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**RECRUITMENT, RETENTION  
AND DEPLOYMENT OF  
VOLUNTEERS AND STAFF PROJECT**

**Part 2**

**What are the particular skill sets  
needed by paid and volunteer staff  
working in community AIDS organizations?**

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**EXECUTIVE SUMMARY OF RESEARCH THEME:  
RECRUITMENT, RETENTION AND TURNOVER OF VOLUNTEERS AND STAFF  
PROJECT (2000-2001)**

**Joan Crook, Robin Weir, Amiram Gafni, Gina Browne, Greg Robinson**

**BACKGROUND**

The collaborative effort that launched this ongoing research theme emerged from a survey of Ontario ASOs and an OAN Conference in which the retention, recruitment and turnover of staff and volunteers were identified as challenges to the provision of ASO services, programs and fundraising. To meet this challenge to the provision of adequate and necessary services, a search of the literature was conducted to identify the factors known to influence formal and informal organizational, personnel and client outcomes. The resulting conceptual model of labour force factors and their hypothesized relationships, served to guide the generation of researchable questions in this theme of research.

**PURPOSE**

The major question of this theme of research is to identify a) the factors that predict staff turnover rates in ASOs; b) the effects of these outcomes on client satisfaction and use of ASO resources; c) the expense (in-kind and funded) of staff and volunteer services in ASOs.

Before this question could be undertaken, a number of developmental steps were required to provide the background information to launch the ongoing project. These steps resulted in 5 projects that informed the overall model and included a) a study of workplace factors of ASOs; b) a study of the skill sets required of paid and volunteer workers in ASOs; c) a study of the estimation of the financial value of volunteer work; d) a study of the transitional steps of people who move from client to volunteer to paid worker; e) a study to identify the benefits and challenges of volunteering in ASOs.

This database will assist in the design and measurement of relevant evaluation strategies that are common to all ASOs.

**METHODS**

The overall design for the major study question is cross sectional with longitudinal follow-up of the cohort for the purpose of obtaining different types of data sets from different sources. For example, certain critical elements common to all ASOs, such as organizational roles, resources, types of client services, types of role activities, volunteer contributions, etc., were assessed in each of the participating ASOs. In addition to these standard data that were collected, each ASO's specific study question that related to the theme of recruitment, retention and turnover were developed and conducted with methods relevant to the study questions. Some of these specific projects will be grouped into larger data sets, known as cluster evaluation, to provide information and direction for program and policy evaluation. These various levels of evaluation (individual, cluster and policy) provide multi perspective, multi level data to assess

the individual and groups of projects and ultimately to test the relationships among the relevant labour force factors that influence staff behaviour, including recruitment, retention and turnover.

## **RESULTS**

Five projects were completed that provide the standard data necessary as a beginning background for subsequent individual and cluster evaluations.

Project one was a survey of the perceptions of the leadership group within six ASOs, to detail selected characteristics of these organizations that are proposed to provide the context in which work is conducted and influenced. The results indicate diversity among ASOs and some differences in organizational factors that need to be tested to determine their role in responding to change and growth.

The second project was designed to determine the skill sets required to work in an ASO by developing a comprehensive list of the skills and activities performed in the 10 participating ASOs within 22 categories of activities.

Executive Directors (or their delegates) completed the activity form by indicating the activities relevant to their own ASO, who performed the activity and the “weighting” of the importance of the activity (relevance and dispensability). One hundred and fifty-six activities were identified as performed in one or more of the ASOs with great diversity among the raters as to the weight or importance and who performed the activity (paid staff or volunteer) in their ASO. Volunteers contributed a grand total of 117,699 volunteer hours among the 10 ASOs.

The third project was designed to value the contribution of volunteer hours to the ASOs through a replacement cost approach. Executive Directors made judgements concerning how the activities performed in their ASO would be handled in the absence of a volunteer; i.e., use existing staff, hire a replacement, discontinue the service, and the overall replacement value was calculated at a value of \$1,783,641.

The fourth project was a qualitative exploration of the experiences of 18 volunteers in their transitions from clients to paid or unpaid (volunteer) work. A model documenting movement through different phases of being, belonging and becoming, developed from participants’ life stories, suggests a process of becoming participants to give meaning, value and purpose to their life.

This project examined the experiences, benefits and challenges of volunteering in an ASO. A variety of factors that led to an individual deciding to initiate a relationship with an ASO became evident. Many rewards and challenges were identified as the relationship was maintained. Useful recruitment and retention strategies were identified to nurture the ASO-volunteer relationship.

## **DISCUSSION**

The next steps for this theme of research are to complete and conduct individual projects relevant to recruitment and retention that will use relevant 4standard data, obtained through the above projects, to contribute to our understanding of the factors influencing retention, recruitment and turnover.

## **ACKNOWLEDGEMENTS**

This project was made possible because of the will and collaboration of many individuals and groups. It is an example of interagency planning and cooperation in which the many aspects of this project have and will provide insights into the current worklife challenges affecting the leadership and staff of Ontario ASOs.

A special thank-you to the Executive Directors of the ASOs and their Board Members and Supervisors who participated in the extensive interviews, skill set documentation, and supported the overall aspects of the study. Additional thanks to the volunteers who revealed their stories and their meanings and expanded all of our understanding about the meaning of hope.

A sincere thank-you to Rose Sokolowski and Karen Henderson for their exceptional interviewing skills and understanding. Many thanks to Maria Wong for her skills and unflagging interest and attention to the data analysis and thanks to Eskender Mekonnen for his skill in qualitative data management and analysis .... and of course, continuing thanks to Fiona Myers and Leah Gunn who skillfully typed and produced this manuscript with alacrity. The supportive contributions of the staff of the CLEAR Unit made these endeavours possible.

## **ORGANIZATION OF STUDY REPORT**

This study report is organized to:

- 1) describe the design, methods and analysis of the overall Recruitment, Retention and Deployment of Volunteers and Staff Project;
- 2) describe the design, methods, analyses and results of one of the five specific projects that, in part, will inform the overall study question.

Reports of individual ASO projects that will be combined in relevant clusters will be added, as they are completed, to this report.

## **RESEARCH THEME**

### **RECRUITMENT, RETENTION AND DEPLOYMENT OF VOLUNTEERS AND STAFF PROJECT (2000-2001)**

**Joan Crook, Robin Weir, Amiram Gafni, Gina Browne, Greg Robinson**

#### **Introduction**

Consistent with the CLEAR Unit's mandate to assist ASOs to identify issues and questions about services in need of investigation, the CLEAR Unit conducted a survey (CLEAR Unit Annual Report, 1999) and a workshop (OAN Conference in Toronto, 2000) with the AIDS Service Organizations in Ontario. From these activities, respondents identified that one of their research needs was to explore the recruitment, retention and deployment strategies for both staff and volunteers in their respective AIDS Service Organizations. In the ASO survey, several participants identified that retaining and recruiting volunteers were challenges to the provision of adequate and necessary services for the individuals that they served and the programmes and fundraising activities they undertook.

Several reasons were identified for this evolving concern. First, advances in monitoring HIV infection have improved the prognosis for persons living with HIV/AIDS (PHAs). Until recently, service providers and PHAs expected an inexorable decline into illness and eventual death (Fee and Fox, 1992). Now, HIV is coming to be seen as a chronic but manageable infection rather than a terminal illness. Presently, the agenda for managing HIV care is in constant evolution and has placed different demands on staff and volunteers and consequently their motivation and role choices for participating in the work of ASOs.

As a result of such changes, people living with HIV/AIDS now often require service over several years rather than several months, as once was the case. As PHAs live longer, the

emphasis has become directed toward living a better quality of life. “*Traditional*” staff and volunteer services, such as buddy supports, volunteer drivers, peer counselling, support groups and hospital visitation have expanded over time to include housing assistance, foodbanks, needle exchange, counselling regarding work or family issues, information about treatment options and new treatment effects, access to complementary and alternative therapies, or nutritional counselling to name a few (Cain, 1997).

Another result of the improved prognosis for people living with HIV/AIDS is the developing opportunity and emphasis for them to remain in the workforce or re-enter the workforce. This change in work potential has resulted in a growing emphasis on rehabilitation efforts to maximize active daily living within a chronic illness and develop the necessary skills for labour force participation.

Workers in ASOs need a wide range of practice skills and need to be knowledgeable about many issues including medical treatments, and how to manage the effects of treatments, counselling about employment and related concerns, death/dying, bereavement, dealing with a culturally diverse clientele, accessing and coordinating community resources and accessing government entitlements (Cain, 1997). Not surprisingly, many workers report feeling isolated, unsupported and overwhelmed in their work (Cain, 1997).

Second, the persons infected, affected and devastated by the HIV/AIDS epidemic initially were primarily MSM and it was the gay community that rallied to provide support, and compassionate care to its own community. Though MSM continue to be most affected by the epidemic (72.8%), both in terms of the absolute number of HIV-infected persons and HIV prevalence rates, several other groups are growing in both relative and absolute importance (Remis, Major et al, 1999). For example, in Ontario persons from HIV-endemic countries

constitute a growing proportion of AIDS cases (2.3%) and mother-infant HIV transmissions. High rates of HIV infection in Intravenous Drug Users (IDUs) are reported. Persons infected by heterosexual contact represent a minority of persons infected to date (8.5%) but Remis et al. (1999) report that this group is growing rapidly.

Third, issues such as burnout, grief, psychological distress and lack of rewards have all been identified as issues facing individuals who work within HIV/AIDS services provision whether these individuals be staff or volunteers (Barbour, 1994)(Bennett, Miller et al, 1995). While most studies on stress and burnout in AIDS health care have focused on the negative and difficult aspects of this work, a few other studies have considered the notion of the rewards and resilience that may buffer against stress and counter balance experiences that may lead to burnout and retention. Work life rewards such as recognition and support from management, and a positive organizational climate are factors thought to positively influence retention and reduce burnout (Breaux, 1994). Personal factors outside the work environment such as good social support, resiliency and positive mental health also are found to be contributing to job/volunteer satisfaction (Bennett et al, 1995).

Fourth, there have been changes in the motivation to “*volunteer*”. In Canada, a volunteer is most commonly defined as someone who undertakes community service work of his/her own free will, without receiving a salary in return (Street, 1994). What motivates people to volunteer has been the subject of many articles and books. People volunteer, for example, because they believe that it is important for citizens to participate in the life of their communities, to “*give something back*”, and to find a way back from their tragedy by reaching out to others. A growing group of Canadians is turning to volunteer work for yet another reason: as part of job skill development and a search for paid employment. This focus has been highlighted in the

recent provincial “*workfare*” program whereby people would receive social assistance benefits only if they participated as a volunteer doing community service work (Street, 1994). In addition, the regulation that high school students in Ontario must participate in 40 hours of community service to graduate, while potentially providing “*person volunteer hours*” places demands on the service organizations to provide meaningful work experience and training. There is no additional support for training these short-term volunteers and raises the question of what the effects of this pressure will be on the nature, duration and success of such community service efforts in ASOs?

This proposed multi-faceted study attempts to address the concerns of participating AIDS Service Organizations in Ontario relative to workforce issues that challenge the ability of ASOs to provide their services through advancing knowledge regarding factors related to the retention, recruitment and deployment of volunteers and staff.

## **Background**

Community-based AIDS Service Organizations (ASOs) in Canada, as in other Western countries, are the key players in the field of HIV/AIDS education and support services (Cain, 1997). In terms of support services, there has been a broadening of needs, both in the kinds of assistance required and in the number of people seeking help. People are being diagnosed earlier and living longer with HIV infections, and often require long-term assistance. These increasing demands and the organizational growth they encourage can make it more difficult for ASO workers to maintain user-friendly and responsive services, and they can push ASOs away from their roots as volunteer run and directed organizations (Weeks, Taylor-Laybourne et al, 1994). AIDS organizations often face many of the same difficulties of larger and more established

service providers. As a result, workers in ASOs must then adapt to changes in the epidemic, their organization and their work environment (Cain, 1993).

The way in which services are organized and delivered can have significant effects on the nature of the demands experienced by staff (Barbour, 1994). In general, the literature sheds little light on optimal governance structures for the delivery of community-based services (Wanke, Saunders et al, 1995a). The most common organizational structure used within community-based health services is a program structure where the organization's services require much collaboration on the part of service providers (Wanke, Saunders et al, 1995b). Coupled with these complexities and organizational growth are the issues of recruitment and retention of competent, committed staff made more difficult by the multiplicity and diversity of skills desired of applicants (Janz, Wren et al, 1995).

For workers in AIDS-related work, work issues, with the exception of those related to actual patient contact, have received little attention. For example, there is a dearth of information about the organizational structure, management of personnel, delivery of services, and the importance of these factors for the types of demands on staff (McCardle, 1985).

In one large scale study of hospital health professionals' AIDS-related concerns, a wide range of workplace issues were identified including work roles, work assignments and professional authority (Dworkin, Albrecht et al, 1991). Blurring of roles and lack of role clarity have been shown to be important factors associated with psychological distress among volunteers (Raphael, Kelly et al, 1990).

Coyle and Soodin (1992) found that multiple role demands on HIV counsellors was a source of considerable stress (Coyle and Soodin, 1992). Most studies that have examined the impact of HIV/AIDS on workers have not studied the role that staff relationships may play on

work stress. The style of leadership and patterns of interaction may be the source of discontent among nurses rather than the intensity of nursing work (Barbour, 1994). Vachon (1987) found in her study of hospice workers that most of the reported stressors of caregivers were related to difficulties with colleagues and institutional hierarchies (Vachon, 1987).

Despite the importance and impact of volunteers in the care of people with HIV infection and AIDS, they have received scant attention in the literature (Claxton, Catalan et al, 1998). For example, Raphael et al. (1990) found that AIDS emotional support volunteers were responsible for the major part of care of PWAs and made a significant contribution to the costs (Raphael et al, 1990). In San Francisco, it was estimated that the voluntary sector reduced the cost of health care, in 1990 dollars, for a person with AIDS from \$150,000 to \$40,000 annually (Omoto and Snyder, 1990). Similarly in the UK, the value of voluntary services for 1991 was estimated at over £2 million (Partridge, 1992). In 1994 in Ontario, 3,235 volunteers provided 240,995 hours of service at an estimated dollar value of 3.9 million, if volunteer time is equivalent to a person earning a salary of \$33,000 per year (AIDS Bureau, 1995).

Despite the success of emotional support workers, there has been a large drop-out rate, largely attributed to “*burnout*” or psychological distress from chronic work-related stress (Maslach and Jackson, 1982). On the whole, demographic factors, with the exception of age, are not consistently associated with burnout (Guinan, McCallum et al, 1991) but other factors including situational factors to do with organizational structure and interpersonal relationship (Maslach and Jackson, 1981)(Raphael et al, 1990), individual psychological characteristics such as coping style (Bennet and Kelaher, 1994), motivation (Calvert, Flynn et al, 1991), and perceiving the role to be rewarding (Bennet, Ross et al, 1996) have been associated with burnout.

With the increasing need for more complex services in the care and management of HIV/AIDS, support services also have had to change. The changing nature of their work and the increasing numbers of other service providers have put pressure on ASOs to clearly define the scope and nature of their work. In response to this internal appraisal, there has been a move to professionalize support services with a resulting increasing reliance on paid staff members and less demand for volunteers (Cain, 1997). The perceived risk attached to these new demands for services and tighter economic times is that the very nature of ASO work could be changed where ASOs will become like conventional professionally-driven services, where workers, not clients define which services are needed (Cain, 1997).

This complex mix of factors also contains the caveat that the participation of volunteers in health and social services poses several ethical dilemmas including the potential for volunteers to be exploited and alternatively there is the threat that volunteers may pose to paid workers' jobs, role and status (Merrell, 2000).

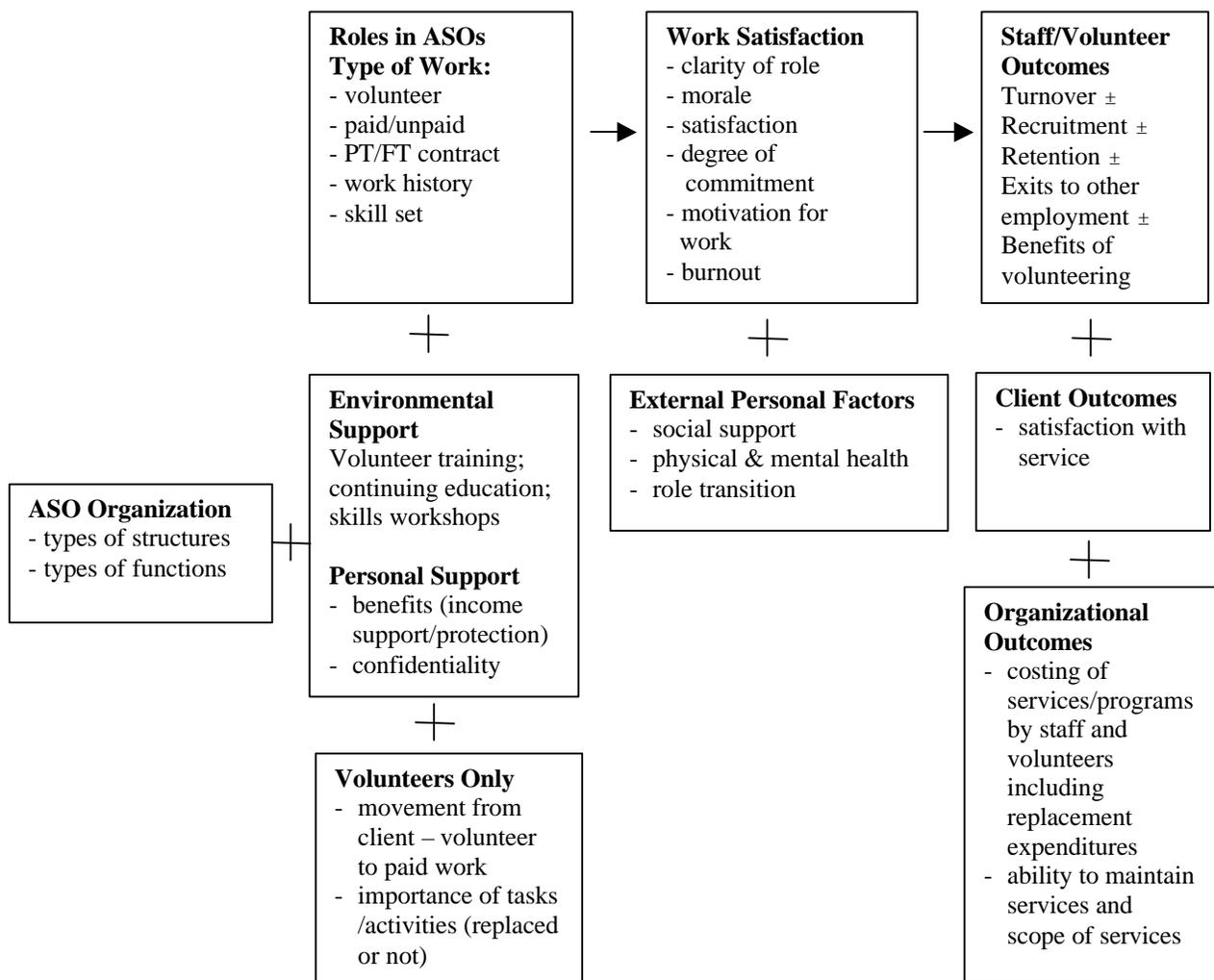
There is a need to develop a better understanding of the work settings, including the structure and function in which AIDS-related work is carried out, and the nature and content of the roles required to do this work. Anecdotal evidence regarding alleged high rates of burnout and turnover amongst staff underlines the importance of establishing which aspects of AIDS-related work are problematic and for which category of worker.

The major study of this theme of research (recruitment and retention) will address some of the gaps in understanding the intraorganizational attributes such as staffing, skills and relationships that characterize the capacity and outcomes of community AIDS Service Organizations. Then such knowledge can better inform guidelines for appropriate recruitment, support systems and training programs (Barbour, 1994).

## Thematic Study Question

The conceptual model of labour force factors, displayed in Figure 1 demonstrates the hypothesized relationships among factors known to influence formal and informal organizational, personnel and client outcomes (Dworkin et al, 1991). The ongoing objective of this study is to test these relationships in order to establish the factors that predict turnover rates in ASOs; the effects of these outcomes on client satisfaction and use of ASO resources; the expense (in-kind and funded) of staff and volunteer services in ASOs.

**Figure 1**  
**Conceptual Framework**



Before this predictive question can be answered, additional information is required that will inform the model. Specifically, the following projects were undertaken to provide the necessary background on which the model is built to describe qualitatively and to quantify as appropriate:

- Project #1 the workplace characteristics, including workplace structure, work roles and client services of the participating community ASOs;
- Project #2 the particular skill sets needed by paid and volunteer staff working in community AIDS organizations;
- Project #3 the estimated financial value of volunteer work to each of the participating community ASOs;
- Project #4 the transitional experiences for people who move, from being a client to volunteer to paid worker;
- Project #5 the experiences and benefits of volunteering in a community AIDS Service Organization.

The main components from this conceptual model that are addressed by each project are identified in Table 1 along with the measures and the methods of data collection.

## **Thematic Study Objective**

### Methods

Six individual ASOs, who responded to the CLEAR Unit's survey for interest in participating in the recruitment/retention/deployment of staff and volunteers project were approached to confirm their participation, elaborate their study questions and their fit into the overall design model (Figure 1 and Table 1).



Interested ASOs included those from urban settings who provide a variety of services to a variety of groups.

Certain critical elements common to all ASOs, such as organizational roles, activities, resources and client services were addressed in each of the participating ASOs. This database will assist in the design of relevant evaluation strategies that will lead to understanding and useful changes.

It was recognized that every ASO serves a different mix of clients, uses different service delivery approaches, defines different outcomes, is at a different place of development and faces different conceptual issues. Therefore, the evaluation process that we developed in this theme of research depended in large part on local conditions and circumstances.

### Design

This is a cross sectional survey with longitudinal follow-up of the cohort and was designed to obtain several different types of data sets from different data sources. The standard organizational and workplace data were collected from the leadership group (Executive Director, Board Member and Supervisor) of each of the organizations through a questionnaire format administered by telephone interview. The questionnaire was mailed to the respondent prior to the telephone interview in order to provide the opportunity for the respondent to obtain certain types of data; e.g., turnover rates.

In addition to these standard data that were collected, each ASO had a specific study question that related overall to the theme of recruitment, retention and turnover but required different types of data from different sources (see Table 1) because of the focus of the question. Both quantitative and qualitative methods were used to answer the relevant study question.

The participation of a number of ASO's allowed for conducting both the specific evaluation project in each of the ASO's but also for the grouping of some of these projects into a larger data set that could together inform policy or planned change for ASO's in Ontario.

### Data Analysis

The conceptual model informs this overall study and guides the project questions. Three levels of project evaluation will be conducted and include:

- a) projects at the individual ASO level;
- b) cluster evaluation, which groups findings from different ASOs;
- c) program and policy making evaluation which uses information gathered from both project level and cluster level to make recommendations about change.

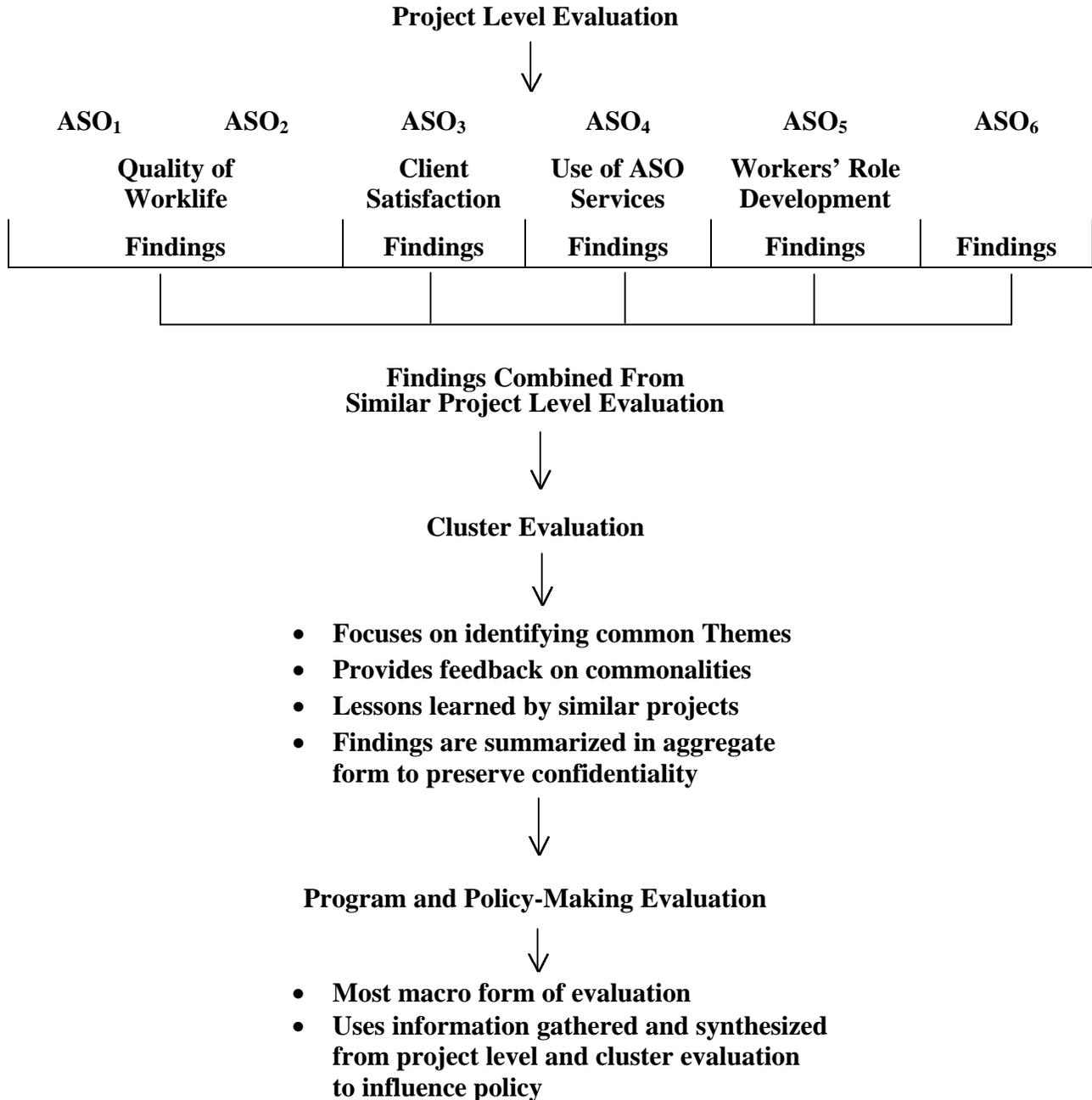
Figure 2 is an illustration of the target of the various levels of evaluation and how this perspective is used in this current study (Kellogg Foundation, 1998). Taken together, the three evaluation levels provide multi-sourced, multi-perspective, multi-level data from which to strengthen and assess individual and groups of projects. This perspective could be of assistance to individual ASOs, the CLEAR Steering Committee, the AIDS Bureau and the Ministry of Health and Long Term Care (MOHLTC) regarding programming and policy work.

### Significance Of The Project

This study attempts to maximize our collective understanding and ability to address the concerns of participating ASOs in Ontario regarding recruitment, retention and deployment of volunteers and staff in AIDS Service Organizations. The study should reveal the factors that

Figure 2

**Levels of Evaluation for Recruitment and Retention Program of Research**



contribute to the stability of the staff and volunteer labour force and the effectiveness and efficiency of the service programmes. The study will identify those factors that are available to use to promote positive change. As one of the largest and most active volunteering groups, it will reveal the economic benefits of marshalling such a force.

Participating ASOs have been closely involved in carrying out this research study. The results should help to improve the ability of ASOs to recruit and retain its staff and volunteers; assist the individual staff/volunteers to maintain and develop meaningful work experience and to improve the ability to maintain services and the scope of services for the changing and evolving “*new face*” of AIDS.

### Research Ethics

This project was conducted in accordance with the following guiding principles:

- a) AIDS Service Organizations must agree to participate and individuals interviewed must be free to give informed consent for the study now and to be approached for later follow up;
- b) The identities of organizations and individuals responding will remain anonymous;
- c) No information collected will be used in any manner by the ASO for performance appraisal or to discriminate against any organization or individual.

This study received ethical approval from McMaster University Research Ethics Board. All participants provided informed consent prior to participating in the interviews and/or completing the questionnaires.

**PART #2**

**WHAT ARE THE PARTICULAR SKILL SETS NEEDED BY  
PAID VOLUNTEER STAFF WORKING IN COMMUNITY  
AIDS ORGANIZATIONS?**

**Robin Weir  
Joan Crook  
Amiram Gafni**

**PART #2:  
WHAT ARE THE PARTICULAR SKILL SETS NEEDED BY PAID AND VOLUNTEER  
STAFF WORKING IN COMMUNITY AIDS ORGANIZATIONS?**

**Robin Weir, Joan Crook, Amiram Gafni**

**Background**

Community AIDS Service Organizations seek to recruit and retain volunteers so that they might expand their capacity and become more effective in their major programs of prevention, community outreach, support counselling and service to those infected and affected by HIV/AIDS. The need to respond to change in a variety of sectors of their domains plus the growing demands for services and the future, place great expectations and demands on their resources both in terms of number and in the skills and experiences available (Street, 1994).

Volunteers have been and remain integral members of staff of the ASO and are depended on to complete their work assignments. They have been and remain a key feature of community AIDS Service Organizations.

In a 1985 research project to investigate job skill development in volunteer work conducted through surveys and interviews with 1,000 people (Schram, 1985), respondents identified the following list of skills, Figure 1, which they had developed or enhanced through their volunteer work:

**Figure 1  
Skill Sets**

- \$ arts crafts, and recreational skills
- \$ childcare skills
- \$ clerical/secretarial skills
- \$ education skills

- \$ financial/auditing skills
- \$ health care skills
- \$ household skills
- \$ managerial/organizational skills
- \$ mechanical skills
- \$ public policy skills
- \$ public relations skills
- \$ research skills
- \$ technical/professional skills
- \$ support/counselling skills with individuals and groups
- \$ computerization/electronic exchange of information
- \$ interpersonal skills
- \$ fundraising skills
- \$ communication skills
- \$ increased knowledge of HIV/AIDS and related issues
- \$ marketing skills
- \$ self management skills (those that relate to the way we get along with others, deal with authority, govern our own behaviour and accomplish things)

Mirroring these same results, a 1987 National Survey on Voluntary Activity in Canada (Ross, 1987) identified that learning new skills was an important feature of volunteer work for 70% (3.4 million) of volunteers. These skills included technical and office skills, management

and organizational skills, communications, interpersonal skills, fundraising and increased knowledge of certain subjects and issues.

## **Methods**

We chose to test Schram's (1985) categories and particularize these job categories to the various participating ASOs (Schram, 1985). We sought the assistance of one Executive Director, of a particular ASO to help us develop a template for the beginning generation of particular ASO activities. From his knowledge of his own ASO, he generated multiple activities within each category, and was also able to offer weights to assign to each item that would assist in defining the importance of each of the activities to the overall functioning of the ASO and hence, their continuing ability to provide various program offerings. Subsequently, we enlisted the participation of nine other ASOs to complete the activity form in order to try to develop an exhaustive representation of skills and activities that were relevant to the various work and programs of the different ASOs.

## **Results**

The list of specific activities developed by the 10 ASOs is shown in Table 1. One hundred and fifty-six activities were identified by the group as performed in one or more of the participating ASOs, within the 22 categories of activities. While "traditional" service offerings remain in some ASOs, it is apparent that there is an expansive range of services when the collective offerings are described.

There was wide variation among the Executive Directors as to whether the activity was rated as a core function, a core service, or other service, and who performed the activity, paid staff, volunteer or both. Twenty-three of the described activities were rated as core functions by 50% or more of the ASOs, five activities as core services by 50% or more, and one as other service by 50%. The results are summarized in Tables 2 and 3.

Twenty-five of the activities were rated by over 50% of the Executive Directors as a staff role, one activity as a volunteer role and seven activities performed by both staff and volunteers. The results are shown in Tables 4 and 5.

There was also variation in the activities that were performed within the various ASOs. Eleven of the 22 categories of activities are provided by all 10 ASOs. Two of these categories, office management and support and counselling activities contribute 25,516 and 21,735 volunteer hours respectively. In total, volunteers contributed 117,699 volunteer hours among the 10 ASOs. The results are shown in Table 6.

## **Summary**

In this survey of 10 ASO Executive Directors or delegate who identified the range of activities offered by their ASO, the dispensability or not of that activity and the type of personnel who performed that activity:

- 1) volunteers contributed 117,699 volunteer hours among the 10 ASOs within 22 categories of activities;
- 2) 11 of the 22 categories of activities are provided by all 10 ASOs;
- 3) 156 different activities were identified within 22 categories of activities;

- 4) 23 of these activities were rated as core functions (indispensable) by 50% or more of the group;
- 5) 25 of these 156 activities were rated as a staff role; one activity as a volunteer role and seven as either staff or volunteer by 50% or more of the group;
- 6) volunteer force plays a critical role in contributing to the program of activities and services in educational, outreach, fundraising, public policy, community development;
- 7) office management and support/counselling and fundraising account for 45% of all volunteer hours, consistent with Ross (1987) (Ross, 1987);
- 8) with the exception of educational activities, all of the above activities were identified as core functions and core services of the ASOs.

The 10 ASOs that engage volunteers have diverse needs, offerings and goals. Within this framework, individual volunteers are engaged to support and extend its work. The range of skills and expertise that are needed to meet the needs of clients and fulfill the goals of the ASO are broad and varied as reflected in this survey. The absence of agreement on clear role definitions for the volunteer in light of the variety of volunteer activities that are performed suggests either the diversity of opportunities in these 10 ASOs or perhaps may reflect what Dworkin (1991) reported as blurring of roles and lack of role clarity (Dworkin et al, 1991).

How and if this diversity in offerings and overlap in roles influence the demands, expectations and rewards for paid and voluntary workers remains to be tested.

For copies of the questionnaires discussed in this Working Paper, please contact the CLEAR Unit at (905) 525-9140 Ext. 22293 or via e-mail at [browneg@mcmaster.ca](mailto:browneg@mcmaster.ca).

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## APPENDICES

**Table 1****Specific Activities Developed**

Activity Code	Type Of Activities
100	Arts, crafts and recreation activities (non specific)
101	Social recreation
102	Tai Chi
103	Yoga
104	Arts & Crafts
105	Bowling
106	Games Nights
200	Childcare activities
201	Babysitting
202	Childcare for special activities
300	Clerical/Secretarial Activities
301	Typing manuscripts
302	Filing
303	Reception
304	Data Entry
305	Inventory (condoms, pamphlets, supplies etc.)
306	Photocopying
307	Office maintenance
308	Supply cupboard
309	Office management
400	Household activities e.g. cleaning, meal preparation, practical assistance
401	Cleaning
402	Meal preparation
403	Practical assistance
404	Furniture exchange
405	Moving
406	Transportation
407	Communal dinners
500	Maintenance activities
501	Building/office maintenance
502	Security
503	Yard maintenance
504	Snow removal
505	Painting/wall papering
506	Landlord

Activity Code	Type Of Activities
600	Computerization electronic exchange of information
601	Internet activities
602	Email
603	Database management
604	Computer support
605	Networking support
606	Computer activities
607	Websites
608	Data Entry
700	Technical/professional activities
701	Library management
702	Graphic design
703	Legal
704	Social Worker
705	Chiropractor
706	Complementary Therapy
800	Financial /auditing activities
801	Financial planning
802	Income management
803	Book Keeping
804	Accounting
805	Banking
806	Financial Committee
807	Financial activities
900	Educational Activities
901	Conference speaker/organizer
902	Workshops
903	Community events organized and sponsored
904	Special events (mall display, info tables)
905	Student placements
906	Health promotion (individual)
907	Volunteer information night
908	Speaker's Bureau
1000	Community Development activities
1001	Board member
1002	Coalition building, planning
1003	Advisory planning committee
1004	Community development activities

Activity Code	Type Of Activities
1100	Outreach activities
1101	Outreach activities in Bars
1102	Outreach activities in Steam baths
1103	Outreach activities in Parks
1104	Outreach activities in Parties
1105	Outreach activities on Streets
1106	Needle exchange
1107	Ambassador program
1108	Gay men
1109	Women
1110	Homeless initiatives
1111	Other agencies
1112	School and business
1113	Youth outreach
1114	Health fairs
1200	Managerial/organizational activities
1201	Administration
1202	Volunteer recruitment
1203	Volunteering training
1204	Scheduling of volunteers
1205	Food Banks/food donations
1206	Training attendance
1207	Students Placement recruitment and supervision
1208	Case management
1209	Hot lunch program
1210	Volunteer intake
1300	Self management activities
1301	Life skills counseling
1302	Self management /enhancement activities
1400	Public relations activities
1401	Committee member
1402	Media contacts
1403	Public relations activities
1404	Board member
1500	Public policy activities
1501	Advocacy
1502	Policy Committee
1503	Policy making

Activity Code	Type Of Activities
1600	Communication activities
1601	Volunteer newsletter
1602	Websites
1700	Marketing activities
1701	Newsletter Outreach
1702	Newsletter community
1703	Marketing Committee
1704	Marketing activities
1705	General Newsletter
1706	Advertising
1800	Fundraising activities
1801	Special events
1802	Red ribbons
1803	Donation cans
1804	Fashion cares
1805	AIDS Walk
1806	Dancers for life
1807	Receipts
1808	Solicitation
1809	Community Events
1900	Health care activities
1901	Personal care
1902	Nursing
1903	Massage therapy
1904	Hair cuts
1905	Medical equipment
1906	Naturopathic clinic
1907	Retreats
1908	Assessment and Referrals to outside agencies
2000	Support/counseling activities with individuals and groups
2001	Conducting workshops/focus groups
2002	Buddy program
2003	Drop-in
2004	Intake assessment
2005	Counseling
2006	Pre-post test counseling
2007	Bereavement services
2008	Financial counseling
2009	Support groups

Activity Code	Type Of Activities
2010	Referrals
2011	Employment counseling
2012	Activities of daily living
2013	Art therapy
2014	Comfort friends
2015	Counseling internship
2016	Employment services
2017	Hotlines
2018	Income tax and insurance
2019	Life skills program
2020	Peer counseling
2021	Social support network
2022	Support
2023	Food Bank
2024	Advocacy
2100	Research activities
2101	Questionnaire design
2102	Conducting surveys
2103	Data analysis
2104	Data gathering
2200	Having relevant knowledge of HIV/AIDS and related issues
2201	Managing Resource center
2202	Interpretation
2203	Info desk
2204	Distribution
2205	Resource development
2206	Translation
2207	Resource materials activities

**Table 2****% of Agreement of Activity Ratings of Importance  
to ASO Functioning by 10 ASO Executive Directors**

<b>Core Function (not dispensable)</b>		
<b>Category</b>	<b>Activity</b>	<b>% Agreement (50% and over)</b>
Office Management	Reception	70%
Maintenance/Office/Building	Maintenance	60%
	Security	70%
Computer	E-mail	50%
	Database management	70%
	Computer	60%
Financial	Financial planning	70%
	Bookkeeping	90%
	Accounting	70%
	Banking	80%
Community Development	Board member	100%
	Coalition building	50%
	Advisory	50%
Managerial/Organizational	Administrative	80%
	Volunteer recruitment	70%
	Volunteer training	80%
	Volunteer scheduling	80%
	Training attendance	50%
Public Relations	Media contacts	60%
Public Policy	Advocacy	60%
	Policy committee	60%
Communication	Websites	50%
Fundraising	Special events	70%
Support/Counselling	Intake assessment	50%

**Table 3**

**% of Agreement of Activity Ratings of  
Importance to ASO Functioning by 10 ASOs**

<b>Core Service (relevant/not dispensable)</b>		
<b>Category</b>	<b>Activity</b>	<b>% Agreement (50% and over)</b>
Outreach	Outreach activities (bars)	60%
	Outreach activities (parks)	50%
	Schools and businesses	50%
Support/Counselling	Counselling	60%
	Financial counselling	50%
	Support groups	50%
<b>Other Service (dispensable)</b>		
Education	Student placements	50%

**Table 4****% of Agreement of Executive Directors  
of Role Type to Perform Activity**

<b>Staff Role</b>		
<b>Category</b>	<b>Activity</b>	<b>% Agreement (50% and Over)</b>
Maintenance	Security	50%
Computer	Database management	60%
	E-mail	70%
	Computer support	50%
Financial	Bookkeeping	70%
	Accounting	60%
	Banking	70%
Education	Student placements	80%
Managerial	Administration	60%
	Volunteer recruitment	80%
	Volunteer training	50%
	Scheduling volunteers	60%
	Training attendance	50%
	Student placement/ recruitment	70%
	Volunteer intake	60%
Public Relations	Media contracts	60%
Public Policy	Advocacy	50%
Communication	Newsletter Outreach	50%
Support/Counselling	Intake assessment	80%
	Counselling	60%
	Pre/post test counselling	50%
	Financial counselling	60%
	Referrals	60%
	Employment counselling	50%
Research	Data analysis	50%

**Table 5**

**% of Agreement of Executive Directors  
of Role Type to Perform Activity**

<b>Volunteer Role</b>		
<b>Category</b>	<b>Activity</b>	<b>% Agreement (Less than 50%)</b>
Community Development	Board member	70%
<b>Both Volunteer and Paid Staff</b>		
<b>Category</b>	<b>Activity</b>	<b>% Agreement (Less than 50%)</b>
Financial	Financial planning	50%
Educational	Workshops	50%
	Community events	60%
	Special events	50%
Outreach	Outreach (bars)	50%
Public Policy	Policy committee	50%
Fundraising	Special events	70%

**Table 6****Total Number of Annual Volunteer Hours by 10 Agencies by Activity Category**

<b>Activities</b>		<b>Number of Agencies</b>	<b>Total Number of Hours</b>
01.	Arts, crafts and recreational activities	6	2,568.00
02.	Childcare activities	4	164.00
03.	Office management	10	25,576.00
04.	Household activities	9	10,738.00
05.	Maintenance activities	10	1,808.00
06.	Computer activities	10	2,022.00
07.	Professional activities	8	2,364.00
08.	Financial activities	10	932.00
09.	Educational activities	10	9,912.00
10.	Community development activities	10	8,965.00
11.	Outreach activities	10	7,148.00
12.	Managerial/organizational activities	10	9,233.00
13.	Self-management/enhancement activities	5	464.00
14.	Public relations activities	10	292.00
15.	Public policy activities	10	879.00
16.	Communications activities	7	1,273.00
17.	Marketing activities	8	698.00
18.	Fundraising activities	9	11,740.00
19.	Health care activities	8	1,361.00
20.	Support/counselling activities	10	16,227.00
21.	Research activities	9	1,060.00
22.	Resource materials activities	8	2,275.00
	<b>TOTAL</b>	<b>191</b>	<b>117,699.00</b>