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

**Part 5**

**What are the experiences and  
benefits of volunteering in a  
community AIDS organization?**

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Gina Browne, Greg Robinson**



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The ASO-Volunteer Relationship: Influences on its Initiation and Maintenance

- In collaboration with Laurie Edmiston, Thomas Egdorf, and 6 ASOs in Ontario;
- Rose Sokolowski, Interviewer
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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.

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## **ORGANIZATION OF STUDY REPORT**

This study report is organized to:

- 1) describe the design, methods and analysis of the overall study question; i.e., predictors of turnover rates in ASOs;
- 2) describe the design, methods, analyses and results 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 (Breux, 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 (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.

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) (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. 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.

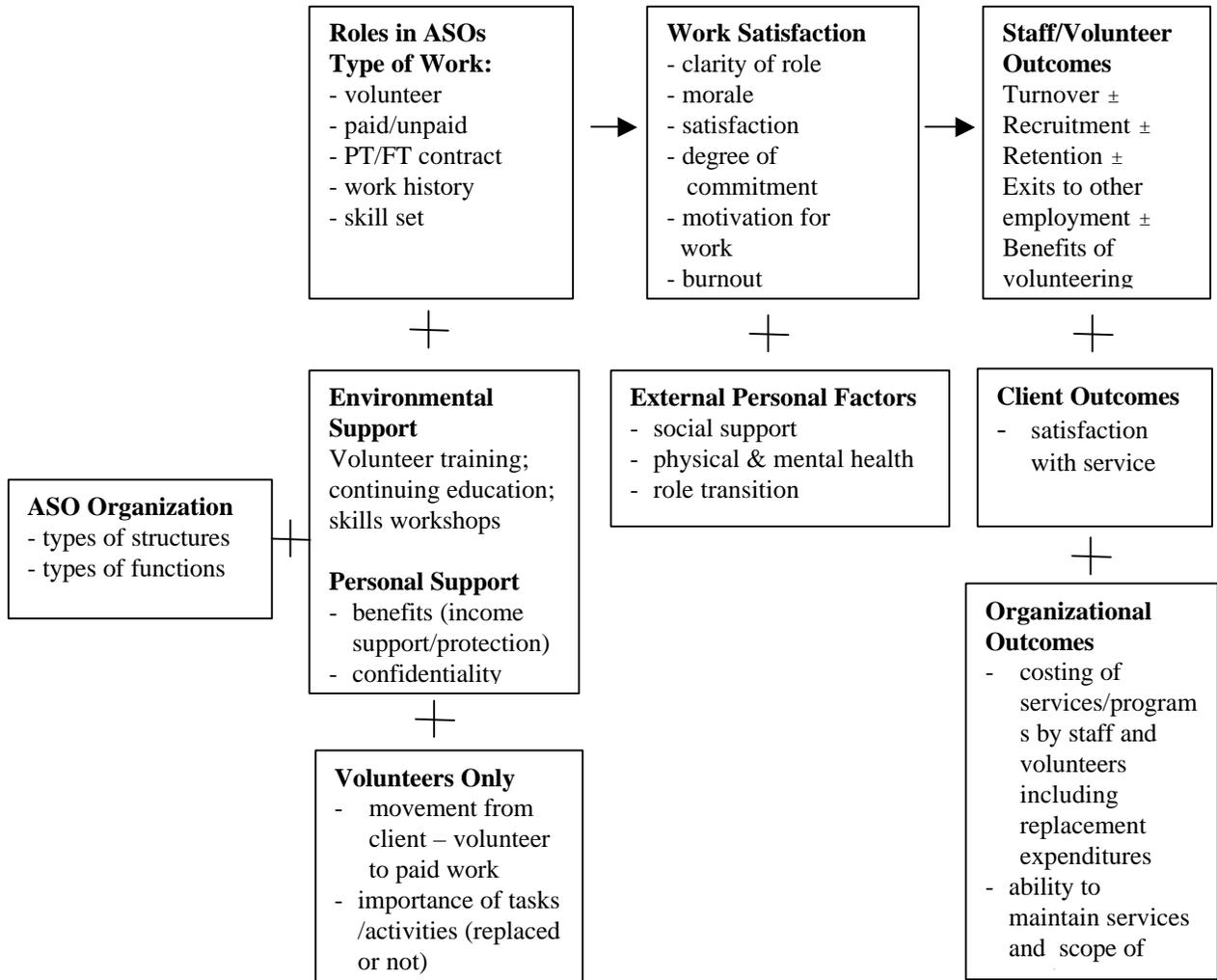
The major study of this theme of research (recruitment and retention) will address some of the gaps in understanding the intraorganizational attributes such as staffing, skills and relationships that characterize the capacity and outcomes of community AIDS Service Organizations. Then such knowledge can 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).

**Table 1**

**Overview of Main Areas of Study, Ways of Measuring and Types of Data Collection**

Question	Main Components from Conceptual Framework	Measures	Types of Data Collection
#1	<b>ASO Organization</b> \$ Types of organization structures \$ Board membership, how many/type \$ Policies \$ Function \$ Types of Funding	\$ Structured Questionnaire	Key informant interview - Executive Director - Supervisor/Coordinator - Board Member
#1 and #2	<b>Roles in ASO (staff/volunteer) (focus of role)</b> \$ Nature of paid work in ASOs; e.g., administrative; support/ counselling/service \$ Nature of volunteer work in ASOs e.g., administrative (Board Member); support/counselling	Structured Questionnaire Demographics: \$ work status \$ experience (yrs) \$ where volunteers are coming from e.g., workforce, highschool, other motivation for participation \$ skill set	Key informant - ASO Director - Executive Director - Supervisor/Coordinator - Board Member
#1 and #4	<b>Staff and Volunteer Work: Environmental Support</b> \$ Training programs \$ Continuing education \$ Conferences \$ Wages \$ Other Work: Personal Support \$ Benefits \$ Other Volunteers Only \$ The experience of moving from client to volunteer to paid work	\$ Structured Questionnaire \$ numbers taking training form MOH form  \$ Structured Interview	Quantitative \$ Self Report Questionnaire  Qualitative \$ Individual Interviews
Individual ASO	<b>Work Satisfaction</b> \$ Work environment \$ Satisfaction (fulfillment) \$ Stress \$ Motivation for work \$ Work history \$ Hours of work	Tested Questionnaires \$ Moos Work Environment Scale (Moos and Insel, 1986) \$ Reasons for Volunteerism (Ouellette, Cassel et al, 1995) \$ Workers' role activities \$ Work satisfaction (Mueller and McCloskey, 1990)	Quantitative \$ Self report questionnaires Qualitative \$ Focus Groups
Individual ASO	<b>External to Work (Personal Factors)</b> \$ Mental Health \$ Social Support	\$ Coping style (Moos, Cronkite et al, 1984)	\$ Questionnaire
#1 and #3 and #5	<b>Outcomes</b> <u>Staff/Volunteer</u> \$ turnover \$ retention \$ return to work  <u>Client</u> \$ satisfaction with services  <u>Costing</u> \$ all service and programmes by staff & volunteers (including replacement expenditures)  <u>Volunteers Only</u> \$ experiences and benefits of volunteering	ASO data: Key informant \$ structured interview  \$ return to work (Grubb and McClure, 1997)  Service Evaluation Questionnaire (Attkisson and Nguyen, 2000)  Replacement costs: volunteer service costs  \$ Structured Interview	Quantitative (Key informant)  \$ Self Report  \$ Self Report  Qualitative

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.

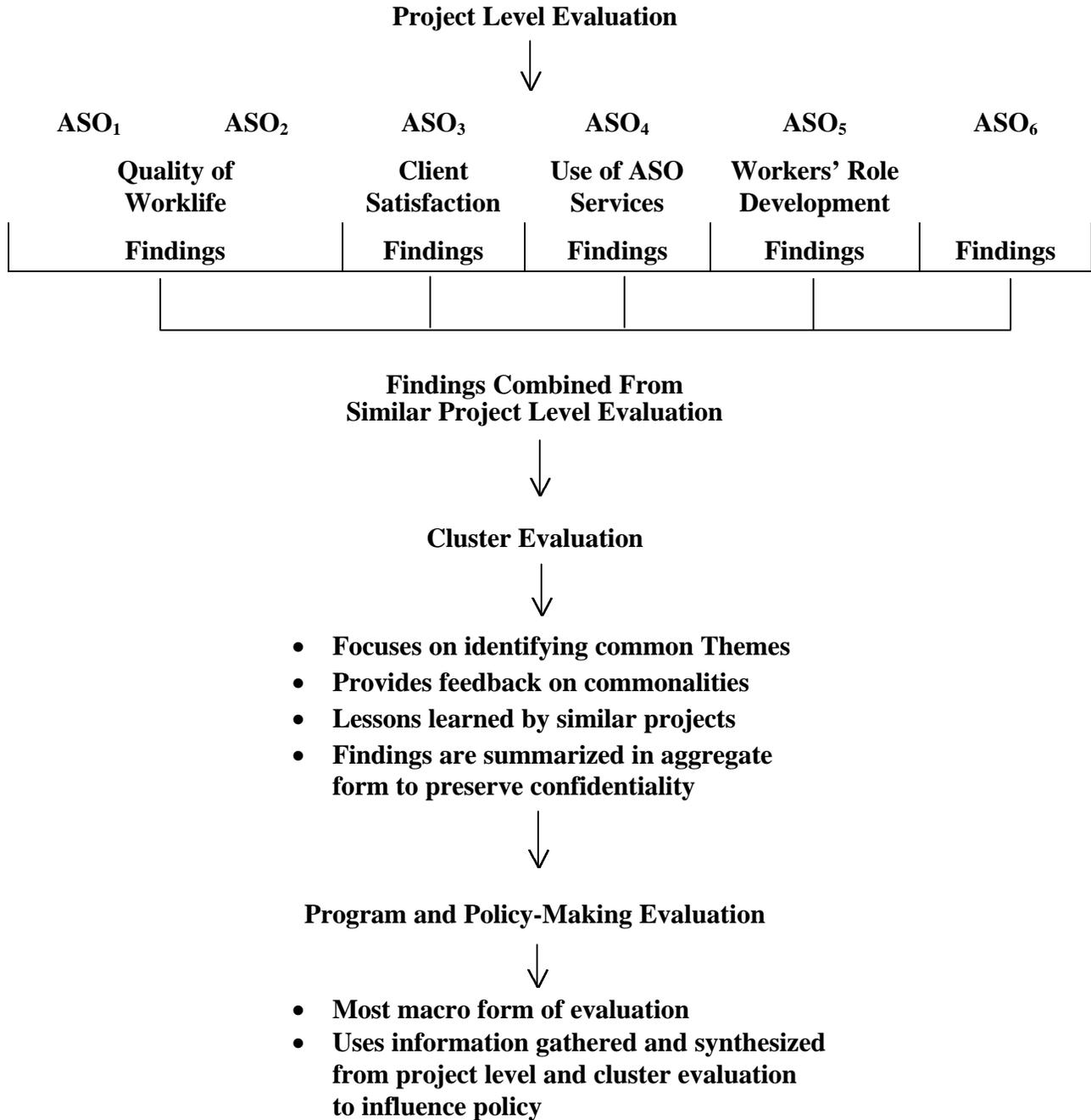
Figure 2 is an illustration of the target of the various levels of evaluation and how this perspective is used in this current study (Kellogg Foundation, 1998). Taken together, the three evaluation levels provide multi-sourced, multi-perspective, multi-level data from which to strengthen and assess individual 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 #5**

**WHAT ARE THE EXPERIENCES AND BENEFITS  
OF VOLUNTEERING IN A  
COMMUNITY AIDS ORGANIZATION**

**Joan Crook  
Robin Weir  
Dennis Willms**

**PART 5**  
**WHAT ARE THE EXPERIENCES AND BENEFITS OF VOLUNTEERING IN A**  
**COMMUNITY AIDS ORGANIZATION?**

**Joan Crook, Robin Weir, Dennis Willms**

**Executive Summary**

This qualitative study examines the ASO-Volunteer relationship from the point of view of the volunteer. A variety of factors became evident from the stories the volunteers related that led to an individual deciding to initiate a relationship with an ASO. These factors included personal values, individual characteristics and needs. As the relationship was maintained, volunteers reported many rewards that flowed from the work itself and from the responses of others, including those within the organization. The volunteers also encountered challenges that presented in the form of challenging role demands, role-ability fit and stress/burnout concerns, limited organizational resources and structural obstacles.

The findings suggest that care must be taken to ensure that the volunteer role meets the needs, skills and abilities of the individual. A successful retention strategy benefits from continuous communication between volunteer and leader to ensure that the role is meeting current and emerging needs. To nurture the ASO-volunteer relationship, it is important to ensure that the organization is able to quickly adapt to changing needs. The need to ameliorate challenges is clear for ASOs seeking to retain volunteers. Some of the preventative strategies include goal-setting and feedback, individual-sensitive role redesign, opportunity to participate in decisions and increased communication.

## **Introduction**

This qualitative survey addresses the question “What are the experiences, benefits and challenges of volunteering in a community AIDS service organization?” A volunteer is most commonly defined as a person who performs or gives services of his/her own free will without receiving a salary in return. The freedom to choose to establish and maintain an unpaid working relationship with an ASO is a complex human behaviour which has been conceptualized as involving two discreet phases: initiation and maintenance. The data from these qualitative interviews were naturally clustered into two thematic groups, which appeared to correspond to both the initiation and maintenance phases of a volunteer’s relationship with an ASO.

## **Methods**

The emphasis in this analysis is the relationship of volunteers to the ASO, including their motivation, rewards and challenges. While the data were extracted from the interviews in the study addressing Research Question #4, the focus and the question were different. The purpose of this component was to develop a theory explaining the initiation and maintenance of the volunteer relationship with the ASO.

As in the previous section, this study used a qualitative approach in the form of one-on-one, audio taped, in-depth interviews with volunteers and paid staff in 6 ASOs in Ontario. The methods are summarized again for the convenience of the reader.

Theoretical sampling was used to designate potential study participants. This allowed the selection of subjects who could illuminate the phenomenon being studied. For this study, 18 volunteers were chosen to take part in the in-depth interviews, from a range that included

volunteers who used to be clients, or those affected by HIV and paid workers who used to be volunteers.

To maintain consistency in data collection, the same interviewer gathered all data. The audiotapes from the interviews were transcribed verbatim, and all participants had the opportunity to review his/her transcript to check the accuracy of its content.

Data obtained from the interviews underwent interpretive thematic analysis, involving a review of the interview texts as a whole for an overall understanding, followed by repeated reading of the texts to look for patterns of regularities, recurring ideas and experiences that link or distinguish participants' perspectives. Analysis was enhanced by the use of the Nvivo program, designed specifically for use in qualitative data analysis. Emergent themes and recurring ideas from the data were generated.

When the initial phase of analysis was complete, validity was enhanced by bringing participants back together for a one-day workshop to review findings and to check on the accuracy of interpretation. Collectively, the original model was reinterpreted to indicate the dynamics of the relationship between transitional events and transformational phases. This input created new labels for some of the themes, and new models linking themes, but major concepts and themes remained the same.

Written informed consent was obtained prior to each interview. Only the participants and the research team had access to interview tapes and transcripts. Tapes were kept in a locked location, accessible only to the research team. All responses were confidential. Any quotations used in any report for publication are attributed anonymously.

Participants were selected based on their ability to illuminate the phenomenon being studied and were chosen if they had been infected or affected by HIV/AIDS and were presently volunteering at an ASO or had done so in the past and were now employed.

Participants were recruited through 6 ASOs in Ontario. There were 18 interviewees that included 16 males and 2 females. The HIV status of 15 was positive and for 3, negative. A mean of 9 years from diagnosis (range 2 – 18 years) was noted for those with positive HIV status. While all participants had a history of volunteering, twelve participants were currently paid employees (8 in ASOs; 4 outside), and 6 participants were on a disability pension.

## **Findings**

In the first phase, the initiation stage, a variety of factors became evident from the stories the volunteers related that led to an individual deciding to commence a relationship with an ASO. These factors included values, individual characteristics/experiences, and needs. In phase two, the volunteer assumed his/her role within the ASO and exerted effort in this role. These efforts on behalf of the ASO were reported to be rewarding. These rewards flowed both from the work itself and from the responses of others, including the organization. In addition to rewards, the volunteer also encountered challenges during their relationship with the ASO. These challenges arose primarily at the organizational level and presented in the form of challenging role demands, role-ability fit and stress/burnout concerns, limited organizational resources and structural obstacles. The following description elaborates the activities and decisions associated with each phase.

## A. **Initiation Phase**

### 1. Values

#### 1.a Belief System-Based

Compassion, and other belief system- based values can be powerful influences on a person's attitudes, motivations, perceptions and behaviours (Robbins, 1993). A number of the volunteers in the ASO evidenced value systems that attached high importance to other-centred behaviour. As one volunteer explained, "volunteer work is good in itself and there is not always an expectation to move on...no agenda." Another poignant expression of the importance to which some ASO volunteers attached to other-centred behaviour, was from the volunteer who stated, "A tree in a cave cannot bear fruit".

#### 1.b Social Justice/Equality

Societal and institutional responses to HIV and homosexuality appear to have been a catalyst to volunteerism for a number of the ASO volunteers. As one volunteer explained:

*"...there was an urgency of how fast we can get the message out...how much we are impacting people...we were racing because people were getting sick...people were dying...it was the need to do something...to play some role and to offer something."*

ASO volunteerism for another stemmed, at least in part, from an awareness "...of social justice issues around how funeral directors were handling people with HIV."

## 2. Individual Characteristics and Experiences

### 2.a Identification with the Experience of Suffering

Those infected/affected by HIV/AIDS suffer and they experience multiple, complex and profound losses and struggle with the effects of such loss upon their physical, psychological, social, and spiritual well-being (Hall, 2001). Many of the ASO volunteers had also experienced/witnessed suffering, or were in the process of “working through” their suffering (Hall, 2001). One volunteer who observed suffering had gained an understanding of the experience working with seniors:

*“Working with seniors was an ongoing parallel. It was issues of disenfranchisement, grief and loss issues...issues around families fighting over somebody’s death bed...being left by children.”*

Another volunteer had first hand experience of the suffering associated with HIV/AIDS and explained their volunteerism as founded upon the following:

*“It was people contact...that interpersonal contact...and seeing those people who come through the door who were at where I was a year before...so that was exciting to be able to share some of that with them when you could just see the panic and fear and you knew they were in such a scary place.”*

### 2.b Identification with a Client Population of the ASO

A number of volunteer relationships with the ASO’s appear to have been based on a connection to the homosexual community. For one volunteer, their volunteerism “paralleled...(their)...own process around coming out and establishing an identity”. For another, it was the “need to meet other gay people and be part of a community.”

Volunteerism in others stemmed not so much from a sense of connection with an affected community than by the direct effect of HIV/AIDS on their lives. “My primary reason for

volunteering,” explained one ASO volunteer, “was because I met someone that was living with HIV and I had very limited knowledge.” Another volunteer explained that their volunteer activities flowed from the following circumstances:

*“I found out I was HIV positive myself...and I promised myself I would...volunteer at an AIDS organization...and now that I was not working I had the time...and I am more responsible these days, so went for it...that was a promise I made to myself.”*

## 2.c History of Helping/Developing Activities - Paid and Unpaid

For a number of the ASO volunteers, unpaid work for the benefit/welfare of others was a long-standing practice reinforced by agents of socialization. “We were taught to do things for people without being paid...it was just a way of life,” advised one volunteer. Another indicated that they had “very powerful role models.” Careers built upon helping and developing others appeared in the personal histories of some ASO volunteers, such as the volunteer who advised, “my job was always to assist people to get their lives together.”

## 3. Needs

A need can be understood as, “some internal state that make certain outcomes appear attractive. An unsatisfied need creates tension that stimulates drives within the individual. These drives generate a search behaviour to find particular goals that, if attained, will satisfy the need and lead to the reduction of tension” (Robbins, 1993). The data evidenced a core group of needs operating at the initiation phase of the ASO –volunteer relationship. That core group of needs was “relatedness” - the desire for acceptance, belongingness, recognition and attention (Robbins, 1993). The data also suggested that the need for autonomy was, at least for some, operative at the initiation phase of the relationship.

### 3.a Relatedness

In establishing a relationship with an ASO, volunteers reported to “need a sense of connection” and to be driven by the “need to be needed and loved and respected”. In short, the desire for interpersonal relationships was a catalyst for some to volunteer within an ASO, such as the volunteer who explained:

*“I was someone who didn’t talk to people at first. I kept very closed in and then when I decided that it was enough...I needed to know what was going on in the community and where I could get support...so I went to the agency...being a volunteer gave me the opening to get information and stay abreast of what was happening...and I was freshly out of the closet and so excited and wanting to engage the world and this felt like a good place to do that...and it seemed like it would be a great place to meet other gay people and build a community and be part of a community that already existed.”*

### 3.b Autonomy

Self-determination – the desire to control one’s fate/destiny – also appeared to be related to volunteering. For one volunteer, the genesis of their unpaid activities with the ASO was their need for self-governance; that is to say, their need to govern the self as opposed to being controlled by illness. As the volunteer explained, the initiation of the ASO-volunteer relationship began with a declaration of self-determination: “Ok, enough of the BS... now its time to take my life into my own hands...so I started volunteering.”

## **B. Maintenance Phase**

### 1. Intrinsic Rewards

#### 1.a Self-esteem

Improved self-image was reported to be one of the benefits reaped through ASO volunteering. For one volunteer, their activities within the ASO provided the opportunity “to deal

with...(their)...own sexuality... (and)...took away stigma and shame”. Other volunteers reported undergoing transformations in self-perception. “I used to call myself a not so good artist...now I realize over the years that it is a gift,” advised one volunteer. Another indicated that “...this is the first time I ever chose a job where I actually perceived my sexual orientation to be an asset instead of a liability.” Yet another volunteer reported having their efforts rewarded by, “...it helped my confidence...made me realize I can do a lot more and be a better person for myself and for others.”

#### 1.b Autonomy

Financial resources are important for independence, and paid work appeared to be a benefit that could be derived from a volunteer relationship with an ASO. As one individual recounted:

*“(H)e pulled me into a management level...they wanted me...so I accepted. I was offered the position based on my volunteer work.”*

The need for self-determination was, as described in the preceding section, identified as a motivational force behind the initiation of the ASO-volunteer relationship. The data suggest that self-determination can also be a benefit a volunteer receives from the experience. As one volunteer advised, volunteering gave them “control over life...peace of mind learning and doing something...(they)...liked.”

#### 1.c Self-Actualization/Self-Improvement

The data suggest volunteering within an ASO may provide some satisfaction of the need for self-actualization/self-improvement. One volunteer reported benefiting from an enhanced

ability to form emotional connections with people, that is, an expanded capacity to share and care. Volunteering had occasioned for this volunteer “letting go of judgements; becoming more compassionate.” Another volunteer indicated that their work-related skills had been enhanced by the experience of volunteering:

*“I came with a lot of people skills and gained a lot more technical skills.”*

#### 1.d Health

The data suggest that volunteering for a number of the volunteers led to improved health.

One volunteer reported that their volunteering activities were:

*“a lifeline...provided relief, sense of peace, serenity, life preserver when...(I)... stopped working.”*

Another saw a clear relationship between their volunteer activities and their health. The volunteer reported that their “physical health has improved, increased physical endurance, increased sense of well-being.” For another, volunteering changed their view of the state of their physical health:

*“You know, here I am dying...then I come down here and I am moving 80 lb banana boxes full of tin cans and sorting them...and I think “I can’t be that sick. ”*

#### 1.e Relatedness

Relatedness needs appear to be important at both the initiation stage of the ASO-volunteer relationship and during its maintenance. Volunteers reported that one of the benefits of volunteering within an ASO was that the experience, in and of itself, provided a sense of belonging and affiliation. One participant benefited from volunteering because it offered the opportunity for:

*“just hanging out and being with people...we have a laugh...knowing there is always somebody to talk to.”*

Another volunteer advised that their volunteer activities fulfilled the need for relatedness because in volunteering within an ASO:

*“You’re in the same building, same environment as people who are the same as you.”*

Enriching interpersonal relationships/encounters, interactions in which one is needed and/or important in the life of another, were also identified as benefits of volunteering with an ASO. One volunteer explained:

*“Once I got to know her, I realized that she really needed me and it was nice to be able to help her.”*

Another volunteer reported finding fulfillment in the experience because it:

*“...opened doors with people who needed to know that I understood some piece of their oppression.”*

Still another volunteer revealed that they found reward in volunteer interactions with clients wherein,

*“...I would talk about my experience and listen to them...kind of give them hope.”*

## 2. Extrinsic Rewards

### 2.a Constructive Feedback

For some volunteers, direct and clear communication on their performance was a valued reward bestowed by the organization (Robbins, 1993). As one volunteer advised, feedback provided:

*“the benefit of being supported...like a debrief after a difficult speak, it’s not just a critique, it’s about caring for the person in that role.”*

For another, performance feedback appeared to help create the necessary conditions for self-actualization. As the volunteer explained:

*“I wasn’t left out there...I volunteered... and said...this is what happened. I would come back with her and we would talk about things and she would give me pointers...and so it was good.”*

## 2.b Recognition/Appreciation

ASO volunteers identified recognition and appreciation as benefits they received from their work for the organization. Recognition and appreciation came in the form of informal, unplanned communications, such as “your boss coming up and saying to you at least once a week, you’re doing a terrific job” to more formal, planned events/communications. Examples of the later category of recognitions were, in the words of volunteers, “certificates...a lot of stuff like that”, “thank yours and even a thank you card recognizing hard work and dedication”, and “appreciation night(s).”

## 2.c Encouragement

Another reward identified as accruing from the ASO-volunteer relationship was the encouragement volunteers received. One volunteer advised:

*“I’m looking forward to the rest of my life because of the people that I’m surrounded by and they give me a lot of encouragement.”*

Words of encouragement also appeared important to and supportive of the maintenance of the ASO relationship. For one volunteer, the actions/words of one individual were of great support. The volunteer stated:

*“He gives me lots of encouragement”*

#### 2.d Evidence of Role Significance

A substantial, positive impact on the lives of others (Robbins, 1993) and/or the organization’s ability to attain its goals appeared to be one of rewards a volunteer could receive, and liked to receive, for their efforts within an ASO. One volunteer explained:

*“My rewards are in someone saying that I really made a difference.”*

Sometimes a role may not appear significant on the lives and work of others. In these cases, volunteers found benefit in an organizational leader advising them of the importance of their work on the organization’s mission/vision and its ability to meet its goals:

*“...she was really good with the volunteers and thanked them...and I said I didn’t do anything today except answer the phones and she said...’we need you to answer the phones.” I used to think that because I was a volunteer here in the office and not actually helping clients that I wasn’t as valuable as a volunteer.”*

#### 2.e Participation in Decision Making/ Partner in the Organization

The opportunity to participate in decisions seemed to be a practice that volunteers found very rewarding and beneficial to the health of the ASO-Volunteer relationship. For a number of the volunteers, the opportunity to elect roles that were suitable in light of their abilities and needs was appreciated. One volunteer advised:

*“They seemed excited to have me, which was really affirming...they gave me choices.”*

Another volunteer found value and reward in involvement in decisions impacting volunteers and their work:

*“People need to be acknowledged...to see themselves involved in decision making and planning of events...because it gives them an added incentive...I have been in on this, I have helped create this, to make this happen.”*

In a similar vein, volunteers reported satisfaction in being viewed and treated as contributing, equal partners within the ASO. As one volunteer explained:

*“Equality between staff and volunteers...I’ve always felt I was part of the staff...they never made us feel ‘you’re just a volunteer’.”*

For another volunteer, reward was in having their opinions given weight and significance:

*“As a volunteer, I understand where I stand...but when I was on this course, I was one of them and my opinions were important to them. They were constantly asking me things. They were telling me how glad they were that I was here and that felt fantastic to have that feeling of being a part of it.”*

## 2.f Formal Relationship Building/Sustaining Events

Some volunteers entered into a relationship with an ASO, at least in part, in order to satisfy the need for “relatedness”. Not surprisingly, one of the rewards identified as flowing from the ASO-volunteer relationship was a sense of belonging. This sense of connection can be a natural “off-shoot” of the volunteer experience, as discussed above. It can also be nurtured by the organization. The volunteers reported a number of “relationship –building and sustaining” rewards/benefits offered by ASO’s. These included: “social events”, “yearly get-togethers”, “little parties” and “bowling nights.”

## 2.g Investment in Growth/Development

ASO volunteers reported satisfaction stemming from the investment the organization had made in their development and growth. A number of volunteers expressed appreciation for the training, education and skills-cultivation they received from paid workers within the ASO. One volunteer, for example, acknowledged

*“how important it was for the paid staff to have the time to provide me with the skills and support around my work.”*

Another volunteer reported benefiting from mentorship:

*“I gained a lot during my learning because I had very good mentors within the agency.”*

Other individuals were gratified by the opportunity to participate in conferences and healing retreats.

## 3. Challenges

*Nothing is pure and entire of a piece. All advantages are attended with disadvantages. A universal compensation prevails in all conditions of being and existence.*

(Henry, 1991)

ASO volunteering offers both its rewards and its challenges. The challenges reported by the volunteers have been categorized as follows: role demands, insufficient knowledge/skills, limited organizational resources, organizational structure, and stress/burnout.

### 3.a Role Demands

Role demands, that is, the pressures placed on an individual by the role they play in the organization (Robbins, 1993), were identified by a number of volunteers as a challenge to their role effectiveness, motivation and/or satisfaction.

As discussed above, the opportunity for interpersonal relationships – relatedness - is a reward of volunteering with an ASO. It can also be, advised volunteers, a challenge. Client interactions while in a helping role can present conflict and anger. As one volunteer explained:

*“Sometimes a lot of people don’t like what you tell them or what you say.”*

Another volunteer was challenged by anger that manifested in violence:

*“I don’t deal well with people who are angry...but when fists start flying... I have problems with that for my own issues.”*

Interactions with others at an ASO were also reported to present challenges to volunteers’ emotional health. For as one volunteer explained:

*“Because people have gotten sick and died, or just friends have died...so it’s been a little rough on the way.”*

It can also be emotionally taxing when the performance of the volunteer role “was dredging up too much stuff in the past.”

### 3.b Insufficient Knowledge/Skills

Client-centred, helping roles within an ASO are called upon to serve a diverse client population. Some volunteers reported being challenged in their ability to effectively perform their helping role by insufficient knowledge/skills to assist diverse needs. One volunteer explained:

*“I was taking care of this young man, and he had an addiction problem and I didn’t have any background in addiction.”*

In some cases it isn’t so much a lack of requisite knowledge/skills that challenges a volunteer but insufficient feedback on their abilities and/or role effectiveness. As one volunteer advised:

*“Sometimes I would like a lot more direction...cause how do I know if what I’m doing is right.”*

### 3.c Organizational Resources

When human, financial and other resources are limited, workload, role effectiveness, and satisfaction may be adversely affected. For one volunteer, there was challenge in the ability of the ASO to meet demand. He/she advised:

*“They are very good...but there are only 3 case managers and we have 900 clients.”*

In addition, there can be challenge when the services offered do not meet client expectations. As one volunteer explained:

*“I’ve seen some very sad situations where people want help and they come to the agency for help but what they really need is someone in a professional situation...they need to overcome their addiction or their depression...these people here are not doctors...and when those people (clients) are being turned away then they feel the agency is trying to look away.”*

### 3.d Organizational Structure

Aspects of an ASO’s structure can present challenges to volunteers. Inflexible scheduling was one such structural feature identified by volunteers. As the volunteer explained:

*“Okay, I could volunteer from so and so time, and they said, sorry, you have to do longer or we need someone for a longer period.”*

For volunteers with child-care concerns and/or other outside commitments, the inability to accommodate individual needs:

*“could be problematic because they don’t have the budget for child care and all that stuff.”*

advised one volunteer. And from another:

*“Volunteers should have a lot of input as to what’s happening and what should be done. My food bank rates as the best in Ontario and it’s run by volunteers...they do everything.”*

For individuals such as this volunteer, an ASO unable/unwilling to engage in participative decision-making might challenge volunteers’ motivation and satisfaction.

### 3.e Stress/Burn Out

Stress and “burn out” appeared to be significant challenges for volunteers during their relationship with an ASO. One volunteer reported:

*“I was burning myself out. I have thought to myself ‘if I don’t take a little break, I am going to stop coming’.”*

One of the causes of stress and burn-out identified by volunteers was role overload (expectation to do more than time permits) (Robbins, 1993). As one volunteer explained:

*“I think the biggest stressor was the fact that they thought we were staff...how can you say no? You lose your volunteers because you’ve put too much on them.”*

A combination of role overload and personal factors were pressures that challenged another volunteer:

*“(I am)... not burned out because I didn’t allow myself...in the sense that I was over-extending...(I was)...sick of HIV, of being positive, of being consumed by HIV. Because I*

*was skilled they would ask me to do just about everything...and I grappled with it and got good at saying no.”*

## **Discussion**

*Is there anyone so wise as to learn by the experience of others?*

*-Voltaire (Henry, 1991)*

Individuals enter into a relationship with an ASO with certain needs, expectations, and characteristics. The results of this qualitative study support prior research that described the variety of factors that can be operative at the time that a decision is made to volunteer with an ASO. Past research has identified belief-system based values (Statistics Canada, 2000) and socio-political values (Carlisle, 2000) as reasons for volunteerism. The findings of this research concur: values are operative at the early stage of relationship formation. It has also been noted in prior studies that volunteers in caring roles may possess prior/on-going experience with suffering (Carlisle, 2000),(Hall, 2001) and/or have affinity for or shared characteristics with client groups (Wright, 1996),(Statistics Canada, 2000). Volunteer participants in the current study reported experiences with human suffering, a connection to a community affected by HIV/AIDS, and/or being “touched-by” HIV/AIDS. A prior history of helping has also been identified in the research on volunteer motivations (Omoto and Snyder, 1990),(Statistics Canada, 2000). The personal histories of volunteers in the current study also revealed helping behaviours. Lastly, the findings of this study lend partial support to earlier research on the motivational force of needs to the establishment of a volunteer relationship. Clary, Snyder and Rider (Clary, Snyder et al, 1992), identified esteem, protective (unpleasant feelings/qualities such as guilt, culpability), growth (personal and professional) and social needs as antecedents to volunteerism. Relatedness and autonomy needs were found operative at the initiation phase in the present research. “The

normative influence of friends, family, or a social group” (Clary et al, 1992), conceptualized as a social need by Clary, Snyder and Rider, was also evidenced in the findings of this study. The influence of self-esteem, protective and/or growth needs was found to be operative at the initiation phase of the ASO-volunteer relationship in the present research.

Some evidence suggests that the key to a successful recruitment campaign lies in identifying a target audience(s) and tailoring a recruitment message that appeals to that audience (Clary et al, 1992). The data are suggestive of a number of potential audiences (e.g., those infected, those affected by HIV/AIDS and those in paid/unpaid helping roles) for ASO recruitment efforts. The data also suggest some content for the recruitment message. The effectiveness of a recruitment message, it appears, is likely to be enhanced by an appeal to the needs of the target group and if the message provides information on how those target group needs can be satisfied by volunteering in an ASO.

ASO volunteering is a dynamic experience for the individual; benefits accrue and challenges manifest over the course of the relationship. The rewards of volunteering evidenced in this research have been, for the most part, previously identified and are consistent with findings from a study on ASO volunteering which suggested the individuals experienced renewed sense of efficacy and freedom through volunteerism (Hall, 2001). Similarly, these volunteers were found to have benefited from enhanced self-image and autonomy. Volunteer respondents to the NSGVP, 2000 reported that their experience had provided them with interpersonal skills (79%), communication skills (68%), increased knowledge (63%) and organizational and managerial skills. Improved job opportunities have also been reported to be a benefit of volunteer experience (Statistics Canada, 2000). Improved skills and abilities were found to reward volunteerism in the current research. Dossey (1991) found that physical and mental health improved as a result of

helping (Voluntary Action Directorate: Canadian Heritage, 1994). Volunteers in the present study also reported improved health. Research on ASO volunteering showed that the relationship with the organization for some had the effect of providing positive relationships, a greater sense of connection with others and a network of caring and support (Hall, 2001). Volunteer participants in this study also benefited from enriched interpersonal relations. The findings of the current research also support the previous findings of a study on carers. Carlisle (Carlisle, 2000) found volunteer carers experienced a sense of pride when provided with positive feedback/recognition and acknowledgement for their work. In the current research, constructive feedback and recognition/appreciation were identified as benefits accruing to volunteer work within an ASO. Volunteers in the current study also found the opportunity to participate in decision-making, equity, individual growth and development support, and formal building/sustaining events to be rewarding aspects of ASO volunteerism.

In addition to lending support to previous empirical finding, this research is also supportive of a theoretical framework of earlier research. Clary, Snyder and Ridge (Clary et al, 1992) conceptualized continued, sustained service as a function of the ability of a volunteer organization to satisfy the needs, goals and motivations of its volunteers. The more satisfaction the volunteer receives from the relationship, they theorized, the longer its duration. In this research, a need-satisfying process was evidenced in the experiences of the ASO volunteers. The benefits/rewards reported, for the most part, were expressions of need satisfaction.

Theory and findings suggest that, if ASO leaders wish to retain volunteers, they must know their volunteers and their needs. At placement, care must be taken to ensure that the role meets the needs, skills and abilities of the individual. Needs change over time and more than one need can be operative at the same time. A successful retention strategy, accordingly, might

benefit from continuous communication between volunteer and leader to ensure that the role is meeting current and emerging needs. This communication loop could be designed around both formal role reviews and informal “state of the relationship” discussions. To nurture the ASO-volunteer relationship and sustain its health, it also appears fruitful to ensure that the organization is able to quickly adapt to changing needs and, at the same time, be able to provide individuals with the feedback, relative training/education, recognition, appreciation, meaning and equity they may require. To ensure capacity to provide extrinsic rewards, leaders (formal and informal) could be trained in leadership skills such as providing feedback and other supportive behaviours.

Volunteers reported encountering challenges during their tenure with an ASO. These challenges could be conceptualized as impediments to a volunteer’s satisfaction of underlying need(s). Alternatively/additionally, these challenges could be of a more general nature; that is, phenomenon that negatively impact upon a volunteer’s general satisfaction with the relationship. Leaving aside the question of appropriate conceptualization, the need to remove and/or ameliorate challenges is clear for ASO’s seeking to retain volunteers. When one examines the challenges, they seem, for the most part, to occur at the organizational level. They also appear to cause stress for volunteers. In the field of organizational behaviour, some of the ameliorative/preventative strategies management can use for organizational level causes of stress include (Robbins, 1993): goal setting & feedback to reduce frustration, role ambiguity and stress; individual-sensitive role redesign (e.g., a person with low need for growth might find less responsibility and increased division of labour helpful while others might have less stress as a result of increased responsibility, more meaningful work, more autonomy and increased feedback); opportunity to participate in decisions that directly affect an individual’s role

performance; and, increased organizational communication to reduce role ambiguity and role conflict.

**Summary Overview**  
**The ASO – Volunteer Relationship: Influences on it's Initiation and Maintenance**

Initiation Phase	Maintenance Phase	Challenges
<ul style="list-style-type: none"> <li>• Personal Values               <ul style="list-style-type: none"> <li>- Belief-System</li> <li>- Social Justice/Equality</li> </ul> </li> <li>• Individual Characteristics               <ul style="list-style-type: none"> <li>- Identification with the Experience of Suffering</li> <li>- Identification with the Client Population</li> <li>- History of Helping</li> </ul> </li> <li>• Needs</li> <li>• Relatedness</li> <li>• Autonomy</li> </ul>	<ul style="list-style-type: none"> <li>• Intrinsic Rewards/Benefits               <ul style="list-style-type: none"> <li>- Self Esteem</li> <li>- Autonomy</li> <li>- Self Actualization</li> <li>- Health</li> <li>- Relatedness</li> </ul> </li> <li>• Extrinsic Rewards/Benefits               <ul style="list-style-type: none"> <li>- Constructive Feedback</li> <li>- Recognition/Appreciation</li> <li>- Encouragement</li> <li>- Evidence of Role Significance</li> <li>- Participation in Decision Making</li> <li>- Formal Relationship Building</li> <li>- Investment in Development</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Role Demands</li> <li>• Insufficient Knowledge/Skills</li> <li>• Limited Organizational Resources</li> <li>• Organizational Structure</li> <li>• Stress/Burnout</li> </ul>
 Who To Recruit	   How To Retain/Develop	

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