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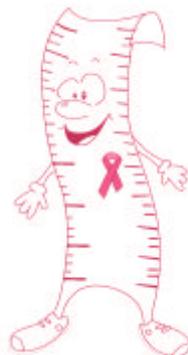
PAPER C01-5

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

Part 3

**What is the estimated financial value
of volunteer work to the participating
community AIDS organizations?**

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



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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 standard 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. (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).

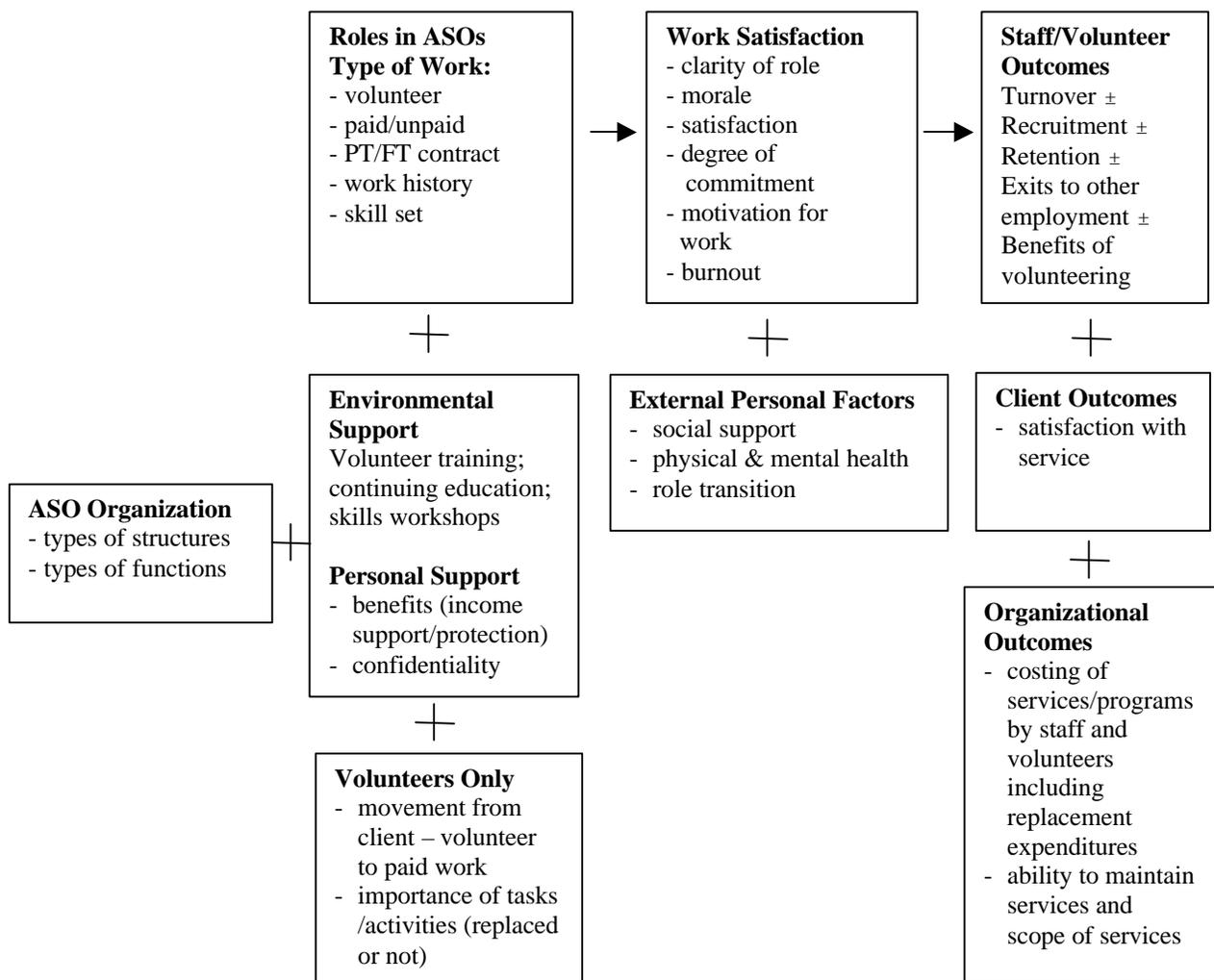
There is a need to develop a better understanding of the work settings, including the structure and function in which AIDS-related work is carried out, and the nature and content of the roles required to do this work. Anecdotal evidence regarding alleged high rates of burnout and turnover amongst staff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

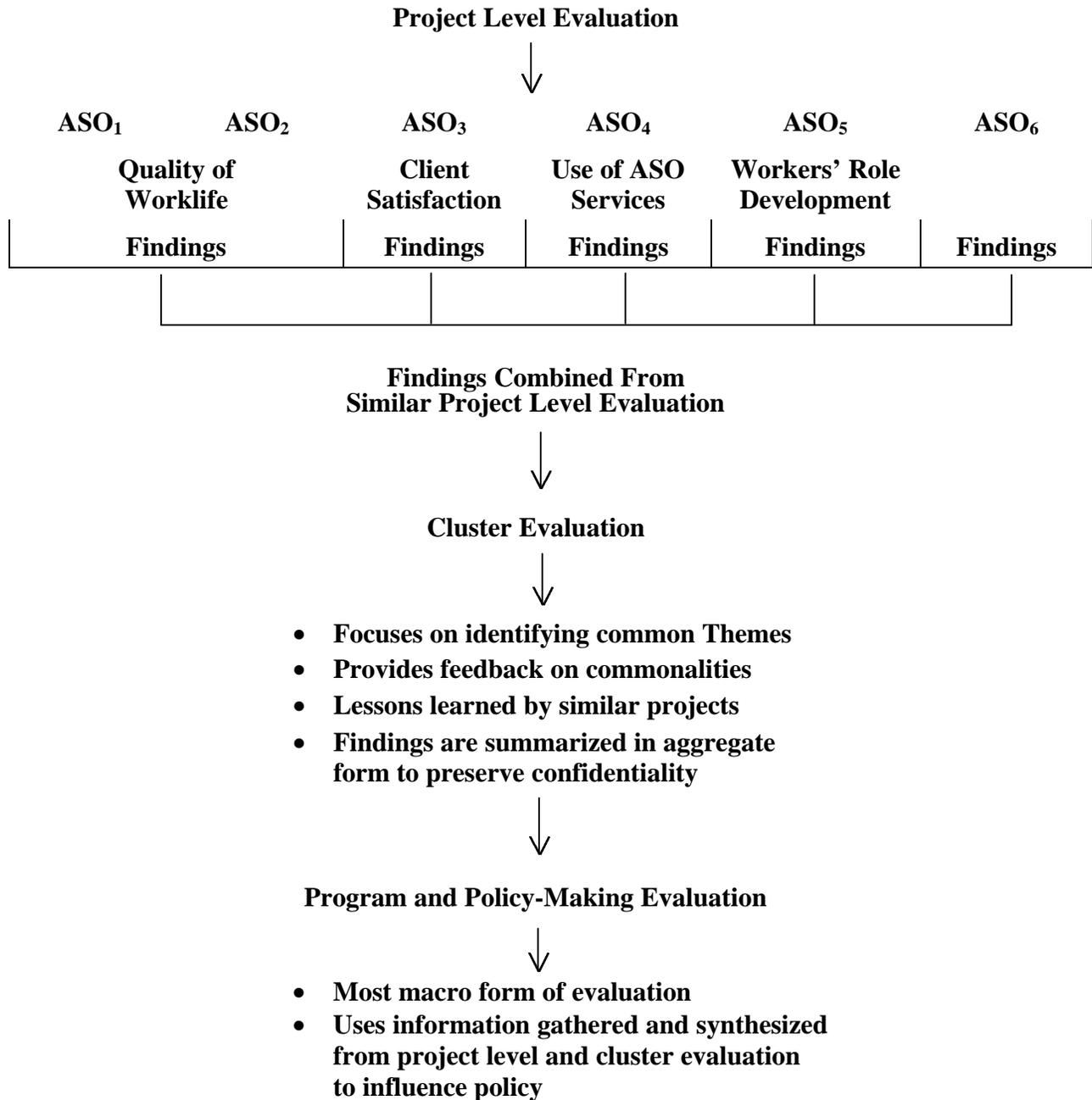
Figure 2 is an illustration of the target of the various levels of evaluation and how this perspective is used in this current study (Kellogg Foundation, 1998). Taken together, the three evaluation levels provide multi-sourced, multi-perspective, multi-level data from which to strengthen and assess individual 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 #3

**WHAT IS THE ESTIMATED FINANCIAL VALUE OF
VOLUNTEER WORK TO THE PARTICIPATING
COMMUNITY AIDS ORGANIZATIONS?**

**Robin Weir
Joan Crook
Amiram Gafni**

**PART # 3:
WHAT IS THE ESTIMATED FINANCIAL VALUE OF VOLUNTEER WORK TO
THE PARTICIPATING COMMUNITY AIDS ORGANIZATIONS?**

Robin Weir, Joan Crook, Amiram Gafni

While paid staff provide the professional and stable infrastructure to the organization, volunteer work is also integral to the purposes of the ASO they serve. Volunteer work supports, compliments and extends the work of paid staff towards the goals and purposes of the organization.

As governments downsize and download, voluntary sector organizations are being increasingly expected to pick up the pieces in our communities. This has created a greater reliance on volunteers at a time when volunteers are decreasing in numbers and hours of contribution. These changes consequently have created a host of issues with respect to how organizations can recruit, train, motivate, supervise and retain volunteers (Fay, 2000).

As noted previously, the demands on staff and volunteers in ASOs are complex and often coupled with inadequate resources. Volunteer work in ASOs saves the Ontario Ministry of Health an unknown, but suspected, large amount. According to a 1995 MOH report on ASO activities, it could be as much as \$3.9 million.

While the most valuable aspect of volunteers may not be easily measured in dollars and cents, the most obvious financial impact is the wages saved as a result of their volunteer labour. This value is usually measured through estimating a salary range for each volunteer job description. This salary multiplied by the numbers of hours volunteered shows the financial value of that volunteer (Manninen, 1991).

In this study, we attempted to value volunteers' contribution in a different way and from a different perspective.

Hours of volunteering multiplied by an "average" salary has no "economic" meaning. Rather, it is necessary to determine from what perspective is the "costing" directed. There are two components to this perspective of replacement which include the questions: a) is the role/activity needed?; and b) does a replacement worker have to be hired and use staff salary? From a societal perspective, the answer to the first question of "usefulness" is not important. The hours spent volunteering could be spent elsewhere. Using opportunity costs, the question then becomes where else could the time be spent to make the maximum contribution to society?

In contrast, from a "funder" perspective, in this case the Ministry of Health, who do care if the job is useful, the task is to validate if the actual job/activity is being replaced or not. This is termed the "replacement costs" approach where the question asked is what services are provided by volunteers, that in the absence of such volunteers would be provided by the Ministry of Health?

Methods

To find the answer to this question, we needed several steps to develop the evaluation (costing) protocol. First, each Executive Director from each of the six ASOs participating in the major project and four additional volunteering Executive Directors from four other ASOs were asked to identify on the activity form, the activities that were performed by a volunteer, the number of hours per month that were associated with each activity and whether the activity was a core function (indispensable by definition); a core service (relevant by judgement and, as a result, indispensable) or other service (relevant but dispensable). The second step involved the

judgement of the Executive Director in determining whether, in the absence of a volunteer, who would be performing the activity; i.e., use existing staff for the activity, hire a replacement or outsource or discontinue the activity or service. We assumed, based on our discussions with people in the field that a paid staff member and volunteer are equivalent in terms of performing the task in that a paid staff member would not require less time to do the activity. The average annual salary for front line workers in ASOs is \$36,000 to \$42,000 or \$19.50/hour (AIDS Bureau, 2001) which we used to estimate the replacement value of volunteer hours.

Results

Table 1 provides a summary of the total volunteer hours associated with each of the 22 categories of activities; the non replacement volunteer annual hours for activities judged to be dispensable should a volunteer not be available; the annual replacement volunteer hours; and the estimated value of the replacement hours calculated at \$19.50 per hour.

The overall replacement value of volunteer hours is \$1,783,641 with 50% of that contribution accounted for by office management activities (\$498,732); fundraising activities (\$222,300) and community development activities (\$172,478).

Fifty-eight percent of the activities that were discontinued, should a volunteer not be available to provide the service, were associated with support and counselling activities (9,971 hours or 38%) and educational activities (5,240 hours or 20%). Office management activities was the only category that had “office management” activities totally replaced.

There was wide variation in the estimated replacement volunteer hours and their value across the 10 ASOs. A summary of the total replacement hours (Range = 78 -21,828) and calculated value (Range = \$1,521-\$425,646) by the participating ASOs are shown in Table 2. A

further breakdown by activity category for each of the 10 ASOs displays the replacement hours and value of those hours in Table 3.

Table 1
Total Volunteer Hours, Replacement Hours and
Estimated Value in Activity Categories in 10 ASOs

	Number of Agencies	Total Number of activities within agencies	Total number of volunteer hours	Total hours deducted if no volunteer	Actual Volunteer hours	Replacement Cost
	Count	Sum	Sum	Sum	Sum	Sum
01. Arts, crafts and recreational activities	6	10	2568.00	1140.00	1428.00	27846.00
02. Childcare activities	4	3	164.00	120.00	44.00	858.00
03. Office management	10	26	25576.00	.00	25576.00	498732.00
04. Household activities	9	18	10738.00	2580.00	8158.00	159081.00
05. Maintenance activities	10	9	1808.00	.00	1808.00	35256.00
06. Computer activities	10	14	2022.00	456.00	1566.00	30537.00
07. Professional activities	8	10	2364.00	122.25	2241.75	43714.13
08. Financial activities	10	12	932.00	144.00	788.00	15366.00
09. Educational activities	10	21	9912.00	5240.00	4672.00	91104.00
10. Community development activities	10	21	8965.00	120.00	8845.00	172477.50
11. Outreach activities	10	18	7148.00	1544.00	5604.00	109278.00
12. Managerial/Organizational activities	10	18	9233.00	2540.00	6693.00	130513.50
13. Self-management/enhancement activities	5	3	464.00	24.00	440.00	8580.00
14. Public relations activities	10	6	292.00	12.00	280.00	5460.00
15. Public policy activities	10	13	879.00	72.00	807.00	15736.50
16. Communications activities	7	5	1273.00	600.00	673.00	13123.50
17. Marketing activities	8	8	698.00	120.00	578.00	11271.00
18. Fundraising activities	9	19	11740.00	340.00	11400.00	222300.00
19. Health care activities	8	14	1361.00	1013.00	348.00	6786.00
20. Support/counselling activities	10	24	16227.00	9971.00	6256.00	121992.00
21. Research activities	9	3	1060.00	.00	1060.00	20670.00
22. Resource materials activities	8	11	2275.00	72.00	2203.00	42958.50
			117699.00	26230.00	91468.75	1783641.00

Table 2

**Annual Total Volunteer Hours
and Value by Participating Agencies**

		Sum
ED1	Annual Value	1,521.00
	Actual Volunteer Hours	78.00
ED4	Annual Value	93,132.00
	Actual Volunteer Hours	4,776.00
ED6	Annual Value	112,880.63
	Actual Volunteer Hours	5,788.75
SC1	Annual Value	257,946.00
	Actual Volunteer Hours	13,228.00
SC2	Annual Value	97,948.50
	Actual Volunteer Hours	5,023.00
SC3	Annual Value	126,984.00
	Actual Volunteer Hours	6,512.00
SC4	Annual Value	339,202.50
	Actual Volunteer Hours	17,395.00
VC1	Annual Value	54,600.00
	Actual Volunteer Hours	2,800.00
VC2	Annual Value	425,646.00
	Actual Volunteer Hours	21,828.00
VC4	Annual Value	273,780.00
	Actual Volunteer Hours	14,040.00

Table 3

Comparison of 10 ASOs by Annual Volunteer Hours and Value of Contribution

Activity	Agencies																			
	ED1		ED4		ED6		SC1		SC2		SC3		SC4		VC1		VC2		VC4	
Overall	Hr	\$	Hr	\$	Hr	\$	Hr	\$	Hr	\$	Hr	\$	Hr	\$	Hr	\$	Hr	\$	Hr	\$
01. Arts, crafts and recreational activities							80	1560			100	1950	48	936			1200	23400		
02. Childcare activities							20	390							24	468				
03. Office management			2400	46800	1260	24570	10400	202800	1924	37518	1596	31122	1884	36738	1040	20280	2820	54990	2252	43914
04. Household activities			60	1170	250	4875	80	1560	504	9828	144	2808	856	16692			6240	121680	24	468
05. Maintenance activities			180	3510							80	1560					1524	29718	24	468
06. Computer activities			240	4680			100	1950	52	1014	60	1170	750	14625	64	1248			300	5850
07. Professional activities					41	795	120	2340	36	702	24	468	1969	38396	52	1014				
08. Financial activities	12	234			60	1170	68	1326	36	702	24	468	168	3276			180	3510	240	4680
09. Educational activities			240	4680	800	15600	400	7800	480	9360	500	9750	296	5772	540	10530	1416	27612		
10. Community development activities	48	936	264	5148	816	15912	1110	21645	1560	30420	300	5850	1327	25877	780	15210	1440	28080	1200	23400
11. Outreach activities			60	1170							1200	23400	2700	52650	144	2808			1500	29250
12. Managerial/organizational activities			480	9360	46	897			6	117	60	1170	93	1814			588	11466	5420	105690
13. Self-management/enhancement activities					200	3900											240	4680		
14. Public relations activities							40	780			12	234	96	1872			120	2340		
15. Public policy activities	12	234			60	1170	20	390	72	1404	108	2106	31	605	156	3042	360	7020		
16. Communications activities									15	293	240	4680	298	5811			120	2340		
17. Marketing activities			120	2340			60	1170	20	390			18	351			360	7020		
18. Fundraising activities	6	117	252	4914	220	4290	120	2340	168	3276	264	5148	3650	71175			3720	72540	3000	58500
19. Health care activities			48	936							120	2340					180	3510		
20. Support/counselling activities			192	3744	836	16302	300	5850	120	2340	600	11700	2808	54756			1320	25740	80	1560
21. Research activities							100	1950			960	18720								
22. Resource materials activities			240	4680	1200	23400	210	4095	30	585	120	2340	403	7859						
TOTAL	78	1521	4776	93132	5788	112881	13228	257946	5023	97949	6512	126984	17395	339203	2800	54600	21828	425646	14040	273780

Summary

This group of 10 ASOs, representing only approximately 20% of the total number of ASOs in Ontario, contributed an estimated annual 91,469 volunteer hours, calculated at a replacement value of \$1,783,641. This is an amount that exceeds substantially the estimate made by the Ontario Ministry of Health in 1995, of 3.9 million dollars from all 53 Ontario ASOs. This present contribution occurred at a time of a decreasing volunteer force in Canada with falling volunteer hours of contribution (Fay, 2000).

It appears that the diverse nature of the ASOs in terms of their goals and purposes and the variety of services/activities relevant to these ASO purposes, influence the number of volunteer roles, the particular type of activities that are offered to meet the purposes of the agency and the subsequent dollar value of these contributions.

This type of analysis of replacement value of volunteer hours should make a contribution to our understanding of the real financial value of the voluntary sector and that volunteerism is not free. With the government cutbacks to voluntary agencies and a reduction in voluntary activity, the infrastructure of voluntary agencies is deteriorating and at risk to be able to continue to hire professional staff to recruit, train, supervise and reward the voluntary workforce and to keep the cycle going (Fay, 2000).

Further study is required to determine the benefits and risks of these financial savings to the ASOs in general, the government in terms of funding programs and the volunteers themselves in terms of motivation and rewards.

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

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