THE JOURNAL OF VOLUNTEER ADMINISTRATION

AVA

ASSOCIATION FOR VOLUNTEER ADMINISTRATION

The mission of the Association for Volunteer Administration (AVA), an international membership organization, is to promote professionalism and strengthen leadership in volunteerism. Members include volunteer program administrators in a wide variety of settings: agency executives, association officers, educators, researchers, consultants, students—anyone who shares a commitment to the effective utilization of volunteers.

Individual membership is open to salaried and non-salaried persons in all types of public, non-profit and for-profit settings. Organizational membership is available for international, regional, state/provincial, district and local organizations which choose to join with AVA to promote and support effective leadership in volunteerism.

AVA is an association run by its members. Active committees include: Public Information; Professional Development; Resource Development; Pluralism; Marketing; and Public Issues. Members also plan the annual International Conference on Volunteer Administration, a major event held each year in a different city in the United States or Canada. This conference provides participants the opportunity to share common concerns and to focus on issues of importance to volunteerism.

AVA is divided into thirteen geographic regions, each of which develops a variety of programs to serve its members. These can include annual regional conferences, periodic local workshops, newsletters, and informal "cluster group" meetings.

Two major services that AVA provides, both for its members and for the field at large, are the Certification Program and the Educational Endorsement Program. Through the certification process, which recognizes leaders of volunteer programs who demonstrate professional performance standards, AVA furthers respect for and appreciation of the profession of volunteer administration. Similarly, AVA educational endorsement is given to those workshops, courses, conferences and training events that provide opportunities for professional growth in volunteerism.

Finally, AVA produces publications, including informational newsletters and booklets, and THE JOURNAL OF VOLUNTEER ADMINISTRATION.

For further information about the ASSOCIATION FOR VOLUNTEER ADMINISTRATION, contact AVA, P.O. Box 4584, Boulder, CO 80306, U.S.A.

Editor's Note

The *Journal's* mission is to provide a forum for the exchange of ideas and the sharing of knowledge and inspiration about volunteer administration. We accept articles that address practical concerns in the management of volunteer programs, philosophical issues in volunteerism, and significant applicable research.

Publishing academic submissions of high quality in *The Journal* that further our understanding of the field of volunteerism and how it is practiced is a thoroughly appropriate way to study and validate the profession of volunteer administration. Another forum for validation available to practitioners in the field is AVA's annual International Conference on Volunteer Administration where we meet to share stories, discuss new trends, and sometimes disagree with one another.

In *The Journal* we want to continue discussions that keep us informed and reflective on the state of our profession. We can do this only with your help. We want to engage you, the practitioner, by tapping into your expertise in the workplace. We assure you we will not lower our journalistic standards, but we welcome your submissions and encourage you to respond to the articles we publish. This is your *Journal*; we want you to feel welcome here.

Marjorie (Mitzi) M. Bhavnani, C.V.A.
Editor-in-Chief
Winter 1996

Give Us 5!

MY FAVORITE BOOKS ON VOLUNTEER ADMINISTRATION
Books that got me started, books I refer to frequently, books I recommend to others.

We invite you to compile a basic bibliography of books that you find indispensable, that you never fail to recommend, that give you the tools to do your job. We are asking you for five titles; the final list may be longer depending upon your response. Fill out this survey form and return it to us by **April 15, 1996**. We will publish the results in our summer issue. We urge you to become personally invovled in AVA's mission to promote professionalism and strengthen leadership in volunteerism by letting us know which five books have meant the most to you.

My favorite books, in order of preference, are:

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ABSTRACT

Greater organizational investment in the structuring of volunteer roles is proposed as a means for expansion of the productive contributions of older people as volunteers. The creation of greater numbers of volunteer assignments with high levels of responsibility and substantial time commitments is proposed. A research and demonstration program is recommended to stimulate the development and testing of models for more productive deployment of older volunteers.

Productive Retirement: Stimulating Greater Volunteer Efforts to Meet National Needs

Robert Morris, D.S.W., and Francis G. Caro, Ph.D.

INTRODUCTION

As a nation we are engaged in an ongoing debate on how to address the serious economic and social problems that confront us in our communities and in the country as a whole. For most of the period beginning with the Great Depression government has been seen as the prime resource to fill the gap between the market place and social needs. By the 1970s popular sentiment began to swing against this approach. Budget deficits, the high cumulative costs of labor-intensive services, disagreement about how best to address problems, public skepticism regarding the effectiveness of public programs, and public resistance to higher taxes have led to great constraints on government.

Resources from current public revenues are not sufficient to pay for conventionally organized programs that would alleviate all of the nation's major social problems. Although private charities remain important, and have been asked to play a greater role, their resources are also insufficient to meet the need.

At the same time, major technological and economic changes have led to the under-utilization of the productive capacities of many middle-aged and older people. Technological advances have reduced work force requirements in a number of industries. Not only blue collar workers, but also middle-managers have been affected by the relocation of manufacturing jobs to developing countries and the downsizing of many large corporations. For many experienced older workers this has meant an unwelcome early departure from the work force.

The combination of great social needs, inadequate tax resources for conventional service strategies, and the growing number of under-utilized older people invites reconsideration of the potential contributions of older people as volunteers. Efforts to enlist older people as volunteers are not new. On the national level we have seen both public and private efforts to stimulate greater volunteering among older people. Campaigns to encourage more widespread volunteering frequently appeal to the altruistic motives of those who are not currently engaged as volunteers, linking them to existing volunteer opportunities (Fischer and Schaffer, 1993).

We propose an alternate strategy that emphasizes the roles older people are

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asked to perform as volunteers. We believe that the manner in which volunteer assignments are typically structured at present limits the degree to which many older people are attracted to volunteer work. In this context, we believe that a revitalization and restructuring of volunteer roles for older people would lead to substantial increases in productive contributions by older people.

The pool of older people who could make significant contributions as volunteers is large and growing. People are living longer; between 1900 and 1986 life expectancy at birth in the United States for white women increased from 49 to 79 years and for white men from 47 to 72 years (Taeuber, 1989). More important than longevity is the fact that most older people are in good health. Only about 10% of those 65 to 74 years of age report that chronic illness prevents them from carrying out their usual responsibilities (Taeuber, 1989). Further, among non-institutionalized people 65 years of age and older, the National Health Interview Survey found that 71% reported themselves to be in excellent, very good, or good health (National Center for Health Statistics, 1990).

Since education tends to be associated with volunteering, it is pertinent to note the increases in the level of formal education among older people. Between 1950 and 1989 the median number of school years completed for those 65 years of age and older increased from 8.3 to 12.1 years. In 1989, 54.9% of those 65 years of age and older were high school graduates and 11.1% were college graduates (U.S. Senate, Special Committee on Aging, 1991).

For most older people employment is not an obstacle to making major time commitments as volunteers since most are already out of the work force. Among men 65 years of age and older, only 16.6% are employed. Among women age 65 and older, 8.4% are employed (U.S. Senate, Special Committee on Aging, 1991).

Productive activity is not foreign to older people. A substantial proportion of them are already engaged in unpaid productive activities. A number of surveys have documented the extent of volunteering among older people; for recent reviews of the surveys, see Fischer and Schaffer (1993) and Chambré (1993). In fact, there is evidence that rates of volunteering have increased in the past few decades (Chambré, 1993).

The recent Commonwealth Fund's Productive Aging Study (a survey of 2,999 people, representative of the non-institutionalized population 55 years of age and older) is particularly useful in documenting the extent of unpaid productive activity in a number of separate sectors (Caro and Bass, 1995a). The study showed that 26% of older people were volunteering for organizations, 29% were helping the sick and disabled informally, and of those with grandchildren, 38% were spending some time helping them. In fact, the data indicated that 72% of older people were active in at least one of these forms of productive activity.

Caution is needed in interpreting these percentages. Most of those reporting unpaid productive activity indicated that they did so at low intensity levels; for example, among those who volunteered for organizations, 60% reported contributing fewer than 5 hours a week.

We believe that volunteers who assist an organization occasionally, for a few hours, are often greatly appreciated for the help they provide, but their contribution is usually of a lesser magnitude than that of those who devote substantial numbers of hours on a regular basis.

Recognizing this, we focus here on the small minority of older people who contribute extensive time in unpaid productive activity, those volunteering 20 hours a week or more, the equivalent of at least half-time employment. Considering all three sectors just described—those performing tasks in organized service agencies, those caring for sick or disabled relatives or neighbors, and those caring for grandchildren—the data indicate that 13.5% of people 55 years of age and older engage in some combination of these un-

paid productive activities a minimum of 20 hours a week. A slightly smaller percentage (12.2%) engage in one of the the three forms of unpaid productive activity for at least 20 hours a week. More specifically, 1.8% of all people 55 years of age and older volunteer 20 or more hours per week in a formal agency without pay; 6.4% devote 20 or more hours informally to helping grandchildren; and 4.6% informally spend 20 or more hours a week helping the sick and disabled with activities of daily living.

The predominance of informal productive activity over volunteering for organizations is noteworthy. The difference largely may be explained by a greater sense of obligation to family than to civic roles. Expectations of mutual aid are strongly built into family systems (Rossi and Rossi, 1990; Becker, 1991). Participation in informal long-term care, in particular, is often thrust on older people by the long-term care needs of a spouse. The assumption of an unpaid role with a community organization is more clearly discretionary.

The potential for increasing volunteering among the elderly is substantial. On the basis of the findings of two earlier national surveys, and using 1981 data, Kieffer estimated that 12.6 million people ages 55 and older were volunteering. Another 6.4 million were interested in doing so (Kieffer, 1986). The Commonwealth Fund Study found that of those respondents not already volunteering, 15% were willing and able to do so (Caro and Bass, 1995b). While these reports of receptivity to volunteering may be somewhat optimistic, they do suggest a potential for substantially increasing the number of older people who are active as volunteers.

SIGNIFICANCE OF INTENSIVE UNPAID PRODUCTIVE ACTIVITY

For national economic policy planning purposes, monetary values are often used to establish the relative importance of various sectors of the economy, and to project the economic impact of policy options. A number of economists have recognized the importance of non-market activities and have attempted to attach monetary values to them so that they can be included in estimates of national income. Morgan (1983), for example, has estimated the extent of economic redistribution within families in the United States. More recently, Kronebush and Schlesinger (1994), in their examination of the extent of intergenerational transfers, included estimates of the cash value of unpaid personal assistance.

Drawing on the Commonwealth Fund Productive Aging Study data, we examined closely those who devoted 20 hours a week or more to three types of unpaid productive activity: caring for grandchildren, caring for sick or disabled relatives or neighbors, and performing tasks in organized service agencies (Caro and Bass, 1992). The data provide the basis for the following national estimates for people 55 years of age and older. Approximately 3.35 million people provided help to grandchildren 20 hours a week or more. If their time is valued at $5 per hour, the estimated annual value of their effort is $30.9 billion. Approximately 2.39 million provided a minimum of 20 hours per week of help to the sick and disabled. Assigning a value of $5 per hour, the net annual value of help to the sick and disabled is estimated at $26 billion. An estimated 900,000 older people volunteer 20 hours a week or more. Since they volunteer an average of 32 hours a week, their effort represents the equivalent of 800,000 full-time workers. Their volunteering involves: tutoring or counseling (31%); raising funds for agencies (18%); work in an office (12%); technical work (11%); and serving as receptionist (9%). If they volunteer an average of 40 weeks a year and the average value of their contribution is $5 per hour, the annual national value of this volunteer work in formal agencies is $6 billion.

These figures are important in suggesting the magnitude of the contributions of older volunteers and invite consideration by policy makers of the need for significant investments to stimulate greater volunteering among older people. Consider this, for

example: If half of those non-volunteers who reported in the Commonwealth Fund Study that they were willing and able to volunteer were activated for an average of 5 hours per week, their contribution would total 600 million hours per year. If *one percent* of those willing and able to volunteer were persuaded to contribute 20 hours per week, the equivalent of 30,000 full-time service workers would be added. Another potential pool are volunteers who might be willing to contribute more hours. If 10% of the volunteers between 55 and 74 years of age who are in good to excellent health, and who are not working, could be persuaded to increase their volunteering to 20 hours per week, the equivalent of 170,000 service workers would be added to the national effort. Although these estimates are soft, they are useful in suggesting the magnitude of the additional contribution that older volunteers might make. Shouldn't the nation be willing to invest substantial resources if it can stimulate additional volunteering in these magnitudes?

Since the unpaid efforts of older people are vitally important for the nation, what can be done to encourage expansion of this effort? We believe that policies to stimulate greater formal and informal productive activities on the part of older people should be treated separately. Our emphasis in this paper is on policies to stimulate greater formal volunteering in organizations. Help to grandchildren as well as help to sick and disabled relatives, friends, and neighbors occurs informally. These forms of help arise largely because of the sense of obligation and affection experienced in families, for neighborhoods, and in friendship networks. These forms of help are only indirectly affected by public policies. In modest ways public policy initiatives can encourage these informal efforts by financing programs that provide relief to those carrying extensive and overwhelming responsibilities. Tax credits also deserve consideration as a strategy to encourage more informal helping.

We place more emphasis on policies that will lead to greater volunteering for service organizations. Such agencies constitute an extensive service network already in place. Because of the way they are constituted, formal organizations tend to have the capacity that the informal system lacks to interface directly with governmental agencies. Formal organizations have reason to consider volunteers as alternatives to paid staff in pursuing certain aspects of their mission. Service organizations have particular reason to rethink their use of resources because, on a long-term basis, a wide variety of social problems have been growing more severe during a period in which resources for funding of programs to address those problems have contracted. Resource shortages are particularly great for services that are labor intensive. Many non-profit organizations in both the public and private sectors have experienced a substantial decline in their purchasing power with respect to paid personnel. If they are to maintain services, an important option for many nonprofit organizations is to draw increasingly on volunteers. Well-designed public policies can influence the ways in which these organizations draw upon older volunteers in pursuing their missions.

In many organizations established views concerning volunteering should be challenged. While many service organizations began as efforts by volunteers, they are now dominated by paid personnel (Ellis and Noyes, 1990). The dominant contemporary perspective of human service delivery organizations is that the more serious responsibilities must be carried out by paid personnel. Volunteers, characteristically, are trusted to perform only limited enhancing roles. Frequently, volunteers are asked to take on peripheral, low-priority responsibilities for which paid staff lack time. We believe that organizations should be encouraged to revise their thinking about volunteers, opening up possibilities for older volunteers to make more significant contributions. We believe that public policies should encourage service organizations to regard volunteers as highly valuable resources to help meet their overall staffing needs. Under some

circumstances volunteers will be highly cost-effective alternatives to staffing that otherwise relies entirely on paid personnel.

For many organizations the barriers to more extensive use of volunteers are substantial. The reasons for the marginal roles of volunteers are varied. One is that many organizations prefer to give major responsibilities to those who are continually available during normal business hours and who make long-term commitments. Because volunteers tend to help on a low-intensity, and often temporary basis, these organizations tend to assign less substantial duties to volunteers.

A second reason for the marginal status of volunteers may be a subtle consequence of the fact that the volunteer "contribution" is regarded as a gift. Many organizations are reluctant to ask a great deal of volunteers because their effort is freely given. In contrast, the perception in these organizations is that paid personnel can be asked to do more because they are paid.

An important third reason is that paid personnel may regard volunteers with parallel responsibilities as an economic threat to them. Paid staff may ask themselves whether their employer will retain them if their job can be done adequately by volunteers. Further, even if they are not worried about losing their jobs, paid personnel may find it difficult to negotiate effectively for improved compensation when duties similar to theirs are being performed by volunteers.

The typical volunteer experience may also discourage many potential volunteers. People who are accustomed to carrying substantial responsibilities in their work roles are often reluctant to make major commitments to volunteer assignments that involve only light responsibilities. As indicated above, older volunteers typically contribute only a few hours a week. The combination of light duties and modest time commitments widely associated with volunteering by older people may therefore represent a self-fulfilling prophecy. If greater responsibilities were built into volunteer assignments, more capable older people might be attracted to them and might be willing to make greater time commitments.

INVESTMENTS IN VOLUNTEERING

More adequate capitalization is needed for the volunteer sector. Discussions of measures to increase volunteering have tended to focus on strategies to recruit, place, and recognize volunteers (Fischer and Schaffer, 1993; Glickman and Caro, 1992). Less attention has been given to the investment of resources that organizations need to make to develop and support significant volunteer work. Organizations are accustomed to making significant investments in recruitment, training, and supervision of paid personnel, to say nothing of expenditures for fringe benefits. Expenditures that will enhance volunteer productivity are also needed. Of particular interest here is the organizational investment in the structuring of more significant roles that would attract more capable volunteers willing to make major time commitments.

What combinations of paid personnel and volunteers are likely to be most cost-effective? Under some conditions, well trained, supervised, and highly motivated volunteers may be the option of choice for organizations. This is particularly the case when resource limitations make it impossible to rely entirely on paid personnel. In a pioneering formal cost-effectiveness analysis of paid personnel and volunteers, Brudney and Duncombe (1992) compared paid, volunteer, and mixed-staff fire departments in New York state. They found that departments with all-paid staff were most effective. In other situations, volunteers may be an attractive option from a cost-benefit perspective even though they are less effective than paid personnel. Yet, for many communities, volunteer fire departments remain a preferred option because of the combination of low cost and acceptable quality. (Fire department staffing is of interest only as an example of a serious comparison of paid and volunteer units. We are not suggesting this as a field for

significant volunteering for older people.)

More formal cost-effectiveness studies of volunteer programs are needed. An example of a volunteer program that can be examined in cost-effectiveness terms is Tax-Aide, an established community-service program administered by the American Association of Retired People (AARP). The nationwide program offers free personal income tax assistance to older people. According to its own data, Tax-Aide in 1992 helped to prepare more than 1.6 million tax returns with the efforts of 30,000 volunteers. The program is funded by the Internal Revenue Service through a $2.7 million grant. The Internal Revenue Service also provides training to volunteers. Data provided by AARP suggest that Tax-Aide volunteers prepared tax returns at an average dollar cost of $1.70. A recent survey of commercial tax preparation services in the Boston area suggested that a typical person filing a basic tax return might have to expect to pay approximately $40 for tax preparation. It is assumed that users of the Tax-Aide service would otherwise have been forced to use a commercial service. The volunteer program appears to be a dramatically less expensive alternative from a consumer perspective. The Tax-Aide program illustrates the importance of cost-effectiveness analysis, but we are not in a position to address some of the critical questions concerning the quality of the service and the complexity of the returns that might be raised in a serious comparison with commercial services.

POLICY INITIATIVES

We propose a number of measures to stimulate more volunteering on the part of older people at all income levels and among all ethnic groups:

1) Existing federally supported volunteer programs should be re-examined. The major programs are the Retired and Senior Volunteer Program (RSVP), the Foster Grandparent Program, and the Senior Companion Program. Some of their contributions may justify a substantially greater public investment. RSVP is a large, decen-

tralized program with an over 20-year history. In 1994, the program involved over 450,000 volunteers in more than 750 programs that served over 60,000 community agencies. In 1995, RSVP operated with the support of $34 million in federal funds matched by approximately $37 million in funding from other public and private sources. Projects are developed at the local level. In some communities RSVP assignments are highly diverse. Current emphasis is on volunteer opportunities for low-income and minority older people. Volunteering expectations are modest—only a few hours a week. Combined federal and matching expenditures per volunteers are less than $160 per year.

The RSVP strategy is open to criticism because it relies heavily on those who contribute only a few hours a week. While low-intensity volunteers make important contributions in some organizations, they may be of little value to organizations that require help on a more intensive basis. For many organizations the cost of recruiting, training, scheduling, and supervising volunteers who work only a few hours a week makes their help a questionable bargain. Analysis of specific RSVP projects is needed to identify those that are highly cost-effective and could contribute substantially more with greater financial support (National Senior Service Corps Directors Associations, 1995).

The Foster Grandparent Program is a quasi-volunteer federal program that deserves careful cost-effectiveness evaluation. Foster grandparents work with children on a one-to-one basis in schools, hospitals, and other community settings. Foster grandparents receive a subminimum-wage stipend and work 20 hours a week. Since eligibility is limited to low-income older people, the Foster Grandparent Program may be as much an income program as it is a volunteer program. It excludes the participation of the larger numbers of older people who are not in financial need. In 1994, 24,000 older people were enrolled as foster grandparents; they participated in 300 programs and served

80,000 children, teenagers, and their families (National Senior Service Corps Directors Associations, 1995).

Possibilities for expanded and more targeted use of the federally-funded Senior Companion Program should also be examined. Like the Foster Grandparent Program the Senior Companion Program provides subminimum wage jobs for older people. In this case, the senior companions serve homebound adults (most are elderly) on a one-to-one basis. Work obligations and stipends are similar to those of the Foster Grandparent Program. As in the Foster Grandparent Program, the Senior Companion Program must be assessed as much as an income support program as a volunteer program that benefits clients. In 1994, nearly 14,000 older people served as senior companions and provided assistance to more than 36,000 clients (National Senior Service Corps Directors Associations, 1995).

(In October 1995 when final edits were being made on this article, future funding for the three National Senior Service Corps programs described above was in doubt because of congressional initiatives to make deep cuts in federal expenditures affecting many programs.)

2) The feasibility of expanding high-intensity, high-responsibility volunteering should be tested. A demonstration program should be mounted to assist organizations in creating more roles for older volunteers who would commit themselves for a minimum of 20 hours a week on a sustained basis in positions with substantial responsibility. Through the demonstration programs, organizations would seek to expand their productivity by investing more of their resources in recruiting, training, supervising, and recognizing this group of volunteers. The demonstration programs would examine the extent to which organizations can create these more significant volunteer roles, recruit and retain productive older people in these roles, and achieve a constructive working relationship between these volunteers and paid employees. We suspect that this form of volunteering would be particularly attractive to older people with secure incomes for whom it is most important that a volunteer assignment provide an opportunity for significant work. A major challenge would be development of volunteer roles that are significant without unduly threatening paid staff (whether unionized or not).

We can offer a number of suggestions about the circumstances in which these significant volunteer positions are likely to be viable. In general, the principles that underlie effective volunteer administration also will apply to significant volunteering among older people (Brudney, 1990; Fischer and Schaffer, 1993). The need to provide volunteers with sufficient incentive, for example, can be addressed in four ways:

a) the assignments must carry enough responsibility so that volunteers can gain the intrinsic satisfaction to justify their extensive, persistent effort;

b) the volunteers should receive immediate and continuing recognition for the value of their exceptional efforts;

c) the volunteer experience should have other attractive qualities such as opportunities for congenial social interaction; and

d) the volunteers might be offered tangible rewards such as stipends (which may reduce the difference between those positions and conventional paid work). Working relationships between the volunteers and paid staff may be enhanced if the volunteers are part of a peer group of volunteers in which all are making extensive commitments. If peers are also working without pay, volunteers will be less likely to complain that they are working without pay while others are being paid for similar responsibilities. In fact, significant volunteering may prove to be particularly viable in young, growing organizations that rely entirely, or almost entirely, on volunteers.

The threat to paid staff of job displacement associated with significant volunteering may be minimized if paid personnel are convinced that without volunteers the task could not be carried out at all. Po-

tential resentment by paid staff of volunteers may also be avoided if the work done by volunteers is distinctly different from that done by paid staff. In some instances potential conflict can be managed effectively by placing significant volunteers in cadres that are spatially separated from certain groups of paid staff in their work assignments. Because of rigidities in work organization in some public sector organizations, Brudney (1990) goes so far as to suggest that public agencies obtain volunteer contributions by contracting out certain responsibilities to private organizations that are dominated by volunteers.

A major contribution of the proposed demonstration programs would be to challenge organizations to be creative in developing and supporting significant volunteering. The demonstration programs may serve as a test of our hypotheses regarding effective strategies to stimulate significant volunteering. However, the demonstration programs may reveal that other approaches are more effective.

The demonstration programs should have careful cost-effectiveness assessments to provide credible evidence of the circumstances in which this intensive use of older volunteers in high responsibility assignments is a good investment for community organizations.

If the demonstration programs yield effective models for increased use of high commitment, high responsibility older volunteers, a dissemination effort should be launched to encourage widespread replication.

3) The measures of productive work that are used for national policy planning should be broadened to include volunteer efforts. Data concerning paid work are now central to national planning by government; inclusion of data on unpaid productive activity will encourage attention to policies that encourage investments to stimulate cost-effective voluntary efforts.

SPONSORSHIP
The Corporation for National and Community Service created by the Clinton Ad-

ministration to strengthen voluntary action might be a vehicle for some of what we recommend. AmeriCorps, the Corporation's major new initiative, emphasizes youth in its public relations, but is in fact open to people of all ages. At the University of Massachusetts-Boston, we have initiated, for example, the Elder Leadership Program that enlists older people with leadership experience as AmeriCorps members who serve as volunteer coordinators in Councils on Aging. The members enlist people of all ages to serve the needs of the frail elderly. Members receive training and modest stipends; they are expected to work 20 hours a week.

The project tests the hypothesis that highly skilled older people can be enlisted in volunteer roles that offer substantial responsibilities and require extensive time commitments. Although the Corporation for National and Community Service has not designed AmeriCorps to be a demonstration program, our experience shows that the program can be used as a means of testing some volunteering models that offer older people challenging volunteer responsibilities.

(As this article is being completed in October 1995, the future of the AmeriCorps Program is uncertain. Congress is seeking to eliminate the program. President Clinton, however, is strongly committed to its retention.)

Foundation sponsorship is another possibility. Demonstration programs to encourage high intensity, high responsibility volunteering might be particularly attractive to foundations that have been asked to respond to the declining capacity of government to finance services. These foundations might find it attractive to encourage nonprofit organizations with very limited budgets to maximize the use of volunteers as a means of increasing their productivity.

The sponsor of a substantial multi-site demonstration initiative should consider designating an organization to assume responsibility for orchestrating the demonstration programs. A strong technical as-

sistance provider might greatly enhance the likelihood of successful implementation. At later stages, that organization would be well positioned to anchor dissemination efforts.

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ABSTRACT

This article reports the results of an evaluation of the program Volunteer Maryland! Volunteer Maryland! was one of eight national demonstration programs funded by the Commission on National and Community Service in 1993. Part of the impetus for the program was research data that indicated Marylanders volunteered less than the rest of the nation. The goal of the program was to increase the number of volunteers serving at 35 Host Sites across the state. Full-time volunteer coordinators were assigned to each of these sites. The evaluation revealed that coordinators were able to have both a quantitative and qualitative impact on these sites after a year of service.

The Impact of Volunteer Coordinators On Volunteer Programs: An Evaluation of Volunteer Maryland!

James X. Bembry, Ph.D.

In 1985 Susan Ellis observed, "One way to describe the needs for research in volunteerism is to say that *everything* is left to do." Ten years later Ms. Ellis acknowledges that research in the field has improved in some areas such as what motivates volunteers, but she still maintains that her observation of 1985 is still largely true (personal communication, October 3, 1995). This article, a study of the effects of volunteer coordinators on volunteer programs, attempts to fill a small part of this research void.

Volunteer Maryland! was one of eight national demonstration projects funded by The Commission on National and Community Service (now called the Corporation for National and Community Service) in the year 1993. It was launched in January in large part as a response to two research studies.

The first study found that the people of Maryland volunteered less often when compared to national averages. The study also found that many people in the state simply were not asked to volunteer. Thirty-four percent of Marylanders had volunteered in the previous twelve months as compared to 54% nationally. The report suggested that the 34% level could be increased by 5%–7% simply by asking people to volunteer (Riter, 1990).

The second study, a needs assessment, was conducted by the Governor's Advisory Board on Service and Citizenship in 1992. This poll of community groups, nonprofit organizations, and government agencies found that these entities experienced shrinking budgets and sought ways to meet the ever-increasing demands of their clients. A comment made by many was a need for a volunteer coordinator to develop a well-trained volunteer force and provide critical, direct services to clients and communities in need.

The idea behind Volunteer Maryland! was to link the people who wanted to volunteer, but did not know where, with the agencies that needed to increase their delivery of direct services to clients, but did not know how to achieve that result.

The Volunteer Maryland! program was developed, implemented and administered by the Governor's Office on Volunteerism. The initial goals of the program were to create an effective volunteer

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program that would dramatically enhance Maryland's active volunteer participation and expand volunteer opportunities, thus engaging a diverse population of Marylanders in service.

The program's objectives were to:

1. Increase the number of Marylanders engaged in meaningful volunteer service, helping people and communities in need.
2. Improve the capacity of Maryland's non-profit and government organizations to effectively manage and sustain volunteer forces.
3. Develop new service leaders in the field of volunteerism and national service.
4. Document and evaluate the training and creation of exceptional full- and part-time service leaders.
5. Create a service culture in Maryland.

To achieve these goals and objectives, the program invited Maryland non-profit organizations, community groups, and government agencies wishing to begin or expand a volunteer program to submit applications for consideration. One hundred and two applications were received, of which 35 agencies were selected as 1993 host sites. The eligibility requirements included:

1. Demonstration that the service provided by volunteers would address real needs in the community.

2. Provision of direct service in the areas of education and youth services, the environment, human services or public safety.
3. An innovation or expansion of an existing volunteer program that would continue after the service year.

Table I describes where host sites were located across the state and the type of service in which they engaged. Specific services provided included:

- Human Services - job skill training; day care and family services; health care.
- Education - literacy tutoring; youth community service.
- Environment - wildlife protection; restoration or preservation; recycling.
- Public Safety - neighborhood and community safety; community re-entry and rehabilitation.

Those host sites chosen received a full-time (40 hours per week) volunteer coordinator for one year. The task of these coordinators was to help set up or expand the sites' existing volunteer program. Thirty-five coordinators were selected from 225 applicants each assigned to a host site. Coordinators were hired by the Volunteer Maryland! program, but were supervised by a host site administrator. Coordinators received health coverage, a stipend ($11,000), and a post-service benefit ($5,000) to be used for further education, or the payment of

Table I
Profiles of Host Sites

Region of Maryland	#	%
Baltimore City	14	40
Central Maryland	8	23
Suburban Washington	5	15
Western Maryland	4	11
Eastern Shore	4	11
Primary Service Emphasis	**#**	**%**
Human Services	23	66
Education	6	17
Environment	5	14
Public Safety	1	3

Note: Western Maryland and the Eastern Shore are predominantly rural.

Table II
Profiles of Coordinators

Age	#	%
20–29	13	37
30–39	9	26
40–49	6	17
50–59	3	9
60–69	4	11
Gender		
Female	23	66
Male	12	34
Race		
White	28	80
African-American	5	14
Hispanic	1	3
Asian	1	3
Education		
High School	5	14
Associate Degree	1	3
Undergraduate Degree	20	57
Graduate Degree	9	26

student loans ($2,500 of this post-service benefit was provided by the host site.) Table II presents selected demographic data on the coordinators.

Before joining their host sites the coordinators participated in a one-month intensive training which included a Volunteer Management Training Institute curriculum. It developed participants' skills in volunteer recruitment, volunteer program management, and volunteer program sustainability. Topics under these broad areas included:

• Performing a needs assessment.
• Screening and interviewing volunteers.
• Developing volunteer positions/descriptions.
• Recognizing motivations for volunteering.
• Establishing criteria for selecting volunteers.
• Developing community relations programs.
• Communicating volunteer need through the media.
• Nurturing volunteers.
• Promoting volunteers and creating promotional ladders.
• Devising and implementing dismissal strategies.

• Volunteer recognition.
• Developing long-term goals with staff to sustain and revitalize volunteers.

After this initial training, the coordinators met as a group once a month for day-long training sessions. All training was conducted by the Chrysalis Consulting Group, a private firm of consultants and trainers in Baltimore, Maryland.

To be considered as a 1993 host site for the Volunteer Maryland! program, agencies were asked to complete a questionnaire that detailed data on their existing volunteer programs. Volunteer Maryland! wanted to know how many volunteers worked with the organization and the average number of hours served, their demographics and how long they stayed with the agency.

Twenty-eight (80%) of the 35 original host sites completed the year. The primary reason for sites leaving the program was due to an incompatibility between the host site's needs and the skills of the volunteer coordinator. Whenever these situations occurred, Volunteer Maryland! staff attempted to intervene to improve the match. Over the course of the year, in seven sites, this intervention was unsuccessful.

The number of volunteers serving at the 28 host sites increased by 4,057, a 40% increase from 1992 to 1993, and an average of 145 new volunteers per host site. Table III presents the change in number of volunteers from 1992 to 1993.

While no one can quantify the value of the volunteer experience and place a monetary value on the real benefits to the clients, volunteers, and organization, it is possible to determine the amount that it would cost to pay an employee to do the same job that the volunteer is doing. Using a formula developed by the Corporation for Public Broadcasting that rates the different types of volunteer work, the total number of volunteer hours contributed at the host sites was computed into a dollar value. This formula was adapted by Maryland Public Television where hourly rates are calculated for regions of the state and by type of volunteer service. The three categories of volunteer service are:

1. Administrative/Management (i.e. board member, proposal writing).
2. Direct service to clients (i.e. stream clean-up, mentoring).
3. General support service (i.e. clerical, office support).

The total dollar value of service was $2,322,498. The average dollar value per host site was $82,946.

The host sites were post-tested in December of 1993 at the end of the service year using the same questionnaire they filled out to be considered for the program. Also in December the host sites completed a quality assessment of their volunteer programs. This instrument asked host site administrators to indicate their level of agreement or disagreement with 23 statements pertaining to qualitative aspects of their volunteer programs. The assessment also included two open-ended questions. The first asked the administrators for explanations if the quality of their program had not improved. The second question asked if and how they had achieved the goals they outlined in their host site application.

Susan Vineyard (1988) in a monograph on evaluating volunteer programs states that there are some basic principles to be considered when evaluating these programs. The first principle is that the "assessment must be based on clearly stated goals and objectives." The overriding goal of the Volunteer Maryland! program was quite clear: its mission was to increase the number of volunteers serving at host sites. As the results show, this goal was achieved.

A second principle that Vineyard suggests is that the "assessment must be fair." For the assessment to be fair, it must be based on multiple perspectives. People who are involved in a program should have some input as to how it will be evaluated. A short time into the Volunteer Maryland! evaluation it became clear that simply totaling the number of volunteers at the end of the year would not be an entirely true measure of the program's success or failure. Coordinators let the evaluator know loudly and clearly that there were qualitative aspects of their performance that needed to be measured as well. Coordinators were not only bringing in volunteers; they were starting new volunteer programs, breathing life into long dormant programs, and reorganizing existing programs in an attempt to make them more efficient and "user friendly." They expressed the opinion that these efforts were just as much indicators of

Table III

Volunteers Serving with Host Sites (n = 28)	1992	1993
Total Number of Volunteers	10,020	14,077
Average per Host Site	358	503

success as tallying the number of new volunteers at the end of the year.

This input from the coordinators led to the development of a quality assessment instrument which attempted to capture and reflect the qualitative aspects of the volunteer program. The instrument used a five response Likert scale. The alternative responses were: "disagree strongly," "disagree," "agree," "agree strongly," and "no change." (There was also a "does not apply" response category.) Table IV presents the categories and the percentages of responses in all catagories. Listed below are the categories and percentages of host sites that responded "agree" or "agree strongly" that their programs had improved in a particular category:

1. Our volunteer program materials are better organized (100%).
2. Our organization does a better job of accounting for volunteer contributions (96%).
3. Our volunteer job descriptions are better organized (86%).
4. Our procedures and policies regarding volunteers are more clear (86%).
5. The volunteers recruited have enhanced the effectiveness of our organization (86%).
6. Our organization has improved its ability to access needed resources for our volunteer program (86%).
7. The roles and tasks of our volunteers are better defined (83%).
8. Our organization communicates more effectively with our volunteers (82%).
9. The volunteers recruited have been utilized more effectively (82%).
10. Our organization has done a better job recruiting volunteers (81%).
11. Our volunteer activities are better managed and supervised (81%).
12. Our organization has improved its ability to network and build partnerships to help sustain our volunteer program (81%).
13. The desires and skills of our volunteers are better matched to our organization's needs (78%).

14. Our organization has a better process for screening and selecting volunteers (77%).
15. Our volunteers are trained better to perform their assigned tasks (74%).
16. Our organization does a better job of recognizing the contributions of our volunteers (73%).
17. Our volunteers have been given a better orientation regarding the purpose, policies and goals of our organization (73%).
18. The handbooks and manuals used by volunteers are better organized (72%).
19. Staff responsibilities in regard to the volunteer program are more clearly defined (72%).
20. Our staff has more confidence and trust in our volunteers (68%).
21. Our staff is better able to work with and manage our volunteers (68%).
22. Our organization does a better job of retaining volunteers (59%).
23. The volunteers we have recruited have been more reliable (50%).

DISCUSSION AND IMPLICATIONS

The importance of volunteers to non-profit and governmental agencies cannot be overstated. Volunteers can often make the difference in whether the agency will continue to exist. The hours that volunteers contribute to these organizations can be as valuable as donations of money (McCurley and Lynch, 1989). Ironically, when non-profits face fiscal pressures volunteer coordinator/director positions are often the first to be eliminated (Bartholomew, 1989).

McCurley and Lynch (1989) note that volunteering is developing into a system in which there are two distinct types of volunteers. The first type is the long term volunteer, an individual who is dedicated to a cause or to an organization. Long term volunteers tend to shape their own jobs and the duration of their work. The jobs they perform are designed to require a steady donation of time over a prolonged period.

Over the last fifteen years, however, another type of volunteer has emerged:

Table IV
Quality Assessment of Volunteer Maryland! Host Site Volunteer Programs
Listed in Descending Percentiles with "Agree Strongly" Responses

	Disagree Strongly	Disagree	Agree	Agree Strongly	No Change
Material Better Organized			55%	45%	
Job Descriptions		4%	41%	45%	10%
Procedures and Policies		4%	45%	41%	10%
Enhanced Effectiveness		4%	45%	41%	4%
Better Recruiting		4%	45%	36%	9%
Better Managed and Supervised		4%	45%	36%	14%
Ability to Network			45%	36%	9%
Screening & Selecting		4%	45%	32%	14%
Utilized Effectively		9%	50%	32%	4%
Staff has more confidence			36%	32%	27%
Access Needed Resources			54%	32%	9%
Handbooks or Manuals		4%	45%	27%	9%
Better Orientation		4%	36%	27%	27%
Staff Able to Work with and Manage		4%	41%	27%	23%
Accounting for Contributions			73%	23%	4%
More Reliable		9%	27%	23%	27%
Roles & Tasks Better Defined		4%	60%	23%	9%
Recognizing Contributions			50%	23%	23%
Desires & Skills Better Matched		4%	60%	18%	14%
Staff Responsibility Defined		4%	54%	18%	18%
Trained Better		4%	60%	14%	18%
Retention		9%	45%	14%	27%
Communicate Effectively			82%		14%

Note: The "does not apply" response category is not reported in this Table and accounts for some categories not totaling 100%.

the short term volunteer. They have a general interest in an organization or cause, but are not necessarily dedicated to it. These individuals want a well-defined job of limited duration. They tend not to stay too long with an organization, and want to control the amount of time they donate.

The recent emergence of the short term volunteer means that non-profit and governmental agencies are in greater competition for the limited number of hours individuals are willing to contribute. This competition for volunteer hours is a further argument for the need for volunteer coordinators in these agencies. To quote McCurley and Lynch (1989)

> Volunteer programs do not work spontaneously, but require someone to devote the care and attention required for fitting together a complex system matching the needs of the agency with the needs of the community.

This study demonstrates that full-time, trained volunteer coordinators can have a significant impact on both increasing the number of volunteers and improving the qualitative aspects of a volunteer program. The importance of the need for paid, full-time and well-trained coordinators has been noted by others (Honer, 1986; Bartholomew, 1989; Brudney and Brown, 1990). Full-time, trained coordinators give an agency an edge on its competition. They are capable of implementing the full spectrum of the volunteer management process—program planning, job development and design, recruitment, screening and interviewing, orientation and training, supervision and motivation, recognition, and evaluation (McCurley and Lynch, 1989)—in a competent, professional manner that achieves results.

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ABSTRACT

This study reports on a survey of direct patient care and nondirect patient care volunteers in hospice programs and concerns various aspects of their volunteer experiences. We found both direct and nondirect patient care volunteers report altruistic or intrinsic reasons as most influential in their decision to volunteer although these reasons were more influential for direct care volunteers. Both direct and nondirect care volunteers felt highly accepted and satisfied with their volunteer experience, but few variables in the study explained what leads to direct or nondirect care volunteers feelings of acceptance, satisfaction or length of volunteer service.

Direct Care and Nondirect Care Hospice Volunteers: Motivations, Acceptance, Satisfaction and Length of Service

Beverly Black, Ph.D. and Pam Johnson Kovacs, M.S.W.

Hospice programs across the country rely on volunteers. Finn Paradis and Usui (1987) describe them as the backbone of hospice care. The hospice movement began as a volunteer effort. Where the majority of hospice programs now have paid staff, without volunteers these programs would not survive or would have to severely restrict their services.

Several studies provide demographic profiles of hospice volunteers, examine their motivations and describe factors related to their retention and attrition (Brichacek, 1988; Caldwell and Scott, 1994; McClam, 1985; Patchner and Finn, 1987). No studies known to the authors concentrate on the differences between direct patient care and nondirect patient care volunteers in these areas. Do the motivations of direct and nondirect patient care volunteers differ and if so, how? Do levels of satisfaction with their volunteer service differ? Do they perceive similar levels of acceptance from staff and other volunteers? Does the length of time served as a volunteer differ for direct patient care and nondirect patient care vol-

unteers? What relationships exist among the motivations of these two groups of volunteers, their levels of satisfaction, the levels of acceptance they perceive (from staff, patients, families of patients and other volunteers) and length of time they serve as volunteers?

LITERATURE REVIEW

In our review of the literature on volunteerism generally and specifically on volunteerism in hospice programs, we examined volunteer motivations, satisfaction, and length of service.

Motivations and Satisfaction

The frequent discussion of the motivational aspects of volunteerism in the literature provides various explanations for volunteer service. Volunteers cite altruism most often when asked their reason for volunteering. Most authors agree that the motivation to volunteer is a multifaceted phenomenon. Researchers find multiple motives propel people to volunteer (Smith, 1982), not just altruistic motives (McClam, 1985).

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Pam Johnson Kovacs received her B.S.W. in 1973 from the University of Vermont with a concentration in medical social work. She received her M.S.W. from Boston College in 1979 and sought advanced training in family therapy at the Family Therapy Institute of Cambridge in 1981. Currently she is a graduate research assistant at Florida International University where she is pursuing her Ph.D. in Social Welfare.

One prominent two-category model of volunteer motivations distinguishes between extrinsic and intrinsic motives (Gidron, 1984; Hertzberg, 1966; Kidd, 1977); another distinguishes between egoistic and altruistic motives (Horton-Smith, 1981). The extrinsic and egoistic motives include the tangible benefits of volunteering, such as gaining work experience or fulfilling a class requirement. Intrinsic or altruistic motives include the motive of doing something for someone else or creating a better society. Three-category models of motivation include the category of social motives along with the previously stated categories. Social motives for volunteering include feeling lonely and the opportunity to form relationships (Morrow-Howell and Min, 1989).

Cnaan and Goldberg-Glen (1991) contend that neither the two- nor three-category model of volunteer motivation sufficiently explains the reasons why people volunteer. They argue that motives for volunteering constitute an undimensional phenomenon which is both altruistic and egoistic, not distinguishing between them. Cnaan and Goldberg-Glen state that "volunteers act not from a single motive or a category of motives but from a combination of motives that can be described overall as a rewarding experience." They support Horton-Smith (1981) and Smith's (1982) contention that there is no absolute altruism; a person receives the psychic benefit of feeling good about him or herself as a consequence of being altruistic or helping others. An exchange occurs which involves giving and, consequently, getting something in return.

McClam (1985) applied a two-category model of motivations to her study of hospice volunteers. She asked volunteers to provide a primary motivation for volunteering and categorized their responses as inner-directed, other-directed, or both. McClam found that 52% of volunteers cited inner-directed (extrinsic or egoistic) reasons such as, "I grow" or "I enjoy helping others;" 38% cited other-directed (intrinsic or altruistic) reasons such as, "to

help others" or "needed service in community;" and 8% cited both categories of motives. Patchner and Finn (1987) found that hospice volunteers reported the reasons for volunteering to be of service to others (44%); to support a needed program (18%); to have something to offer (10%); for self-satisfaction (9%); and career related (4%). Sixty-two percent of the volunteers in Field and Johnson's (1993) study reported volunteering due to a desire to help others; a personal experience of bereavement influenced one-third of the volunteers to serve. Other reasons cited by volunteers wanting to work at hospice include feeling a religious call, payment for one's own good fortune, having had a previous personal experience with the hospice program, personal self-growth and becoming involved in the community (Briggs, 1987; Finn Paradis and Usui, 1987, 1989; Finn Paradis, Miller and Runnion, 1987). Lamb, de St. Aubin, and Foster (1985) found the motivations "desire to help" and "support program philosophy" more prominent among volunteers judged most effective by volunteer coordinators.

Laliberte and Mor's (1988) survey of hospice volunteers found that the opportunity for career advancement motivated 84% of the volunteers to serve. They also found over 87% of the volunteers served due to their interest in the hospice movement. However, Thomas and Finch (1990) suggest that very few people become volunteers because of their personal beliefs—most come through friends and relatives.

Studies on hospice programs find very high levels of satisfaction among volunteers (Chevrier, Steuer and MacKenzie, 1994; Field and Johnson, 1993). Chevrier, Steuer and MacKenzie examined factors leading to satisfaction among hospice volunteers. They found internal or intrinsic rewards—including the volunteers' feelings that the work they performed was important—consistently displayed a stronger relationship to satisfaction than external or extrinsic rewards. Field and Johnson found that volunteers identified

intrinsic, extrinsic and social factors as what they liked about their work with intrinsic factors cited most often.

Length of Service

Factors that influence individuals to volunteer in the first place may not be the same factors that influence them to continue volunteering (Gidron, 1984; Widmer, 1985). Rubin and Thorelli (1984) suggest that volunteers with the greatest anticipation of receiving psychic benefits (those volunteering for intrinsic reasons) may be the least likely to sustain their participation. Gidron found that attitudinal variables among volunteers, such as satisfaction with the work, best predicted retention. To a lesser extent than attitudinal variables, organizational factors (length of volunteer service, type of task performed and level of preparation for a task) also predict retention (Gidron, 1984). Other factors that may influence retention include recognition, accomplishments, a sense of belonging, fair treatment, working as a team, encouragement from supervisor and personal situational factors, such as a desire to contribute to the community (Gidron, 1984; Pell, 1972).

Several studies examined attrition rates of volunteers in hospice programs. Finn Paradis and Usui (1987) found that 28% of volunteers left the hospice program four months after completing training. Amenta (1984) found 43% of the volunteers left the hospice program between 4 and 11 months after completing training. Maslach (1982) cited several sources of burn-out in hospice personnel which could account for this dropout rate: lack of positive feedback from patients and family members; lack of personal or professional support systems; and unrealistic expectations for one's own performance. Personality factors such as tolerance, flexibility and lower death anxiety also distinguish between volunteers who remain in contrast to those who leave a hospice program (Lafer, 1989).

Finn Paradis, Miller and Runnion (1987) emphasize that role ambiguity and status ambiguity are sources of stress for volunteers, which lead to burnout. Finn Paradis and Usui (1987) also found higher rates of drop-out among hospice volunteers positively associated with higher levels of anxiety, poorer levels of understanding of the patient and family, and less positive attitudes toward euthanasia.

Siebold, Rossi, Berteotti, Soprych and McQuillan (1987) distinguished between administratively controllable and uncontrollable reasons for volunteer turnover in a hospice program and found approximately 86% of turnover administratively uncontrollable. Administratively uncontrollable reasons for turnover included geographic relocation, not enough time, and personal health. Similarly, Brichacek (1988) found 74% of the reasons cited for volunteer turnover in a hospice program administratively uncontrollable.

Lafer (1991) suggested reducing the drop-out rate of volunteers by improving the selection process, volunteer training, transition from training to actual volunteering, and supervision and support offered to the volunteers. Finn Paradis and Usui (1987) confirm the importance of training and suggest that when volunteers are not asked to participate soon after training, their interest wanes and frustration increases. However, Patchner and Finn (1987) conclude from their study of hospice volunteers, that volunteers possessed high levels of satisfaction with volunteer activities. Furthermore, they found that volunteers received the most satisfaction from activities involving direct interaction with patients and families where the volunteers perceived appreciation from the patients and families. Activities not involving direct contact with patients and families, such as completing forms and clerical duties, provided the least satisfaction for volunteers.

Mor and Laliberte (1983) examined some of the differences among volunteers in a variety of organizational types of hospice programs and reported information on differences between direct patient care and nondirect patient care volunteers in the area of volunteer hours. In free-stand-

ing hospice programs (the focus of our study), volunteers performed 245.5 hours per month of direct patient care work compared to the 429.9 hours performed by nondirect patient care volunteers.

METHODOLOGY
Hypotheses
Our review of the literature on volunteerism generally, and of hospice programs in particular, led us to pose the following hypotheses concerning differences between direct and nondirect patient care volunteers:

1. Direct patient care volunteers will express stronger intrinsic or altruistic motivations for volunteering than nondirect patient care volunteers.
2. Direct care volunteers will volunteer for longer periods of time, will report greater acceptance from clients, staff, and other volunteers, will feel more satisfied with the volunteer experience, and will predict longer future periods of volunteer service than nondirect care volunteers.
3. Motivations which entail a personal association with hospice will significantly contribute to explaining the variance in satisfaction for all volunteers, but will explain more of the variance for direct patient volunteers than nondirect patient volunteers.
4. The acceptance felt by nondirect care volunteers from staff and other volunteers will explain more of the variance in satisfaction than for direct care volunteers, whereas acceptance felt by direct care volunteers from patients and families of patients will explain more of the variance in satisfaction than for nondirect volunteers.
5. Levels of acceptance perceived (from the various reference groups) will significantly contribute to explaining the variance in length of volunteer service for both direct patient care and nondirect patient care volunteers.
6. Levels of satisfaction perceived will significantly contribute to explaining the variance in length of volunteer service

for both direct patient care and nondirect patient care volunteers.

Sample
The authors chose two hospice programs for the study based on geographic proximity and their large pool of volunteers. Following meetings with the director of one hospice and the volunteer coordinator of the other, each hospice provided lists of active direct and nondirect patient care volunteers. Volunteer coordinators defined active volunteers as those estimated to have volunteered at least 10 hours within the previous 6 months. Direct patient care volunteers spend time with patients and/ or family members in homes, nursing homes, or the in-patient care centers. Nondirect patient care volunteers provide clerical, fund raising, public relations, or other volunteer services for hospice.

Both hospice programs compiled a list of more than 500 active volunteers and separated volunteers by direct and nondirect patient care volunteer status. We selected a stratified random sample of direct patient care volunteers, clerical volunteers, and fund raising volunteers. To insure a sufficient number of clerical volunteers were represented in the study, all identified clerical volunteers from one hospice were surveyed. A random sample was taken from the lists of direct patient care and fund raising volunteers.

Following a pre-test, surveys were mailed to 594 volunteers. After one follow-up reminder postcard, a total of 259 usable and complete questionnaires were returned generating a response rate of 44%. Of the 250 direct care volunteers surveyed, 137 returned questionnaires for a response rate of 55%. Of the 344 nondirect care volunteers surveyed, 122 returned questionnaires for a response rate of 35%. Direct patient care comprised 52.9% of respondents and nondirect patient care comprised 47.1% of the respondents.

Measurement
The survey instrument, developed for this study, asked each respondent to do the following:

1. Indicate percentage of time spent in direct patient care, clerical, and fund raising activities.
2. Rate, using a 5-point Likert scale (with zero being the weakest and 4 being the strongest response), the degree of influence each of 12 reasons had upon his or her decision to volunteer.
3. Indicate how long respondent considered becoming a volunteer, had been a volunteer, expects to continue volunteering, and how many hours per month he or she volunteers.
4. Assess, using a 5-point Likert scale, how well accepted the respondent felt by staff, other volunteers, patients, and family members and how satisfied he or she was with his or her volunteer activities.
5. Indicate from a list of 17 possible volunteer activities, the percentage of time spent on each and where the activity is performed.
6. Indicate from a check list of 11 possible sources how the respondent learned about the opportunity to volunteer at the hospice.
7. Indicate the number of hours of volunteer training attended and rate, on a 5-point Likert scale, the level of satisfaction with the training.
8. Provide demographic information.

RESULTS

Due to the length of the survey instrument, not all respondents answered all questions, thus the numbers reported vary from analyses of different questions.

HYPOTHESIS 1.

Altruistic Motivations for Volunteering. Table I reports the degree of influence of various motivations (for example, reasons) for volunteering. Seven of the 12 reasons showed significantly different mean scores for direct care volunteers and nondirect care volunteers. Four reasons with significantly higher mean scores for direct care volunteers than nondirect volunteers were also the motives with highest mean scores for volunteers as a whole. Consis-

tent with the literature on volunteerism, the intrinsic or altruistic motive, "help persons in need," received the highest overall rating as a reason for volunteering as well as the highest for both direct and nondirect volunteers; however, direct care volunteers rated this reason significantly higher than nondirect volunteers (p=.001). The second, third, and fourth most influential reasons, also altruistic reasons for volunteering—"help ease the pain of those in hospice," "fulfill a civic responsibility," and "have unique expertise to contribute that the program needs"—followed the same pattern. Direct care volunteers scored significantly higher respectively [(p=.001), (p=.010), (p=.030)]. The social motivation of volunteering, "I have a friend who is volunteering," rated eighth overall with nondirect care volunteers scoring significantly higher (p=.001) than direct care volunteers. This motivation was the only motivation that nondirect care volunteers rated significantly more influential (than direct care volunteers) in their decision to volunteer.

The extrinsic or egoistic motive of volunteering, "to gain work or educational experience," rated the tenth most influential motive overall, with no significant difference reported for direct and nondirect care volunteers. Having a "research interest in the area," also an extrinsic motive, influenced volunteers little; however, it significantly influenced direct care volunteers more than nondirect care volunteers.

HYPOTHESIS 2.

Acceptance, Satisfaction, Hours of Volunteer Service, Length of Volunteer Service, and Predicted Length of Volunteer Service.

Level of Acceptance. As seen in Table II both direct and nondirect care volunteers reported feeling well-accepted by staff, patients, patients' families and other volunteers. While direct care volunteers reported slightly higher acceptance scores in three of the four areas, the ratings did not significantly differ on any of these measures between direct and nondirect care volunteers.

Level of Satisfaction. Volunteers generally reported high levels of satisfaction with their volunteer activities (n = 228). The overall mean rating of the level of volunteer satisfaction was 3.24. Direct care volunteers reported a mean rating of 3.28 and nondirect care volunteers reported a rating of 3.18. The difference was not statistically significant.

Hours of Volunteer Service. Volunteers reported the number of hours of volunteer service performed in the previous six months. For all persons (n=114) who responded to the question, volunteers served a mean number of 41.7 hours with a large standard deviation of 80.8. Direct care volunteers served a mean number of 45.9 hours; nondirect care volunteers served a

Table I
The Degree of Influence of Each Motivation

| | | Degree of Influence (Mean of Ratings) | | |
| | | | By Volunteer | |
Rank	Reasons/Motivations	Overall Mean (n=246)	Direct (n=132)	Nondirect (n=114)
1	Help persons in need	2.90	3.35*	2.36*
2	Help ease the pain of those in hospice	2.17	2.69*	1.53*
3	Fulfill a civic responsibility	1.59	1.28*	1.95*
4	Have unique expertise to contribute that the program needs	1.47	1.75*	1.16*
5	I have had a relative who is in the program	1.33	1.22	1.46
6	To fulfill a religious obligation	.90	1.08*	.68*
7	I have been helped by a volunteer(s) in the past and wanted to give something back	.88	.98	.77
8	I have a friend who is volunteering	.70	.42*	1.02*
9	I was seeking personal support	.74	.70	.75
10	To gain work or educational experience	.57	.65	.47
11	Heard from a friend that volunteering was a good experience	.54	.41	.69
12	Research interest in this area	.38	.50*	.24*

Note: Asterisks (*) indicate statistically significant differences (p<.05). Scale ranges from 0 to 4, 4 being the strongest response.

Table II
Mean Rating of Level of Acceptance Perceived from Each Reference Group

| | | Mean Rating of Level of Acceptance Perceived | | |
| | | | By Volunteer | |
Mean Rating of Level of Acceptance Perceived From:		Overall Mean	Direct	Nondirect
Staff	n = 209	3.75	3.78 (115)	3.71 (94)
Patients	n = 113	3.72	3.73 (100)	3.62 (13)
Families of Patients	n = 116*	3.85	3.88 (104)	3.67 (12)
Other Volunteers	n = 174	3.80	3.76 (90)	3.84 (84)

Note: No significant differences found. Scale ranges from 0 to 4; 4 is the strongest response. Asterisk (*) indicates that most nondirect volunteers did not answer this question because of their lack of patient contact.

mean number of 35.2 hours. The number of hours do not significantly differ.

Length of Volunteer Service. Volunteers reported the number of months they served as volunteers. For all volunteers (n=218) who responded to the question, the mean length of service was 4.76 years with a large standard deviation of 8.80 years. Direct care volunteers served a mean of 5.66 years (with a standard deviation of 11.58) and nondirect care volunteers served a mean of 3.68 years (with a standard deviation of 2.77). Differences were not significant.

Predicted Length of Volunteer Service. Only 166 of the volunteers responded to the question asking them to predict how much longer they expected to continue volunteering. An analysis of variance indicated no significant differences for direct and nondirect care volunteers. Interestingly, 84.5% (n=98) of the direct care volunteers and 75.6% (n=68) of the nondirect care volunteers predicted they would continue volunteering for more than 24 months.

HYPOTHESIS 3, 4, 5 & 6.

Volunteer Type as a Prediction of Acceptance, Satisfaction and Retention. Stepwise multiple regressions tested hypotheses 3, 4, 5, and 6. We first conducted regression analyses on the entire sample of volunteers (n = 259). In order to analyze differences between direct and nondirect care volunteers we separated nondirect care volunteers into fund raising and clerical volunteers, then separately conducted regression analyses for each of the three categories of volunteers. We attempted to determine what variables best explained the level of acceptance perceived by volunteers from the various reference groups, the level of satisfaction volunteers reported, and the length of their volunteer service.

Table III reports the results of the regression analyses. We entered satisfaction, length of volunteer service, and the acceptance variables as dependent variables for the entire sample of volunteers as well as separately for direct care and nondirect care volunteers.

Hypothesis 3 examined the level of satisfaction by the types of motivation volunteers reported for serving. We entered all motivations for volunteering. Motivations for volunteering did not enter the regression analysis for explaining volunteer satisfaction for the entire sample, or direct care volunteers. The motivations "help persons in need" and "research interest in the area" significantly contributed to the variance only for clerical volunteers. No motivations entailing a personal association with hospice explained variance in satisfaction among volunteers. Therefore, we found no support for hypothesis 3.

Hypothesis 4 predicted that acceptance from different reference groups would explain variance in satisfaction for direct and nondirect service volunteers. This hypothesis was not supported; however, staff acceptance explained 21% of the variance in satisfaction for the entire sample of volunteers. Acceptance from other volunteers, patients, and families of patients did not enter any of the regressions to explain the variance in satisfaction.

Results of regression analyses conducted failed to support Hypothesis 5 or 6. No acceptance variables significantly explained variance in the length of volunteer service. Satisfaction failed to enter the regression equations, with length of volunteer service as the dependent variable for the entire sample of volunteers: direct care volunteers, clerical or fund raising volunteers. Only the demographic variable—years of education—significantly contributed to the variance (6%) of length of service for all volunteers and 8% for direct service volunteers. The motivations of volunteering to fulfill a "civic duty" or "help persons in need" combined to explain 29% of the variance in length of service for fund raising volunteers.

Although not part of our hypotheses, several motivations stood out in explaining the level of acceptance volunteers felt from the various reference groups. Volunteering to fulfill a religious obligation was significant across the entire sample of volunteers for explaining staff acceptance

Table III
Summary of Regression Analyses of Volunteers' Perceived Acceptance by Other Volunteers, Staff, Patients and Patients' Families, and of Satisfaction and Time with Their Volunteer Experience.

Dependent Variables	Entire Sample		Direct Care		Nondirect Care			
					Clerical		Fundraising	
	variable	explained variance	variable	explained variance	variable	explained variance	variable	explained variance
Acceptance from								
Staff	satisfaction	19%	satisfaction	26%	satisfaction	35%	age*	10%
	friend volunteering	2%	friend volunteering	6%	research interest	7%	relative in program	17%
	unique experience		unique experience			42%	religious obligation	18%
	to contribute	3%	to contribute	5%			gain work experience	17%
	religious obligation	5%	religious obligation	6%				62%
		29%		43%				
Patients	ease pain	5%	friend told about vol.	8%	-- -- -- -- -- --	-- --	-- -- -- -- -- --	-- --
Other Volunteers	satisfaction	12%	satisfaction	13%	satisfaction	20%	religious obligation	27%
	religious obligation	6%						
	friend volunteering	4%						
		22%						
Patients' Families	friend volunteering	7%	friend volunteering	9%	-- -- -- -- -- --	-- --	-- -- -- -- -- --	-- --
	fulfill civic duty	6%	fulfill civic duty	6%				
		13%		15%				
Satisfaction	staff acceptance	21%	marital*	5%	wanting to help		-- -- -- -- -- --	-- --
					those in need	13%		
					research interest	9%		
						22%		
Length of Volunteer Service	years education*	6%	years education*	8%	-- -- -- -- -- --	-- --	civic duty	17%
							help those in need	12%
								29%

Note: The asterisk (*) indicates that these demographic variables have been included in Table III because they differ significantly for direct and nondirect care volunteers.

(5%) and acceptance from other volunteers (6%). However, among fund raising volunteers only, volunteering to "fulfill a religious obligation" explained 18% of the variance for acceptance by staff and 27% of the variance for acceptance by other volunteers.

Satisfaction felt by volunteers also significantly explained variance in the acceptance volunteers felt. This was true across the entire sample of volunteers, direct service volunteers and clerical volunteers, but not for volunteers devoted to fund raising.

DISCUSSION

Consistent with the literature on volunteers in general, and specifically in hospice programs (Briggs, 1987), our sample of volunteers in hospice programs reports that the intrinsic or altruistic motivation to "help persons in need" more strongly motivates their volunteering than other motivations studied. This holds true for both direct and nondirect care volunteers. "Help ease the pain of those in hospice" and "fulfill a civic responsibility"—other motivations that may be considered altruistic or intrinsic—figured as the second and third most highly ranked motivations.

Scores on these three motives of direct and nondirect care volunteers differed significantly, with direct care volunteers reporting higher levels of influence for the motives of "help persons in need" and "help to ease the pain for those in hospice," and nondirect care volunteers reporting a higher level of influence for the motive of volunteering to "fulfill a civic responsibility." The social motive of volunteering because "have a friend who is volunteering", influenced nondirect care volunteers significantly more than direct care volunteers. Results indicate extrinsic or egoistic motives had little influence on an individual's decision to volunteer. Taken as a whole, volunteers report intrinsic or psychic motives compel them to serve. The findings suggest that direct care volunteers tend to rate intrinsic or altruistic motives more highly than nondirect care volunteers, while nondirect care volunteers

rate social motives more highly in influencing their decision to volunteer than do direct care volunteers. Neither volunteer group rated extrinsic or egoistic motives as influential.

The number of motives endorsed by volunteers also lends support to the literature that volunteers serve for a variety of reasons. Our results also support exchange theory and Smith's (1982) contention that volunteers receive the psychic benefit of feeling good as a consequence of helping others. The volunteers we surveyed reported receiving high levels of acceptance from various reference groups and receiving high levels of satisfaction from their volunteer service. Thus, an exchange occurred: volunteers gave service and consequently received feelings of acceptance and satisfaction in return.

In our study volunteers perceive high levels of acceptance from staff, clients, and other volunteers, and there are no differences in the levels of acceptance reported by direct care and nondirect care volunteers for the four reference groups. This finding suggests hospice programs develop an acceptance of a wide range of volunteers with diverse motives for volunteering who perform diverse activities.

Our study showed that volunteers generally predicted they will volunteer for a substantial amount of time with no significant differences found between volunteers who work directly with patients and families and those volunteers who primarily perform fund raising and clerical services. Seventy-five percent of nondirect care volunteers and 84% of direct care volunteers believe they will volunteer for more than 24 months. This suggests that, once volunteers begin working, retention may not be a serious problem for hospice programs, and that volunteers receive the kinds of rewards and exchanges that encourage them to remain with the programs.

The high levels of acceptance and satisfaction reported by volunteers in this study are consistent with other studies examining the satisfaction of hospice volunteers (Patchner and Finn, 1987; Siebold, et al.,

1987); however, we found no support for Patchner and Finn's (1987) conclusion that volunteers were most satisfied when their activities involved direct interaction with patients and families. Instead, we found no significant differences in feelings of acceptance or satisfaction between volunteers performing activities directly with patients and families, and those performing clerical or fund raising activities.

Our regression models explained few differences in direct care and nondirect care volunteers. Several motivations significantly explained and distinguished between perceived levels of acceptance felt by direct care volunteers, clerical and fund raising volunteers. Volunteering due to "having a friend who is volunteering" significantly contributed to the variance in the level of acceptance felt by direct care volunteers, whereas, "to gain work experience," "having a relative in the program" and the demographic variable, age, contributed to the variance for fund raising volunteers. Volunteering "to fulfill a religious obligation" significantly contributed to the variance in acceptance levels for volunteers overall; however, because the religious motivation contributed significantly to the variance for fund raising volunteers, churches and synagogues may be especially valuable as recruitment settings for this group of volunteers.

The regression models did not do a particularly effective job in predicting the level of volunteer satisfaction for various volunteer categories. Perceived levels of acceptance by staff constituted 21% of the variance for satisfaction for volunteers overall. This indicates that staff acceptance plays an important role in maintaining the satisfaction for all volunteers. This is one of the most important or practical findings of this study since staff can directly influence the perceived level of satisfaction of volunteers and, hopefully, their retention; however, the significant contribution of staff acceptance was not found when looking at the volunteer categories separately.

LIMITATIONS

One limitation of the study relates to the point at which motivations for volunteering were measured. The design of the study presumes the variables measured reflect the motivations of the respondents at the time they decided to volunteer. Since we measured these variables after the volunteers began serving, volunteers' perceptions of the motivations that inspired them to volunteer may have changed as a consequence of their experiences in hospice programs.

We asked volunteers to predict the length of their volunteer service. However, the question of how long volunteers will actually remain with hospice programs remains unanswered. Prospective, longitudinal studies or post hoc studies could provide more accurate information on length of volunteer service and factors that encourage longer lengths of service.

Another limitation of the study relates to the fact that the categories of direct care and nondirect care volunteers are not mutually exclusive. At times volunteers served in both capacities. Additionally, the categories of clerical and fund raising with nondirect patient care overlapped. Volunteers may provide clerical assistance for fund raising purposes.

Direct care and nondirect care volunteers in this study appeared quite similar with no significant differences found by occupation, spouses' occupation, marital status, annual household income or age. Volunteers differed significantly only by years of education; direct care volunteers reported more years of education. Also of much importance, retired persons constituted over 50% of the total sample of volunteers. Additionally, all volunteers expressed strong altruistic motivations for volunteering. Given a sample of volunteers more diverse in age and motivations, we might have found substantial differences in levels of acceptance and satisfaction reported by volunteers, and thus length of service.

CONCLUSION

Regardless of the limitations of this particular study, volunteers make it possible for hospice programs to serve as many patients and families as they do. Intrinsic or altruistic motivations reportedly compel the respondents to volunteer and the results indicate direct care volunteers and nondirect care volunteers function well in hospice programs. We suggest that in efforts to recruit new volunteers, hospice programs discuss the strong feelings of acceptance and satisfaction expressed by both direct care and nondirect care volunteers in this study.

ACKNOWLEDGMENT

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The New AVA Statement of Professional Ethics in Volunteer Administration

Keith Seel, M.A.

INTRODUCTION

To many people ethics in the workplace is a thorny and a difficult issue. Their life at work is filled with practical concerns: under-staffing, under-funding, and administrative headaches. Often codes of ethics are filed and forgotten.

The new AVA Statement of Professional Ethics in Volunteer Administration is different. It is both relevant and practical. In addition, it is designed to be a hands-on tool for volunteer administrators who find themselves faced with a difficult ethical issue. Building upon AVA's previous code of ethics, the new statement steps back and takes a fresh look at the ethical values and the core competencies that underlie the profession of volunteer administration. The article that follows reviews the basic models used to create the new ethics statement, and takes the reader through an example of how the statement can be used to make more ethical decisions.

TWO MODELS FOR UNDERSTANDING ETHICS

The first model (Figure 1) comes from Ginette Johnstone and Judith Waymire's work, *What if . . . A Guide to Ethical Decision Making*. Johnstone and Waymire create a pyramidal model that holistically captures the relationships between the complex elements faced by an administrator of volunteers and the organization in which he/she works. Some of the definitions that follow are modified from this model.

On the bottom of the pyramid are VALUES, the "core beliefs or desires which act to guide or motivate attitudes and actions," according to Johnstone and Way-

mire. Values come from our life experience, our religion or faith, our cultural context, upbringing and so on. Values hold up the pyramid and are its foundation.

The next level of the pyramid is INTEGRITY, the quality that creates compatibility between our actions and our values. Having integrity is a challenge for both individuals and organizations that want to experience consistency between their values and their actions.

Moving up to the next layer in the pyramid are ETHICS. Ethics are a particular code of values. They are social values, which guide behavior with others. The key point here is that ethics address our relationships with others and are, therefore, social in their orientation. In other words, there are no personal ethics.

The cap of the pyramid is COLLECTIVE STANDARDS. Collective standards are the particular methods of practice developed by one group, a subset of the whole soci-
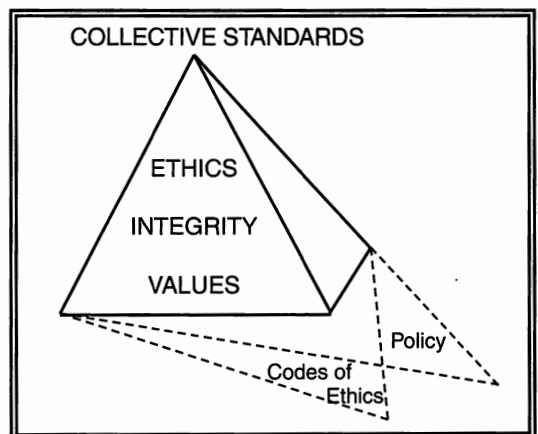
Figure 1
VALUES PYRAMID
Building on Values Leads to
Policy and Code of Ethics.

Keith Seel, chair of the AVA Ethics Task Force, co-created the new AVA Statement of Professional Ethics in Volunteer Administration with input from professional volunteer administrators. He is a director at the Volunteer Centre of Calgary, Alberta, Canada, and past-president of the local professional association for volunteer administrators, the Association of Directors of Volunteer Resources. He has written numerous publications, articles, and is a contributor to the *Volunteer Management Handbook* produced by John Wiley & Sons, New York.

ety, which help to guide its specific practice. Up to this point a whole society could be in agreement. However, we recognize that each profession is unique and has practices which must be recognized and understood separately. These would be that profession's collective standards.

Johnstone and Waymire also note that under certain conditions the pyramid will cast two shadows. The first shadow, CODES OF ETHICS, is the formal system of *rules* that govern the behavior of a group. The second shadow, POLICY, are the *guidelines* used to govern the behavior of a group in specific situations. Both codes of ethics and policy are ways of formalizing what happens when you put the pyramid into action. In other words, codes of ethics and policies are values in action and should, first and foremost, be linked to the ethics of a group. If you create policies, for example, before exploring ethical values, your policies are at risk of being disconnected from the values, ethics, and collective standards of the group.

A second model to help us understand ethics (Figure 2) comes from the Josephson Institute of Ethics. Within the Josephson model, VALUES guide or motivate our actions or attitudes. At this point we are talking about everything we value: time, money, equality, caring, the arts, and so on.

In this mix of values some have an ethical aspect and some do not. ETHICALLY NEUTRAL VALUES could include: money,

power, status, fun, etc. MORALS are individual values which come from our various cultural traditions including educational, familial, and religious. When two or more people come together we leave the realm of individual morals and enter ETHICAL VALUES. Ethical values are social values which directly relate to beliefs about what is right and proper. As was already mentioned, there are no personal ethics. The Josephson Institute of Ethics has shown that six core ethical values exist which transcend cultural, ethnic, and socio-economic differences. These six core ethical values are: trustworthiness, respect, responsibility, justice and fairness, caring, and citizenship.

Evolving from these six values are ETHICAL PRINCIPLES, which are specific rules of conduct. They are closely related to the collective standards discussed previously. From ethical principles come ETHICAL ACTIONS. Within the AVA Statement of Professional Ethics in Volunteer Administration this means both growth of an ethical decision-making competency, and the implementation of those decisions in one's professional life.

USING THE AVA STATEMENT OF PROFESSIONAL ETHICS IN VOLUNTEER ADMINISTRATION

The new ethics statement is designed as a decision-making tool which links ethical values and ethical principles to practical
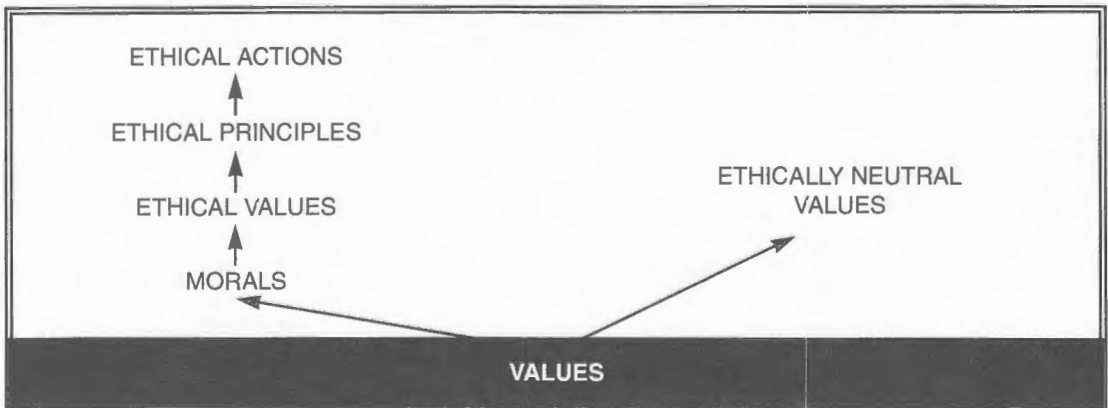

Figure 2
ETHICS MAP
Differentiating between the ethical and ethically neutral values.

volunteer program components. Unlike a "code of ethics," AVA's new document assists volunteer administrators in finding rational solutions to ethical dilemmas. Summarized, the core ethical values and related principles in the AVA Statement of Professional Ethics in Volunteer Administration include:

- *Citizenship and Philanthropy*—including the ethical principles of a philosophy of volunteerism and social responsibility.
- *Respect*—including the ethical principles of autonomy, courtesy, civility, decency, understanding, acceptance, accessibility, privacy, human dignity, mutuality, and self-determination.
- *Responsibility*—including the ethical principles of accountability, pursuit of excellence, self-restraint, self-disclosure, continuous improvement, perseverance, diligence, and professional responsibility.
- *Caring*—including both compassion and generosity.
- *Justice and Fairness*—including the ethical principles of procedural fairness, impartiality, and equity.
- *Trustworthiness*—including the ethical principles of honesty, truthfulness, sincerity, non-deception, candor, integrity, moral courage, promise-keeping, fair interpretation of contracts, reasonability of commitments, clarity of commitments, loyalty, safeguarding confidential information, and avoiding conflicts of interest.

For the purpose of this article, we will look at a very limited case study to demonstrate how the ethical decision-making process works and how the AVA Statement of Professional Ethics in Volunteer Administration can be used by volunteer administrators.

The ethical decision-making model, based on the work by The Josephson Institute of Ethics, is described in seven steps:

1. State the problem or dilemma.
- Who are the stakeholders?
- What core ethical values from the AVA ethics statement are involved?

- What ethical principles from the AVA ethics statement are involved?

2. Restate the problem in terms of what must be decided.
- Will the decision conflict with any core ethical value or ethical principle?
  → which ethical value or principle is in conflict?
  → what is the conflict?

3. What other kinds of solutions might exist to the problem or dilemma?

4. Decide which action to take—take the action which yields the greater long term benefit.
- State your decision using a core ethical value or principle from the AVA ethics statement.

5. Evaluate your decision from these three perspectives:
- "Golden Rule"—does the decision treat others as you would wish to be treated?
- Publicity—would you be comfortable with your reasoning and decision if it were to appear on the front page of tomorrow's newspaper?
- Children in the room—would you be comfortable answering children's questions about your action? Are you practicing what you preach?

6. Implement your decision.

7. Monitor and modify the decision as necessary.

WORKING THROUGH A CASE
Consider the following case:
You collect personal information on your volunteers as part of your volunteer recruitment process and you keep this information in a binder on your desk for easy access. Today you interview a volunteer who you accept into one of the volunteer positions in your organization. Following accepted practice, after you formally place the volunteer in your organization, you ask for "protected" information for

internal purposes including: disabilities, age, marital status, and religion. The volunteer discloses that he/she has a physical disability and requests that you keep the information confidential. As you place the completed volunteer form in your binder, the volunteer states that he/she feels that you are not respecting his/her privacy by keeping his/her information in the binder on your desk. He/she requests that you guarantee that the information is kept confidential and private. What is your ethical course of action?

STEP ONE: STATE THE PROBLEM OR DILEMMA.

Looking over the core ethical values we probably find that the core ethical value at stake is that of *Respect* along with the ethical principle of *Privacy*. To restate the problem: The issue at stake is the respectful treatment of private information.

The next consideration here is identifying the key stakeholders. The clients of the organization are always considered key stakeholders. In this case, other key stakeholders are the volunteer, and you as the volunteer administrator. Other stakeholders to the situation would be all existing and future volunteers, and possibly management, funders, staff, and so on. Each interpretation of this case will differ, and it should be acknowledged that difference is both important and valuable. Ethical decision-making is a context-dependent activity meaning that there is no correct answer for all situations. Each volunteer administrator plays a critical role in bringing the particular knowledge of his/her situation to bear on the ethical dilemma. This means that each reader could identify widely varying key stakeholders depending upon how the reader interprets the case study and given their current situation.

For our purposes, let us assume that the key stakeholder are the volunteers and the organization's clients.

The ethical dilemma can be restated in terms of a core ethical value, ethical principle, and key stakeholders involved. For example: This ethical dilemma is whether or not personal information should be

kept in a secure place if our organization is to respect the privacy of clients and volunteers.

STEP TWO: RESTATE THE PROBLEM IN TERMS OF WHAT MUST BE DECIDED.

Here the question for consideration is whether or not the previously stated ethical dilemma is in conflict with any of the core ethical values or principles. In our case it seems evident that there is, indeed, a conflict between the current practice of keeping private information on one's desk, and the ethical value of respect, and the ethical principle of privacy. Keeping confidential information available in an openly available binder on one's desk raises real ethical issues.

To restate the ethical dilemma in terms of what must be decided could produce a statement such as: What do I as the volunteer administrator need to do in order to respect the privacy of personal information for our agency's volunteers and clients?

STEP THREE: WHAT OTHER KINDS OF SOLUTIONS MIGHT EXIST TO THE PROBLEM OR DILEMMA?

Here we consider the possible actions that we could take. We could consider the question above in terms of the following actions:

- Do nothing and keep the binder of personal information on the desk.
- Purchase a locking file cabinet to secure the personal information of clients and volunteers.
- Put the binder in a closed but not secured drawer in the desk.
- Purchase a software package to manage volunteer and client information that can be secured by password or encryption technology.

The reader will be able to add to this list given his/her personal perspectives within his/her organization or workplace. What is important at this step is creating a rich list of alternative choices.

STEP FOUR: DECIDE WHICH ACTION TO TAKE. TAKE THE ACTION WHICH YIELDS THE GREATER LONG-TERM BENEFIT.

Review the alternative courses of action generated in Step Three. Assess each course of action against the goal of achieving the greatest long-term benefit.

Each reader will come to his/her own conclusions. In considering the above courses of action, which would yield the greatest benefit in the long-term? Consider the following:

- Doing nothing, always a possibility, would mean all volunteers and even clients would have their personal and confidential information left open to review by anyone who picked the binder off the desk. Sensitive information on AIDS, disabilities, gender, age, phone numbers, and so on, would not be kept private, and the impression could be that the organization does not value privacy
- To purchase a locking cabinet would demonstrate a real organizational commitment to securing and protecting personal and private information. Client information could also be protected in this way.
- By putting the information in a closed but not locked drawer, security around private information is increased. The question is whether or not this approach adequately protects the private and personal information of clients and volunteers. If a volunteer disclosed that he/she had AIDS, would you feel comfortable that you had protected that person's privacy by just placing the file in a desk drawer?

STEP FIVE. EVALUATE YOUR DECISION FROM THESE THREE PERSPECTIVES:

- "Golden Rule"—Depending upon the course of action you have decided to take, put yourself in the role of one of the key stakeholders. Would you appreciate being on the receiving end of your decision? For example, how would you feel if you knew that all of your most

personal information was left on a desk, stored in an unsecured location, or locked up?
- Publicity—Would you be comfortable with your reasoning and decision if it were to appear on the front page of tomorrow's newspaper with your name appearing frequently in the text? For example, imagine the article that would be written if you showed no concern for private information by leaving it on your desk and having some of that information fall into the wrong person's hands.
- Children in the room—Would you be comfortable answering children's questions about your actions? Children are not interested in rationalizations. Can you defend your decision without falling back on complex rationalizations? For example, could you explain the decision to do nothing to protect a client's privacy to a child who might be a client of the organization?

STEP SIX: IMPLEMENT YOUR DECISION.

The next step is to put your decision into action. Each decision is different as is each workplace so implementation strategies will vary. If feasible, consider involving others in the implementation phase. Document your decision and the implementation steps.

STEP SEVEN: MONITOR AND MODIFY THE DECISION AS NECESSARY.

As your decision is implemented, monitor what is occurring and modify the implementation or the decision to generate the desired ethical outcome.

CONCLUSION

The new AVA Statement of Professional Ethics in Volunteer Administration builds upon the tradition of a values-based profession. It clarifies the connection between ethical values and core professional competencies and program components, and effectively and practically links ethics and practice. In addition, the ethics statement is framed in an ethical decision-making

framework which makes it a practical tool for professionals seeking to improve their competencies in making ethical decisions.

For a full description of each of these core ethical values and their related principles, readers are encouraged to refer to the full AVA Statement of Professional Ethics in Volunteer Administration available through the AVA office, P.O. Box 4584, Boulder, CO 80306, U.S.A.

If you have comments or suggestions on the AVA ethics statement, please contact the AVA office. Your input will help refine and improve the profession.

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Volunteerism-Specific Values:
A Proposal for Discussion

Susan J. Ellis

During the October 5, 1995, satellite broadcast on "Making Ethics Come Alive: Issues for Effective Volunteer Administration," sponsored by AVA and the Points of Light Foundation, Keith Seel and I explored the philosophical basis of professional ethics. Keith made two significant observations at the start of the broadcast. First, the subject of ethics is relevant to the day-to-day practice of volunteer management; ethics are not just a conceptual framework, they are a practical necessity and tool for everyday decisions. Second, ethics are the public extension of practitioners' personal values for the purpose of positive and pro-active collective behavior as administrators of volunteers.

Using The Josephson Institute of Ethics model, we outlined six "core ethical values": trustworthiness, respect, responsibility, justice and fairness, caring, and citizenship. These are a distillation of the most basic, universal values of our society. All are clearly relevant to the practice of volunteer administration.

In the broadcast I expressed my belief that, before we can focus our discussion on professional ethics in volunteer administration, it is necessary to add another layer of defined values that are *specific* to the involvement of volunteers. One of the roles of a professional association such as AVA is to provide a forum where we can discuss, debate, and ultimately articulate the values that are unique to our profession. In fact, I believe it is one of our obligations as professionals to engage in this sort of activity.

In this spirit, I then proposed some values that I personally consider fundamental to the effective involvement of volunteers. I formulated these through my years of field experience with many volunteer programs in an enormous variety of settings. While I hoped listeners (and now readers) feel an affinity with this list, I presented these possible values for consideration—and debate. Publishing these thoughts in *The Journal of Volunteer Administration* is yet another way to stimulate discussion and elicit additions to the articulation of values that we hold collectively.

Here is the "starter set" of proposed volunteerism-specific values. Do you agree? In whole or in part? How would you verbalize the values of our field? What values would you add?

1. Participatory democracy is vital to making communities work.

Leaders of volunteer efforts hold the value that it is a good thing for citizens to participate in running their communities and in making sure that the things they want happen. This is the heart of volunteerism and is why, in a free society, volunteering is a *right*, not a privilege. (This is not to be confused with the parallel right of any agency or individual to refuse the services of a prospective volunteer.)

2. Equal respect is due to work that is volunteered and work that is paid.

Volunteer administration is based on the premise that work is not more highly valued when done by an employee (or, conversely, is not less valued either). The contributions of paid workers and volunteer workers are compatible and collaborative.

3. Volunteer involvement is a balance of three sets of rights: those of the client/ recipient, those of the volunteer, and those of the agency.

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Despite wrangling over employee and volunteer points of view, each situation defines which perspective takes precedence. In most cases, the bottom line should be what is best for the recipient of service. But there are also group and other long-term considerations. The key is not to presuppose that one perspective always outweighs the others.

4. Volunteers, as citizens of a free society, have the right to be mavericks.

Genuine social change occurs when a few "lunatic fringe" volunteers are willing to be ostracized (even jailed) for their actions. While an agency has the right to refuse a placement to a volunteer, that individual has the right to continue to pursue the cause or issue as a private citizen. This also raises the ethical consideration of how we develop assignments for volunteers within our agencies. Are we expected to keep volunteers "under control"?

5. Volunteering is a neutral act—a *strategy* for getting things done.

Volunteering is done by people on both sides of an issue: Republicans AND Democrats (or Labor and Conservatives, in Canada), pro-choice AND anti-abortion, etc. Volunteering is a method through which people stand on their beliefs.

6. "Volunteerism" is bigger than "volunteer administration."

Agency-related volunteer work is only one aspect of volunteer action. In fact, numerically, the amount of activity generated by all-volunteer organizations and individuals working on their own is greater than that of volunteers in formal agencies and institutions. While it is legitimate for us, as practitioners of volunteer administration, to focus on values pertinent to agency-related volunteering, it is imperative that we see the broader context of volunteers in our society.

Right after the broadcast, Mike Newman invited Keith Seel and myself to join a group of Minnesota volunteer administrators who had watched the broadcast together. It was a great opportunity to get immediate feedback and to continue the discussion. Right away, Beverly Robinson of the Minnesota Masonic Home Care Center added another volunteerism-specific value to the list:

7. Volunteering empowers the people who do it.

As administrators of volunteer programs, we should believe in the empowerment of volunteers, both personally and politically. On the personal level, volunteering contributes to individual growth, self-esteem, sense of control, and ability to make a contribution to society. At the community level, the collective action of volunteers who share a commitment to a cause is extremely powerful—real clout for real change.

Bev's important contribution to the list made me think of one more value to propose:

8. Volunteering is an equalizer.

When people volunteer it is often more important who they are as human beings than what they are on their resumes. In a volunteer role people can rise to the level of their abilities regardless of their formal qualifications. Teenagers can do adult-level work, those with life experience can contribute to client service without a master's degree, etc. Similarly, when being a Special Olympics volunteer "hugger," for example, a corporate CEO and a school custodian are equal—as are all members of a non-profit board of directors who share the legal and fiduciary responsibilities of this position whether they are employed in professional capacities or represent grassroots perspectives.

So now it's your turn. Please send letters to the editor or directly to AVA's Chair of Professional Development. As our new ethics statement is distributed, the time is right to engage in serious thinking about the values of our profession. It is our collective obligation to articulate the values on which we base our work.

For a copy of AVA's Statement of Professional Ethics in Volunteer Administration and/or a videotape of the satellite broadcast, contact AVA, P.O. Box 4584, Boulder, CO 80306, U.S.A.

GUIDELINES FOR SUBMITTING MANUSCRIPTS

I. CONTENT

A. THE JOURNAL OF VOLUNTEER ADMINISTRATION provides a forum for the exchange of ideas and the sharing of knowledge and inspiration about volunteer administration. Articles may address practical concerns in the management of volunteer programs, philosophical issues in volunteerism, and significant applicable research.

B. Articles may focus on volunteering in any type of setting. In fact, THE JOURNAL encourages articles dealing with areas less visible than the more traditional health, social services, and education settings. Also, manuscripts may cover both formal volunteering and informal volunteering (self-help, community organization, etc.). Models of volunteer programming may come from the voluntary sector, government-related agencies, or the business world.

C. Please note that THE JOURNAL deals with volunteerism, not voluntarism. This is an important distinction. For clarification, some working definitions are:

volunteerism: anything related to volunteers, volunteer programs or volunteer management, regardless of funding base (including government-related volunteers).

voluntarism: refers to anything voluntary in society, including religion; basically refers to *voluntary agencies* (with volunteer boards and private funding) that do not always involve volunteers.

If this distinction is still unclear, feel free to inquire further and we will attempt to categorize your article for you.

II. PROCEDURE

A. Author must send three (3) copies of the manuscript for review.

B. Manuscripts may be submitted at any time during the year. THE JOURNAL is published quarterly: *fall, winter, spring* and *summer.*

C. In addition to the three copies of the manuscript, author must send the following:

1. a one-paragraph biography, highlighting the author's background in volunteerism;

2. a cover letter authorizing THE JOURNAL OF VOLUNTEER ADMINISTRATION to publish the submitted article, if found acceptable;

3. an abstract of not more than 150 words;

4. mailing address(es) and telephone number(s) for each author credited;

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1. Author will be notified in advance of publication of acceptance of the article. THE JOURNAL retains the right to edit all manuscripts for mechanics and consistency. Any need for extensive editing will be discussed with the author in advance. Published manuscripts will not be returned and will not be kept on file more than one year from publication.

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F. First person articles are acceptable, especially if the content of the article draws heavily upon the experiences of the author. This is a matter of personal choice for each author, but the style should be consistent throughout the article.

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H. Illustrations (photographs, artwork) will be used only in rare instances in which the illustrations are integral to the content of the article. Generally such artwork will not be accepted.

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
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