Community health promotion volunteers in Taiwan: their value to nurses

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Abstract
In Taiwan, volunteers make a significant contribution to the health workforce. In this paper, we explain the volunteer’s role and describe both the benefits and barriers associated with volunteering as a health worker in Taiwan. We also outline the crucial function of volunteers in supporting community nursing work.

Key words: Community health promotion; volunteers; Taiwan; nursing;
**Introduction**

Community health worker volunteers play an important role in communities which are underserved and disenfranchised (Spencer et al. 2010). The volunteers make a significant contribution to health care delivery in the community where they add significantly to the workforce. Since 2001, the service performed by volunteers in Taiwan has increased gradually as indicated under the Regulations of Volunteer Service. The number of volunteers in the government, such as the Department of Cultural Affairs, Education, Environment Protection, Medicine, Health, Finance, Economic Affairs, Agriculture, National Defense, Fire Prevention, Police, and Social Welfare, numbered approximately 500,000 at the end of 2007. For example, approximately 12,000 people registered in Taiwan to become volunteers during 2007. There are more than 100,000 volunteers in the social welfare field alone. They currently host a variety of volunteer groups working on social welfare and assist the welfare service in areas such as disability, aging, women and children, consultant and community welfare services. The volunteers provided an average of 2.07 hours per week in 2007 which assisted to increase the quality of welfare work overall (MOI, 2008). To become a health promotion volunteer in Taiwan, the volunteer must be nominated by the leader of a local association and attend a volunteer training course. Training for volunteers has become a requirement of each Community Health Promotion Development Centre (CHPDC) funded by the Taiwanese health government (Taiwan DOH, Executive Yuan, 2000). The current occupation of volunteers includes students, teachers, housekeepers, labourers, businessmen, government employees, retired people, and other professionals.

In Taiwan, health promotion volunteers work for a variety of institutions known as Community Health Promotion Development Centres, such as the Health Promotion
Department of hospital, the Community Development Association, or the Public Health Centre (Clinic). The chief of a Community Health Promotion Development Centre integrates and organizes local community resources as well as enhances the training for the various participants of the community. These services are funded with assistance from the Public Health Bureau of the County Governments (Bureau of Health Promotion, 2008). Volunteers must be nominated by a community leader prior to selection as a volunteer. As a result, they are trusted and respected members of the community. After completing the course, participants are formally commissioned by the leader or the chief of a Community Health Promotion Development Centre. Overall, volunteers make a significant contribution to health care in Taiwan (Davis, Leveille et al. 1998; Chambers, Kaczorowski et al. 2005; Gee, Smucker et al. 2005; Campbell, Nair et al. 2007; Flicker 2008).

This paper describes the role of community health promotion volunteers in Taiwan, addressing issues regarding the volunteers’ role, benefits and barriers to volunteering and the important function volunteers undertake regarding supporting community nursing work.

The role of community health promotion volunteers

The role of health promotion volunteers in Taiwan is similar to the role of other paid community health workers. It includes working with people with a disability, the elderly, and women and children. Health promotion volunteers are expected to connect with and help coordinate households, visit families, record and report, provide blood pressure measurement service, provide in-home care, and conduct health behavior change programs such as stop smoking and chewing betel nut (Taiwan DOH, Executive Yuan, 2000). Similarly
to other community health workers, the volunteers are expected to maintain and promote the health of the community.

There are different levels of health promotion volunteers in Taiwan. The fundamental volunteers are newcomers who have just entered into a commitment as a volunteer. Cadre volunteers are those who are more experienced, capable of providing actual assistance to clients and leading a section of work. The leaders are the most experienced volunteers who undertake health promotion activities in the community and lead the work of other volunteers. These levels of volunteer in Taiwan correspond to novice, experienced and veteran community health volunteers in Japan. In Japan the novice volunteer is someone with between one to three years experience; the experienced volunteer has four to eight years experience and the veteran has nine or more years of experience (Murayama, Taguchi & Murashima 2008).

**Benefits and barriers for community health promotion volunteers**

Benefits of volunteering in health related programs indicate that volunteers receive something in return for their time and commitment. For example, volunteers have reported an increase in self-esteem and a sense of personal accomplishment (Daniels et al. 2005), a sense of involvement in worthwhile work, positive feelings about self (Rodriguez et al. 2003), a sense of belonging, valuable work experience, access to health information and skills through training or contact with program staff, and a feeling of being energised as a result of volunteering (Davis, Leveille, & Logerfo, 1998; Flicker, 2008; Murayama H, 2007; Scorer, 2007). However, the volunteer role is also known to be associated with many burdens such as lack of time to spend with family (Daniels et al. 2005), not enough time for activities like

**Challenges in recruiting and retaining community health promotion volunteers**

Most of the Community Health Promotion Development Centres in Taiwan commit themselves to grass-roots health care. Since this involves many enthusiastic community workers taking actions that require professional health care knowledge, the leadership style of the coordinator plays a decisive role. Either for the Community Development Association or for the Community Health Promotion Development Centre, their leaders need to carefully survey these organizations’ founding objectives, service spectrum, working performance, as well as members of the related supervising councils (Brennan & Brown, 2008; Fedi, Mannarini, & Maton, 2009; Nemcek & Sabatier, 2003; Petriwskyj, 2007; Skoglund, 2006; Steedman & Rabinowicz, 2006; Sung, et al., 2006; Theodori, 2008). The success of any community development project relies not only on the efforts of general managers, board of supervisors, directors and members of certain councils, but also on the support of all the residents in the community (Fedi, et al., 2009; Robertson & Minkler, 1994; Theodori, 2008). The supervision and active support of the sponsors in the county/ city government is essential to the performance of many organizational and professional tasks. These include the routine operation of a centre, volunteer recruitment and management, direct caring service, data archiving, financial management, as well as a robust process for evaluation of outcomes (Haddad, 2004; Munns, Wynaden, Downie, & Hubble, 2004; Yoshioka-maeda, et al., 2006). A recent positive development is that most of the sponsors in the county or city government have already engaged academic resources such as tertiary colleges and professional teachers in full-time community consulting. This practice is an
encouraging sign for active communities (Molloy & Caraher, 2000; Munns, et al., 2004; Murashima, Hatono, Whyte, & Asahara, 2002; Taylor & Pancer, 2007).

Upon initial establishment, most of the Community Development Associations in Taiwan begin their operation by cleaning up the community environment. Environmental teams can still be found in nearly every community. Personal safety and protection are also a priority leading to the formation of mutual helping teams for neighborhood patrol and vigilance (C. L. Huang & Wang, 2005; MOI, 2008). With accumulated experience, community work begins to take on a more professional approach. Caring for community members becomes a major concern and a new list of services are developed and provided, for example, women’s talent developing classes, life adjustment courses for foreign spouses, meal services and caring for the elderly.

Usefulness to nurses in Taiwan

Health promotion volunteers work alongside community health nurses affiliated with the local community. The nurses recommend the relevant health promotion activities that volunteers should undertake and attend regular health promotion volunteer meetings (Murashima, et al., 2002; Yoshioka-maeda, et al., 2006). Meeting at regular intervals can provide useful consulting and enable effective communication to help volunteers deal with any problems arising from the volunteering process. Interactions among volunteers often bring forth opinion leaders who can further facilitate problem solving among a group of volunteers. For example, the community health nurses initially take responsibility for coordination and planning. Eventually, volunteers begin to cooperate with one another spontaneously (Akintola, 2011; Healy, Lyons-Crew, Michaux, & Gal, 2008). Volunteers
working at a ‘Health Promotion Vitality Station’ sometimes provide blood pressure measurement services for community residents. In some cases, residents who are surprised by their high blood pressure suspect volunteers’ ability or the blood pressure meter’s functioning. Mistrust by residents is something volunteers have difficulty dealing with. However, through role-playing and communication training provided in the regularly held consultation meetings, volunteers learn to overcome their frustration and anxiety.

The fact that volunteers offer their services of their own free will does not mean that they are not in need of emotional and spiritual support. Besides a greatly diversified multi-dimensional training program, the volunteers need to appreciate their achievements to strengthen their self-confidence. When volunteers start to share healthy living practices with their neighbours, this could be interpreted as a sign that the community health promotion has indeed taken root (Campbell, Nair, Maimane, & Sibiya, 2008; Sung, et al., 2006).

The Ottawa Charter for Health Promotion identifies five action areas: (a) build healthy public policy, (b) create supportive environments, (c) strengthen community action, (d) develop personal skills, and (e) re-orientate health care services toward prevention of illness and promotion of health (WHO, 1986). Thus, it is vital to go beyond personal skills to include community actions to facilitate desired effectiveness and implementation. Volunteers provide support to community health nurses in all of these areas.

Community development aspires to the principle of ‘bottom-up’ preventive health practices. In Taiwan, however, this still requires coordination and cooperation between government (the Bureau of Public Health and the Public Health Centers) and civil society— the principle of both bottom-up and top-down—to drive the movement further. Obviously, community
health nurses are crucial to these processes, and suggestions have been put forward regarding the roles and functions of the Community Health Nurses (Guo, Hsu, & Lin, 2008; Lindsey, Sheilds, & Stajduhar, 1999; Murashima, et al., 2002).

These include:

(1) Understanding the local demands and building up the community databases before proposing any health issues:

A sensible way to begin community health development is to utilise proper evaluative instruments to collect various kinds of community information, for example, health statistics, demographic characteristics, and a survey of community health demands. The collected databases can then be further archived and managed. The database should include not only community culture, custom and health activity documents, but also demographic information and health statistics. Management of this database entails categorization according to the characteristics of illness or of health. The archiving and management of the database provides a good foundation on which later developments can be based. Only with a comprehensive understanding of what the community desires, can development centres mobilize residents’ support and engagement to achieve the ideal of healthy daily life.

(2) Mobilising volunteers to cultivate the organizational culture to implement the ideal of health promotion.

Volunteers are the key to community health development. Many surveys show that residents will, after volunteers’ introduction of health concepts, follow the physicians’ advice and adjust their behaviour accordingly (Flora & Gillespie, 2009; Kaczorowski, et al., 2011; Maureen, 2009; Releford, Frencher, Yancey, & Norris, 2010). Examples here include that the clientele will comply with a suggestion regarding healthy, optimum amounts of exercise and
regular monitoring of their own blood pressure and blood sugar levels. Volunteers are an indispensable human resource and they perform various functions, from committee member to program participant.

(3) Themes and strategies of health promotion activities should be multi-dimensional and based on daily life.

Often, residents ignore the significance of their own self-management as a result of ascribing health management issues as the responsibility of medical professionals. However, the literature clearly reflects the notion that good practice in daily life is essential for illness prevention. In this regard, some creative and refreshing health issues have been useful. For example, an interactive lecture ‘Do food and medicines belong to the same family?’ assists people to distinguish and select correct foods from Chinese medicines or herbs. On the other hand, topics like ‘Searching for spiritual oasis!’ are aimed at calling residents’ attention to the different aspects of holistic health: body, mind, and spirit.

(4) Enhancing scientific study on community health issues

The ideal of community health development is a community-based service that aspires to explore and integrate resources in the community to form a health caring community in action. At different stages, the centres will present and share their achievements with the populace and hope to invigorate the volunteers’ and residents’ aspirations. A gradual investigation and analysis of health key issues, including community health problems, health awareness, service satisfaction and community participation of the resident, provides an important reference for policy strategies. These investigations are fertile ground for community health care nurses. In this way, they can address the prevalence of community health problems or investigate the risk factors of relevant diseases. They can employ
descriptive methods in epidemiology to analyse the prevalence of health problems in the community and their impact on the community.

**Conclusion**

The staff of the Public Health Centres in Taiwan at all levels, such as village, town and city, habitually receive orders from the Bureau of Public Health. Consequently, they often have difficulty either in taking the initiative or in handling problems flexibly. It is an issue of enduring importance to transform the role of the community health nurses and volunteers to one of information-provider, sponsor, counsellor, and evaluator. Without this shift in understanding their roles, the desired enhancement of the staff’s ability could hardly be expected. The learning and adjustment process of the new role requires coordination and planning (Guo, et al., 2008; Yoshioka-maeda, et al., 2006).

Finally, it is vital for community health nurses and volunteers to encourage community residents to live up to the principles of both ‘cherishing oneself’ and ‘caring for the community’ at the same time. This is a way of living that involves practicing healthy lifestyle and learning and spreading correct health information. Furthermore, the ideal of ‘healthy public policy’ can be realized via effective action in communities that intend to become healthy, harmonious environments for all.
References


