, has both an overt and covert impact on the learning environment. A critical view of the organizational landscape can ultimately predict the success or failure and most certainly the quality of program outcome. Given enough opposing forces, the educational program may suffer a "kiss of death" before it ever gets off the ground.

Harvey Weiner (1980), taking a humanistic approach to administration, identifies structural, financial, and interpersonal commitments to program development. Structurally, he sees staff development as integrated into on-going agency functions. Other authors (Marrow, Powers, Seashore, 1968; Katz and Kahn, 1966; and Likert, 1961 and 1967) propose horizontal and decentralized structural organization as opposed to vertical hierarchial structure in promoting effective learning environments.

Financially, a commitment to education can be found in budgetary allocations that support fee reimbursement, educational leave time, facilities, equipment, and materials. In addition, a <u>reward</u> or <u>incentives</u> system entailing promotion, fee waiver, letters of reference,

achievement awards, and special events demonstrates concrete recognition of educational programs.

To enhance interpersonal aspects within the organization, Weiner (1980) points to involvement of inter-organizational staff. This climate strategy not only promotes the achievement of <u>objectives in skills and knowledge</u>, but also <u>fosters improved communication</u>, <u>morale</u>, and <u>work group cohesion</u>.

Lastly, the policy framework of an organization will reflect on climate. Is the organizational philosophy and mission committed to the value of human resources development in organizational renewal and effectiveness? Is this further exemplified by responsiveness and adaptability to the development of self-renewal needs (personal learning needs)? Is this belief translated into policy statements and procedures? If so, these key components in conjunction with the other factors cited will work to ensure, overall, an organizational climate supportive of education.

Taken as a whole, establishing, building and maintaining climate conducive to learning is a very <u>essential and pivotal function</u> of the programmer. As a

priority, it is the foundation from which other changes are reached (Lippitt, 1958). Thus, an educative climate is constrained by neither time nor stage but rather is an on-going and overriding component in program development.

1.3 Involvement

The involvement of significant organizational personnel in program development is a less widely ac-knowledged concept in the literature. Boyle (1981), particularly, presents an argument for involvement as a way of gaining acceptance, legitimization, and credibility of the program; as a method of overcoming resistance to change (Coch, L. and French, J.R., 1968) and instilling a sense of ownership in individuals with vested interest in program control; and as a technique for decision making as it relates to situations, priority needs, and interests.

While it can be assumed that with an andragogical perspective learners would be involved in participative and mutual planning of educational programs, it is of paramount importance to involve influential organizational leaders, both formal and informal, to build a broad base of support for present and potential program expansion. Often overlooked are those individuals who are directly affected

by program outcomes such as clientele (patients) in receipt
of health and social services.

Meshing all of these factors poses a challenge
for the educator-programmer. In the end, the educator-
programmer must be guided by what she/he hopes to
accomplish (Boyle 1981).

1.4   Assessment of Interests and Needs for Learning

(a)   Need Defined

The concept of need is complex and a full
synthesis is beyond the scope of this report. However, due
to its significant implications for deciding upon potential
educational objectives (a key component in the writer's
practicum), some background information is in order. For
the purposes of this practicum, the writer found the
following definitions useful. Boyle (1981) states, "a need
is defined quite simply as the gap between what is (the
present state) and what could be the (desired state)" (p.
146). This appears similar to Knowles' description of need
as the "learner's perception of the discrepancy between
where he is now and where he wants to be" (Knowles, 1973,
p. 117).

Weiner's (1980) concept of need (derived from Kurt Lewin's (1972) field theory of motivation) establishes need as a state of tension or any deviation from equilibrium. Insofar as an individual strives both physiologically and psychologically for equilibrium, need prompts a tendency to equilibrium or the attainment of a balanced state by satisfying that need (Boyle, 1981; Lewin, 1951; Weiner, 1980).

White (1963), in the same vein, sees need as the individual's attempt to influence the new environment and become competent in it. The gap between prior environment and new environment is closed when competence (through learning) is achieved (Boyle, 1981).

A summary interpretation of the above theories is portrayed diagrammatically in Figure 3.

Knowles (1973) believes that biological needs (physical needs) and psychological needs (self-actualization and self-esteem needs, need for new experience) combined with needs for affection, belonging, and recognition, as motivational forces, must be considered in conjunction with educational needs. He describes educational need as:

Figure 3

A FRAMEWORK FOR NEEDS ASSESSMENT

EQUILIBRIUM

DESIRED LEVEL
OF COMPETENCY
(what should be)

> LEARNER

EDUCATIONAL
> GAP ──────→ NEED

PRESENT LEVEL
OF COMPETENCY
(what is)

DISEQUILIBRIUM
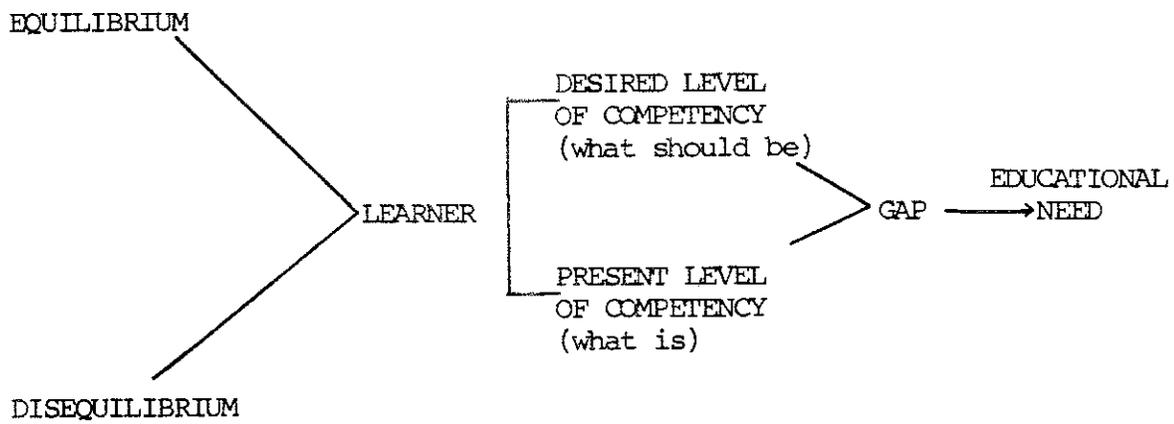
Adapted from Boyle (1981)

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"something a person ought to learn for
his own good, for the good of an
organization, or for the good of
society. It is the gap between his
present level of competencies and a
higher level required for effective
performance as defined by himself, his
organization, or his society."
(Knowles, 1973, p. 85)

Knowles (1973) makes a distinction between the
educational need expressed behaviourally as a want or a
desire and educational interest expressed as a preference.
He suggests that the starting point in any program planning
are the learner's needs. Friere (1972) would agree with
this point of view. He emphasizes that the "educational
process begins with the 'felt needs' of the learners and
follows with the interaction between educator and learner"
(Friere, 1972 in Boyle, 1981, p. 147).

Needs that fall into the scope of interests
expressed by potential participants, that fit with the
institutional purposes and philosophy of education, and
that meet the criteria of feasibility, can be translated
into educational objectives (Knowles, 1973).

(b)   Situational and Learner Analysis

In assessing needs and interests, the educator-programmer begins to see possible patterns that lead to a focus for action (Hutton, 1984). Patterns of needs can be established through a situational analysis which considers the individual and the environment in which the individual exists.   Analysis, an on-going process in the program development cycle, provides a broader basis from which interpretation and judgment of need can be established (Boyle, 1981).

Situational Analysis

From an ecological systems perspective, sources for identifying needs and interests would include potential learners and the community or society, the organization, and the educator-programmer with whom they interact.

First, the societal perception of need or desired competency can be derived from a review of the professional literature (research, periodicals, journals, etc.).

Second, organizational perception of need can be determined through a variety of methods, namely: systems

analysis; internal records such as job descriptions; supervisor's reports, performance appraisals, and job analysis; direct observations; interviews; questionnaires; and group meetings. Tyler (1974) recommends the inclusion of subject specialist or discipline specialist in needs identification. Other institutional subsystems, influenced and affected by educational program planning, in the writer's view, should be consulted.

Third, the needs of the educator-programmer are an important part of analysis. If the educator programmer is in the dual role of student (as in the case of the writer) interconnected systemically with the academic community, a whole set of needs and interests must be compared, negotiated, and reconstructed into the needs analysis process.

Learner Analysis

Perceived needs and interests of the potential learner can be delineated through surveys, skill inventories (Greene, 1984), questionnaires (direct and projective), group discussion and feedback, and unobtrusive measures (Nachmias, D. and Nachmias, C., 1981).

With particular reference to identifying needs, it is important to note that <u>it may be necessary to help</u> <u>adults recognize or feel their educational needs to</u> <u>motivate them to learn</u> (Boyle, 1981; Knowles, 1973). The educator-programmer may provide direction through structured questionnaires that focus on a range of needs that fall within the parameters of the societal and organizational mandate. Additionally, needs assessments may be designed to test program ideas.

An interesting perspective on needs surveys is put forward by Grotelueschen, Gooler, and Knox (1976). They maintain that learners may be able to state preferences in response to free-form, open-ended inquiries which in itself is a valuable function; however having to consider needs by choosing from <u>pre-stated options</u> serves a <u>teaching-learning function</u> (<u>introducing new ideas and pos-</u> <u>sibilities for learning</u>).

In the final analysis, conducting a needs assessment, whether formal or informal, is complex and challenging. Nevertheless, it is an essential tool in sound program development. Moreover, there are other inherent benefits worthy of mention. A survey of needs can be utilized as a way of setting climate (Strachan, 1983);

as a participative planning strategy; as a mechanism of engaging learners by establishing trust and rapport (Knowles, 1970; Kidd, 1973; McClusky, 1970; Combs, 1974); as a method in reducing anxiety (Brundage and Mackeracher, 1980) and increasing the motivation of potential candidates; as a technique in recruitment for membership; and as an indicator of projected attendance response.

(c) Values and Needs

Earlier, the writer referred to analysis, interpretation, and (value) judgment as providing a basis for needs identification. Analysis of need is comprised of both objective and subjective comparisons and judgments based on a value dimension. "Value considerations present themselves intertwined with cognitive and technical considerations" (Boyle, 1981, p. 147) influencing choice of goals in explicit, conscious, and covert ways.

Paolo Friere (1972) eloquently maintains that education cannot be neutral, impartial, or purely scientific because every planning activity is political. In the decision-making process calling for conscious selection or choice among probable and possible alternatives, the personal stance (values, attitudes, beliefs) of the

decision-maker cannot be ignored (Hutton, 1984). Further, Worthen and Sanders (1973) and Hutton (1984) go so far as to argue that the final product of education reflects the value orientation of those actors involved in programming.

Value judgments must be acknowledged as valid and valuable inputs into situational and learner analysis of needs and interests.

1.5 Formulating Program Objectives

(a) Choosing a Focus for Action

Having analyzed the needs of society (community), the organization, the learners, and the educator-programmer (and in the case of this practicum, the writer as student), it becomes necessary to interpret the needs in relation to various criteria in order that a decision or judgment can be made as to choice of action. This process of priority-setting or choosing among alternatives setting or choosing among alternatives sets the groundwork for the formulation of program objectives.

The writer has adapted and expanded upon Knowles' (1970) process of translating needs into objectives. A

visual depiction of this concept is illustrated in Figure 4. Needs Assessment, at the top, becomes subject to the criteria of institutional mandate and purposes, feasibility, and the interests of the learners at mid-process level (what Knowles calls screening filters). The first and third criteria, "screens", (Knowles, 1970, p. 125) were elaborated upon earlier and will not be detailed here.

The second factor, feasibility, takes into consideration the "givens" or constraints that will impinge upon the process of making decisions about priorities. At the societal-community level, the programmer must be aware of the specific community--its economic, cultural, environmental, and social needs; its formal and informal power structures; its philosophy of education; and its potential for change based on traditions, trends, and values.

At the organizational level, important issues such as organizational statements, mission, and philosophy about education (Tyler, 1950; Boyle, 1981); flexibility; reward; support (implicit and explicit); and consequences must be addressed in relation to the feasibility of implementing the educational objectives of an educational program. In short, are the overall goals and objectives of the program compatible with the organizational philosophy, mandate, and structure?

Figure 4

PROCESS OF TRANSLATING NEEDS INTO OBJECTIVES
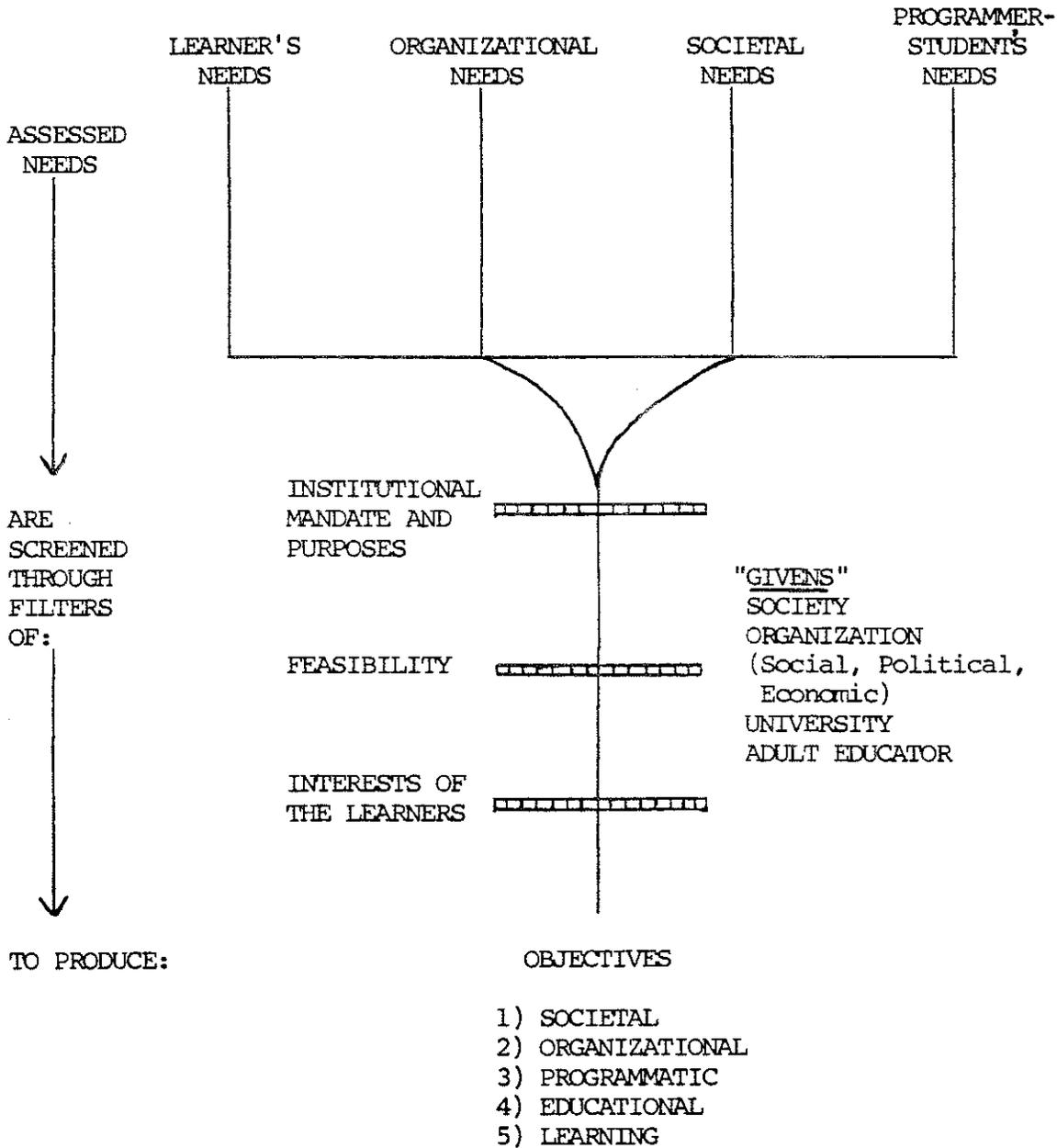
Adapted in part from Knowles 1970, p. 127

Programming decisions must be politically feasible. Are all interrelated individuals and groups with a vested "political" interest involved and supportive? In the writer's practicum, the interests of the University were a consideration in programming.

Pragmatically, questions about the availability and accessibility of a variety of resources--budget, time, energy expenditures, personnel, staff assistance, facilities, equipment, educational materials, research literature, etc.--constitute the criteria for making choices.

The needs and interests of the learners in relation to the programmatic objectives cannot be understated and were highlighted earlier in this report. Specifically,

> "Objectives chosen will not be learned
> if not supported by the learner;
> objectives not supported by educational
> personnel will not be taught." (Brun-
> dage and Mackeracher, 1980, p. 86)

Continuing educators are individual human beings with their own experiences, education, personalities, value systems, and perceptions about what is important and what should be done (Boyle, 1981, p. 175). Their beliefs and

value orientations about educational philosophy (nature and process of learning, educator's roles, and the educational program) are criteria in selecting objectives. If, as mentioned earlier, the educator-programmer is a student of a University, a whole set of needs and interests of the student and the academic community must be considered.

In deciding what criteria are important, the programmer must interpret all influencing sources and the situational forces at work, ultimately making choices of action reflecting priorities. Utilizing personal (subjective) and professional (objective) judgments to determine choices is again an important component in selection. Tough (1976) cites the example of an educator "choosing tasks partly in order to learn" (p. 146), demonstrating beautifully the concept of educator as learner.

(b)   Levels of Objectives

The focus for educational action is directed by clear, precise, and specific targets or objectives (Dewey, 1977). Objectives are defined in different terminology such as purposes, goals, aims, ends, etc. The terms are used interchangeably in the literature. Rather, the writer

sees objectives at hierarchial levels ranging from the general to the specific.

For example, the proposed educational program fits with the societal philosophy that improvement of the quality of life for its citizens will have social value.

The organization's mission is to attain a higher standard of social, psychological, and physical health for the patient. This might be called an overall aim. Within the Volunteer Department, the goal of the educational program is to improve the quality of supportive interpersonal relationships through an increase in knowledge, skills, and a positive change in attitudes. Group support among the volunteers would be enhanced. Within each learning opportunity, overall educational objectives would reflect the cognitive, psychomotor, and affective levels of desired behaviour (Bloom, 1954-1964). Learning objectives represent a further subdivision of the latter, specifying measurable and tangible outcomes of attained behaviour.

As objectives become more specific in focus, clarity is important. In the final analysis, objectives must be realistic (feasible), meaningful, useful, attainable (Boyle, 1981), and relevant to the learner's self-

diagnosed needs (Knowles, 1970). By virtue of this concept, and given the dynamic nature of change in the process of education, learning objectives are subject to change (Houle, 1972).

(c) Purposes of Educational Objectives

The purposes of educational objectives deserve mention as their selection and organization largely determines the direction of the program and decisions and predictions about outcomes and results, influencing the design of learning experiences and providing a basis for evaluation of the value, results, or impact of a program (Boyle, 1981; Brundage & Mackeracher, 1980; Dewey, 1977; Hutton, 1984; Knowles, 1970).

2. Program Designing

2.1 Program Design Defined

Once the objectives have been delineated, a framework of program components can be developed into an instructional design or format that incorporates strategies, interventions, and activities that lead to their attainment. Program design is both a creative and critical

process which serves as a program blue-print, a concrete plan that links what is generally valued (needs and objectives) with what is specifically desired (intended outcome).

2.2 Assumptions in Program Design

There are several underlying assumptions that guide the programmer in program design. These are:

(1)   Instructional design is the creation of an _educative environment_ in which the _interaction_ between learner _and_ educator and resource material, what Boyle calls the _learning experience_, is facilitated so that the learner experiences learning (Boyle, 1981; Kidd, 1973; Knowles, 1970).

(2)   It is important to think creatively and critically about _what to learn_, _how to learn_, and _how to evaluate learning_ (Allman, 1983). Strategies are dictated by the continuity of needs and interests of the learner, their situation (experience), and kinds of content that may serve their learning needs. On a broader scope, strategies are based on theoretical orientation to learning and

planned behaviour (cognitive, affective, and psychomotor) change (Greene, 1984).

(3) Selection and structuring of learning experiences are based on theoretical, practical, and judgmental decisions regarding the appropriateness for reaching a particular learning goal (Allman, 1983). In short, learning experiences should have the potential for effecting change in the desired direction through the attainment of desired outcomes.

2.3 Considerations in Program Design

The design of learning opportunities (workshop, course, or conference), of which learning experiences ("mental and/or physical interaction between the learner and content to be learned", Boyle, 1981, p. 46) are a part, requires some specific considerations. The writer has adapted the following interdependent design components from decision-making frame works outlined by Houle (1972), Boyle (1981), and Knowles (1970).

(a) Instructional   Resources: Selection   of
     Methods, Techniques, and Devices

The selection and organization of learning
experiences stem from predetermined educational objectives
that identify the desired level of behaviour change in
knowledge, attitude, and skills. Ultimately, the challenge
for the educator programmer is to design appropriate and
applicable experiences so that the learner can interact
with content, feelings, and skills, and achieve a desired
level of change.   In retrospect, it is what the learner
does with experience--based on the premises that respon-
sibility and control for learning rest with the learner--
that determines outcome.

In every learning opportunity, choices must be
made with respect to methods, techniques, and devices.
Verner (1962) makes a distinction between   the three
elements utilized in design process. The first element is
method (what Knowles (1970) calls format), a systematic
mode or approach to organizing the learners (group contact
or individual contact).   The second element involves
techniques--the form used to present material to be learned
(lecture, panel, discussion, case study, simulation, role

play, etc.). The third element is <u>device</u>--mechanical/tech-
nical aids and tools used to facilitate learning (audio/
visual, flip charts, graphs, slides, overhead transparen-
cies, films, etc.).

While Kemp (1971) warns that there is no formula
for identifying the right experiences for a given set of
objectives, an understanding of a range of methods,
techniques, and devices--their effectiveness and limita-
tions--can greatly enhance the "fit" between content and
process and personal meaning and experience for the
learner. Complementary approaches outlined take into
account the differential needs of learners (Houle, 1972) in
relation to learning style, motivation, previous ex-
perience, roles, maturity, and situational characteristics
(Wedemeyer, 1983).

This in itself, is a creative art and a complex
science. If, for example, the educational objective
reflects a desired level of behaviour concerned with the
cognitive domain (namely recall of knowledge and develop-
ment of intellectual skills and abilities), learning
experiences of remembering, comprehension, application,
analysis, synthesis, and evaluation are emphasized. The

behaviours associated with achieving affective (attitude) change include receiving, attending, responding, valuing (perception of and internalization of worth), organization (relevance), and characterization (adaptation and integration into consistency of value in one's hierarchy of values).

In achieving psychomotor skills, the behaviours consist of perception (awareness, recognition of cues, selection of choice), set (mental, physical, or emotional readiness for learning), guided response (trial and error), action under supervision, mechanism (habitual response), and complex overt response (automatic performance).

While this presents a specific level in targeting behaviour change, the educator program must be cognizant of what outcome is sought, how this might be achieved (applicability), and why certain experiences are more relevant in the context of learning domains (rationale). A spectrum of learning experiences ranging from the simple and passive awareness level (listening, observing, reading, questioning, and reflecting) to the complex and pro-active synthesis level (discussing, clarifying, practicing, ex-

perimenting, relating, demonstrating, reconstructing, comparing, applying, analyzing) represents progressive involvement and participation of the learner.

Nevertheless, with all the possible variables that influence learning outcomes, it becomes essential that the educator make sound decisions about the most appropriate method, technique, and device for achieving the desired experience in relation to the educational objective (Boyle, 1981). At the same time, the educator continually evaluates objectives and instructional resources, explores alternative means, and reflects upon and modifies the foregoing with a high degree of flexibility (Hutton, 1978; Boyle, 1981).

(b) Relationship of Learning Experiences

Having considered the what, how, and why of learning experiences, the educator must also establish when (order and timing) and where (in the structure and pattern of the program). Essentially, in organization, each of the learning experiences must "make sense" in that these components are tied to and mesh with other experiences in the program.

(c) Human Resources

(i) Social Reinforcement of Learning

Whether the method (Verner, 1962) or format
(Knowles, 1970) consists of individual or group contact,
social reinforcement of learning (Houle, 1972) must be
considered. The writer earlier elaborated upon the value
of support or reinforcement in the context of an educative
intervention. This premise has been substantiated in the
literature.

Houle's (1972) contention that collective group
spirit and high morale can contribute to behaviours that
lead to maintenance of group purpose (trend to belong) and
accomplishment of learning tasks and goals (trend to
master) is in keeping with the ideology of adult learning
(Brundage and Mackeracher, 1980). A balance of these
trends can, in fact, enhance, reinforce, and stimulate
learning in group members. Other benefits include the
creative powers in the exchange of learning resources
(experiences, contributions, differences) in the context of
reciprocal peer teaching/learning. Not all peer teaching/
learning occurs within the learning opportunity. Some of
the most rewarding learning occurs between and after

sessions, not during them--in what is known as "white space" (Houle, 1972, p. 65).

(ii) Selection Training and Co-Ordination of Resource Persons

The quality of any learning opportunity is achieved through the human resources personnel (Boyle, 1981). Selection of resource persons should be guided by a clearly stated set of criteria by which judgments as to qualifications can be made. Earlier in this report, the writer noted the importance of the adult educator in the learning - teaching transaction. Personal attributes, roles, functions, and values, attitudes, and beliefs of the educator of adults were examined in reference to andragogical principles.

Ideally, an effective resource person is a skilled practitioner possessing all of the above attributes, characteristics, and experience in addition to content expertise. The choice may be preempted if the person is politically influential, is willing to teach voluntarily, and is a respected individual with a prominent profile in the institutional, educational, and social community.

In the real world, creative decisions must be made by weighing and considering the constraints that limit options and the alternatives that lead to choice. The philosophical, theoretical, and practical orientation of the resource person is a deciding factor. Where familiarity with an adult education approach is lacking, the programmer must be prepared to develop and strengthen needed competencies through in-service training. The resource persons may teach as they were taught--according to principles and practices of pedagogy. Like the potential learners, they may have to "learn how to learn" (Knowles, 1970, p. 162). Greene (1984) maintains that the central emphasis in training should centre on the action-oriented "how to" as opposed to the philosophically oriented "why" in helping adults learn (Greene, 1984).

Learning experiences for the resource persons--planning meetings, in-services, available resources (written, verbal and material), and peer review--should be facilitated. Expectations as to facilitator role and approach (adaptability, flexibility, and responsiveness) can be outlined and interpreted. Co-ordination of instructional resources, mutually agreed upon schedules, and provision of incentives (monetary reward, creative licence) generate enthusiasm and commitment (Greene, 1984).

In ensuring the above quality control measures
the programmer can increase the prospect of lowered
attrition rates and positive evaluation (both participant
and programmatic) (Szczyphowski, 1980).

(iii) Clarifying Roles and Responsibilities

The roles and responsibilities of both educator
and learner, derived from an andragogical framework, were
outlined in earlier sections. Although roles and respon-
sibilities are not usually explicitly spelled out, they are
implicitly perceived and understood.

If the adult learning model is truly humanistic
(Rogers, 1969), democratic (Knowles, 1970), and based on
mutuality, reciprocity, and trust, it follows that expecta-
tions of roles and responsibilities should be clearly
understood and agreed upon (Houle, 1972). By the same
token, the assumption that learners are responsible for
proactive, self-directed learning in an educative environ-
ment facilitated by the educator-learner can present a
"culture-shock" for the participants. Having been in-
doctrinated into pedagogical processes of authoritative and
directive instruction, "many people carry over into their
adulthood, the belief that it is virtually the only

possible learning situation" (Houle, 1972, p. 41). Knowles
addresses this difficulty by building into his program
designs a preparatory "learning-how-to learn" activity for
new entrants (Knowles, 1973, p. 123).

(iv) Clarity of Design

According to Houle (1972), at the start of each
learning activity, the design (objectives, process, and
outcome) should be "made clear to all concerned and changes
should be fully communicated as they occur" (Houle, 1972,
p. 53). Communication is vital to the change inducing
process of education.

3. Administration

Program administration, the third stage of
program development, occurs in tandem with and is inter-
related to other programmatic phases. It is a "behind the
scenes" organizational task which focuses primarily on
recruitment and retention of learners, and also includes
all other activities that require co-ordination to effi-
ciently and effectively operate the program.

3.1 Recruitment and Participation

The viability and existence of any educational program depends, quite simply, on the number of learners it can attract and retain. Therefore, the recruitment and retention of learner is a vital prerequisite in the decision to proceed with educational program development.

Bock (1980) presents an interesting perspective on how potential learners progressively "adopt" an educational activity; that is, how they make decisions to participate and continue in education. First, the prospective learner obtains an awareness of basic and preliminary information. Second, interest is reflected in seeking additional information. Third, evaluation consists of weighing the advantages and disadvantages of participation. Interestingly, influential forces such as personal friends appear to outweigh support from family, professional counsellors or teachers. Fourth, the learner may "try on" the idea of education on a small scale with a tentative commitment. At this time, a positive first session (and subsequent counselling if needed) may reduce drop out. Finally, the learner decides to adopt the educational activity and continues to participate. It is at this point in the learner's force field analysis that the greater

influence of encouraging forces over discouraging forces predominates (Bock, 1980).

Decisions are affected by the interplay of various personal and situational forces. Personal factors that motivate learners are: an educational lifestyle (self seen as learner) (McClusky, 1970); interest in the topic; need for achievement; increased proficiency and higher educational levels; need to fulfill work, family or community goals; and desire for interaction with other people (Boshier, 1977; Houle, 1961 in Knox, 1980).

Situational factors that positively motivate learners are: experiencing a major role change that requires adjustment, awareness of opportunities, the encouragement and emotional support of significant others, and the receipt of financial assistance to offset educational costs.

Because enrollment of the learner is for the most part based on voluntary self-selection, the challenge for the educator-programmer is to assess and anticipate personal and situational forces at work in each specific situation and try to tip the balance in favour of participation (Bock, 1980).

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An understanding of the concept of participation can optimize the impact of two strategies utilized in adult education to attract and retain learners--marketing and counselling (Bock, 1980).

3.2 Marketing

The goal of effective marketing is to maximize the match between learner needs and program offerings. "Publicizing or interpreting the program" (Houle, 1972, p. 179) can entail a variety of means, singly and in combination: "word of mouth"; distribution of bulletins and pamphlets; telephone contact; media advertising; and other public relations and promotional activities. Basically then, marketing is a way of engaging and ultimately recruiting learners.

3.3 Educational Counselling

Educational counselling, or what Houle (1972) calls guidance, has important consequences for retention rates. Essentially, the educator who initiates educational guidance provides empathetic reinforcement and caring for the individual learner in a supportive environment. The process pragmatically involves supplying necessary informa-

tion and/or non-directive counselling. The underlying philosophy of guidance is to help the individual to strengthen his decision-making abilities, especially in relation to her/his educational needs (Amerman cited in Knowles, 1973).

In a broader view, Greene (1984) argues that counselling is a natural extension of the teaching/learning process. It is a process of "helping people to learn how to achieve personal growth, improve interpersonal relationships, resolve problems, make decisions, and change behaviour" (Greene, 1984, p. 34). Clearly, there are many discrepancies in the literature, however, what appears consistent throughout is that guidance is not psychotherapy, rather a helping function with an educational focus.

3.4   Co-Ordination

The administration phase also includes co-ordination of activities connected with the recruitment and retention of learners. Major considerations that must be attended to are registration procedures and scheduling (taking into account the needs and lifestyles of the

potential learner) and <u>financing</u> (budgetary allocations and fees).

4.   Implementation

Implementation is the fourth phase of program development.   It is a <u>process of making concrete what was previously abstract</u>; of moving concepts "off the drawing board" into the real world of educational practice.   It is quite simply, "putting the goals (intent) and designs (means) to work" (Grotelueschen, 1980, p. 86), to achieve ends (outcomes).   The implementation of the program design in this practicum is documented in the Instructional Manual Part II.

5.   Evaluation

Evaluation, the fifth phase of the program development cycle, is an intrinsic component in planning, designing, and implementing educational interventions. Ideological principles that determine the nature of the components of evaluation are important considerations for the educator programmer and are discussed in the following sub-sections.

The writer wishes to point out that this portion of the literature review has direct relevance to the practical experience (to be outlined subsequently) of the writer as student. Because of the prolific scope of literature on program evaluation, a focus which was specific and responsive to the needs of the writer was incorporated.

5.1   Evaluation Defined

> "The definition of evaluation depends
> largely upon one's general philosophy
> to education and how one intends to use
> the acquired evaluation information."
> (Tyler, 1969 cited in Grotelueschen,
> 1980, p. 76)

The following definitions extracted from the literature describe the nature of the evaluative tasks:

(1)   "Educational evaluation is the process of delineating, obtaining and providing useful information for judging decision alternatives" (Stufflebeam, 1971, p. 40). What this implies is that evaluative information guides decision-making in choices among alternatives with the probability that ensuing decisions will be sound

and rational. By measuring the progress toward program objectives and ascertaining the merit, worth or value of a program, information is gained for <u>validation and improvement</u> of teaching methods, content, and other aspects of the educational program. Thus, evaluation is future projective, utilizing "knowledge for action" (Grotelueschen et al., 1976, p. 254). Appropriately, this is expressed as <u>program evaluation</u>.

(2) Evaluation is designed to "measure the degree to which identified objectives have been achieved" (Houle, 1972, p. 14). The primary purpose is to <u>determine how much change and growth</u> have taken place in the learner as a result of educational experiences. Progress in impact evaluation (Greene, 1984) is determined through <u>evaluation</u> of <u>learning objectives</u>.

While the writer has differentiated between types of evaluation in the foregoing definitions, what is pertinent and common to both descriptions is that <u>progress in terms of change and growth is measured in relation to both program and learning objectives.</u> With knowledge

gained, choices and decisions are made to "improve learning and teaching" (Knowles, 1970). In sum, the purpose of evaluation is to "improve not to prove" (Stufflebeam, 1971 in Issac and Michael, 1982, p. 2). This statement captures the essence of what evaluation in adult education is all about.

5.2 Reasons for Evaluation

Although evaluation in educational programs always goes on in a continuous, informal way, there are reasons for more formalized evaluations. First, evaluation may be mandated, calling for political, fiscal, and educational accountability. Second, it may be conducted to justify the existence of a program and to advocate for its continuation. Third, evaluation may be utilized to improve or change a program.

In adult education circles, the third reason is most commonly embraced for its positive seeking focus on strength and growth. The intent is to enlarge the basis for decisions and actions to improve program functioning. The writer suggests that this is equally applicable to the learner who uses knowledge to make decisions to improve personal educational functioning through self-assessment,

specifically, and knowledge gained from insight. By
establishing new goals for learning, the learner acquires a
clear sense of purpose and direction to learning, and a
renewed commitment to life-long learning (Goldman, 1983;
Knowles, 1970). In both cases, the philosophical shift is
away from a focus on pathology and problems or deficits in
functioning.

5.3 <u>Perspectives on Evaluation in Adult Education</u>

Earlier, the writer stressed the place of a
philosophical orientation to education and evaluation. The
<u>role of the learner</u>, essential to the adult learning
process, is the underlying premise that bears examination.
If the educator-evaluator adheres to the ideological
principles that the learner is to become increasingly
autonomous, self-directed, and responsible for his/her own
learning, it stands to reason that the <u>learner takes a</u>
<u>large share</u>, if <u>not complete control of evaluation</u> (Roby
Kidd, 1973). In the same vein, when the learner is en-
couraged to grow as a person, she/he becomes:

> " . . . The 'expert' whose criteria
> count. The ideology of adult education
> enjoins that he should develop towards
> an 'identity' of values and charac-
> teristics which he has chosen for

himself, not one which we have pre-
scribed for him. He knows what his
personal ideal is, and he knows how he
can best reach it, <u>and therefore he is</u>
<u>best placed to judge how far his</u>
<u>learning has helped or hindered his</u>
<u>development</u>." (Hostler, 1981, p. 54)

Hostler (1981) further maintains, flowing from this
conclusion, that logically <u>only the learner can evaluate</u>
<u>adult education</u>.

Kidd (1973), in reference to self-appraisals,
points out the inherent benefits accrued when the learner,
through comparison with standards of excellence, is able to
measure and understand her/his own progress in relation to
personal learning objectives. The recognition of the
possibility of new learning becomes in itself, a learning
experience. From this perspective, the continuous evalua-
tion of one's change in growth places the learner in a
perpetual "state of becoming" (Rogers, 1969).

Evaluation of programs of study by the learner
can guide both learner and educator. The learner, through
formal and informal feedback, is able to state what her/his
perceptions (feelings and judgments) are about the learning
experience in which she/he has just participated (Kidd,
1973). Changes, modifications, and recommendations around

program issues (content, educational techniques, instruc-
tors, etc.) can be identified with the goal of improving
learning/teaching transactions in subsequent program
planning. Educational programs, as a result of the program
development cycle, can be said to be in a "state of
becoming" (Grotelueschen et al., 1976, p. 255).

5.4 Evaluation Planning

A plan for evaluation in adult education is
basically a "blue-print" for initiating, planning, and
conducting evaluation activities. According to Grotelue-
schen et al. (1976), "plans provide guidelines only, not
prescriptions" (p. 244). The framework and content,
adopted here from the same author, present evaluation
components in a linear, sequential order. Again, respon-
siveness and flexibility of on-going evaluation should
dictate how the evaluator will use the outline to organize
information and pinpoint changes in the program. A brief
overview of the components is outlined.

(a) Program Description

Evaluation data in the form of program descrip-
tion includes several kinds of information: identification

of stated program goals and learning objectives; detailed information on program development operations (collaboration; unique features; characteristics of learner and educator; financial supports; educational methods, techniques, and devices; involvement of support persons (general patterns, unique features, etc.) and a record of general concerns expressed by involved persons.

(b)   Audience Identification

This component poses the question: "Who will be served by the evaluation?"   Once the audience has been identified, the evaluator must be prepared to describe the criteria used in judging outcomes, standards (degree of excellence or change required), and indicators of attainment of program success (Grotelueschen, 1980).   This step clearly identifies who or what is to be evaluated and how.

(c)   Evaluation Issues

Priorities regarding evaluation issues are predicated by needs or concerns held by the involved audiences: the learner, the educator, the organization or institution, and society.   Evaluation efforts are organized around selected issues.   Once established, key issues or

variables in relation to program (process), impact (pro-
duct), and outcome evaluation are organized to determine
the type of data (evidence) to be collected.

(d)   Evaluation Design Process

Taking the key issues and their purposes into
consideration, the evaluator is ready to design a com-
prehensive approach to evaluation.   Greene's (1984)
organizational framework outlining the three levels of
evaluation (that is, process, impact, and outcome) is a
valuable resource in visualizing the process. In Figure 5,
the writer has adopted his conceptual framework and
incorporated a fourth level, antecedent evaluation, to fit
with her perception of the evaluative process.   The
evaluation diagram illustrates the evaluation loop and the
interrelationship of levels of evaluation and the program.
The results of each level of evaluation feed back into the
earlier level for analysis and into the program, enabling
revision and improvement (Greene, 1984, p. 307). Figure 6,
adapted as well from Greene (1984), specifically focuses on
process, impact, and outcome evaluation.   The key issues
are questions pertinent to each evaluation level.
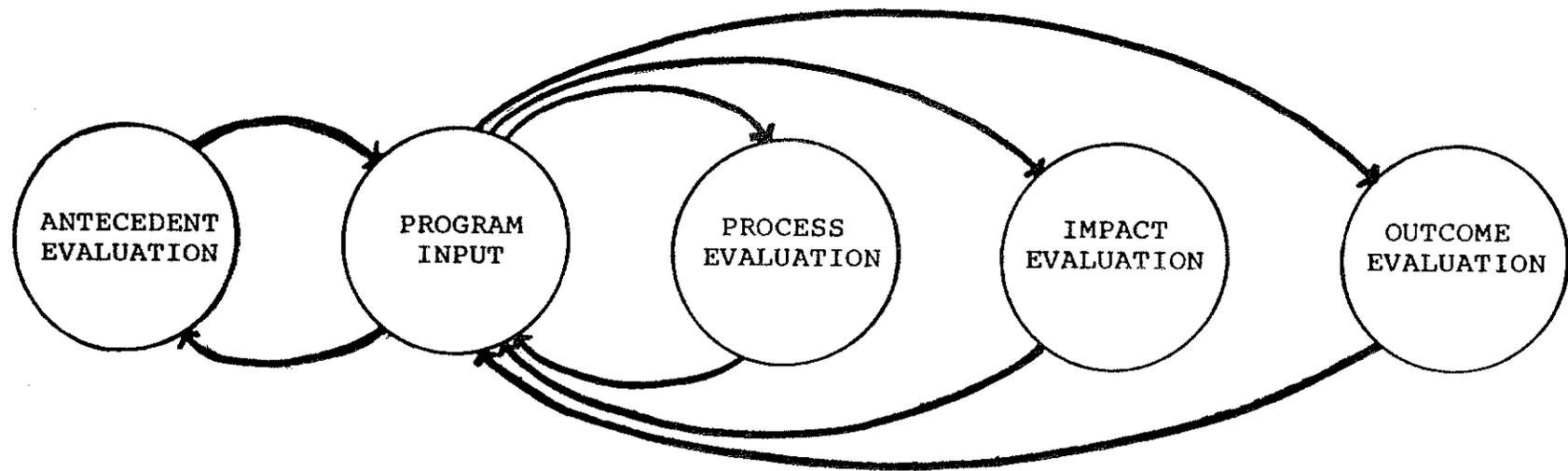
Feedback Loop for Program Evaluation, Revision and Improvement

Adapted in part from Greene (1984)

Figure 5

THREE APPROACHES TO EDUCATIONAL PROGRAM EVALUATION
(used singly or in combination)

PROGRAM

FACILITATORS?
CONTENT?
METHODS?
INSTRUCTIONAL RESOURCES?
TIME ALLOTMENT?

PROCESS

THE EVALUATION PROCESS

IMPACT

BEHAVIOUR

KNOWLEDGE GAIN?
ATTITUDE CHANGE?
SKILL DEVELOPMENT?

OUTCOME

HEALTH CARE

IMPROVED INTERPERSONAL
RELATIONSHIPS?
(VOLUNTEER-PATIENT)
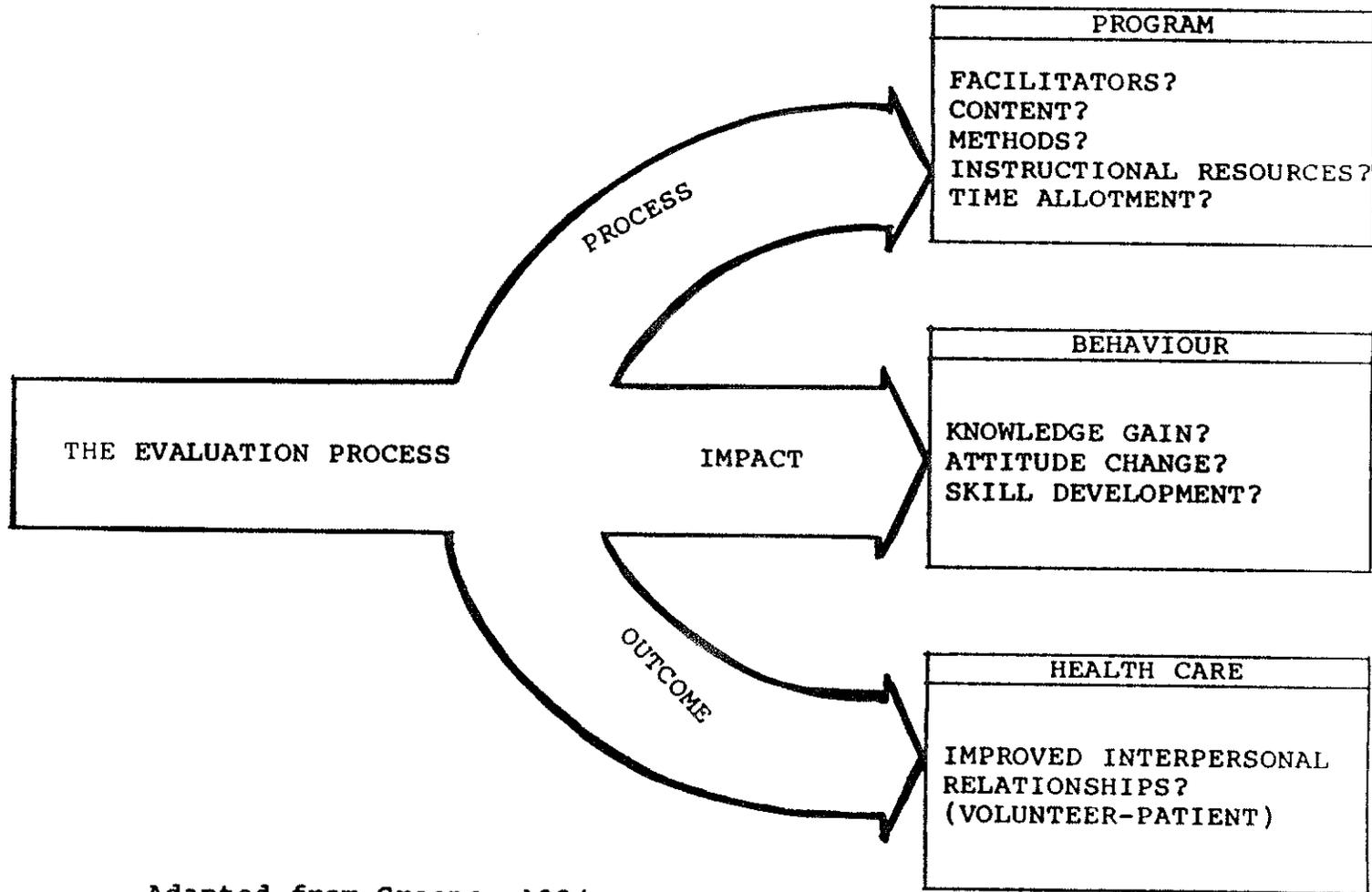
Adapted from Greene 1984

Figure 6

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The evaluation processes--process, impact, outcome, and antecedent evaluation--serve uniquely different purposes. Greene (1984) cites these as follows:

(i) <u>Process Evaluation</u> is designed to answer the question, "How well is the program being implemented?" Issues such as quality and appropriateness of instruction, learning techniques, and time allotments are addressed in relation to program objectives.

The process levels of evaluation imply outcomes--that is, the results and consequences of an educational program--established through formal <u>summative evaluation</u> (Scriven, 1967) conducted at the end of the program or during the <u>product phase</u> (Alkin, 1971). An exclusive focus on this type of evaluation would negate the value of <u>formative evaluation</u> (Scriven, 1967) or ongoing evaluation that pinpoints changes and adjustments required to increase responsiveness and effectiveness of the program in progress (Hutton, 1984). With reference to the latter, Alkin, Daillak, White (1979) see implementation evaluation (evaluation of design implementation) and

progress evaluation (monitoring of indicators of progress towards objectives during mid-course) as two components comprising the _formative_ or _process phase_ of evaluation (Issac and Michael, 1983).

(ii) _Impact Evaluation_ poses the question: "Did the program produce favourable changes in the knowledge, attitudes, and behaviour of the participants?" Attainment of the educational objectives would produce "_first order outcomes_" (Grotelueschen, 1980, p. 87).

(iii) _Outcome Evaluation_ answers the question, "Was the program instrumental in producing an outcome of social value, (e.g., in the case of this practicum, improvement of interpersonal relationships with the patients)?" Learning transferred and applied in behavioural performance (changes in relationships) that affect people or institutions as a result of first order program accomplishments would produce _second order outcomes_ (Grotelueschen, 1980, p. 87).

(iv) Diagnostic Evaluation (Greene, 1984) or needs assessment (used here in a very broad sense) provides antecedent data (Grotelueschen et al., 1976, p. 49) that predetermines with some precision, conditions and needs of the learner in relation to knowledge, skills, and attitude change prior to the program implementation. For purposes of this practicum, the writer has chosen to call this level of evaluation, antecedent evaluation. Data collected through this process is more conducive to evaluation in relation to program planning. Grotelueschen et al. (1976) calls this "evaluation in advance" (p. 172). He argues that throughout program development, choices are made among a number of alternatives, but that the educator "needs to be as fully aware as possible of the consequences of [her]his actions before [she]he acts" (Grotelueschen et al., 1976, p. 172).

In the writer's practicum, all four levels of evaluation have direct relevance and are elaborated in greater detail in Chapter V.

(e) Data Collection

Data collection consists of two stages: (1) identifying procedures or techniques for data collection, and (2) actually gathering data.

A range of data collecting techniques are possible and are best explained in a pragmatic frame of reference. For example, in the writer's practicum, drawing on Greene's (1984) model for the levels of evaluation, the data sources in antecedent evaluation consisted of statements of needs from supervisory personnel and "expert" professionals, an opinionnaire, and an informal telephone interview. In the process evaluation, a questionnaire was incorporated to assess program effectiveness. In the impact evaluation, a subjective self-rating assessment was the evaluation instrument utilized. Where paper and pencil instruments prevailed, attention was paid to question content, structure, format, and sequence (Nachmias and Nachmias, 1981). Third party judgments, supplied through rating scales, attempted to ascertain some of the impact of outcomes in the outcome evaluation.

Studies of attendance (Kidd, 1973) or participation data (attendance patterns, drop-out rate, potential

enrollment); collaboration and public relations efforts; subjective observations; feedback, informal satisfaction criteria; and other unobtrusive techniques were employed in combination to form a comprehensive approach to descriptive evaluation.

(f)   Interpretation and Analysis of Results

Having gathered the pertinent data, the evaluator organizes data around themes and prepares interpretation for presentation. Following this, the results are publicized.

5.5   Considerations in Educational Evaluation

There are several issues that the adult educator/evaluator must be aware of before planning the evaluation process.

(1) Evaluation, both formal and informal, objective and subjective, is carried on in a continuous and on-going process in all phases of program development (Kidd, 1973, Boyle, 1981, Grotelueschen, 1976, Houle, 1972, Brundage and Mackeracher, 1980).

(2) Evaluation may yield both <u>descriptions</u> of proce-
     dures, programs, and/or products (outcomes) and
     <u>judgments</u> of the value of procedures, programs,
     and/or products (outcomes) (Brophy, Grotelue-
     schen, Gooler, 1976).

(3) The critical evaluation question often raised in
     relation to accountability is the <u>issue of</u>
     <u>quality or worth of an educational program.</u>
     However, quality, an abstract term, is difficult
     to define (Boyle, 1981).   Nevertheless, with
     respect to program and impact evaluation, the
     subjective feelings (judgments) and perceptions
     of the learner and the writer (as student) will
     be considered as valid measures of quality in
     <u>first order outcomes.</u>

     In the educational context, Cronbach (1978)
     writes:

     "increments of progress are welcome no
     matter where the student is on the
     scales. No breaking point represents
     minimal adequacy." (p. 413)

As well, Boyle's (1981) statement that:

"learning is a process unique to each
person and the quality of learning
largely depends upon the degree to
which the learning experience is
meaningful to that individual" (p.
120),

provides a useful reference point for establish-

ing criteria and standards for judging outcomes

and measuring change.

(4) The <u>outcome</u> of the program, if viewed from a

perspective of social value (its benefit to

individual and society) is elusive at best. Not

surprisingly, evidence of social value (second

order outcomes) is sometimes difficult to obtain

(Grotelueschen, 1980).

(5) The validity of evaluation observation (question-

naires, personal testimony, verbal feedback,

unobtrusive measures) must be considered. It is

one thing to "see" or perceive educational value

of outcomes--"the value we ascribe to something

is influenced by how we see it" (Grotelueschen,

1980, p. 120)--"it is quite different to claim

validity when, in fact, the observations them-
selves are judgmental and additionally, the
judgments are judged" (Grotelueschen et al.,
1976, p. 120).

(6) The moral, ethical, and legal responsibilities of
evaluation are issues for consideration. A clear
statement, either verbal and/or written, in
reference to confidentiality, anonymity, and
voluntary participation should be extended.
Mutual agreement should be reached (between
participant and evaluator) with respect to
appropriate utility, accessibility, and release
of information collected.

(7) Evaluation is intrusive by nature. Where
possible, the evaluator should strive to al-
leviate disruption and time demands. Unobtrusive
measures are one way; brief, interesting, and
non-threatening instruments are another.

(8) The possibility of reactive measures is greatly
increased in the evaluation setting. When
observed for evaluation, adult learners will
often feel threatened or over-accommodating. In

an attempt to maintain the status quo, the participants will respond to evaluative measures in predictable ways. This produces response set and the "guinea pig" effect (Issac and Michael, 1982).

(9) In using evaluation data for planning, <u>unanticipated or unintended outcomes</u> are important sources for the decision-making process. Valuable information about unintended outcomes which may strengthen or undermine intended outcomes provides input into program planning (Houle, 1972; Hutton, 1984).

(10) Evaluation, in an educational context, should not become an <u>end</u> in itself. The tendency to seek only those outcomes that are objectively measurable (Houle, 1972), and to ignore the unexpected or unintended outcomes that evolve through changing concerns or developing issues in the program context undermines the purpose of educational evaluation. When evaluation plans act as a blinder or constraint, Grotelueschen et al. (1976) believe evaluation is put into a conceptual "straight jacket". In the final

analysis, questions of concern should address "What outcome should we attend to?" as opposed to "What goals were achieved?" (Cronbach, 1978, p. 413).

(11) In educational evaluation, a <u>change in the focus or scope of evaluation</u>, as a result of highly appropriate restated goals and issues, is reflective of actions taken as a consequence of learning (Grotelueschen, 1980, p. 38).

To summarize, the writer presented an overview of the evaluation phase of program development, stressing the following: a definition of evaluation; reasons for evaluation; perspectives of evaluation in adult education; evaluation planning and its components; and lastly, considerations in program evaluation.

6. <u>Reporting and Documentation</u>

The last phase of program development, an extension of evaluation, is infrequently acknowledged in the literature and, when it is, its importance in communicating the value of the program is largely unchallenged. Aside from the obvious benefits of providing

information to improve future programs, reporting can provide the basis for promotion and public relations.

> "Findings and conclusions of evalua-
> tions are useful in creating a positive
> image for the institution and in the
> promotion of future program efforts."
> (Boyle, 1981, p. 237)

The documentation of process outcomes, a sub-process of reporting, is also to the writer's knowledge, rarely recognized in the literature. Greene (1984) makes reference to the importance of wider dissemination of written program plans. Inaccessibility and unavailability of program descriptions often force other educators with similar learner populations to "rediscover the wheel", with consequent loss of time and effort. In the writer's view, the sharing of tangible information through program process and content description appears to make sense pragmatically with respect to inter-agency networking and collaboration, public relations, and effective utilization of educational resources (human and material).

Chapter V

PROGRAM DESCRIPTION AND EVALUATION

INTRODUCTION

The purpose of this chapter is to present a description of the program and an evaluation of the writer's practicum as it pertains to educational program development for volunteer visitors working with patients in extended care settings. The assessment will focus on the following areas:

1. Program Description

    (a) description of the practicum, namely strategies employed in the context of program development;

    (b) the experience of the writer as student in relation to the implementation of the educational program;

2. Evaluation

    (a) antecedent evaluation;

    (b) process evaluation;

    (c) impact evaluation;

    (d) outcome evaluation.

DESCRIPTION OF THE PRACTICUM

The writer's practicum was, in fact, the process of developing a program. The framework of program development provides, in part, a useful model for organizing and describing the process of the writer's practicum. As discussed earlier, the sequence and order of events often overlapped, occurred simultaneously, or followed an adaptational pattern as the situation dictated.

PROGRAM DEVELOPMENT STRATEGIES

As a starting point, the setting chosen for the practicum site was the Winnipeg Municipal Hospital, a 349 bed active treatment centre providing rehabilitation, extended care, and palliative care services geared to the geriatric and chronic long term patient. The Department of Volunteers, made up of the Volunteer Director, a Palliative Care Co-ordinator, and a secretary, co-ordinate the efforts of 100 volunteers--40 of whom are involved in the volunteer visiting program (contributing a total of 3,067 man-hours in the 1983-1984 fiscal year). The writer's professional need and personal interest in the study of gerontology, palliative care, and volunteer support systems in health care prompted this choice.

1. Planning

The first step in <u>developing an educative</u> <u>intervention was negotiating a practicum placement.</u> The proposal of implementing an educational program for volunteers was welcomed and fully endorsed by the Department of Social Work and the Department of Volunteers in Municipal Hospital. The lack of specialized interest and job related preparation for volunteers and the need for training over and above a brief orientation became readily apparent.

Correspondingly, the proposed educational approach fit with the organizational mission and mandate:

    (a)   "to provide educational opportunities for staff and affiliated health professionals;

    (b)   to co-operate with community agencies in the development of health care programs designed to benefit the citizens of the community;

    (c)   to plan and implement programs to meet current and changing community needs." (Volunteer Training Manual, Winnipeg Municipal Hospital, 1982, p. 4)

On the basis of this working philosophy, the program was incorporated and accommodated structurally to meet both departmental and institutional needs.

At an initial meeting, the first of several ongoing planning meetings, the writer (as student) agreed to practise under the auspices of the Social Work Department and in consultation with the Director of Volunteer Services. A contract for the writer's services (to plan, design, implement, administer, evaluate, and document an educational program for the volunteer visitors) was formulated by the Director of Volunteers, the Director of Social Work, and the writer. Issues were addressed relating to: identification of potential learners; roles and responsibilities; establishment of needs; departmental acquisition of resources (facilities, equipment, refreshments, etc.); and time-frame.

1.1 Involvement: Interagency Collaboration

To build a broader base for collaboration and organizational support and to increase program access to other volunteer support systems, the writer and the Director of Volunteers met with the Association of Volunteer Administrators in Long Term Care and presented a brief

planning proposal. The purpose of involving potentially influential organizational leaders was to gain acceptance, credibility, and legitimization of the proposed plan. During this phase, other strategies focused on public relations, participative planning, establishing agency needs, setting priorities, and negotiating promotional efforts.   Collaboration and involvement efforts met with moderate success. Verbal support of the proposed project was given with varying degrees of enthusiasm.

1.2   Needs Assessment

Having collected information pertaining to the needs outlined by the various organizational sources, the writer (as student) directed her attention to the needs of the prospective learners. In addition to a review of the literature, an analysis of job descriptions and internal referral requests was carried out.   An informal comparison study of a similar program (St. John's College Pastoral Visitors Training Program) was conducted.   Lastly, an opinion survey directed at the potential learners was designed and subsequently mailed (Appendix D).

The opinion survey tapped the learners' needs and interests within a framework of prestated options and open-

ended questions.   Other purposes of the survey were to set a climate for learning, engage the learners, and provide a tool for self-diagnosis of learning objectives.

1.3 Formulating Program Objectives

Based on an analysis of needs--compatibility with organizational purposes, the learners' interests, the writer's interests, and overall feasibility--program objectives were specified.   The objectives of the educational program were to effect:

(1) an increase in the volunteers' acquisition of interpersonal communication skills, and

(2) an increase in the volunteers' knowledge of the aging and dying processes

in order to increase the quality of interpersonal relationships with the patients.   Additionally, it was expected that the writer (as student) would evaluate, through subjective measures, the level of group rapport attained by the volunteers.

2.   Designing and Administration of the Program

   2.1   Recruitment of Learners

      Recruitment of the learners was initiated through
a promotional approach which was co-ordinated by the
Director of Volunteers and channelled through the Associa-
tion of Volunteer Administrators in Long Term Care as pre-
arranged. Enrollment of participants based on voluntary
self selection was co-ordinated by the writer (as student)
and the Director of Volunteers.   A letter of introduction
(Appendix A) and the opinion survey, noted above, (Appendix
D) were mailed to each registrant and followed up by
telephone contact.

      The purpose of the strategy was to alleviate
anxiety, verify needs and interests, answer any inquiries,
and reconfirm attendance. Upon verification of commitment,
a letter of acceptance with an accompanying map and
pertinent information (specifying times, dates, location,
and directions for parking) was sent (Appendix B).

      Following recruitment, preparatory plans were
made with respect to number, length and time-frame of
sessions, financial costs, and expected commitments.   The

number of sessions was chosen arbitrarily. These were mindful, however, of the acceptable norm of most educational programs of this nature and took into consideration some realistic expectations of the target audience regarding length of commitment to a first-time pilot project. In the end, the program was conducted on Wednesday evenings, 7:30 to 9:30, from April 10, 1985 to May 15, 1985. As a final tally, 15 participants registered. One learner stated that she would only attend the last four sessions, leaving a possibility of 14 candidates eligible for program fulfillment and certification. Twelve volunteers were referred from the host agency (Municipal Hospital). Two volunteers were referred from Central Park Lodge and one volunteer was referred from Lions' Manor. In all, the number attained met with the writer's expectations and hopes that 12 to 16 would form a viable number for group interaction.

In keeping with the writer's stance that education concretely acknowledges the work of volunteer contribution, raises their status and profile, and may serve as a reward for an unpaid role which is generally perceived as having reduced value in relation to paid personnel--financial costs were waived.

Other incentives instituted included: an exemption option from volunteer duties for the duration of the educational program; notation on the volunteer's file of fulfillment of the program's requirements (with inclusion on future letters of reference); and certification at the conclusion of the program (conditional on an 85% attendance rate or presence at 5 out of 6 sessions). The certificate (Appendix C) was endorsed and signed by the Municipal Hospital Administrator, the Director of Volunteers, and the student facilitator. In total, twelve volunteers received certificates in recognition of course completion.

2.2 Design of the Program

(a) Human and Material Resources

The next step was securing human and material resources. While it was assumed that the writer (as student) would facilitate the majority of the educational program, it was also recognized that knowledgeable and politically influential key resource persons could enhance the quality of the learning/teaching transactions and raise the status and profile of the program. A volunteer with experience in nursing, a high profile continuing education programmer

with an extensive teaching background in gerontology, and an experienced and respected chaplain were included as key resource persons. The liaison with the guest facilitators consisted of at least two planning meetings each; coordination of facilities and educational tools; and consultation.

With respect to facilities and educational equipment, the writer (as student) was concretely supported in her efforts. The Municipal Hospital provided a modern, aesthetically appealing, acoustically correct classroom (with wide surrounding hallways) conducive to learning. Quality educational devices (overhead projection screens, projector, blackboard, flip chart, moveable bulletin board) were fully accessible. As well, moveable tables and chairs allowed a wide variation of seating arrangements. Refreshments (coffee, juice, dainties) were arranged and provided for weekly by the Department of Social Work.

For each session, the student facilitator made available pertinent articles and readings on a resource table--to which the volunteers themselves added newspaper clippings, books, cartoons, interesting articles, and poems throughout the educational program.

(b)   Instructional Resources

A range of learning opportunities was built into the program design. To accommodate the differential needs and learning styles of learners, individual and group methods were utilized with a predominant focus on the latter. Learning techniques centred on group discussion, brainstorming, fantasy exercises, "caring" games, simulation, role play, role-modelling and demonstration, lecturettes, pen and pencil self-rating assessments, and homework assignments. The use of devices such as films, diagrammatical illustration on flipcharts and blackboards, overhead projection, audio tapes, and written material (books, articles) enhanced the richness and quality of the learning experiences.

It is important to point out that the selection of techniques and devices largely reflected the writer's preference for educational tools.   As a consequence, the writer spent considerable time and energy screening films that would fit within the integral context of the instructional plan.   Two films, "Peege" and "Reflections on Suffering", were subsequently chosen.

The first film presented initial situational and environmental factors related to the overall theme; the second film reconfirmed and reinforced the concepts presented. Verbal feedback ("Leave the film where it is in the session" and "it sums up nicely the concepts presented in the earlier session") validated the student facilitator's choice.

The utilization of films, as a device to increase the learner's "critical awareness of self in relation to one's environment" (creating a sense of reality) (Meierhenry, 1983, p. 6) and to change attitudes (Simonson, 1983), was incorporated into the sessions on aging and dying. Comments from the group that the "films were like real-life situations" substantiated, in part, the writer's preference for this instructional medium.

Overhead projection, a visual device used to express an idea or communicate a concept (Lanz, 1980 in Miller, 1983), was chosen as an educational tool partly to accommodate learning styles and preferences and also to meet the writer's creative interest in developing this instructional medium.

Additionally, the employment of simulations, games, experiential exercises, and pen/pencil self-rating assessments were valuable in providing a comprehensive and complementary approach to educational resources, again reflecting the student facilitator's preference in instructional techniques. This preference, combined with the writer's desire to discover and test alternative experiences in teaching-learning, led to this choice.

(c) Relationship of Learning Experiences

The organization of learning experiences around a theme--Change, Loss, and Grief--provided a useful reference point in the order and timing and structure and pattern of the educational program. Primarily, the student facilitator used the theme to reiterate and reinforce the overall aim of the program in enhancing the quality of interpersonal relationships with patients in extended care settings.

(d) Social Reinforcement of Learning

In keeping with the educational philosophy that group support can reinforce and stimulate learning, the student facilitator encouraged and in fact, stressed the

importance of individual contributions to the educational experience so that collectively, the group as a whole would be enriched in their learning. To this end, personal experiences, similarities, and differences were acknowledged and incorporated into the learning strategies.

Group development and peer teaching were fostered by matching volunteers unknown to each other and by connecting the "experienced" volunteer with the "inexperienced" volunteer. Older volunteers were linked with younger volunteers in an attempt to cross age barriers.

(e) Clarifying Roles and Responsibilities

The importance of specifying roles and responsibilities was translated into the "ground rules" exercise initiated in the first session and reinforced periodically throughout the program. The intent of this strategy was to maintain a positive learning climate by clarifying expectations of the facilitator and the participants, reducing ambiguity, and establishing a common understanding of the learning contract.

The delineation of the facilitator role outlined in the Ground Rules was useful in setting the stage for

this primary function. Accordingly, the spectrum of learning-teaching transactions dictated that the student facilitator adopt other roles such as leader, role model, consultant, and resource person. The perception of the writer of a co-inquirer in the learning process was reinforced concretely when the student facilitator opted to be a participant versus a co-facilitator in Session IV The Helping Relationship.

In actuality, the ground rules provided the skeletal underpinnings for a preparatory "learning-how-to learn" (Knowles, 1973, p. 123) activity--an insight that did not become apparent to the student facilitator until after the implementation of the practicum.

(f) Clarity of Design

A clear and brief statement of overall goals was reiterated at the beginning of each session with educational objectives, process, and outcome stipulated in relation to the specific learning opportunities. This strategy promoted a sense of purpose and direction to learning (stressing both journey and destination). Verbal feedback solicited from the volunteers permitted participative input into planning.

At the end of each session, time was allotted for: a brief summary of learning process and content outlining significant themes and patterns; expression of concerns or questions; "homework" or task assignments (voluntary) for self-reflection; a preliminary introduction to the upcoming session; and formative evaluation of program and learner progress.

3.   Implementation

The design and implementation of the educational program--both content and process--is documented in the Instructional Manual Part II and will not be elaborated upon in detail at this point. The writer makes a number of subjective observations specifically related to process, that is (formative evaluation as a result of her experience) under the sub-headings of Facilitator's Guide, Comments, and Predicted Outcome.

Despite a fairly comprehensive description of strategies, the documented learning program does not fully reflect the "behind the scene" strategies implemented and emphasized by the student facilitator and other perceived effects delineated through the informal, subjective feedback offered by the volunteers. From the onset of the

practicum, the writer's intentions were to focus on establishing, building, and maintaining a climate for learning in a supportive milieu. Subsequently, the writer's conceptualization of an educational support approach was substantiated both philosophically and theoretically in the literature. The writer's next step was to operationalize a practical approach to developing an educational support climate.

Conscious efforts to create an organizational and ecological climate were earlier outlined (organizational policy, interagency collaboration and support, incentives, human and material resources, logistical considerations, etc.). Equal emphasis was placed on the social and human and interpersonal elements of climate. The inclusion of an aesthetically pleasing registration package (accentuating Volunteer Week with the enclosure of pins, stickers, invitation to volunteer activities, etc.) was received positively by the group and set the stage for the community-building activity of Volunteering: A Group Discussion. Posters extolling the virtues of volunteering were retained within the physical setting throughout the program.

The Volunteering exercise appeared to be effective in affirming the value and worth of volunteerism and in providing insightful perceptions into personal reasons for volunteering. Aside from the intent of providing a learning climate with socially and mentally healthful dimensions, the writer's goal was to promote group affiliation, heightened morale, and a "sense of making a difference" in the broader context of the health care system. However, the student facilitator speculated that this strategy would also have the inherent value of creating a motivational climate--a notion that was not validated.

Overall verbal comments made by the group members in discussion supported the writer's intent in building a volunteer identity (i.e., "we're there because we want to be"; the volunteer "gives from the heart", etc.).

The incorporation of an experienced volunteer (with a nursing background) as a co-facilitator was also purposeful in terms of setting a climate for volunteers as learners. This strategy was utilized to engage the learners on a deeper level, to form an alliance, affiliation, and a support network with "one of their own", and to bring a sense of pragmatic reality to the learning experience. The volunteer facilitator's involvement in

participative planning and collaborative design lent credibility and legitimization to the program.

The planned involvement of a guest facilitator and resource person, a high profile educational programmer from Continuing Education in Gerontology, aside from lending credibility and enhancing the profile of the program, contributed to a climate suggestive of job-specific and life-long learning (Knowles, 1970). Continuity of learning in the context of a formalized educative support system beyond the offered program was encouraged. Information related to accessibility of continuing education courses in gerontology was freely extended.

An equally important and related aspect of building an educative climate that extended beyond the parameters of the educational program was the inclusion of educational counselling or guidance. A philosophical orientation of guidance is helping the individual to strengthen her/his decision-making abilities, achieve personal growth, and improve interpersonal relationships (Greene, 1984). This position appears to support the strategy of attracting and retaining learners. Philosophically, another perspective would be to support the learner in making the decision to drop-out if personal and situa-

tional forces are overriding considerations. Counselling would be further justified to first, alleviate a sense of failure; second, to encourage a continuing desire to partake of life-long learning; and third, to foster a sense of self as learner in future learning endeavours.

In the context of the practicum, two participants out of a registered number of fifteen chose to drop-out. One learner cited personal reasons (illness, death in the family); the other learner cited conflicting learning opportunities (acceptance into a Community College activity worker course resulted in same-night commitments). Follow-up contact by telephone indicated the counselling goals appeared to be met.

Throughout the six sessions, the student paid particular attention to building and maintaining a climate in relation to educational and group support dimensions.

From an educational perspective, physical changes were made in seating arrangements from session to session, generating a sense of fun, excitement, and anticipation in the learning climate. Over time and by Session IV, the participants expressed heightened awareness of the meaning-fulness of the educational process ("It's coming together--

the pieces are falling into place"; "We're taking a deeper route now--it's more meaningful") and also a sensitive awareness of the educational intent (and inherent time limitations) of the student facilitator ("We understand you are only skimming the surface").

From an interpersonal and social perspective, perceived effects of the climate were positively reflected in subjective statements such as "good to know each other" and "love this interactional stuff", which was interpreted as indicative of the growth of interpersonal relationships. Concurrently, the student facilitator observed that group rapport and a sense of teamwork evolved through the volunteers' readiness to share personal experiences, and a willingness to risk appropriate self-disclosure for the benefit of group learning. One particularly inhibited volunteer summed up her role as a volunteer visitor in her comment: "I feel I can risk now whereas before I was content to stay safe."

To create a climate for evaluation, the student facilitator made efforts to engage the volunteers in the task of evaluating the program and their own learning objectives for the purpose of improvement.

Particular attention was directed to encouraging the volunteer to evaluate so that the program could be improved for future volunteer registrants. The student facilitator endeavoured to instill a sense of "making a difference" and investment in a program designed specifically for volunteer visitors.

For some volunteers, evaluation that tapped self-awareness and personal learning goals provided insightful revelations. For example, one older volunteer expressed initial apprehension when requested to describe herself as a person in the opinion survey (distributed as a part of the antecedent evaluation). A description of herself was akin to "boasting" (a common perception of women in her cohort group). Nevertheless, she confided in the student facilitator that she found this exercise to be most enlightening and that it helped her identify her personal strengths and learning needs. The opinion survey, which was submitted prior to the program, was typed, organized and reflected a thoughtful and careful consideration to answers.

The learners' needs for self-pacing (described earlier in Chapter III) were accommodated in the context of evaluation. Not only did this strategy accommodate

individual differences but it may have alleviated stress and anxiety associated with the time constraints of "tests". The time extension was well worth the wait; the written feedback appeared comprehensive.

Overall, the student facilitator's strategy in setting, building, and maintaining a climate conducive to evaluation was perceived to be effective.

The conscious integration and continuity of climate were carried to the termination of the program, culminating in the "Unfinished Business" and "Saying Goodbye" activities. The intent of the learning exper- iences was to develop skills in validating and terminating relationships but also to acknowledge the eventual transi- tion of the learners out of the group and into the practi- cal world of work.

Aside from providing recognition through reward, a social gathering with the presentation of certificates provided appropriate and much appreciated closure. It also provided the volunteers with the opportunity of strengthening linkages and networks through the exchange of addresses and telephone numbers, discussion of future plans, interconnections, etc.

3.1 Experience of the Writer (as Student)

The experience of the writer (as student) as it applies to the implementation of the educational program will be broached with the view of exploring the unanticipated and unintended outcomes of learning. The writer has already detailed the predicted and largely controlled strategies implemented in the design of the program. What follows is a description of discrepancies between what was planned and what actually happened.

The first discrepancy concerns the radical shift in how the writer (as student) viewed education. This insight was addressed earlier in the report but is worth reiteration in light of its significance. Based on the practitioner's own background experience with pedagogical education, the initial incorporation of adult education principles presented a form of "culture shock". In theory, the writer was able to mentally embrace a role for the educator as facilitator and co-inquirer. Pragmatically, the writer (as student) approached the learning opportunity with a set of assumptions, values, and expectations embedded in a pedagogical philosophy. The most glaring misconception was the expectation of being an expert and a disseminator of information. Initially, this put an

extraordinary amount of pressure on the writer (as student) to meet self-imposed and unrealistic expectations in knowledge, role, and performance. Once the writer made a verbal contract with the learners to assume a facilitator and co-inquirer role, the learners appeared to abide by the expectations and behave in such a manner as to encourage these roles. For example, in the first session, some of the more experienced, educated volunteers requested more group interaction through discussion, experiential exercises, and less didactic learning. After the film presentation of "Peege", group members assertively verbalized a common desire for "debriefing" to address the emotional impact of the film.

The verbal feedback, given early in the program (fortunately) prompted the student facilitator to re-evaluate her personal and professional stance (practice, values, and attitudes) to education as a whole, specifically adult education. Although this precipitated a painful yet insightful impact on the student facilitator, the experience put the writer in a position where she could relinquish control and experience a "sense of letting go" in doing so.

A second major discrepancy occurred when the student did not take into full account the physiological, psychological, and social-developmental needs of the <u>older learner</u>. The distinction, as important as it is, was not fully appreciated by the writer until the educational program was fully operational. Had the writer been cognizant of the contingencies involved, the content and process might have undergone modification.

The first issue is related to the <u>content</u>. Overall, aging and dying are subjects that evoke strong feelings (especially in the older individual and in those who have had personal experience with the elderly dying). The negative, stereotyped attitudes pervasive in society contribute to the dilemma. The brainstorming exercise early on in Session I might have been more sensitively handled in terms of actual duration and sequence in the program. The learners expressed dissatisfaction with carrying on the learning experience ("We get the picture"). The student interpretation is that the content was either over-obvious, too emotionally "close to home", too lengthy (fifteen minutes) or all three. In future, the brainstorming would be shortened and placed well into the first session once anxiety was alleviated and a relationship of

trust was established.   Another option would be to elimin-
ate it all together.

Another issue concerns visibility.   The use of
overhead transparencies would, in future, be modified to
ensure substantially larger print and discretionary use of
colour (that is, eliminate yellow print and opt for true
colours on a clear background) to accommodate reduced
visual efficiency.   The use of black print on coloured
transparencies appeared to have no noticeable detrimental
effect on the learner's ability to integrate learning.

The "unfair hearing test", although highly rated
for its experiential component, caused initial confusion
amongst some of the older volunteers.   The student's
amended strategies are outlined in Predicted Outcome under
the topic "An Unfair Hearing Test".

To summarize briefly, the writer recommends an
approach that considers concepts in educational geron-
tology.   A conscious effort to elicit continual feedback
(checking back) as to reception and comprehension of
education is also recommended.   Tact, discretion, and
sensitivity in a supportive milieu are clearly indicated.

A third discrepancy concerns the <u>issue of time</u> alluded to earlier. The number of learning experiences in Session I exceeded the time available and superseded the learners' need for group discussion following the film. The writer's need for more structure and adequate content "just in case"--a reflection of her lack of skill and judgment in implementing educational programs--may have contributed to "overplanning". This led to a further dilemma for the student facilitator whose concern for goals achieved (ends) outweighed concern for outcomes attended to (means). This put the evaluation process in the first session into a conceptual "straightjacket" described by Grotelueschen et al. (1976).

In future, the writer is inclined to eliminate the lecturette and brainstorming (both experiences were perceived as being less valuable overall to the participants) and allow more time for group discussion (following the film) to discuss issues of loss, stereotyping, and "labels that limit". Another option would be to replace the film with the "Aging, Moi?" exercise. Still another alternative would be to contract for a follow-up session for those volunteers (especially those in geriatrics, admissions, rehabilitation, and pastoral care) interested in further knowledge about aging.

A fourth discrepancy concerns the variables measured in Session III under Communication Skills. Originally, the writer (as student) tapped change and growth on the dimensions of active listening, self-disclosure, and feedback. A change in focus in the learning session prompted the writer (as student) to reassess the measurement variables. As a result, the following variables--attending, encouraging, behaviour description, perception checking, and paraphrasing--are recommended for future sessions. A revised impact evaluation (formative) for Session III, Communication Skills, can be found in the Instructional Manual Appendices.

A fifth discrepancy concerns the issue of reporting and documentation. The writer's intent at the onset of the practicum was to document the educational program in an instructional manual. In the writer's perception, this would meet the present and future training needs (in part) of the volunteer visitor program in Winnipeg Municipal Hospital. Following submission of the written manual (Instructional Manual Part II) in June, 1986, two training programs (October-November, 1986 and March-April, 1987) were implemented utilizing the educational program as a model. Verbal feedback from the Director of Volunteers after the first training program

positively affirmed the value of the manual in meeting the volunteers' and Department's training needs. Subsequently, a request for 21 copies (with a potential of 25) was initiated by the Director of Volunteers on behalf of a variety of interested individuals in the community (social workers, recreational workers, educators, and Volunteer Directors of extended care and geriatric facilities across Manitoba).

The overwhelmingly positive response substantiated for the student that there is a need for interagency sharing of educational resources. Further, the Director's comments (written in a letter dated February 25, 1987)-- "The manual is excellent and there are so few good resources available"--validated not only the writer's learning experience but also the concrete and practical value of the program.

Regretfully, due to the number of legal copyright restrictions as well as logistical and time constraints, the request could not be accommodated. The writer hopes to be able to facilitate the accessibility and availability of this resource in the future.

4.   Evaluation

Up to this point, the writer has focused upon program description utilizing a range of data sources-- subjective observations, verbal feedback, informal satis- faction criteria, and studies of attendance and participa- tion.

Four levels of evaluation--antecedent, process, impact, and outcome--form the framework for more formalized evaluation measured in the practicum through questionnaires and subjective self-rating measurements.

The limitation of the subjective self-ratings utilized in process and impact evaluation is that they are not standardized (Bloom and Fischer, 1982) and are not necessarily reliable.   They are also subject to high reactivity.   The rating scales were developed by the student facilitator for this particular practicum and for the specific group of learners, that is, volunteer visi- tors. Based on the premise that only the learner can evaluate adult education (Hostler, 1981), the judgment and perceptions of the learners were considered valid measures of change and growth in relation to both program and learning objectives.

In outcome evaluation, observers were requested to unobtrusively rate the degree of development of knowledge/skills/attitude development in the volunteers. Because this called for inference or an estimation, the measure was limited in terms of reliability and validity (Bloom and Fischer, 1982).

The writer hoped, however, that by using a number of measures comprehensively, that a pattern would emerge that could provide some general indication of the value of the program.

4.1 Antecedent Evaluation

The purpose of antecedent evaluation was to identify the needs and interests of the learner. Antecedent data (Grotelueschen et al., 1976) collected through an opinionnaire (Appendix D) formed the basis for "evaluation in advance" (Grotelueschen et al., 1976, p. 172).

Pre-stated options (based on learning needs derived through the review of the literature; statement of needs from the Department of Social Work, and the Volunteer Directors; job description analysis, referral requests, a comparison study, and the needs of the writer as student)

provided a structured framework from which the learners could identify their needs.

Factual data from the survey delineated a number of demographic characteristics--age (distribution and range); gender; past and current volunteer placement; commitment and length of volunteer service; previous educational background (with overlap in a range of volunteer activities); and life experience. Aside from assessing needs and interests, the opinion survey tapped information on respondents' motivations and their values of and attitudes to learning.

The question (Part III) requesting identification of skill/knowledge development presented a major drawback in data collection. The sentence structure and wording, indicative of a double-barreled question, presented a limitation in the survey. Confusion by the prospective participants was reflected in modified and corrected responses (with question marks (?) inserted) in the "yes" (skills/knowledge possessed) and "no" (lack of skills/ knowledge) categories.

Correspondingly, data derived from the open-ended question in Part II (Participation) was useful in identify-

ing and clarifying some of the skills/knowledge (developed and undeveloped) not expressed in question III. In future, the writer would change the question format by separating the questions categorized under "yes" and "no". Alternatively, an exclusive focus on "would like to develop" questions in the preference scale would have served the writer's purposes for the study.

A high response rate to the "would like to develop" question and to the open-ended questions on interests, expectations, and other concerns would appear to confirm the writer's perception of the usefulness of these survey questions to identify learning needs.

Overall, the opinionnaire was valuable, in the student's mind, for assessing the needs and interests of the prospective learning participants and for contributing to program planning. It also served the purposes outlined earlier in this chapter under the topic Program Description. The compilation of data is documented in Appendix D.

4.2 Process Evaluation

The purpose of process evaluation was to assess the effectiveness of the implementation of the program.

Process evaluation was conducted in two phases--formative evaluation (before, during, and after each learning session) and summative evaluation (at the conclusion of the educational program).

(a)   Formative Evaluation

The following synopsis of formative evaluation by session does not cover all the effects of the program, but rather focuses on those program issues evaluated that would guide the student in improving subsequent and future educational programs.

The instrument utilized consistently throughout the program was a self-rating questionnaire incorporating a range of question techniques (open-ended, closed-ended, rating and Likert scales) designed to assess program effectiveness. The data for formative process evaluation is documented in Appendix E.

Although the writer (as student) found the questionnaire purposeful and useful, one major limitation became evident as the program evolved. Question 4(b) designed to assess relevance of the learning techniques to the program objectives showed inconsistencies in response.

For example, occasional ratings were given on the relevance of the film, role playing, audio tape, "expert" guest speaker, when, in fact these techniques and devices were not utilized in the specific session. The writer's concern is with the participants' possible lack of understanding, over-reaction, and/or lack of care taken in rating the techniques as applicable to each session. The writer (as student) is inclined to attribute this to the "law of the instrument" error (the focus is on the instrument or procedure and not the problem or issue) cited by Isaac and Michael (1983). In future, to reduce the possibility of error, the question would be designed to measure the relevance of only those learning techniques applicable to the particular session. The basic structure of the question however, would remain unchanged.

Having delineated a limitation of the measurement utilized to evaluate the effectiveness of each session, the writer turns her attention to specific issues judged by the participants to have been both effective and non-effective in each session.

In session one (Attitudes to the Elderly, Social and Psychological Changes in the Elderly), the learning method (group discussion and interaction) and device (the

film "Peege") were judged as being relevant and worthwhile. As mentioned earlier in this report, the brainstorming experience (stereotypical labelling) was considered less worthwhile in terms of length and negative overtones. The writer previously proposed changes to the duration and sequence of this technique in the structure and format of the session (under the topic, Experience of the Writer as Student).

In session II, the simulations (learner participation) and the guest speaker's overhead presentation appeared to be highly rated as relevant and worthwhile. The student facilitator's view that knowledge and understanding of physiological changes is appropriate content was confirmed.

In session III, (Communication Skills) the learning techniques appeared to be highly rated as relevant and worthwhile. The continued utilization of experiential "hands-on" learning experiences was validated for the student facilitator.

In session IV (Helping Skills), the incorporation of an "expert" guest facilitator into the implementation of the program was confirmed for the student facilitator as

being appropriate, relevant, and worthwhile. Further, for the first time in the program, issues related to self- and group confidence were perceived as worthwhile for two of the respondents.

Concerns and suggestions raised by five respondents pointed to the need for more time and additional sessions to fulfill learning needs. This leads the student facilitator to believe that a consideration for an extended learning contract (six sessions with the option of follow-up sessions) as indicated may be appropriate in improving future programs.

In session V (Dying and Death), the learning devices (the film "Reflections on Suffering", the handouts); the learning technique "Journey through Loss: A Fantasy"; and the incorporation of a respected guest co-facilitator (with many years of experience in the field of dying and death) were highly rated by the learners as relevant and worthwhile. In light of these observations, the design of this session with respect to the foregoing would remain unchanged.

A need for more topic-specific knowledge, more communication skills, more speakers who relate to volunteer

visiting, more films, and extended and follow-up sessions were expressed by seven of the eleven respondents. In light of the participants' rating of the objectives, process, and content of the program as good to excellent, consideration to these learning needs beyond the structure and design of the program presents a logistical dilemma-- one that has no feasible solution short of extending the program and focusing on more of the identified content, methods, techniques, and devices.

Rather, the student facilitator perceives the identification of needs as a positive indication of change and growth. As with the needs assessment, having to specify needs on an evaluation may help the learner to verbalize in written form new possibilities and goals for learning. This, in itself, could be viewed as a learning experience.

Again, comments indicative of group cohesiveness (3 responses) and awareness of self and others (one response), validated for the student facilitator the development and encouragement of group rapport and support.

In Session VI (Family Dynamics, Saying Goodbye), the learning format (content and process) and techniques

(lecturette, exercises on "Unfinished Business" and "Saying Good-bye") were highly rated as being relevant and worthwhile and would be retained in future programs.

The comments submitted at question 9 would appear to present possibilities for networking with the patient's family (1 response), peer teaching of other volunteers (1 response) and the applicability of knowledge/skill/attitude development to personal/social/and work roles.

Overall, the implementation of the educational session (both content and process) was perceived by the student as very positive, appropriate, and effective. With respect to all sessions, the learners subjectively rated the sessions as meeting the objectives as stated. Other components of the program design and implementation--relevance to volunteer duties and responsibilities, pace of the session, the facilitator's presentation (content, organization, thoroughness and professional delivery)--were positively evaluated overall. The quality of the educational program was rated consistently in the range "good" to "excellent" by the majority of the participants.

(b) <u>Summative Evaluation</u>

Summative evaluation, conducted the end of the educational program, was measured by means of a subjective self-rating questionnaire.   The data is   recorded in Appendix F. Overall, the implementation of the program was perceived by the student as very positive, appropriate, and useful. Ten of the thirteen (76.9%) learners reported that the training program met its primary goal as stated and that the program was overall of very good to excellent quality.

Twelve of the thirteen (92.3%) volunteers felt they were able to contribute to the planning of future training programs through the opinion survey, the weekly session (formative) evaluations and verbal feedback in class.

Nine out of the thirteen (69.2%) volunteers indicated that the expectations regarding the program were fulfilled.

Eleven of the thirteen (84.6%) volunteers rated as positive (yes and definitely) the following program components:

(i)   handouts   were   helpful   in   promoting self-
       learning;

(ii)   the program was designed for adult learning
       (taking into account, the volunteer's past
       life experience);

(iii) the course sparked the volunteer's interest
       in pursuing further education related to the
       topics presented.

Twelve   of   the   thirteen   (92.3%)   volunteers
expressed feelings that:

(i)   they were able to   draw upon   their personal
       life   experiences   to integrate the concepts
       presented;

(ii)   volunteer visitors   have a   valuable role to
       play   in   serving   the   social and emotional
       needs of the   patients   in   the   health care
       system;

(iii) they   would   recommend   the program to other
       volunteer visitors.

All thirteen   (100%)   volunteers   felt   that they
would recommend   the primary facilitator to other volunteer
groups.

At   question   16,   ten   of   the   thirteen (76.9%)
volunteers reported being able to use the knowledge/skills
(acquired   in   the   program)   in   their   relationships with
patients;   eleven   of   the   thirteen   (84.6%)   volunteers

reported being able to use the knowledge/skills in their relationships with people other than patients.

At question 19, eleven of the thirteen (84.6%) volunteers positively expressed an interest in future training programs.

The responses submitted at question 17 indicate the volunteers' varied perceptions of the strengths of the program--group cohesion and development, increased confidence and improved self-esteem, and the appropriateness and usefulness of the facilitator and the training staff. The reader is referred to Appendix F for a synopsis of opinions expressed by the learners at questions 17 and 21.

With respect to the size of the group in the educational program (question 13), twelve of the thirteen (92.3%) volunteers reported the group as just right for group learning. Six of the thirteen (46.2%) volunteers felt the program length (with respect to content) was somewhat short (question 14). Five requests for the extended sessions in the open-ended questions (question 20) would appear to confirm the need for more training for just under half of the group (38.5%).

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There is some question as to the volunteers'
preferences for scheduling (question 15). Responses tended
to be erratic and duplicated (with more than one choice
cited). Overall, it would appear the fall period (Septem-
ber and October) was favoured for the scheduling of future
educational programs. In future, the student would
reconstruct the question with specific instructions as to
choice (that is, listing first and second choices). This
may be helpful in pin pointing preferences for scheduling
the time of year (season) and months most suitable for
training.

To reiterate, the responses (5 out of 12 or
41.66% volunteers) at question 20 would appear to confirm
the student's perception that extended sessions (as in a
longer program) may be appropriate in the future.

The concept of involving patients in training
(introduced by three participants) is fascinating to the
writer. This idea was considered initially by the student
facilitator but, due to time limitations, was not opera-
tionalized. In future, efforts would be made to incor-
porate patients (as consumers of service) in educational
program development planning, designing and evaluating.

To summarize, the effects of the educational program are perceived as being overall very positive. Earlier, the value of the learning method, techniques, and devices utilized in each session was confirmed to the student facilitator through formative evaluation. Other program components and issues were evaluated to pinpoint changes and modifications required to increase responsiveness and effectiveness of the program in progress (Hutton, 1984).

In summative evaluation, the overall value of the program was evaluated on the basis of quality, usefulness, and effectiveness. Other information tapped related to adult education principles, life-long learning, volunteer role, and program planning (as it pertains to group size, program length, and scheduling). Data reflecting applicability of knowledge/skill development not only in patient relationships but also personal/social relationships was also solicited.

In conclusion based on both the formative evaluation and the summative evaluation, the overall implementation of the educational program was perceived as being very positive.

4.3   Impact Evaluation

As previously mentioned, the intent of the educational program was to effect an increase (or growth) in the knowledge, attitudes, and skills of the learners in order that the learners could form quality supportive relationships with patients. The purpose of impact evaluation is to assess the attainment of the educational objectives just cited.

For the writer's practicum, a subjective self-rating scale was used in the formative and summative phases of the program. Based on the premise that the learner is in the best position to judge how much learning has improved or hindered her/his development, the perceptions and judgments of the learner were considered valid measures of quality in determining change and growth. The learners were requested to make a comparison between their in-dividual level of knowledge/skills/attitudes before the session and their individual level of knowledge/skills/attitude after the session. The criteria of change was used in judging outcomes (educational objectives attained). Movement in a positive direction from one level of adequacy to another (or a total of one level on the self-rating scale) was the standard considered significant. Indication

of program effectiveness was reached when 66.6% (or 2/3) of the learners were able to report a growth of one or more increments of progress.

(a) Formative Evaluation

The formative evaluation data for impact evaluation is documented in Appendix G. As shown, the educational program was less effective in facilitating growth in the learners' development of knowledge/understanding in the following areas:

(i)   stereotypical attitudes to the elderly, (Table 1.1 = 64.3%);

(ii) social and psychological changes in the elderly (Table 2.2 = 64.3%);

(iii) life review (Table 5.2 = 57.1%);

(iv) feelings associated with loss (Table 8.2 = 63.6%);

(v)   stages of grief (Table 8.3 = 63.6%).

In Session III, Communication Skills, the educational program was effective in facilitating growth in the learners' development of knowledge and skills on the dimensions of active listening, self-disclosure, and feedback. However, a subsequent change in the focus and

scope of the learning session resulted in a restatement of the measurement variables by the writer (as student) and the learners. As a result, the writer perceived the following dimensions--attending, encouraging, behaviour description, perception checking, and paraphrasing--as more appropriate measurement variables for future impact evaluation of communication training.

(b)   Summative Evaluation

In the summative phase of impact evaluation, the program appeared to be effective in facilitating growth on all dimensions of knowledge/attitude/skill development. The data is documented in Appendix H. The learners perceived growth in the areas of:

(i)   group development (group rapport - Table 1.1 = 76.9%; and group support - Table 1.2 = 76.9%);

(ii)   awareness of: self, group, patient, and patient's family (Tables 2.1 = 92.3%; 2.2- 92.3%; 2.3 = 84.6%; 2.4 = 69.2% respective- ly);

(iii) development of skills, knowledge and confidence in forming interpersonal rela- tionships (Table 3.1 = 92.3%; 3.2 = 84.6%; and 3.3 = 92.3% respectively);

(iv)   knowledge development in aging and dying (Tables 4.1 = 92.3% and 4.2 = 76.9% respec- tively).

4.4 Outcome Evaluation

The purpose of outcome evaluation is to determine if the educational program was instrumental in producing an outcome of social value (in the case of the student's practicum, improvement of the volunteers' interpersonal relationships with patients).   Positive   change   in the quality   of   interpersonal   relationships   as   a   result of first-order outcomes (transfer   and   application   of knowledge/attitude/skills   development   in   job   performance) is known as a second-order outcome (Grotelueschen, 1980).

To determine   second-order   outcomes,   third-party judgments supplied by outside   observers (Volunteer Directors   and   Co-ordinators)   were   obtained   through   rating scales.   Responses   reported   by five observers are documented in Appendix I.   Eleven volunteers were   evaluated on levels of   change in   the development of knowledge, skills, and confidence in the interim (approximately 6 weeks) after the volunteer visitor training program.

The observers   reported positive   change in 54.5% of the volunteers on the following dimensions:

(i) development of knowledge in aging;

(ii) development of interpersonal skills of communication;

(iii) development of interpersonal skills of helping.

Correspondingly, the observers reported positive change in only 27.3% of the volunteers on the following dimensions:

(i) development of knowledge in dying;

(ii) development of confidence in establishing supportive relationships.

Four out of five Volunteer Directors specified an interest in future training programs for volunteer visitors. It should be noted one out of the four Directors was interested only if she were involved as a consultant.

Suggestions for future sessions are recorded in Appendix I. One Volunteer Director recommended that the course be offered to "staff" in a personal care setting.

Based on the results of the observer ratings, there is some question as to the effectiveness of the program in producing an outcome of social value, that is,

improvement of the quality of interpersonal relationships (volunteer-patient).

However, the relevant suggestions and the interest expressed in future training programs verifies for the writer the need for developing educational programs for volunteer visitors working in extended care settings.

SUMMARY

To reiterate, the purpose of this chapter was two dimensional. On one dimension, the educational program description (through informal assessment) was documented in the framework of educational program development. The experience of the writer as student was incorporated into the implementation phase of the framework. On the second dimension, four levels of evaluation--antecedent, process, impact and outcome evaluation--were conducted (through formal assessment) utilizing questionnaires and subjective self-rating measures.

On both dimensions, assessment was used to measure and judge change and growth in relation to both program and learning objectives. With the knowledge

gained, the writer as student was able to establish goals for improving future program development.

The four levels of evaluation contributed significantly to overall assessment. Antecedent evaluation, or evaluation in advance, tapped the learners' perceptions to determine their interests and learning needs and to provide input into program evaluation, revision, and improvement.

The implementation of the program as assessed by the writer through informal feedback, observation, satisfaction criteria, and attendance and participation data and as assessed by the learner through process evaluation (formative and summative) was verified in terms of objectives, content, and process as being facilitative, useful, relevant, and appropriate.

Additionally, the educational objectives: (1) an increase in knowledge of aging and dying, (2) an increase in the acquisition of interpersonal skills; communication skills; and confidence levels in order to form quality supportive relationships with patients appeared to be positively effected as perceived by the learners in the formative and summative phases of impact evaluation. This

was less so as perceived by outside observers (namely the Volunteer Directors) in outcome evaluation.

In conclusion, the value overall of the educational program developed for volunteer visitors working with patients in extended care settings was confirmed for the writer.

Chapter VI

SUMMARY AND CONCLUSION

The foregoing practicum was undertaken to strengthen the support which volunteer visitors can provide to patients in extended health care settings. The writer's intervention was an educational program developed for volunteer visitors to improve the quality of volunteer patient relationships by effecting change and growth in the learners' knowledge, skills, and attitudes. Additionally, group support was enhanced in a supportive learning milieu.

The rationale for the undertaking of the practicum is outlined in the following statements:

1. The present and potential role that volunteer visitors can play in providing social, emotional, instrumental, and informational support to enhance the quality of life for institutionalized patients is significant. However, volunteer visitors are generally unprepared for their role. Underutilization of this human resource represents a gap in health care delivery system. An educational intervention is a viable strategy for effecting change and growth in knowledge, skills, and attitudes to improve the quality of volunteer-patient relationships.

2. Volunteer visitors like the patients they support, need support. Furthermore, the extent to which volunteer visitors support the patient may in part depend upon the support which they themselves receive. An educational approach can meet

> this need by enhancing peer reinforcement and cohesiveness.

3. Social workers can have a significant role in developing educational programs to support volunteer visitors and the patients they serve.

The rationale, together with the student's personal stance, led to the belief that an educational support intervention was appropriate and compatible with social work's purposes, roles, values, and skills.

The overall goal of the practicum was to strengthen and support an existing supportive network of visiting volunteers for patients in an extended care setting. The writer utilized an adult educational framework designed to accomplish the following outcomes:

1. an increase in the participants' acquisition of

    (i)   interpersonal skills,
    (ii) communication skills, and
    (iii) levels of confidence;

2. an increase in the participants' knowledge of the aging and dying process;

in order to form quality supportive relationships with the patients.

The writer's personal (learning) objectives in the context of the practicum were:

1. to develop a working knowledge base in the areas of volunteers as social support systems, adult education, and educational program development;

2. to develop a philosophical and theoretical approach to strengthening a social support network through an educational support intervention;

3. to operationalize a working model of practice by planning, designing, administering, implementing, and evaluating an educational support program developed to meet the objectives as earlier outlined;

4. to develop increased knowledge (through content development) in the areas of aging, death and dying, communication, helping relationships, and family dynamics;

5. to document the educational program in an instructional manual in order to meet the present and future educational needs of volunteer visitors in extended health care settings;

6. to effect personal and professional change and growth in the learning process of developing the practicum.

Importantly, it should be noted that first and foremost, the writer's practicum was, in fact, the process of developing a program. Essentially, a selective review of the literature was conducted for the purpose of formulating a philosophical, theoretical, and practical approach to the development of an educational support program for

the volunteer social support system. However, the litera-
ture review also laid the foundation of a beginning frame-
work for the identification and assessment of needs so
integral to developing an adult educational program with
the learner as focus.   Several salient points were ex-
tracted and a number of interweaving patterns were iden-
tified in the literature.

From a   contextual overview of volunteer support
systems, it was observed that volunteers have a distinctive
contribution to make presently and potentially in enhancing
the quality of health care for patients in extended health
care settings. Social support may have the preventive and
rehabilitative   effect   of facilitating adjustment and
adaptation to situational, environmental, and developmental
forces impinging upon the patient's overall state of
health. By positively affecting patient behaviour, volun-
teer visitors become informal agents of change.

Social workers, as formal agents of change, share
with the volunteers a common goal of improved health care
for the patient. To achieve this goal, the profession can
reinforce the quality and effectiveness of support extended
by existing   volunteer visitor networks through human
resources development. Education designed to enhance the

coping and problem-solving capabilities of social support systems through knowledge/skills/attitude training can feasibly be facilitated by social workers who have the knowledge and expertise in meeting the social and emotional needs of the patients.

Just as the functioning of individuals depends on a supportive environment, so do volunteers depend on a supportive environment. The concept of support fostered through personal and group development is an interweaving thread in the adult education theory, and occurs conjointly (although less frequently) in the social support literature. Equally, social workers as educators become a social support directly for the volunteer and indirectly for the patient, receiving in turn interdependent and reciprocal support.

As well, a focus on human competency, potential for growth, self-actualization, self-directedness, and participative planning are patterns differentiated in the literature on volunteers, reiterated in the writings on adult education, and compatible with social work philosophy, theory, and practice. In these and other aspects, the writer concluded that the rationale for an educational intervention was substantiated.

In order to formulate a theoretical and philosophical approach that could be translated into practice, the proposed educational intervention was examined in the context of adult learning. It was observed that education is interventionist by nature. A goal of education is dynamic change--both planned and unplanned--and growth in the individual self and her/his behaviour.

The andragogical concepts of uniqueness of the individual; self-determination (of individual goals); locus of responsibility; learning as person- and life-centered; and experience as a rich resource would also seem to fit with the ideological values and purposes of social work.

Other concepts such as readiness to learn, responsiveness to interests and needs (both educational and "non-educational", anticipated and unanticipated) and varied learning styles contributed to the educational philosophy that recognition and respect for individuality in learning must predominate.

This may be especially so for the older learner for whom developmental, motivational, social-cultural, and physiological dimensions must be considered.

The important element in any learning-teaching transaction is the interaction between learner and the educative environment of which the adult educator is a part.

The quality and amount of learning is clearly influenced by the quality of this interactive process. Thus, the critical function of the educator is to create a rich environment from which learners can extract learning and guide their interaction with it to maximize their learning. It may be necessary to help the learners learn how to learn andragogically.

Importantly, the educational philosophy; value, beliefs, attitudes; roles; personal attributes; and style of the educator largely determine how she/he will behave toward the learner. Equally, the adult educator perceives herself/himself as a co-inquirer and reciprocal learner in the process of learning.

From a contextual focus on educational program development, the writer was able to construct an operational model of practice which provided a blue print for action and direction. A conceptual framework outlining categories of responsibilities and functions of the educator program-

mer--planning, designing, administering, implementing, evaluating, and reporting and documenting--presented a procedural process which was incorporated by the writer.

Significantly, it was observed that adult educational program development is developmental, cyclical, and characterized by constant change. Responsiveness, modification, and adaptation are predicated to increase program effectiveness. The focus of program development is planned change expressed through goals, however educational outcomes may be anticipated or unanticipated. The process is a series of choices or decision points taking into consideration needs, stance, conditions, and alternative courses of action. In the end, the final product of education reflects the value orientation of those decision-makers involved in programming.

Specifically, in relation to educational evalua-tion, it was observed that evaluation provides useful information for judging decision alternatives. The primary purpose of evaluation is to determine how much change and growth has taken place in relation to both program and learning objectives; the ultimate goal is to improve both teaching and learning.

The literature review on volunteers as social support systems, adult education, and educational program development validated the writer's conception of "what should be". Philosophical and theoretical considerations identified fundamentally supported the writer's personal and professional beliefs, closing the gap between "what should be" and "what it is" and "why it is".

Prior to implementation of the program, the writer conducted a needs assessment in preparation for setting program, educational, and learning objectives. An instructional format with relevant learning experiences was designed accordingly. The learning experiences focused on several topics: knowledge of the aging and dying pro-cesses, communication and helping skills, family dynamics, and terminating a relationship. All of these topics were organized under the theme of Change, Loss, and Grief.

The educational program was implemented in six two-hour weekly sessions at the Winnipeg Municipal Hospital and consisted of fifteen volunteer visitors.

Assessment, comprised of program description (program development strategies and the experience of the writer as student) and evaluation (antecedent, process,

impact, and outcome) was utilized to measure and judge growth and change in relation to both program and learning objectives with the goal of program improvement. A range of measures --informal feedback, subjective observations, questionnaires and subjective self-ratings--were incorporated.

Overall, the program as assessed by the learners in process evaluation (formative and summative) was verified in terms of objectives, content, and process as being facilitative, useful, relevant, and appropriate.

The educational objectives appeared to be positively met as perceived by the learners in impact evaluation but less so by outside observers in outcome evaluation. The value overall of the educational program developed for volunteer visitors working with patients in extended care settings was confirmed for the writer.

In conclusion, the writer submits that the intent of the practicum was achieved in most respects. This was notably so in relation to the objectives of the learners. It was concluded that the learners perceived:

1.   an increase in the acquisition of:

     (i)   interpersonal skills,
    (ii)   communication skills, and
   (iii)   levels of confidence;

2.   an increase in knowledge of the:

     (i)   aging process, and
    (ii)   dying process;

in order to form quality supportive relationships with the
patients.

        This was less so perceived by outside observers
(Directors of Volunteers).

        The writer (as student) also submits that her
personal learning objectives were achieved in the following
respects:

    1.   The student developed a working knowledge base in
         the areas of:

         (a)   volunteers as social support systems,
         (b)   adult education,
         (c)   educational program development;

    2.   the student developed, based on the above, a
         philosophical and   theoretical approach   to
         strengthening a supportive network for the
         patients in an extended care setting through an
         educational support intervention;

    3.   the student operationalized a working model of
         practice by planning, designing, administering,
         implementing, and   evaluating   an educational

support program developed to meet objectives specifically in relation to knowledge, attitude, and skill development in the context of support as earlier outlined;

4.   the student acquired increased knowledge in the areas of:

(a) aging,
(b) death and dying,
(c) communication,
(d) helping relationships,
(e) family dynamics,

in the context of content development for the program;

5.   the student documented the educational program in an instructional manual in order to concretely meet the present and future educational needs of volunteer visitors working with patients in extended health care settings;

6.   the student gained personal and professional growth and change in the learning process of developing the practicum.

In relation to the practicum as a whole and of particular value to the writer (as student) has been the _professional_ opportunity to explore and discover new possibilities for creative and alternative helping approaches. An educational support intervention is a preventive health approach - one that builds upon a faith in human competency, the potential of growth and change, and a focus on strength. It capitalizes upon a human concern for fellow humans, people helping people, and a sense of a nurturing and supportive community. In this

respect, it generates optimism and the hope that formal and informal helpers working together surely will raise the quality of life to its highest level. Herein lies the inherent worth of an educational support approach.

It is this same spirit of working together that enabled both the writer (as student) and the volunteers to learn together. It was a stimulating, enriching, and challenging experience of growth that was mutually rein-forcing. The writer (as student) is richer for having shared this experience with them. What it does validate for the writer is the potential that volunteer social support systems have for learning knowledge and skills that will enhance the quality of care they can extend to patients.

Also of particular significance to the writer (as student) was the ensuing demand for the manual designed to meet present and future training needs of volunteer visitors in the Winnipeg Municipal Hospital. Subsequent requests (twenty-five) from urban and rural Manitoba confirmed for the writer the necessity and value of inter-agency sharing of educational resources. The common need for educational resources may well provide a potential

linking mechanism in building and strengthening volunteer social support systems.

Presently, the manual is being utilized as a blue print for training in the Department of Volunteers at the Winnipeg Municipal Hospital. Two training programs were implemented in October-November 1986 and March-April 1987 with plans in progress for a third program (October-November, 1987). Training for all volunteers entering the Volunteer Visitor program is now compulsory.

Since the writer's initiation of the program, two social workers from Municipal Hospital have been actively involved in educating, specifically in the areas of Communication and Helping Skills. Additionally, nursing staff from the Department of Education, the hospital chaplain, and the Co-ordinator of Palliative Care Volunteers--all from Municipal Hospital--have been major educational contributors to the program in consultation with the Director of Volunteers.

To attain a higher level of professional competence, the writer (as student) met challenges on a personal dimension. The first challenge was the concept of change. Basically, to learn, one must change; to achieve

change, one must experience and respond to instability and uncertainty.   This entails risk; risk means trying something new; trying   something   new gives rise to mistakes. Through the practicum, the old adage "We learn through mistakes" has taken on greater significance for the writer. Far from implying failure, it has signified for the writer a positive insight from which to view education and develop new goals for learning.   The second challenge was the revelation that the responsibility for one's learning comes from within. For the writer the practicum presented her with a unique opportunity to learn independently while achieving her educational goals through self-determination. Both challenges capture, in essence, what learning is all about.

What are the implications of the practicum for the future? From the writer's perspective, one implication is that she has acquired skills in developing an educational program that can be transferred and applied in patient education/support groups, staff development, inservices/ workshops, and public relations representation. Another implication is that the writer has integrated the concepts of education into her professional practice, thereby enriching her repertoire of helping skills with individuals and groups.

The writer's vision of the future is that social workers will become increasingly aware of their present and potential roles as educators, not as separate from "social work" roles as therapists, counsellors, and administrators, but as an integral part of these and other helping roles. This means seeing new possibilities for creative interventions, seeking out opportunities for educating, and initiating educational program development so that patients, social support systems, and others receive the benefits of the profession's unique expertise, knowledge, and skills to enhance their quality of life.

APPENDICES

I.   ADMINISTRATION

        APPENDIX A   Letter of Introduction

        APPENDIX B   Letter of Confirmation

        APPENDIX C   Certificate of Course Completion

II. EVALUATION

        APPENDIX D   Opinion   Survey   (Antecedent
                             Evaluation)

        APPENDIX E   Process Evaluation (Formative)

        APPENDIX F   Process Evaluation (Summative)

        APPENDIX G   Impact Evaluation (Formative)

        APPENDIX H   Impact Evaluation (Summative)

        APPENDIX I   Outcome Evaluation

APPENDIX A

Letter of Introduction

March 18, 1985

Dear

Thank you for your expressed interest in registering for the upcoming training sessions being designed specifically for visitation volunteers.

Enclosed please find a survey questionnaire. This enables me to get to know you better before we actually meet on April 10th for the first session. Kindly fill out the survey and return to:

> Gen Henderson
> c/o Jim Putz, Director
> Department of Volunteers
> Municipal Hospital
> Morley Avenue
> Winnipeg, Manitoba
> R3L 2P4

by mail or in person. A self-addressed envelope is enclosed. If you have any questions in the interim, kindly call me at 837-3477 day or evening.

Once the survey is completed, I will be sending you a letter of confirmation along with pertinent information regarding dates and location.

In closing, I wish to point out that, by virtue of being a volunteer, you possess a wealth of experience, both off and on the job, which can contribute significantly to the upcoming sessions.

I look forward to meeting you at a later date in the training session.

Sincerely,

Gen Henderson
M.S.W. Student
Dept. of Volunteers

APPENDIX B

Letter of Confirmation

Dear

Re: <u>Training Workshop</u>

This letter will confirm your registration for the training
workshop designed for volunteer visitors in rehabilitation
and extended care facilities.

The schedule for the sessions is as follows:

DATES:	Wednesday evenings on -	
	April 10	May 1
	April 17	May 8
	April 24	May 15
TIME:	7:30 p.m. - 9:30 p.m.	
LOCATION:	Classroom E	
	Lower Level	
	Day Hospital Building	
	Winnipeg Municipal Hospital	
	Morley Avenue, Winnipeg	

For security purposes, it will be necessary to enter the
Day Hospital through the tunnel doors (delineated by an
X on your map) at the rear of the Princess Elizabeth.
Participants are advised to arrive prior to 7:30 p.m. so
that the session can begin on time. Someone will be there
to assist you with directions. Parking is available in the
lot south of the Day Hospital.

If you have not returned your opinion survey to date, kindly
do so in the coming week or bring it with you to the first
session on April 10th.

Once again, I look forward to meeting you personally on that
date.

Yours sincerely,

Gen Henderson
Course Facilitator

GH/mh

APPENDIX C

Certificate of Course Completion

THE WINNIPEG MUNICIPAL HOSPITAL

certifies that

_____

has satisfactorily completed
a training program for

𝔉𝔯𝔦𝔢𝔫𝔡𝔩𝔶 𝔙𝔦𝔰𝔦𝔱𝔬𝔯𝔰

_____   _____

Hospital Administrator   **Course Facilitator**

_____

Director of Volunteer Services

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APPENDIX D

Opinion Survey (Antecedent Evaluation)

OPINION SURVEY

SAMPLE SIZE: 12   M 3   F 9

CURRENT VOLUNTEER PLACEMENT:
    Palliative Care   3
    Geriatrics   4
    Admissions   2
    Pastoral Care   2
    Day Hospital   1

AGE:

Age	Percentage	Average
Over 50	50%	61.3
Under 50	50%	38.3

Mean Average: 49.8 yrs
Range: 25 to 73

NUMBER OF HOURS SERVED:
    Weekly   48.25 hours   Total Average
    Monthly 176.15 hours

LENGTH OF VOLUNTEER SERVICE IN PRESENT POSITION:
    Total No. Months   102.5
    Average No. Months   8.54

I	WORK EXPERIENCE		SPECIAL LIFE EXPERIENCES		PERSONAL EXPERIENCES	
	. Secretary	2	. Homemaker	5	. Caring for Elderly	
	. Secretarial Teacher	1	. Church/ Parish Work	2	Relatives	5
	. Nursing Assistant (Trainee)	1	. Community Service	12	. Loss of Relatives	4
	. Registered Nurse	1	- Mentally Handicapped	1		
	. Elementary School Teacher	1	- School Board	2		
	. Student with BA in Religious Studies and Sociology	1	- Canvassing Committee	2		
	. General Labour	1	- Board of Directors	1		
	. Aid to Elderly	1	- Women's Institute	1		
			- Other Hospital Work	1		
			- Day Care/ Nursery Sch	1		
			- Boy Scout Leader	1		

II PARTICIPATION

RESPONSES	NO. OF RESPONSES
1. REASONS FOR YOUR INTEREST IN THIS TRAINING PROGRAM	
a) Acquire effective communication skills	1
b) More skills to deal with difficult situations	2
c) Assist me in being of service to terminally ill patients	1
d) To help the ill and dying patient	1
e) To better enable me to meet my commitment in palliative care	1
f) I feel there is much that I have to learn if I am to be able to do my job as an admissions volunteer	1
g) Interested in gerontology	2
h) I like older people	1
i) To bring happiness and comfort to older people	1
j) The reasons are many, but one is to gain as much knowledge of the personal needs of the senior at home	1
k) To become a better volunteer	1
l) Want to learn more about the sick and terminally ill. I want to see how I can be of help to them, not just by guessing what to do, but by being trained what to do. My mother was chronically ill and because I had to leave her in the care of others, I want to help someone in return.	1
m) I am aware of many areas in interaction with others that could be improved. This potential improvement is the main reason for my interest in the training program.	1

RESPONSES	NO. OF RESPONSES
2. EXPECTATIONS FOR TRAINING PROGRAM	
a) Application of knowledge to work situation	1
b) Train other volunteers	1
c) Understanding the aging process	1
d) Alleviate stress of dying for patient and family	2
e) Increased knowledge and awareness of feelings of the patient	1
f) Understanding the dying process	1
g) Understanding the needs of the elderly and infirm	1
h) Improvement of practical skills and new approaches in helping	4
i) Practical skills in visiting; things to talk about, ways to reach out	1
j) Share experience	1
k) Effective communication skills (verbal and non-verbal)	3
l) Knowledge about specific disease	1

III SKILL KNOWLEDGE DEVELOPMENT

Identify skills/knowledge you feel you have or don't have and which you feel you would like to develop below in your visiting relationships:

	Yes	No	Would like to develop
1. Increased knowledge about:			
a) dying	4	4	9
b) aging	4	2	8
c) specific illness	2	1	3
2. Interpersonal skills with:			
a) the patient	5	1	10
b) the family	2	2	5
3. Listening skills	7	1	7
4. Communication	4	2	10
5. Helping skills	5	1	8

Other (if other, please describe)

a) Communication (both and non-verbal) with stroke patients and the deaf
b) Knowledge about multiple sclerosis
c) Financial stress for the patient

IV **PERSONAL AWARENESS**

RESPONSES	NO. OF RESPONSES
I WOULD DESCRIBE MYSELF AS:	
a) I am daily seeking new experiences and eager to develop relationships I have already made	1
b) A compassionate person, willing to go a second mile	1
c) A person aware of my many blessings and a sense of obligation to assist people in need	1
d) Dependable, caring, honest	1
e) Empathetic, caring, get very involved; poor at sharing my own experiences because I feel them so deeply; need to build strength (I get depressed and discouraged)	1
f) Like to meet people; like to feel confident in what I'm doing; like to keep busy and get a great deal of satisfaction in helping others	1
g) Anxious to be of service, not content to sit around and watch the world go by	1
h) A caring person who is interested in the well-being of others, especially the ill and elderly	1
i) Somewhat shy, need a systematic way of beginning a relationship	1

V **ANY ADDITIONAL COMMENTS OR CONCERNS ABOUT THE TRAINING SESSION**

a) Need for communication and assertiveness with the nursing staff	1
b) Do not want to spend too much time in training over and above the two or three hours a week that I volunteered for	1
c) Really looking forward to the training session	1
d) Look forward to learning through shared experiences and meeting people who are in visiting	1
e) Hands on experience	1

APPENDIX E

Process Evaluation (Formative)

SAMPLE SIZE: 13

EVALUATION OF SESSION I

1) Attitudes to the Elderly
2) Social and Psychological Changes in the Elderly

1) Did the session meet its objective(s) as stated?

   YES __12__   NO __1__   DON'T KNOW __–__

2) On a scale of 1 - 7 how would you rate today's session in terms of application and/or relevance to your volunteer duties and responsibilities?

   1   2   3   4   5   6   7
   –   Circle as appropriate   +

No. of Responses	Rating
2	7
2	6
2	5
4	4
2	3
–	2
–	1
1	No resp.

   TOTAL   13

3) The overall pace of the session was:

   TOO SLOW __2__   TOO FAST __–__   JUST RIGHT __11__

4) For each of the items below place an X in the appropriate column:

	NOT RELEVANT			VERY RELEVANT	
a) Presentation	0	1	2	3	4
Content	–	–	2	3	7
Organization	–	–	1	2	9
Thoroughness	–	–	–	5	7
Professional Delivery	–	–	–	4	8

	NOT RELEVANT			VERY RELEVANT	
b) Learning Techniques*	0	1	2	3	4
Lecturette	-	-	-	2	4
Role Play	-	-	-	1	2
Learner Participation	-	1	-	5	5
Small Group Discussion	-	-	1	3	4
Film	-	-	-	1	10
Audio Tape	-	-	-	2	-
"Expert" Guest Speaker	-	-	-	2	-
Overhead Projection	-	-	1	2	2
Self Instructional Aids	-	-	-	2	-
Handouts	-	-	-	5	4

* As applicable for each session.

5) How would you rate today's program on an overall basis?

5	EXCELLENT
8	GOOD
-	FAIR
-	POOR
-	NOT WORTHWHILE

RESPONSES	NO. OF RESPONSES
6) Which part of today's session do you feel was the most worthwhile?	
a) Film	10
b) Setting a feeling of confidence with facilitator	1
c) Group discussion/interaction	8
Why?	
a) Real life (film)	1
7) Which part(s) of today's session did you feel was (were) the least worthwhile?	
a) Stereotypical labelling - too long	4
b) Stereotypical labelling - too negative	2

RESPONSES	NO. OF RESPONSES
8) Suggestions for future sessions on these topics?	
a) Role play	2
b) Group discussion	3
c) Positive attitudes to the elderly	1
9) Additional Comments	
a) Use of Film "Peege" excellent for reference	3
b) Shorter session (until 9:00)	1
c) Extended session (until 10:00)	1

EVALUATION OF SESSION II

Physiological Losses of the Elderly

1) Did the session meet its objective(s) as stated?

      YES __15__   NO __–__   DON'T KNOW __–__

2) On a scale of 1 - 7 how would you rate today's session in terms of application and/or relevance to your volunteer duties and responsibilities?

    1   2   3   4   5   6   7
    –   Circle as appropriate   +

No. of Responses	Rating
5	7
6	6
4	5
–	4
–	3
–	2
–	1
–	No resp.
TOTAL 15	

3) The overall pace of the session was:

    TOO SLOW __–__   TOO FAST __–__   JUST RIGHT __15__

4) For each of the items below place an X in the appropriate column:

a) Presentation	NOT RELEVANT 0	1	2	VERY RELEVANT 3	4
Content	–	–	1	3	11
Organization	–	–	–	5	9
Thoroughness	–	–	1	3	11
Professional Delivery	–	–	–	3	11

b) Learning Techniques*	NOT RELEVANT 0	1	2	3	VERY RELEVANT 4
Lecturette	−	−	1	2	4
Role Play	−	−	1	4	2
Learner Participation	−	−	1	3	7
Small Group Discussion	−	−	−	3	−
Film	−	−	−	1	2
Audio Tape	−	−	−	2	7
"Expert" Guest Speaker	−	−	1	1	11
Overhead Projection	−	−	1	2	4
Self Instructional Aids	−	−	1	2	3
Handouts	−	−	1	4	6

* As applicable for each session.

5) How would you rate today's program on an overall basis?

11	EXCELLENT
4	GOOD
−	FAIR
−	POOR
−	NOT WORTHWHILE

RESPONSES	NO. OF RESPONSES
6) Which part of today's session do you feel was the most worthwhile?	
a) Simulations	7
b) Guest speaker's presentation	8
c) Information about illness very useful	2
d) The 'Hearing Test'	1
e) Visual aids	1
Why?	
a) Increased awareness of illness	6
b) Increased awareness of physiological losses	3
c) Improve quality of visiting	1
d) "Guest speaker explained how we as volunteers can help the patient"	1

RESPONSES	NO. OF RESPONSES
7) Which part(s) of today's session did you feel was (were) the least worthwhile?	
a) Some of the colours on transparencies were hard to read	1
8) Suggestions for future sessions on these topics?	
a) Films on disabilities and illness	1
b) How to approach person who is blind and deaf	1
c) Loss of taste	1
d) Group discussion of experience with different illnesses	1
e) Need for coffee break	1
f) "Carry on", stay the same	2
9) Additional Comments	
a) Enjoyed and learned from it all	4
b) "I really appreciate the opportunity to learn more about the needs and concerns of the elderly, thank you"	1

SAMPLE SIZE: 11

EVALUATION OF SESSION III

Communication Skills

1) Did the session meet its objective(s) as stated?

   YES __11__   NO __-__   DON'T KNOW __-__

2) On a scale of 1 - 7 how would you rate today's session in terms of application and/or relevance to your volunteer duties and responsibilities?

   1   2   3   4   5   6   7
   -            Circle as appropriate   +

No. of Responses	Rating
5	7
3	6
1	5
2	4
-	3
-	2
-	1
-	No resp.
TOTAL 11	

3) The overall pace of the session was:

TOO SLOW	TOO FAST	JUST RIGHT	NO RESPONSE
-	-	10	1

4) For each of the items below place an X in the appropriate column:

   a) Presentation

	NOT RELEVANT 0	1	2	VERY RELEVANT 3	4
Content	-	-	-	3	8
Organization	-	-	-	2	9
Thoroughness	-	-	-	2	8
Professional Delivery	-	-	-	2	7

			NOT RELEVANT			VERY	RELEVANT
b)	Learning Techniques*		0	1	2	3	4
	Lecturette		–	1	–	2	2
	Role Play		–	–	–	4	5
	Learner Participation		–	–	–	3	7
	Small Group Discussion		–	–	1	2	8
	Film		–	–	–	–	–
	Audio Tape		–	–	–	–	–
	"Expert" Guest Speaker		–	–	–	–	–
	Overhead Projection		–	–	–	2	1
	Self Instructional Aids		–	–	–	–	2
	Handouts		–	–	–	3	6

* As applicable for each session.

5) How would you rate today's program on an overall basis?

7	EXCELLENT
3	GOOD
1	FAIR
–	POOR
–	NOT WORTHWHILE

RESPONSES	NO. OF RESPONSES
6) Which part of today's session do you feel was the most worthwhile?	
a) Charades	5
b) Life review/reminiscence	3
c) Listening	2
d) Shared experiences with volunteers	2
e) Group discussion of how to put skills into practice	2
f) Feedback	3
Why?	
a) Easy to misinterpret person's feelings and actions	3
b) Development of observation skills	1
c) Helped to better organize my conception of the topic	1
d) Group discussion - share and benefit from others' ideas and experiences	1
e) "Get to know your neighbour"	1

RESPONSES	NO. OF RESPONSES
7) Which part(s) of today's session did you feel was (were) the least worthwhile?	
a) Overhead projection (communication cycle)	1
8) Suggestions for future sessions on these topics?	
a) A more in-depth study of verbal communication	1
b) Communication exercises with patients	1
c) More group discussions	1
9) Additional Comments	
a) Group discussions are interesting as we seem to get so much feedback	1
b) I depend on Gen's judgement of selection	1
c) Well done session, glad to be there/ enjoyed every minute	3
d) Work put into sessions has paid off, you are to be complimented on your presentation	1

SAMPLE SIZE: 11

EVALUATION OF SESSION IV

The Helping Relationship

1) Did the session meet its objective(s) as stated?

     YES __10__   NO __–__   DON'T KNOW __1__

2) On a scale of 1 - 7 how would you rate today's session in terms of application and/or relevance to your volunteer duties and responsibilities?

   1   2   3   4   5   6   7
   –   Circle as appropriate   +

No. of Responses	Rating
7	7
2	6
1	5
–	4
1	3
–	2
–	1
–	No resp.

TOTAL | 11 | |

3) The overall pace of the session was:

   TOO SLOW __1__   TOO FAST __3__   JUST RIGHT __7__

4) For each of the items below place an X in the appropriate column:

	NOT RELEVANT			VERY RELEVANT	
a) Presentation	0	1	2	3	4
Content	–	–	1	2	8
Organization	–	–	1	3	7
Thoroughness	–	–	2	2	7
Professional Delivery	–	–	2	2	7

	NOT RELEVANT			VERY RELEVANT	
b) Learning Techniques*	0	1	2	3	4
Lecturette	-	-	-	1	5
Role Play	-	-	-	1	7
Learner Participation	-	-	-	2	8
Small Group Discussion	-	-	-	-	8
Film	-	-	-	-	-
Audio Tape	-	-	-	-	-
"Expert" Guest Speaker	-	-	-	-	8
Overhead Projection	-	-	-	-	-
Self Instructional Aids	-	-	-	1	2
Handouts	-	-	-	2	6

* As applicable for each session.

5) How would you rate today's program on an overall basis?

9	EXCELLENT
1	GOOD
1	FAIR
-	POOR
-	NOT WORTHWHILE

RESPONSES	NO. OF RESPONSES
6) Which part of today's session do you feel was the most worthwhile?	
a) Listening/communication skills	4
b) Group participation	2
c) Guest speaker	5
d) Group discussion	1
e) Pairs exercise	3
f) Trust exercise	3
g) "I didn't know that" exercise	1
Why?	
a) Non-verbal communication	1
b) Dealt directly with situation of friendly visiting	1
c) Brought the group closer/gave them more confidence	1
d) Helped us understand ourselves, therefore as volunteers gave us insight for understanding patients	1
e) Increased self-confidence	2

RESPONSES	NO. OF RESPONSES
7) Which part(s) of today's session did you feel was (were) the least worthwhile?	
a) The exercises used in this session have been around for many years and do not generate fresh ideas	1
b) Entire evening worthwhile/helpful/ enjoyable	3
c) Whole program is excellent	4
d) Feeling more comfortable in my approach to the nurses; better attitude/ improved communication	1
8) Suggestions for future sessions on these topics?	
a) Always more in-depth study on this topic	1
b) Stay the same	1
c) Longer group discussions - benefit of experiences and problem solving	1
d) Extend to two sessions	2
e) More time to ask questions/discuss without rushing	1
9) Additional Comments	
a) "Gen does a super job; guest speaker great"	1

EVALUATION OF SESSION V

Dying and Death

1) Did the session meet its objective(s) as stated?

YES 11   NO   -   DON'T KNOW   -

2) On a scale of 1 - 7 how would you rate today's session in terms of application and/or relevance to your volunteer duties and responsibilities?

1   2   3   4   5   6   7
-            Circle as appropriate   +

No. of Responses	Rating
8	7
2	6
1	5
-	4
-	3
-	2
-	1
-	No resp.
TOTAL 11	

3) The overall pace of the session was:

TOO SLOW   -   TOO FAST   2   JUST RIGHT   9

4) For each of the items below place an X in the appropriate column:

	NOT RELEVANT			VERY RELEVANT	
a) Presentation	0	1	2	3	4
Content	-	-	1	2	8
Organization	-	-	-	1	10
Thoroughness	-	-	-	3	8
Professional Delivery	-	-	-	1	10

b) Learning Techniques*	NOT RELEVANT			VERY RELEVANT	
	0	1	2	3	4
Lecturette	-	-	1	-	6
Role Play	-	-	-	1	4
Learner Participation	-	-	-	1	8
Small Group Discussion	-	-	-	1	5
Film	-	-	-	1	8
Audio Tape	-	-	-	-	2
"Expert" Guest Speaker	-	-	-	-	10
Overhead Projection	-	-	-	-	2
Self Instructional Aids	-	-	-	1	3
Handouts	-	-	-	-	9

* As applicable for each session.

5) How would you rate today's program on an overall basis?

10	EXCELLENT
1	GOOD
-	FAIR
-	POOR
-	NOT WORTHWHILE

RESPONSES	NO. OF RESPONSES
6) Which part of today's session do you feel was the most worthwhile?	
a) The film (Reflections On Suffering)	6
b) Fantasy (Journey Through Loss)	3
c) Stages of grief	1
d) Discussion on loss	1
e) Speaker's sharing of experiences	5
Why?	
a) Real life situation (film)	2
b) Guest speaker's input	6
c) Insight into patient's feelings and experience	4
d) Improved relationship with the dying patient	1
e) Insight into loss	2

RESPONSES	NO. OF RESPONSES
7) Which part(s) of today's session did you feel was (were) the least worthwhile?	
a) Fantasy	1
b) Brainstorming (less time)	1
8) Suggestions for future sessions on these topics?	
a) More on dying patient's feelings	1
b) One session probably does not do this topic justice	1
c) Follow-up session (in two weeks)	1
d) More life experience films	2
e) More on communication skills (can't be too much of this)	1
f) More speakers who relate to volunteer visiting	1
9) Additional Comments	
a) Handouts most helpful/very important	2
b) Handouts good for future reference/ will file them	1
c) Group discussions are most valuable	1
d) This session had the most profound effect on my awareness of myself and others	1
e) I know so much more now, I don't feel 'lost' anymore, I hope it makes me a better visitor	1
f) This feels like one happy family	1
g) This group of volunteers are wonderful, only wish we could form a group get-together sometimes for discussion	1
h) Extremely interesting session/thank you	2

SAMPLE SIZE: 9

EVALUATION OF SESSION VI

1) Dealing with the Family
2) Saying Goodbye

1) Did the session meet its objective(s) as stated?

   YES __9__   NO __-__   DON'T KNOW __-__

2) On a scale of 1 - 7 how would you rate today's session
   in terms of application and/or relevance to your volun-
   teer duties and responsibilities?

   1   2   3   4   5   6   7
   -         Circle as appropriate   +

No. of Responses	Rating
3	7
3	6
3	5
-	4
-	3
-	2
-	1
-	No resp.

   TOTAL | 9 |

3) The overall pace of the session was:

   TOO SLOW __-__   TOO FAST __1__   JUST RIGHT __8__

4) For each of the items below place an X in the
   appropriate column:

	NOT RELEVANT			VERY RELEVANT	
a) Presentation	0	1	2	3	4
Content	-	-	1	-	8
Organization	-	-	-	2	7
Thoroughness	-	-	-	2	7
Professional Delivery	-	-	-	-	9

b) Learning Techniques*	NOT RELEVANT			VERY RELEVANT	
	0	1	2	3	4
Lecturette	-	-	-	2	6
Role Play	-	-	-	2	1
Learner Participation	-	-	-	2	3
Small Group Discussion	-	-	-	1	6
Film	-	-	-	1	1
Audio Tape	-	-	-	1	1
"Expert" Guest Speaker	-	-	-	1	2
Overhead Projection	-	-	-	4	2
Self Instructional Aids	-	-	-	1	1
Handouts	-	-	-	4	1

* As applicable for each session.

5) How would you rate today's program on an overall basis?

6	EXCELLENT
3	GOOD
-	FAIR
-	POOR
-	NOT WORTHWHILE

RESPONSES	NO. OF RESPONSES
6) Which part of today's session do you feel was the most worthwhile?	
a) Group discussion	1
b) Feedback	2
c) Terminating a relationship	3
d) Family dynamics	3
e) Relationship to previous topics	1
Why?	
a) Personal experiences insightful	1
b) Learning to say goodbye	1
c) Unfinished business	1
d) Understanding of how illness affects all family members	2
e) Because the family completes the picture - a patient affects and is affected by those close to him/her	1

RESPONSES	NO. OF RESPONSES
7) Which part(s) of today's session did you feel was (were) the least worthwhile?	—
8) Suggestions for future sessions on these topics?	
a) More time on this topic for all volunteers	1
b) Extend all sessions	1
c) More speakers in related fields	1
9) Additional Comments	
a) Terminating a relationship has always been difficult for me – welcome the opportunity to learn skills	1
b) Perhaps it could be determined whether or not families would like to meet the volunteer	1
c) Teach other volunteers knowledge/ skills gained	1
d) Applicability not only in our work but also in our day-to-day life	2
e) Invaluable course for volunteers – thanks Gen for putting this all together for us	1

APPENDIX F

Process Evaluation (Summative)

FINAL EVALUATION OF VOLUNTEER
TRAINING PROGRAM

Primary Goal: To improve the quality of one-on-one relationships with the institutionalized patient in a long-term care facility.

I Training Program

1) Did the training program meet its primary goal as stated?

YES 10   NO -   DON'T KNOW 1   NO RESPONSE 2

2) How would you rate the training program on an overall basis?

Not
Worthwhile Poor Fair Good Very Good Excellent

|———————————|———————|———————|———————|————————————|————————|
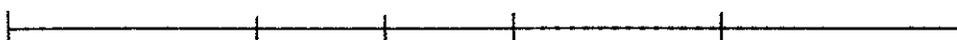
No. of Responses	Rating
6	Excellent
4	Very Good
1	Good
1	Fair
-	Poor
-	Not Worthwhile
1	No Response
TOTAL 13	

3) How would you rate the training program overall in terms of its usefulness? Circle the number of your response.

1	2	3	4	5	6	7
Waste of Time	No Use	Of Little Use	Uncertain	Somewhat Useful	Useful	Very Useful

No. of Responses	Rating
8	7
3	6
-	5
1	4
-	3
-	2
-	1
1	No response
TOTAL 13	

II Adult Learning Model

4) Did you feel you were able to contribute to the planning of future Volunteer Visitor training programs through the:

-	Opinion survey
1	Weekly session evaluations
5	Verbal feedback in class
6	All of the above
-	None of the above
1	No response

Use the following scale to rate items 5 to 12. Circle the appropriate number.

1	2	3	4	5	6
Definitely Not	No	Not Really	Probably (somewhat)	Yes	Definitely

5) Were the handouts helpful in promoting your self-learning?

Rating	1	2	3	4	5	6	No response
No. of Responses	-	-	2	-	5	6	-

6) Did you feel the training program was designed for adult learning (that is, did it take into account your past life experience)?

Rating	1	2	3	4	5	6	No response
No. of Responses	-	-	-	2	6	5	-

7) Were you able to draw upon your personal life experiences to integrate the concepts presented?

Rating	1	2	3	4	5	6	No response
No. of Responses	–	–	–	1	6	6	–

8) Were your expectations regarding this program fulfilled?

Rating	1	2	3	4	5	6	No response
No. of Responses	–	–	1	3	5	4	–

9) Has this course sparked your interest in pursuing further education related to the topics presented?

Rating	1	2	3	4	5	6	No response
No. of Responses	–	1	–	1	8	3	–

10) Would you recommend this program to other Volunteer Visitors?

Rating	1	2	3	4	5	6	No response
No. of Responses	–	–	–	1	4	8	–

11) Do you feel Volunteer Visitors have a valuable role to play in serving the social and emotional needs of patients in the health care system?

Rating	1	2	3	4	5	6	No response
No. of Responses	–	–	–	1	4	8	–

12) Would you recommend the primary facilitator to other volunteer groups? If rating is 5 or 6, state why.

Rating	1	2	3	4	5	6	No response
No. of Responses	–	–	–	–	6	7	–

If rating is 5 or 6, please state why: No response

III Program Planning

13) For group learning, the group was:

         -     too small
         -     somewhat small
        12   just right
         1   somewhat large
         -     too large
         -     no response

14) In regard to content, the program length was:

         1   too short
         6   somewhat short
         4   just right
         -     somewhat long
         1   too long
         1   no response

15) In future, I would recommend the training program
     be held in:

         4   spring
         -     summer
         8   fall
         4   winter
         1   no response

     in the following months (check 2 consecutive months)

     January 1   February 3   March 4   April 5   May 2

     June -   July -   August -

     Sept 4   October 6   Nov 4   Dec -

     No Response -

16) Have you been able to use the skills/knowledge
     acquired in relationships with patients?

        10   Yes
         -     No
         3   Don't know
         -     No response

With people other than patients?

11	Yes
–	No
1	Don't know
1	No response

RESPONSES	NO. OF RESPONSES
If yes, kindly give examples:	
a) Course helped to pinpoint needs of patient	1
b) Understanding of family member with terminal illness	1
c) In family matters	1
d) Values clarification	1
e) Better listener with a friend who has a health problem	1
17) What were the strengths of this training program?	
a) The loving, caring, understanding people/made a lot of friends/bond with volunteers	3
b) Increased my self-esteem/self-confidence	3
c) Bringing volunteers together, increased confidence, feeling worthwhile	1
d) Sharing experiences through group discussion	3
e) Respect for individual differences	2
f) Films	2
g) Role play	3
h) Knowledgeable training staff	3
i) The facilitator	4
j) Need for training itself as well as relevance of the material	1
18) What were the weaknesses of this training program?	
a) More time on topic of death (in relation to personal needs)	1
b) Missed coffee breaks	1
c) Brainstorming	1

RESPONSES	NO. OF RESPONSES
19) Would you be interested in a future training program?	
a) Yes	11
b) No	–
c) Don't Know	2
20) Specific suggestions for future sessions (i.e. topics, format, techniques, exercises, etc.)?	
a) Visitor – patient interview	2
b) Patient input	1
c) Extended sessions	5
d) More films	2
e) More small group discussion	1
f) Observation of "experts"	1
21) Additional Comments	
a) Would like other volunteers to benefit	2
b) Enjoyed entire program/could not wait to get to each one	1
c) Near perfect program	1
d) Interesting, stimulating, encouraging	1
e) Followed up with guest facilitator for additional learning	1
f) Peer learning valuable	1
g) Facilitator	
. "Gen aware of people's needs, well informed, well prepared"	2
. "Gen has a gift of communication, gains our interest, keeps it, draws us into classes, thus we also learn from each other"	1
. "Helped us come together as one"	1
. "Thank you for the learning opportunity, Gen"	1

APPENDIX G

Impact Evaluation (Formative)

FORMATIVE EVALUATION

SESSION I | SAMPLE SIZE: 14 |

1. LEVEL OF KNOWLEDGE/UNDERSTANDING

   Table 1.1 Stereotypical Attitudes to the Elderly

No. of Responses	Level of Change
–	+4
–	+3
3	+2
6	+1
5	same
–	no response
TOTAL 14	

Percentage
of learners
reporting
growth =
  64.3%

   Table 1.2 Social and Psychological Changes
             in the Elderly

No. of Responses	Level of Change
–	+4
–	+3
1	+2
8	+1
3	same
2	no response
TOTAL 14	

Percentage
of learners
reporting
growth =
  64.3%

SESSION II | SAMPLE SIZE: 12 |

2. LEVEL OF KNOWLEDGE/UNDERSTANDING

   Table 2.1 Physiological Losses of the Elderly

No. of Responses	Level of Change
–	+3
6	+2
6	+1
–	same
–	no response
TOTAL 12	

Percentage
of learners
reporting
growth =
  100%

SESSION III | Sample Size: 14 |

3.   COMMUNICATION SKILLS

Table 3.1.   Active Listening

No. of Responses	Level of Change
1	+3
1	+2
10	+1
2	same
-	no response
TOTAL 14	

Percentage
of learners
reporting
growth =
  85.7%

Table 3.2   Feedback

No. of Responses	Level of Change
-	+3
5	+2
5	+1
2	same
2	no response
TOTAL 14	

Percentage
of learners
reporting
growth =
  71.4%

4.   LEVEL OF KNOWLEDGE/UNDERSTANDING

Table 4.1   Self-Disclosure

No. of Responses	Level of Change
-	+3
2	+2
8	+1
3	same
1	no response
TOTAL 14	

Percentage
of learners
reporting
growth =
  71.4%

5.   LEVEL OF KNOWLEDGE

Table 5.1   Reality   Orientation   Not Applicable
Table 5.2   Life   Review

No. of Responses	Level of Change
1	+3
2	+2
5	+1
4	same
2	no response
TOTAL 14	

Percentage
of learners
reporting
growth =
  57.1%

SESSION IV   SAMPLE SIZE: 12

6. HELPING/COMMUNICATION SKILLS

Table 6.1.   Paraphrasing

No. of Responses	Level of Change
–	+3
4	+2
6	+1
2	same
–	no response
TOTAL 12	

Percentage
of learners
reporting
growth =
83.3%

Table 6.2   Responding

No. of Responses	Level of Change
–	+3
1	+2
9	+1
2	same
–	no response
TOTAL 12	

Percentage
of learners
reporting
growth =
83.3%

Table 6.3   Feedback

No. of Responses	Level of Change
–	+3
2	+2
7	+1
3	same
–	no response
TOTAL 12	

Percentage
of learners
reporting
growth =
75.0%

SESSION V | SAMPLE SIZE: 11 |

7. LEVEL OF KNOWLEDGE

Table 7.1 Dying and Death

No. of Responses	Level of Change
–	+4
1	+3
5	+2
4	+1
1	same
–	no response
TOTAL 11	

Percentage
of learners
reporting
growth =
90.9%

8. LEVELS OF KNOWLEDGE/UNDERSTANDING

Table 8.1 Loss

No. of Responses	Level of Change
1	+4
1	+3
4	+2
2	+1
2	same
1	no response
TOTAL 11	

Percentage
of learners
reporting
growth =
72.7%

Table 8.2 Feelings Associated with Loss

No. of Responses	Level of Change
–	+4
1	+3
2	+2
4	+1
3	same
1	no response
TOTAL 11	

Percentage
of learners
reporting
growth =
63.6%

8.3 Stages of Grief

No. of Responses	Level of Change
–	+4
1	+3
3	+2
3	+1
3	same
1	no response
TOTAL 11	

Percentage
of learners
reporting
growth =
63.6%

9. INTERPERSONAL SKILLS

Table 9.1 Supportive Techniques

No. of Responses	Level of Change
–	+4
–	+3
5	+2
5	+1
–	same
1	no response
TOTAL 11	

Percentage
of learners
reporting
growth =
90.9%

278

SESSION VI   SAMPLE SIZE: 11

10. LEVEL OF UNDERSTANDING

Table 10.1 Understanding Family Dynamics

No. of Responses	Level of Change
−	+4
−	+3
6	+2
5	+1
−	same
−	no response
TOTAL 11	

Percentage of learners reporting growth = 100%

11. LEVEL OF SKILL DEVELOPMENT

Table 11.1 Terminating a Relationship

No. of Responses	Level of Change
−	+4
3	+3
5	+2
3	+1
−	same
−	no response
TOTAL 11	

Percentage of learners reporting growth = 100%

APPENDIX H

Impact Evaluation (Summative)

SUMMATIVE EVALUATION

SAMPLE SIZE: 13

1. GROUP DEVELOPMENT

    Table 1.1   Group Rapport

No. of Responses	Level of Change
–	+4
2	+3
5	+2
3	+1
3	same
–	no response
TOTAL 13	

Percentage
of learners
reporting
growth =
76.9%

    Table 1.2   Group Support

No. of Responses	Level of Change
–	+4
1	+3
5	+2
4	+1
3	same
–	no response
TOTAL 13	

Percentage
of learners
reporting
growth =
76.9%

2. LEVELS OF AWARENESS

Table 2.1   Awareness of Self

No. of Responses	Level of Change
–	+4
–	+3
7	+2
5	+1
1	same
–	no response
TOTAL 13	

Percentage
of learners
reporting
growth =
 92.3%

Table 2.2   Awareness of Group

No. of Responses	Level of Change
–	+4
3	+3
5	+2
4	+1
1	same
–	no response
TOTAL 13	

Percentage
of learners
reporting
growth =
 92.3%

Table 2.3   Awareness of Patient/Resident

No. of Responses	Level of Change
–	+4
1	+3
4	+2
6	+1
2	same
–	no response
TOTAL 13	

Percentage
of learners
reporting
growth =
 84.6%

Table 2.4   Awareness of Patient's Family

No. of Responses	Level of Change
–	+4
–	+3
4	+2
5	+1
4	same
–	no response
TOTAL 13	

Percentage
of learners
reporting
growth =
 69.2%

3. IMPROVEMENT OF INTERPERSONAL RELATIONSHIPS

Table 3.1 Level of Skill Development

No. of Responses	Level of Change
–	+4
–	+3
4	+2
8	+1
1	same
–	no response
TOTAL 13	

Percentage of learners reporting growth = 92.3%

Table 3.2 Level of Overall Knowledge

No. of Responses	Level of Change
–	+4
–	+3
6	+2
5	+1
2	same
–	no response
TOTAL 13	

Percentage of learners reporting growth = 84.6%

Table 3.3 Level of Confidence in Forming Interpersonal Relationships

No. of Responses	Level of Change
–	+4
1	+3
6	+2
5	+1
1	same
–	no response
TOTAL 13	

Percentage of learners reporting growth = 92.3%

4.   LEVEL OF KNOWLEDGE

Table 4.1   Aging

No. of Responses	Level of Change
–	+4
1	+3
4	+2
7	+1
1	same
–	no response
TOTAL 13	

Percentage
of learners
reporting
growth =
  92.3%

Table 4.2   Dying

No. of Responses	Level of Change
–	+4
–	+3
5	+2
5	+1
3	same
–	no response
TOTAL 13	

Percentage
of learners
reporting
growth =
  76.9%

APPENDIX I

Outcome Evaluation

OBSERVER EVALUATION

SAMPLE SIZE: 11

NO. OF OBSERVERS: 5

The above named has successfully completed the volunteer visitor training program. Using your previous evaluation of his/her level of knowledge, skills and confidence as a baseline prior to training, kindly assess any perceived change in the level of knowledge, skills and confidence after the training.

Use the spaces to rate items A to C. Check the appropriate space to indicate your response.

Since completing the training program, the above named volunteer has acquired the following:

	Lower	Same	Higher	Cannot Assess	No Resp.
A. LEVEL OF KNOWLEDGE					
Aging	-	4	6	-	1
Dying	-	4	3	3	1
B. LEVEL OF INTERPERSONAL SKILL DEVELOPMENT					
Communication	-	4	6	-	1
Helping	-	4	6	-	1
C. LEVEL OF CONFIDENCE IN ESTABLISHING SUPPORTIVE RELATIONSHIPS	-	7	3	-	1

Would you be interested in future training programs for volunteer visitors?

YES 4   NO -   DON'T KNOW -   NO RESPONSE 1

RESPONSES	NO. OF RESPONSES
Specific suggestions for future sessions? (i.e. topics, format, techniques, exercises, etc.)	
a) More communication skills training (role playing suggested)	1
b) Training in fantasy and reality therapy	1
c) Skills for helping	1
d) Offering of course to other volunteers and staff	1
e) Excellent format	1
Additional Comments	
a) One volunteer demonstrated increased awareness in: loss of independence/self-esteem; loneliness; listening; trust in relationships; and sensitivity to the dying patient	1
b) One volunteer demonstrated increased sensitivity to residents' need to talk	1
c) One volunteer demonstrated increased listening skills	1

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