

## Research Article

# VOLUNTEERING IN HEALTH AND LOCAL AUTHORITY: A CASE STUDY OF THE VOLUNTARY SOCIAL HEALTH CLINIC OF THE MUNICIPALITY OF PAVLOS MELAS (GREECE)

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### ABSTRACT

In contemporary Greece of recent financial crisis, a significant number of charity actions have taken place, among which is the initiative of the voluntary social clinic of the Municipality of Pavlos Melas, Thessaloniki. The present paper aims to illustrate the voluntary action in the medical and dental sector through the example of the aforementioned social clinic. This voluntary clinic was especially established so as to provide health benefits to financially disadvantaged patients by its specialized medical, nursing and other staff. Anyway, the fact remains that the Municipality, as a Local Authority body, offers a variety of social benefits to its residents, one of which is the rather significant field of volunteering. Voluntary action, as the ardent nexus of social responsibility and solidarity, seeks to alleviate human pain and resolve the numerous issues anticipated by the local community. Theoretical views emphasize that volunteering is directly related to the notion of participation, without any financial gain, aspiring to promote safety, care and well-being of our fellow humans. In any case, volunteering incentives (should be) ideological, ethical, social, while bearing an emotional investment, of a particular lifestyle and support to our fellow humans and clearly far from any kind of financial and material profit.

**Keywords:** Voluntary, Health Clinic, Medical - Dental sector, Greece.

### INTRODUCTION

Rigorous and comprehensive definition of volunteering is a painstaking effort as it depends on the history, culture, religion and socio-cultural background, in general, of each country; yet, volunteering is primarily a shared experience for all humanity. In this light, volunteering denotes the organized service provision to the community with no conditions attached.<sup>1</sup> It should be underlined that the role of volunteering is pivotal because, through a series of innovative actions, it offers significant assistance to the deprived, while contributing to the personal development of both individual and society. In general, such phenomenon is oriented towards global public opinion awakening to trace any underprivileged social groups as well as towards promoting collective action to support such vulnerable population groups.<sup>2</sup> To alleviate the needs of such underprivileged social groups, volunteers work unselfishly so as to provide social goods and services. Therefore, volunteers should combine a variety of characteristics, such as masterminding and organizational skills, consistency, an appetite for knowledge and education, initiative, self-motivation, a sense of social consciousness and responsibility, as well as sharing of solidarity and teamwork disposition.<sup>3</sup> It is thus clear that volunteering is undeviatingly linked to selfless care for vulnerable social groups. However, the question that promptly arises is: what are the volunteers' incentives? Of course, other than individual incentives, such as active social involvement and fostering a sense of individual responsibility, there are other important motives leading to a series of religious, political, cultural, ideological, ethical, social and emotional choices.

In any case, no charity or volunteering incentive has to do with financial and material benefits, but rather with a set attitude towards life and offering.<sup>4</sup> Expressly as a result of financial crisis, the significant contribution of voluntary action can be actually underlined, encouraging thus more people to dynamically engage and help the deprived. With a view to attracting and maintaining volunteering, a variety of incentives can be established shaping the volunteering context. The above mentioned incentives can be the following: a) social recognition of the volunteers' work by promoting the outcome of their activities; b) capitalization of volunteering to update know-how and ability to improve the volunteers' career prospects; c) development of social relations; d) strengthening of self-confidence and self-esteem; e) emergence of values, principles and visions governing volunteering, etc. Of course, apart from the above mentioned incentives that might motivate volunteering, it is undeniable that the latter, wherever evident, is based on collective action, reciprocity, cooperation and selflessness. In this light, the phenomenon of volunteering, as an action supporting general interest and social good, is based on solid principles and values.<sup>5</sup> Values are considered of utmost importance as they constitute fundamental principles of individual and collective life accepted by community members, while their observance gives meaning and supports social cohesion. Consequently, by mapping the several social values, all priorities, options for action, as well as any potential dysfunction of individual and social life can be explained.<sup>6</sup> The above mentioned principles and values refer to the following: a) respect for human rights (*individual rights – political and social freedoms*); b) volunteering free from any profit or exploitation of human resources/work force; c) volunteering to the benefit of both the society and nature; (e) consolidation of values such as transparency, meritocracy, equality, solidarity, social justice, etc.<sup>7</sup> Of course, in addition to the benefits of volunteering for both individual and society,

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<sup>1</sup>See Apostolidis, Papaspyropoulos (2002), p. 45-46, 77, 79.

<sup>2</sup>See Polyzoidis (2006), p. 49-51, 55.

<sup>3</sup>See Fotopoulos (2013), p. 14.

<sup>4</sup>See Apostolidis, Papaspyropoulos (2002), p. 77-79.

<sup>5</sup>See Fotopoulos (2013), p. 25, 29-30.

<sup>6</sup>See Tsironis (2007), p. 157.

<sup>7</sup>See Fotopoulos (2013), p. 25.

the volunteers themselves gain greatly at the same time. The benefits, altruistically motivated, further add to the most profound personal and moral satisfaction of the individual – with many researchers also tracing compensatory incentives as well.<sup>8</sup>A large percentage of volunteers (80%) have stated that volunteering has improved their individual skills, such as their ability to deal with emergencies, and also their understanding of others. Another large percentage of volunteers said that their communication skills have increased and that they have broadened their knowledge on the volunteering issues they addressed. Additionally, very young people said that engaging in volunteering helped them find a job.<sup>9</sup> European and international volunteering, however, greatly differs both in presence and in form, as it is determined by socio-economic conditions, historical and political circumstances, culture and the cultural background, in general, of each country. Differences in volunteering are also country-specific in terms of gender, age, motivation, education and legislative framework. For instance, in the United Kingdom, the Netherlands and Austria 40% of the population participates in volunteering, in contrast to about 28% in France. In Italy such percentage is quite low – actually less than 10% of the population. In the United Kingdom the Third Sector Charity was established in 2006. In Poland in 2004, 18.3% of the population participated in volunteering in multiple ways, while in Germany and Ireland participation amounted to 36% and 33%, respectively. The average Belgian spends 5 hours a week on volunteering, while in the US and Canada volunteering seems to be increasing.<sup>10</sup>A recent study under the title “Volunteering in the European Union” established that Greece was ranked the lowest among European countries, with less than 10% participation of the population in volunteering. In 2012, the number of registered Greek volunteers was about 30,000 – 32,000; yet ever since such number seems to be increasing. The highest percentage of participation – *at least once* – occurred at the ages of 25-49 (20.3%) and the lowest at 16-24. In a 1,000-strong sample, 29.1% participated in volunteering efforts organized by religious or ecclesiastical bodies, while females have always exhibited a higher percentage of participation in NGOs. It is a fact that volunteering has not been cultivated in Greece.<sup>11</sup>Of course, recently there has been a slight shift towards volunteering due to the current financial crisis. However, from another perspective, such crisis has revealed latent survival issues and challenges, which have been an inhibiting factor for volunteering; at the same time there are voices considering volunteering as a form of exploitation, since it is welcomed as unpaid work.<sup>12</sup>

### Volunteering in local authority

It is a fact that the current financial crisis which started in 2008 caused extended workplace change, such as increase of job insecurity, temporary jobs and workplace competition.<sup>13</sup>However, it should be underlined that apart from financial security, social status, social relations, self-esteem and progress, work also offers protection

against physical and mental risks as well.<sup>14</sup>Relevant research held by the UCL Research Department of Epidemiology and Public Health, UK, has shown that unemployment causes life-long adverse effects on both mental and physical health. In addition, such adverse effects hinder any efforts of the individual to secure work and thus avoid the consequences of poverty.<sup>15</sup>The latter also causes social deprivation as these two conditions are in rather close proximity. Poverty refers to the financial resources available in a household in the form of income, while social deprivation refers to the availability of the material goods (*several commodities, services, resources, comforts*) as well as the degree of qualitative social involvement of active citizens. Moreover, evidenced are the following as well: failure to exercise social roles, to be involved in social relations, to participate in cultural customs, several functions of social life, as well as to exercise rights and assume responsibility.<sup>16</sup>All the above, in combination with the grave fiscal challenges and reduced government funding for health sector, leads to: a) population morbidity; b) exacerbation of health inequalities (*mainly among minorities, migrants and patients with chronic mental illness or physical disease*); c) deterioration of health service quality offered.<sup>17</sup>In order to alleviate the above mentioned issues, Municipalities undertake the operation of a Volunteer Centre through “Social Services and Social Welfare Policy”.<sup>18</sup>Volunteering partly concerns the provision of medical care services to the most disadvantaged citizens of the Municipality.<sup>19</sup>Municipalities are small administrative units (public entities) with the right to exercise specific public authority, the so-called “Local Authorities”.<sup>20</sup>“Municipality” as the main Local Authority is, among others, a leader in mapping local issues and responding to public needs.<sup>21</sup>

### A case study of the voluntary social clinic of the municipality of PavlosMelas

It is undeniable that local government has recently developed several social policy actions. The new code of conduct for Local Authority [Article 75(e)] stresses support of social protection, cohesion and solidarity,<sup>22</sup>as pivotal for successfully addressing local community challenges. An example of addressing local community issues is the Social Clinic operating under the aegis of the Department for Social and Privilege Health Issues, funded in 2013 by the Municipality of PavlosMelas. The above mentioned clinic, amid the current financial crisis, aims to meet the needs of uninsured citizens<sup>23</sup>and migrants as well. It is worth mentioning that the Social Clinic operates based on the philosophy of volunteering, solidarity and mutual assistance. For this reason, efforts are made to sensitize and activate local community to participate in volunteering. Social Clinic comprises Departments of Internal Medicine, Ophthalmology, Dentistry<sup>24</sup>,

<sup>14</sup>See Marmot et al (2008), p. 1663.

<sup>15</sup>See Bartley (2012), p. 10-11.

<sup>16</sup>See Koletsis-Kounari, Mamai-Chomata, (2007), p. 48.

<sup>17</sup>See Goulaet et al (2016), p. 92.

<sup>18</sup>Volunteering in local government is legally based on L.3852/07.06.2010 on “*New Architecture of Local Government and Decentralized Administration – Kallikratis Program*” Article 76/p. 1820: The Municipal Consultation Committee is composed of representatives of the local community stakeholders, such as: (g) volunteer organizations and citizens’ movements. Article 83/p. 1823: The Municipal Council expresses opinions and makes proposals on the following issues: (k) health care, welfare and social service provision and generally undertake the operation and development of the community districts, aiming at better citizens’ service. See Greece Government, 2010: 1820, 1823.

<sup>19</sup>See Besila-Vika (2011), p. 114-116.

<sup>20</sup>See Besila-Vika (2008), p. 7.

<sup>21</sup>See Besila-Vika (2011), p. 49.

<sup>22</sup>See Besila-Vika (2010), p. 263.

<sup>23</sup>Some years ago uninsured citizens did not have access to any public/state health care structure.

<sup>24</sup>The Department of Dentistry covers therapeutic: general dental examination, gingivitis, seals, cleaning, extraction and denervation. No prosthodontics is undertaken.

<sup>8</sup>Cf. Apparently, personal volunteering incentives are separated into the following categories: 1) altruistic (*solidarity with the deprived, compassion for the needy, identification with the problems of other people, providing hope and preserving dignity of people*); 2) self-centered (*skill and experience acquisition, best application of leisure time, acquaintances and personal pleasure*); 3) a sense of obligation (*a kind of moral and religious duty, contribution to local society, etc*). For details, see also Polyzoidis (2006), p.71-77.

<sup>9</sup>See Polyzoidis (2006), p. 59-60.

<sup>10</sup>See Fotopoulos (2013), p. 33-34.

<sup>11</sup>Cf. “The vast majority of Greeks (78.8%) think positively and another 16.6% rather positively of volunteering (...). However, this is not converted into volunteering participation: only 27.3% of the population has been deeply concerned with volunteering (...). See also Polyzoidis (2006), p. 116-117.

<sup>12</sup>See Overgaard (2019), p. 131.

<sup>13</sup>See Bartley (2012), p. 10.

Cardiology, Gynecology/ Obstetrics, Pediatrics Physiotherapy and Pharmacy<sup>25</sup>, Supported by 33 volunteer physicians<sup>26</sup> of several specialties; a midwife offers childbirth classes. The clinic is permanently staffed with a social worker, a physiotherapist, a nurse, a pharmacist and a family assistant ("help at home" program). At the same time, there is cooperation with outpatient clinics for a variety of examinations (*mammography, radiography, cytological-microbiological examinations*) at a nominal price. Unemployed and uninsured citizens of the municipality can have a Health Card<sup>27</sup> issued upon request and visit the voluntary social clinic on appointment. It is worth mentioning that 1439 health cards have been issued so far and while there is an increase in demand, yet there is also a shortage in staff and dental/pharmaceutical materials.<sup>28</sup>

## CONCLUSION

The medical and dental sector in the social-volunteering clinic of the Municipality of Pavlos Melas (Thessaloniki -Greece) offers health services to the citizens in need and migrants as well. If we consider the recent economic crisis and migration flows in Greece this kind of volunteering is very important for the society. It is beyond any doubt that the phenomenon of volunteering, as an action requires a variety of characteristics, principles and values with no financial and material benefits. As for Greece was ranked the lowest among European countries, with less than 10% participation of the population in volunteering. This reality could be changed, by motivating volunteers in multiple levels (*e.g. social recognition of their voluntary work, learn/develop new skills; enhance C.V.; career boost*), for the benefit of the needy citizens who seeking for health services.

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<sup>25</sup>It is worth mentioning that all pharmaceutical material is provided by pharmaceutical companies, associations, pharmacies, businesses and citizens. (Information comes from the pharmacy of the social clinic).

<sup>26</sup>The medical specialties comprised are: Ophthalmologist, Cardiologist, General Practitioner, Pulmonologist, Orthopedic, Gynecologist, Gastroenterologist, Pediatrician, Dentist, Surgeon, Psychiatrist, Urologist, Mastologist, Dermatologist, Otolaryngologist, Neurologist and Neurosurgeon.

<sup>27</sup>Health card is updated every 6 months.

<sup>28</sup>The lack of dental-pharmaceutical material has taken dramatic proportions. The dentistry operates with consumables either from dental suppliers free of charge or with the financial contribution of the staff.