

Workshop Presentation

Topic: Mobilization and Management of Volunteers

Volunteer Service as A Rehabilitation Tool – A Case Study

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Abstract

Volunteer Service and Rehabilitation Tool are sometimes taken as two unrelated subjects. This paper suggests that the rehabilitation process could be facilitated by volunteer service at different stages of rehabilitation. The outcome of each rehabilitation stage varies in scope and degree of complexity. As the rehabilitation process reaches a significant level, other elements of volunteer service could be added in, making the volunteer service a complicated business-related service. An example of how the volunteer service works as a rehabilitation tool is illustrated in this paper. The sample rehabilitant is the author of this Paper - Edith Mok. It would deem beneficial to the rehabilitant himself/herself from a physiological and psychological perspective, while achievable results could be attained by the organizations offering these volunteer services. More in-depth study should be performed to investigate the relevant factors to substantiate an effective rehabilitation process in the future.

1. Introduction

Very often, rehabilitation will be taken separately from volunteer services. In fact, the two subjects are closely related. This phenomenon is repeatedly confirmed from people who are suffering from disability or chronic illness. There are very few publications on this topic. HKSR endeavors to put forth several authentic cases to illustrate the validity of using volunteer service to assist in the rehabilitation process. It is indicative that for those who participate in volunteer work as part of their rehabilitation process will likely discover that they have improvements physiologically and psychologically. This may be a psychotherapy topic to be studied for future development.

2. HKSR at a glance

HSKR is a non-profit-making NGO founded in 1959 by a group of professionals and businessmen. Its mission is dedicated to providing services to enhance the quality of life of people with disability or chronic illness and older adults, and to advocate for their equal opportunities in the social, civic and economic arena. Its long-term vision is to play a proactive and pioneering role in building a caring and equal society for people with and without disability through the provision of quality services and advocacy for equal opportunities. At present, the scope of service includes accessible transport and travel, community-based rehabilitation, medical rehabilitation, social integration and vocational rehabilitation. The Society is supported by over 390 employees and 5,000 volunteers, servicing about 50,000 users. The following four case studies illustrate vividly how volunteer service can play an important role in the rehabilitation process.

3. Case Study of successful volunteer services in HKSAR

3.1 Prof. Sir Harry Fang, Vice Patron

The Father of Rehabilitation, Sir Harry Fang, was a pioneer in the rehabilitation volunteer services frontier way back in the 1950's. He is renowned in the local and international rehabilitation fields. Sir Harry is the Vice Patron and was President of HKSAR, Chairman of CRN Advisory Committee, WHO Collaborating Centre for Rehabilitation Management Committee, Hong Kong Joint Council for the Physically and Mentally Disabled, Honor Council of Rehabilitation International; and a Consultant for the United Nations World Health Organization; just to name a few. He had a stroke on 19 December 2000 and was unconscious for 2 days. He was taken care of through a rehabilitation team and was able to return to work on wheelchair 6 months later. He has made tremendous contributions in the rehabilitation field to many individuals and groups all over the world, and even after he had the stroke and he himself was under rehabilitation.

3.2 Examples of Volunteer Services in HKSAR

The Chairman of HKSAR, Mr. M B Lee, suffers from Ankylosing Spondylitis when he first started his accounting and auditing professional practice in the 1960's. Sir Harry was his physician. He was the Honorary Treasurer of HKSAR in 1967 and was elected Chairman in 1980. He dedicated his expertise in accounting to work actively with

HKSR in developing a broader and more socially conscious perspective in pursuit of promoting “full participation” and “equality” for people with disabilities. His volunteer service is particularly concerned with (a) the disabled leading a productive life and (b) the most cost-effective use of limited resources. He (i) spearheaded the Employaid service to employers who wish to employ disabled persons, (ii) established Rehab Volunteers to organize volunteers for rehabilitation as well as to provide escorted and programmed activities for the physically disabled, (iii) launched Community Rehabilitation Network to promote self-help groups among chronic patients and provided community-based care and support to people suffering from chronic illness and disabilities and their families, (iv) started the Vocational Rehabilitation and Retraining Centre to provide coordinated vocational rehabilitation service and retraining programs for those who acquired disability in adult life through disability and injury, (v) established Elite Business Services Limited to provide a business working environment for people with disability and chronic illness to undertake employment and training, and the list goes on and on. His leadership in all these volunteer service is admirable to many others in spite of the fact that he himself has a chronic illness.

Mr. Benny Cheung, the Vice Chairperson of HKSR, lost his left leg in a rescue operation of a typhoon as a fireman in 1983. Instead of agonizing over the mishap, he turned the negative experience into a stream of positive energies toward sports activities and rehabilitation leadership, as evidenced in his subsequent life experiences. He was the Champion of the Italian International Wheelchair Fencing Tournament in 1995, 1996 and 1997; won four Gold Medals in the Atlanta Paralympic Games in 1996; and got a Gold Medal in the Hungarian Wheelchair Fencing Competition in 1997. He has been Chairman of the Hong Kong Federation of Handicapped Youth, Deputy Vice President of Rehabilitation in Asia Pacific Region, Vice Chairman of the Joint Council for the Physically and Mentally Disabled, and committee members of numerous social service, transport, rehabilitation and sports related associations. Despite his disability, his contribution of volunteer service to the society is incredible.

Mr. Lam Leung-ming, after a traffic accident at the age of 19 in 1986, was paralyzed and confined to a wheelchair. He was trained as a volunteer and took up a leadership position through the joint effort of the HKSR and Agency for Volunteer Service (AVS). Today, he is a computer course trainer in the Vocational Rehabilitation and Retraining Centre to help train others with chronic illness and disabilities. This year,

though wheelchair bound, Ming has obtained the Hong Kong local tour guide license and outbound leader license. He is turning problems into opportunities.

The three examples illustrate how volunteer service can assist a person to grow and develop after a life-threatening event and fulfill their life mission successfully throughout the rehabilitation process and thereafter.

3.3 A Case Study with combined effect of Volunteer Service and Rehabilitation

I suffered from a major stroke (AVM – Arteriovenous Malfunction on the left thalamic region of the brain) in September 1997. The medical diagnosis reflected that I had experienced a sudden loss of speech and her right limbs control. I was unconscious for 2 days and presented with expressive aphasia and right hemiplegia. I was wheelchair-bounded for about 6 months.

I had been in the International Information Technology Management and Leadership positions for 17 years and technical IT jobs for 15 years before the stroke. I have obtained post-graduate education.

I have been in the volunteer service arena for the past 7 years after I had the stroke. My rehabilitation process was interacting with volunteer service whilst I was recovering my cognitive power from a very low level back to an almost normal state.

My cognitive rehabilitation could be roughly divided into four stages:

Rehabilitation Stage	Type of Volunteer Service	Cognitive Capability
(1) Early Stroke Rehabilitation Stage	Primitive Volunteer Service, e.g. stamping envelopes	Limited ability
(2) Intermediate Stroke Rehabilitation Stage	Enhanced Volunteer Service, e.g. home visits and hospital visits with other brain injury patients	Enhanced ability
(3) Advanced Stroke Rehabilitation Stage	Towards Normalization: Volunteer Service, e.g.	Close to full capability (as per the standard of my

	integrating with professional bodies and community.	rehabilitation)
(4) Business as usual	“Normal” Volunteer Service	Full capability (as per the standard of my rehabilitation)

Each of the four stages is described below.

3.3.1 Primitive Voluntary Service (limited ability) – first 2 years after stroke

For the first two years after the stroke, I was recovering very slowly. I participated in physiotherapy, occupational therapy, speech therapy, clinical psychology sessions, acupuncture, foot reflexology and other alternative medicines. I had progressed from unable to express in words to being able to speak in broken sentences; and my intellectual power was limited in logical thinking, reasoning and synthesizing facts. Although cognitive assessment was not done, the level of recollection of the learned skills in the past was very low.

During the 2nd year, I participated in the following volunteer service:

- (a) Stamping envelopes – Provided by HKSR’s Communication Rehabilitation Network as volunteer service.
- (b) Paying home visits and hospital visits to patients, and picking up clerical work like Chinese typing of membership data as member of Neuro Self-Help Group (SHG).
- (c) Being a temporary receptionist with HKSR’s Institute of Rehabilitation Medicine (IRM). Coincidentally, IRM was changing over to a new PC invoicing system. I helped out in the pilot run. My system implementation skills returned gradually during the process.

As an unproven assessment, my IQ was as low as 10% and reached 40% at the end of Year 2; EQ and AQ was 50% at Year 2. All were compared with my original capacity before stroke. Some day, when a more systematic index could be established, it could be used as a measurement for a longitudinal research study.

3.3.2 Enhanced Volunteer Service (with some Primitive Professional Activities) – 3rd and 4th Year after stroke

As there was evidence of improvements, my confidence level has increased. I kept on taking the conductive education with the MacLehose Medical Rehabilitation Centre for 2 years and began to participate in primitive professional activities as volunteer service together with more advanced volunteer service with the SHG.

Changing from a mixture of working with SHG and rehabilitation professionals only to blending in some professional groups has brought new spectrum to my cognitive recovery. The old professional memory came back much faster than before. The restart of my study of Doctor of Business Administration (DBA) has helped me to recall memory of the past and learn new knowledge, although the process was rather slow. The assignments were not completed on time – 6 months late. I began to be curious about problems and resolving problems of different magnitudes, though the problem solving process was time-consuming and unmethodical.

The volunteer service that I participated comprised of:

- (a) SHG as Committee Member – Neuro United
- (b) SHG Group Leaders in Home Visits
- (c) Subject on Rehab Studies for Rehab Science Students – Prosthetics & Orthotics
- (d) *Hong Kong Computer Society – e-Business Special Interest Group as Secretary*
- (e) *Project Management Institute (Hong Kong Chapter) – Committee Member*
- (f) *Part-time consulting job with Tradelink e-Commerce Limited – 3 mornings per week for 15 months – This was the time when I gained the most through interacting with business people and recalling how to resolve business problems of medium scale as per my past record. The progress achieved was remarkable.*
- (g) *Restart of DBA Study.*

Using the equivalent assessment method as mentioned in 3.3.1, my IQ started at approximately 40% and reached 60%; EQ and AQ was 70% at the end of Year 4.

It is noted that the volunteer service in *italics* is belonging to professional type of activities.

3.3.3 Toward Normalization: Volunteer Service – 5th and 6th Year after stroke

At this stage, the volunteer service to be taken was entirely out of my own initiative and choices. However, my limitation was not to aggravate the chance of a 2nd stroke. The working capacity was flexible enough to accommodate the different needs of others and somehow to the society in a small scale. I participated in volunteer service that had more to do with people with chronic illness and disability, and my own self-education for future consideration.

The volunteer service consisted of a wider range in terms of scale and scope:

- (a) *Computerization Project for Rehabus, HKSR – as Advisor and Consultant*
- (b) *ISO-9001 Certification for Rehabus, HKSR – as Chairman of the ISO-9001 Committee*
- (c) *Rehabus Management Committee – Committee Member*
- (d) *Hong Kong Computer Society – e-Business Special Interest Group as Secretary*
- (e) *Project Management Institute (Hong Kong Chapter) – Advisor of the Greater China Area*
- (f) *Start-up of the Braincare Project – Scope of this project included a Brain Injury website and a Hotline service. The Brain Foundation provided seed money \$70,000 to start the project. Funding to support the on-going expenses had to be sourced.*
- (g) *Wireless Technology Industry Association as Hon. Secretary.*
- (h) *Completion of the DBA Study.*

Similar to aforementioned in Sections 3.3.1 and 3.3.2, my IQ reached 80%; EQ and AQ was 80% at the end of Year 6.

Some volunteer service, though expressed in *italics*, have actually embedded community service need for professional know-how.

3.3.4 Normalization: Volunteer Service - 7th and 8th Year after stroke (Year

2004-2005)

I managed to overcome the barriers around me and turn most problems into opportunities. I strive toward making my life more meaningful to others by diversifying myself in split industries and fields such as provision of my expertise in IT, General Management, Rehabilitation-related and Disability-related services.

The volunteer service that I delve myself into embraces:

- (a) ***HKSR** devotions by being committee member in the Executive Committee to learn and experiment HKSR's strategic initiatives; Corporate and Business Development Committee to realize the on-going operations and business objectives in rehabilitation; and Accessible Transport and Travel Committee to monitor the transportation and travel operations and develop new opportunities. I was a member of the Easy-Access Travel Services Preparation Committee.*
- (b) ***Hong Kong Computer Society** being Hon. Secretary General (Professional Development) to spearhead the mutual recognition of the HK Institute of Engineers Membership and Chartered Registered Professional Engineer; and the IT Certification System in Hong Kong in alignment with Mainland and International Standards. I am the Chairman of the e-Business Special Interest Division exploiting the focused areas in e-Logistics and e-Tourism and Member of the Professional Development and Training Committee enhancing knowledge and skill level of IT professionals.*
- (c) ***Continuing Professional Development Alliance** Executive Committee Member – An alliance of 22 professional associations representing 50,000 professionals in Hong Kong with the mission to enhance professional knowledge and skills across different industries.*
- (d) ***Braincare Project** – Within 2 years, Braincare received 600 Hotline calls and 20,000 visits to the Braincare website. Through fund raising by selling raffle tickets in March 2004, the project has successfully sourced more than 2 years operating expenses (280% of planned). Braincare has expanded the project scope to include public education by experience*

sharing via e-Books, VCD, Brain Injury Resource Publication, seminars on Brain Injury Preventions in schools, press conference, and so on.

Using the same scale in Sections 3.3.1, 3.3.2 and 3.3.3, my IQ now reaches 90%; EQ and AQ is 100%.

The volunteer service engagement has now advanced to a higher level, intermingling professional know-how, skills, complex reasoning, operational management and strategic approach together. The boundary does not seem to be inhibited by the stroke aftermath.

Conclusion

Volunteer service could mean different things to different people. For those who have been through the turmoil of chronic illness or disability, they may think that they are only the receiver of services. Having seen through my case, obviously one can be a service user as well as a volunteer service provider to others. The level and complexity of volunteer service can vary over time and circumstances, as directed by the rehabilitation effect. My cited example was phenomenal, having gone through from very primitive form of volunteer service to a set of highly complex volunteer professional services over 6 years. This is not unusual; for it is a matter of drive, patience and persistence.

Volunteer service is a life-long learning process, especially for those who are required to struggle with a chronic disease, a permanent disability or aging. The key to overcome these so called “problems” is to extend your love, care and concern through servicing others using your physical and intellectual capabilities. This way, one can get the satisfaction, sense of achievement and peace in mind for oneself. On top of that, the outside world will be getting better and better, as those who need help will help themselves and others at large.

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