THE JOURNAL OF VOLUNTEER ADMINISTRATION

Fall 1987

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THE JOURNAL OF VOLUNTEER ADMINISTRATION is published quarterly. Subscriptions are a benefit of membership in the Association for Volunteer Administration (AVA). Non-AVA members may subscribe to THE JOURNAL at a cost of $20 per year or $50 for three years. Subscribers outside the United States should add $3.00 per year for additional postage and handling costs. Checks or money orders (payable through a US bank or in $US) should be made payable to: Association for Volunteer Administration.

Inquiries relating to subscriptions or to submission of manuscripts should be directed to the business office: THE JOURNAL OF VOLUNTEER ADMINISTRATION c/o AVA, P. O. Box 4584, Boulder, CO 80306.

ISSN 0733-6535

Ego Development Theory in Volunteer Management

Susan W. Story

INTRODUCTION

Volunteer motivation is a constant concern for the volunteer administrator. There is the initial motivation to volunteer on which the manager may capitalize in order to successfully recruit volunteers for the program. There is also the motivation for the volunteer to continue in the volunteer position, which may not necessarily be the same as the initial motivation. The motivation to continue, specifically the internal motivation, is of particular concern to the volunteer administrator.

Marlene Wilson revolutionized the field of volunteer management in 1976 with the publication of her book, *The Effective Management of Volunteer Programs*. Wilson's intention was to synthesize available information from the fields of business and management, behavioral sciences, and communications into the newly emerging profession of volunteer management. This synthesis of disciplines was the first book of its sort written for volunteer administrators. Consequently, many later writers dealing with volunteer motivation have drawn heavily from her ideas.

In explaining the motivation of volunteers, both to volunteer initially and to continue volunteering, Wilson drew from the work of several behavioral scientists, specifically applying their theories to volunteers and volunteer management.

These theories have provided Wilson and other writers in volunteer management (Freeman, 1981; Taylor and Wild, 1984) with a basis for training, job design, and management ideas which will encourage volunteers to continue in their volunteer positions.

However, the theories do not provide an adequate explanation for the origin of needs and motives which they describe, nor do they provide an altogether adequate basis for understanding a volunteer's internal motivation and how or why it may change during the course of a volunteering experience.

MOTIVATION THEORIES IN THE VOLUNTEER LITERATURE

Probably the most widely known of the theories is Maslow's hierarchy of needs, which proposes a progression of levels of need: physiological (the most basic), safety, social, esteem and, finally, self-actualization, towards which all people theoretically are striving. Among Maslow's comments on how the hierarchy functions is the idea that a need which has been met is no longer a motivator. He also says that if, after a person has moved up on the hierarchy, a basic need is not met, the person will regress on the hierarchy to the level of the unmet need.

Another theory which Wilson considered, and which has been widely used in volunteer management, is Herzberg's Motivation-Hygiene Theory. Herzberg distinguishes two separate categories of motivational factors which affect people and how they work. The first, which he calls hygiene factors, are those which are related to the person's work environment, for example, money, status, supervision, and working conditions. These factors in themselves do not motivate people, but their absence serves as a demotivator.

The second category of Herzberg's factors are motivators. These are the satisfying factors which relate to the job itself,

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such as achievement, recognition for accomplishment, increased responsibility, and growth and development.

The work of McClelland and Atkinson receives the greatest amount of Wilson's attention and is also highly utilized in volunteer literature. These psychologists have identified three distinct motives which affect a person's behavior: the need for achievement, the need for power, and the need for affiliation. They have identified characteristics and behavior patterns which are associated with each motive. McClelland, in later work, amended the three categories by splitting the need for power into two different forms—a positive type which he calls socialized power (*e.g.*, when power is used to empower others), and a negative type called personalized power (in which power and control are used on others).

Townsend (1971) and Wilson point out that the needs in the first three levels of Maslow's hierarchy have been met by most of today's work force in the United States, both paid and non-paid. This leaves two very broad levels of need—esteem and self-actualization—with which to attempt to understand how to retain a volunteer.

Neither Herzberg nor McClelland and Atkinson are dealing with a hierarchy in their theories (although Herzberg's "motivators" seem to be more in effect in the upper levels of Maslow's hierarchy, and hygiene factors in the lower levels). McClelland and Atkinson provide an interpretation of why people act as they do, based on a type of need. But the three types of need they discuss do not offer an explanation for why a person is in one of the categories, why he/she has this particular need at this time, or why the person's need may change over the course of a volunteer experience. If a volunteer is placed in a job based on the current personal need, as some writers suggest doing, what will happen if the person develops a different need? How do we account for this change? Is this one of the reasons we lose volunteers who were apparently satisfied for a period of time?

There is another way to understand a volunteer's needs and motives: by considering the person in terms of his/her individual development. The developmental process does not end when a person reaches "adulthood." It is a lifelong process. One of the dimensions of adult development which can be very helpful in volunteer management is that of ego development. By ego, it is not meant Freud's concept of ego which is in unconscious conflict with the super-ego or id, nor is this the popular notion of ego referring to egotism or conceit. Instead, the consideration here is the

> *aspect of the personality that "keeps things together" by striving for coherence and assigning meaning to experience* (Weathersby, 1981, p. 52).

Ego provides a frame of reference that structures one's world and searches for the deeper meaning of experiences (Marienau and Chickering, 1982). The leading theorist of ego development, Loevinger (1976), considers ego to be

> *not just a personality trait, but a* master trait *second only to intelligence in determining an individual's pattern of responses to situations* (Weathersby, p. 52).

Loevinger describes this master personality trait as a hierarchy of stages: Pre-Social, Symbiotic, and Impulsive are the Pre-Conventional stages usually found in children. Most adults are in the next stages: Self-Protective, Conformist, Self-Aware, Conscientious, Individualistic, Autonomous, and Integrated.

> *Each stage is defined by the characteristics that are most predominant at that stage, although these same characteristics may be present, to a greater or lesser degree, at all stages* (Oja, 1980, p. 21).

The total pattern of characteristics must be present, however, in order to adequately define a stage. The stages of ego development are not tied to given ages, as are stages in the life-age developmental theories which were popularized in the 1970's.

Each stage in the sequence is more complex than the previous one, and none can be skipped in the course of development. Individuals may stabilize at certain stages and, consequently, not develop beyond those stages. In the general population of adults, there are representatives of each stage, who are "characterized in terms of the features specific to the

stages at which they stabilized." (Oja, p. 21).

A volunteer administrator who becomes familiar with the characteristics of the different ego stages as described by Loevinger and with the characteristics and behavior patterns which McClelland and Atkinson describe for each type of motivation will begin to see a correlation between ego stages and the motives which McClelland and Atkinson describe. There is also a correlation between Loevinger's ego stages and Maslow's levels of need. However, Maslow considers his hierarchy as a progression leading to the highest state of psychological health, self-actualization. This contradicts Loevinger's view that health and ego development are not the same. A higher ego stage is not necessarily a better one—it represents a more complex understanding of the world. The person is not necessarily happier or better adjusted; there are happy people at all stages.

SOME TYPICAL VOLUNTEERS IN THE STAGES OF EGO DEVELOPMENT

Ray is a long-time volunteer in a large hospital. He has a role of authority in his program, acting as a middle manager now. He tends not to trust people, and is concerned that they will take advantage of him. His relationships, therefore, are manipulative. He uses his power to control others, and believes that the rules are to be used for his own advantage. This "negative-power" motivation is characteristic of the Self-Protective ego stage.

Alice volunteers at the local children's museum. She had been a housewife for many years when she decided it would be good to acquire work credentials that will help her find a paying job when her children are older. She is friendly with everyone (even though she may not like each person) and she wants everyone to get along. A feeling of belonging is most important to Alice, and she feels strongly that rules and procedures (which others have devised) should be followed. She is also very concerned with her appearance. Alice is at the Conformist ego stage, which is related to an affiliation motivation.

Liz is at the Self-Aware transition level, which is between the Conformist stage and the following Conscientious stage. After working many years as a volunteer leader with a youth group, while apparently at the Conformist stage, Liz was chosen to represent her state at a special national program intended to cultivate middle managers in the volunteer program structure. She received training at national headquarters in Washington (traveling by air for the first time in her life), and returned to her home to prepare exhibits and train other leaders in the state. Liz's self-confidence is growing markedly, and although she is still concerned with getting approval from other leaders, she is beginning to have self-evaluated standards for behavior.

Robert is on the Board of Directors of the local United Way chapter. He takes his responsibilities seriously, and particularly enjoys tackling new problems that arise in the fund-raising efforts. He also enjoys developing long-term goals for the organization. Because he has high standards, he enjoys doing things well. He thinks for himself, but is sensitive to the opinions and feelings of other members of the group. Robert's achievement motivation is an outgrowth of his Conscientious ego stage.

Tim is a volunteer tutor in a county-wide literacy program. In the past few years, he has become disillusioned with many of the organizations to which he belongs. Lately, he has been reconsidering what "shoulds" need to control his life. Tim is a very competent person, with high standards. He wants to make a contribution, but wants his contribution to reflect his real values and his uniqueness. Becoming a literacy volunteer was a direct result of his new line of thinking. Tim has reached the Individualistic stage. He is less concerned with achievement and ideals now, and more with interpersonal relationships and how much they mean to his life. He can see past rules and procedures to the real purpose of an activity.

Sarah became a volunteer at the City Library when she could not locate an artifact in the historical collection and subsequently learned that staffing help was desperately needed to keep up the col-

lection. Sarah is an introspective person who enjoys working alone for several hours each week with the dusty old books and papers. She is well liked by other volunteers and staff members because she respects people and is very sensitive to their feelings and needs. She is working on deepening her understanding of the world and of herself. Sarah is at the Autonomous stage of ego development.

The highest stage in the ego development scheme, the Integrated stage, is rare, according to Loevinger. It contains the strong sense of identity which is found at the Autonomous level, and also includes "the capacity to reconcile conflicting demands, to renounce the unattainable, and to truly cherish individuality" (Oja, p. 24).

IMPLICATIONS FOR VOLUNTEER MANAGERS

It is important to recognize that by using ego development stages as a guideline for understanding the volunteer's motivation, we are able to consider motivation as an aspect of a larger picture: the total personality. We are also able to account for changes in the volunteer's motivation by understanding that it may not be just the motivation which has undergone transition, but a major aspect of the volunteer's personality. Why does the volunteer who so obviously had an "affiliation motivation" when placed initally now appear to be operating from an "achievement motivation?" It is not merely a shift in motivation, but an indication of the on-going development of the individual, a transition from the Conformist ego stage to the Conscientious. By being aware of ego development theory, and not concentrating on motivation alone, the manager will have a better understanding of additional internal factors which are influencing the volunteer's perceptions, attitudes and behaviors.

Not everyone continues along on a constant course of development. Although Maslow theorizes that all individuals strive for self-actualization, research in ego development has produced evidence that many individuals stabilize at certain stages (Oja, p. 21). There is also research evidence which reports that the Self-Aware ego level is the most predominant adult ego level (Hauser, 1976; Loevinger).

An understanding of ego development will help the volunteer manager understand those volunteers who have stabilized at a stage and provide supports for them. The manager will also better understand volunteers who are in transition and who need appropriate challenges in order to help them in the process of development. These supports and challenges can take many different forms.

TRAINING

Of course, it is not possible for all of a volunteer's training situations to be perfectly suited to his/her ego stage. But in planning the types of in-service training and education which can be available to support or challenge an on-the-job volunteer, greater successes will be achieved by acknowledging that different types of learning experience are appropriate to the different ego stages.

For example, one well-known theory of adult learning, andragogy, includes as one of its premises that adults learn best in situations where the teacher/trainer takes the role of "facilitator" rather than "giver of knowledge." The lecture mode is strongly discouraged unless necessary. Self-study and self-assessment are important instructional methods. However, ego development theory suggests that an adult learner/volunteer at the Self-Protective or Conformist stage will perceive the trainer as an external authority who is a presenter of pre-packaged or highly structured information. It is the volunteer at higher stages who will be supported by training which takes the form of discussion groups or self-study, with the trainer acting as a resource person.

Any group of volunteers at a training event will probably include a cross-section of ego stages. This would not permit training design to be completely appropriate for each individual, and it would be unrealistic to expect that this would be possible. The point is that trainers of volunteers should be familiar with the different ego stages and consider the training needs of volunteers in accordance with ego stage. This may mean offering a

variety of training opportunities, in order to make available appropriate types of learning situations in which the variety of volunteers may participate.

MANAGEMENT STRATEGIES

Management techniques should also vary with the individual volunteer. Considering all members of a volunteer corps to be the same "type" of volunteer is just as unreasonable as looking at all members of paid staff in terms of their job titles, be they "secretary" or "executive director." Volunteers (as well as paid staff) at different ego stages have different needs; supervisory supports and challenges are different for each stage.

A volunteer at the Autonomous stage, an introspective person who works well alone, dislikes superficial group activities, and respects people for themselves, will have a difficult time in a rigid organizational system of rules and regulations which reflects an authoritative, Self-Protective style. In fact, this conflict may be too extreme for the volunteer to work in any capacity. In the same way, a Conformist-stage volunteer, who is concerned with impressing "significant others," such as supervisors, and who feels strongly about following the rules and procedures which have been set by others, will need strong support from the manager if asked to serve as a representative on a decision-making committee. Without this support and encouragement to participate, this volunteer will likely follow the voice of the committee's leader.

Consider again the example of Liz, the youth group volunteer leader described previously. When chosen as a key leader, she was at the Conformist stage. Her ongoing development and subsequent transition to the next ego stage were accomplished in several ways. When asked to participate in the key leader program, she was motivated to accept by a desire to impress the professional staff with whom she had worked for so long, and to obtain recognition from her fellow leaders. However, the program challenged her into transition by developing her sense of achievement and by forcing her to set goals in her project and to take risks and gain self-confidence. Much of this was accomplished only because of the strong and continous encouragement of her volunteer manager.

CONCLUSION

Ego development theory adds a new dimension to the understanding of volunteer motivation. This more complete understanding, which takes into account developmental transitions and the corresponding motivational changes in volunteers, can help the volunteer manager create a working situation, including in-service training opportunities, which is supportive of volunteers at differing stages of ego development and, where appropriate, promote the volunteers' ongoing development.

We cannot offer volunteers the same benefits and incentives we offer paid workers. We can offer a benefit which, though intangible, is invaluable—an opportunity for personal development.

REFERENCES

Anderson, J.C., & Moore, L.F. The Motivation to Volunteer. *Journal of Voluntary Action Research*. 7: 120-120.

Cross, K.P. *Adults as Learners*. San Francisco: Jossey-Bass, 1984.

Freeman, W.J. *Managing for Motivation: Herzberg's Motivation Theory and Its Application to 4-H Leadership. National Intern Report*. Washington, DC: National 4-H Foundation, 1981.

Hauser, S.T. Loevinger's Model and Measure of Ego Development: A Critical Review. *Psychological Bulletin*. Vol. 83, 1976.

Litwin, G.H. & Stringer, R.A., Jr. *Motivation and Organizational Climate*. Cambridge: Harvard University, 1968.

Loevinger, J. *Ego Development: Conceptions and Theories*. San Francisco: Jossey-Bass, 1976.

Marienau, C., & Chickering, A.W. Adult Development and Learning. In B. Menson (ed.), *New Directions for Experiential Learning: Building on Experiences in Adult Development*, No. 16. San Francisco: Jossey-Bass, 1982.

Maslow, A.H. *Motivation and Personality*, 2nd ed. New York: Harper and Row, 1970.

Moore, L.F., ed. *Motivating Volunteers*. Vancouver: Vancouver Volunteer Centre, 1985.

Oja, S.N. Adult Development is Implicit in Staff Development. *Journal of Staff Development*. 1980 1 (2), pp. 7-56.

Pinder, C.C. Needs, Cognitive Factors, and the Motivation to Volunteer. In L.F. Moore, ed. *Motivating Volunteers*. Vancouver: Vancouver Volunteer Centre, 1985.

Taylor, S.H., & Wild, P. How to Match Volunteer Motivation with Job Demands. *Voluntary Action Leadership*. Summer 1984, pp. 30-31.

Townsend, R. *Up the Organization*. New York: Fawcett Books, 1971.

Weathersby, R. Ego Development. In A.W. Chickering and Associates, ed. *The Modern American College: Responding to the New Realities of Diverse Students and a Changing Society*. San Francisco: Jossey-Bass, 1981.

Wilson, M. *The Effective Management of Volunteer Programs*. Boulder, CO: Volunteer Management Associates, 1976.

Advocacy—Proactive/Reactive
A Model Volunteer Advocacy Program in Health Care

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This article will describe the functions and the integration of volunteers in the Social Work Department of a large urban voluntary hospital for the purpose of providing advocacy services to an identified low-income disabled, aged population. The volunteer advocacy program began in 1976 and was initiated by the Department of Social Work Services at the Long Island Jewish Medical Center.[1]

The Department of Social Work Services, prior to 1976, perceived as a major component of the social work mission the provision of advocacy services to the hospital's population. The advocacy efforts were integrated into the practice of the individual social worker; volunteers were not included in any of the advocacy efforts up to 1976. The decision to involve volunteers in developing a more systematic and organized advocacy approach for the department was significantly helped by such external factors that were impacting on the clients within the health care system as:

1. emphasis on cost effectiveness;
2. restricted and repressive eligibility components within the entitlement systems that were responsive to a federal effort to cut back on the cost of Medicaid and public assistance;
3. increased separation of the service component from the provision of benefits within the entitlements structure;
4. a burgeoning interest in social welfare policy and advocacy by planning agencies, publicly funded legal agencies, and social workers in health care.

The impact of these changes was felt by the clients utilizing ambulatory care services at the medical center not only through increased fees, but also in reduced access to care, medication and transportation. In the ambulatory care area, the Department of Social Work Services began to call upon volunteers to assist a social worker to provide and maintain access to such services as Medicaid, public assistance, food stamps, and applications through maximizing the use of entitlements. For example, a large number of clients identified as Medicaid-eligible was assisted in applying for Medicaid; if they were denied Medicaid, volunteers assisted them through the adjudicative process. This effort became the first to

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Leonard Tuzman is a co-founder and consultant to the Widowed Persons Service of Queens/Nassau, a group of widowed volunteers who provide outreach and support services to the recently bereaved. Mr. Tuzman developed a self help group of relatives of psychiatric patients at Hillside Hospital, the largest chapter of the Alliance for the Mentally Ill in New York State. Mr. Tuzman is administratively responsible for the volunteer program at Hillside Hospital.

In addition to being the current coordinator of the Volunteer Advocacy Program at Long Island Jewish Medical Center, *Elaine Wolbrom* has several volunteer interests: the Children's Medical Center at Long Island Jewish where she has been a member since 1968; FOCUS, a community residence for neurologically impaired young adults; and the Long Island Association for Children with Learning Disabilities.

be recognized as a concerted advocacy effort with the help of volunteers on the part of the Department of Social Work Services. Subsequently, this demonstrated success led to the formal organization of a volunteer advocacy program within the department which was supported by the hospital's office of volunteers and received the approval of hospital administration.

RESISTANCE TO THE VOLUNTEER ADVOCACY EFFORTS

Although the advocacy efforts were intended to benefit the hospital's fiscal status, there was a significant amount of resistance from individual social workers, from key hospital departments such as accounting, financial aid, the registrar's office and from the administration of the ambulatory care services. The personnel department was very much concerned about clearly delineated volunteer roles that would not usurp potential union positions.

Given the resistance described, one might expect that a program of this type would be doomed to failure. Yet, the history of the program has been much to the contrary. The authors believe that the program's success is due to the following key factors:

1. the firm commitment on the part of social work administration which had a clear philosophy that supported advocacy efforts;
2. the ability to frame the program to hospital administration guidelines and demonstrate that maximization of entitlements was not only in the interest of increased cash flow but also allowed the medical center to continue its stated commitment to providing services to all individuals within the community regardless of their ability to pay for services;
3. giving the advocacy assignment to a social worker who had a firm commitment to advocacy efforts and had developed significant political ties within the entitlement systems;
4. the program's willingness to work directly with the maze of bureaucratic structures and procedures existing within the entitlement systems. Many departments were unwilling to do this or did not have the prerequisite political and advocacy skills.

After eleven years the volunteer advocacy program is integrated within the Medical Center. It is a program that by design and structure can be responsive to shifting pressures to maximize reimbursement and cost containment in health care. The success of the program has been predicated on the ability to shift from a more generalized advocacy focus to increased knowledge of and skill in administering specific entitlement programs.

As health care cost containments and health care reimbursement become more specific to a disease focus, social problem focus, and a case mix approach, the advocate's efforts must be flexible enough to address these shifts. The organizational structure and design of this program which will now be described inherently support this kind of flexibility.

PROGRAM DESCRIPTION

There is currently a core of eight middle-aged female volunteers fulfilling the mandate of the Advocacy Program at Long Island Jewish Medical Center. The volunteers report directly to a social work coordinator who is also a member of the social work staff in ambulatory care. Only one of the volunteers has not had a work history in the human services; five of the women have worked in the educational system, and one woman in the field of social services. Although one woman had not had any viable paid work experience, she has been involved in the volunteer sector most of her adult years. All of the volunteeers are in the middle to upper income brackets and have college credits or have obtained their Masters degrees in an allied field.

The volunteers have committed themselves to the program for at least one day of the week, some work three days a week. The volunteers focus on social issues, change and advocacy which "includes a wide range of activities generally directed toward change—change in the way sys-

tems operate, institutions function, and rights and entitlements are protected or extended."[2] Their role is to help both the inpatient and outpatient population meet and maintain eligibility criteria for such Federal and State programs as Social Security Disability (SSD), Supplemental Security Income (SSI), Public Assistance (PA), Medicaid (MAP), Home Health Care (HHC), Food Stamps (FS), Winter Emergency Programs, and Emergency Aid to Families (EAF). They constantly negotiate with the myriad of municipal agencies to prevent denial of service, ameliorate access to or assist the client in getting reinstated for benefits. When these benefits are unfairly denied and informal negotiations and conference do not facilitate a favorable decision, the volunteers prepare the client for a fair hearing and will represent them, if appropriate.[3]

Through the efforts of the volunteers, precedents have been established on the state level for obtaining certain benefits for the clients. There have been many instances wherein the volunteers have influenced the regulatory and policy making bodies of the State and New York City Departments of Social Services to clarify and alter policy as it pertains to hospital benefits and services for the patients. The volunteers are often relied upon to provide consultation to the hospital's professional staff with regard to new regulations and procedures, updates on eligibility criteria, service access, and application processes.

As a result of the coordinator's and the volunteers' serving on important local and congessional committees related to entitlement programs, the program has received high visibility. The volunteers have been able to utilize their contacts to track cases and pinpoint systemic gaps in services.

ORGANIZATIONAL STRUCTURE

To have an exemplary volunteer program, the organization must develop a comprehensive management system for the volunteer program that is parallel to and compatible with its staff system. Volunteers deserve and require, precisely as paid staff do, job descriptions, supervision, training, recognition, and opportunities for growth and promotion.[4]

This type of program reflects the accelerating professionalism of volunteer services and emphasizes a collegial relationship among volunteers and staff. That relationship is based on mutual trust and on mutual respect for the skills each brings to the job and for what each accomplished.

ORIENTATION

Before any candidates become part of the program, they are given a brief history of the program. In addition, their functions are outlined in relation to the patient population and to the professional staff. This initial interview is used to assess the candidate's motivation, goals, strengths, and weaknesses and how he or she will perform in this setting. As the coordinator and volunteer begin to explore the components of the program, a beginning contract is established. The prospective volunteer then agrees to come into the program on a three week trial basis, during which time there is the opportunity to meet with the other volunteers, observe their work and talk to the professional staff. Each week she/he meets with the coordinator to discuss the program and the candidate's responsibilities. If, after the three week period an agreement is reached and both the coordinator and the candidate determine that there is a mutuality of needs, the candidate becomes a permanent part of the program.

TRAINING

The weeks that follow the trial period are scheduled for inservice training on entitlement programs and an orientation to the hospital systems. The training focuses on the mandate of the entitlement programs' eligibility criteria, and the application processes. In addition to these concrete service issues, the training involves an understanding of problem-solving interventions and advocacy skills, utilizing different roles such as enabler, facilitator, and negotiator, to effect a positive outcome. A third component of the training program targets developing interviewing skills consistent with the values and ethics inherent in social work practice. The volunteers are trained to function within a task modality. They

elicit, inform, advise, prepare, rehearse, represent, follow-up and are involved with closure of the issues. The focus of the training is on the activities involved in advocacy, not on the overall role of the advocate.[5]

CASE ASSIGNMENT

The coordinator meets with each volunteer once a week for approximately one hour to discuss each case to which the volunteer has been assigned. The assignments are made based upon matching the coordinator's assessment of the patient's needs to the volunteer's strengths, interest, availability and extent of knowledge of the relevant entitlement program.

In addition, the coordinator makes a differential assessment of the psychodynamic aspects of the patient's situation and/or the level of systemic intervention.

SUPERVISION

Supervision is both didactic and experiential. Developing an understanding of the patient through on-going role play is essential to the supervisory process. As stated earlier, all of the volunteers are in the middle to upper income bracket. The patients they encounter through referrals from the professional staff are from the lower socio-economic stratum or have become part of this group by virtue of their disability and inability to continue to be part of the work force. They are ethnic and racial minorities who are medically and/or emotionally disabled with limited familial and community support systems. It is crucial for the coordinator to help the volunteers get in touch with their own value perspectives (*i.e.*, biases, prejudices). Very often the volunteers see their roles as rescuers and find it difficult and frustrating when they are unable to implement or provide the stated goals for the patient. As they become more familiar with the bureaucratic system, they become more cognizant of the fact that they are helping a population that is frequently powerless to effect any real change. To help volunteers cope with their own frustration, the coordinator meets once a month with the entire volunteer staff. The agenda is established by both the coordinator and the volunteers. At this time the volunteers are able to share updates on cases, administrative procedures, and different interventions. Frequently the volunteers use this meeting to discuss their own styles of working with patients and how they impact upon the volunteer/patient relationship. If the styles become problematic, the volunteers, with support from the coordinator, explore alternatives. This meeting also serves to reinforce their accomplishments and maintains ongoing learning in addition to being socialized as a group.

INTEGRATION OF PROFESSIONAL AND VOLUNTEER

> *If there is a central truth about successful volunteer programs, it is that today an agency should see its volunteer program as an extension of its staff.*[6]

Because of the ever present time constraints, heavy case loads and the pending "Diagnostic Related Groups," the social worker views the advocate's interventions as an integral part of the ancillary system. The volunteers' participation on many community service committees has served as a forum for information gathering on regulations and procedures. This vital information has helped to demystify access to entitlements. Frequently, the volunteer staff is called upon to develop and disseminate entitlement and application fact sheets for professionals and clients.

As the volunteers receive affirmation and recognition of their work from the professional staff and the community,* their commitment to the program is intensified. They are motivated by their desire to make societal institutions work for the client.

Negative relationships between volunteers and professionals are regarded by many as the greatest single barrier to the effective use of volunteers. According to a report by the National Forum on Volunteering,

> *the resistance of helping professionals to volunteer involvement is . . . pervasive. In field after field—education, social services, museums and libraries, health care—the major barrier to effective volunteer involvement lies in the inability or unwillingness of paid helping profession-*

als to accept volunteers as legitimate partners in the helping process . . . .

These attitudes include the ill-defined professionalism that dictates that only those who are specially trained can provide human services, an insecurity about their jobs or their own capabilities, fear that volunteers will act as monitors and evaluators of their efforts, fear that in times of budget reduction they may be replaced by volunteers, and ignorance about the capabilities and commitment of volunteers.[7]

Sensitive to these factors, the Department of Social Work Services has taken concrete steps to establish a positive attitudinal and didactic rapport between volunteers and professionals. The volunteers have met with many of the professional staff on an individual basis to ascertain how they can best facilitate the work of the professional. The volunteers became part of the social work department through attendance at divisional and interdivisional staff meetings wherein a collaborative atmosphere prevails. A feedback loop to the professional allows for an integration of advocacy tasks with a broad case management approach. Professional social workers are able to include entitlement information and avoid the stress inherent to the advocacy process in their case practice.

ADVOCACY ACTIVITIES

The volunteers are involved primarily in direct case interventions with a population which, applying for a range of entitlement programs, has been denied benefits and wants to reverse that decision; has been terminated from benefits and seeks reinstatement; has applied for benefits and has not yet received a determination. These broad categories involve the advocates' efforts either to change the pattern of decision-making within the entitlement system or to attempt to increase the probability of a specific decision being reached. The scope of the advocates' activity can range from an individual telephone call to an entitlement agency which can clarify a client's situation (status), to the full process of working with the client from the point of application award to denial or through the fair hearing process and the award of benefits.

As the program coordinator and the volunteers have developed increased expertise on administrative regulations and procedures and laws of the range of entitlement programs, the nature of the advocates' activity has moved from general inquiry and information gathering to administrative and procedural change in specific cases. As the program developed, success around the application process began to increase. Referrals were coming into the volunteer group on a more timely basis from hospital staff, increased proficiency in the application process led to a reduction in denials, and increased systemic contacts in the entitlement programs facilitated a more speedy determination of award for the client population. From a cost benefit perspective, the successes of the volunteer interventions led in many cases to improved cash flow for the Medical Center, as well as dramatic recovery of monies for both the client and the Medical Center. In many cases, new sources of revenue for the clients were tapped.

With the success of the program came a dramatic increase in the numbers of referrals coming from previously resistant hospital staff. This increased activity allowed for more appropriate referrals to the advocacy program and increased the activities and decision-making on the part of other staff in their day-to-day contact with patients related to entitlement programs.

The following four case examples reflect interventions that resulted in systems changes in the entitlement programs, maximization of benefits to clients, as well as improved cash flow for the Medical Center.

Systems Case Example

The New York City Home Care Program has historically been difficult to access, causing long delays in discharging patients from costly hospital beds. In addition, for patients to be eligible for New York City Home Care, they must have Medicaid. For patients without Medicaid, the approval process may take an additional thirty (30) days. To assist the social workers in discharging patients, the Advocacy program developed a data schedule identifying the separate agencies' func-

tions with mandated time frames. The schedule clearly focused on the problem areas and pinpointed the agency to be contacted for problem resolution. If the social worker was unable to ascertain why the agency was unresponsive, the advocate volunteers used their informal channels to effect an answer. Many times, if they were unable to obtain one through the bureaucratic line practitioner, the volunteer moved up to the supervisory level.

Individual Case Examples

An infant was hospitalized during January and June of 1983. Unbeknownst to the hospital, the infant had Medicaid coverage. As a result of the hospital's not knowing about the Medicaid status of the infant, they billed the father $18,422.00 for inhospital treatment. The father, with an annual income of $13,000, could not afford to pay, and was receiving letters from the hospital's collection agency. In March of 1984, the family, feeling frightened and frustrated, contacted the Advocacy Program. Through the investigative efforts of a volunteer, the infant's Medicaid number and dates of coverage were obtained and a D.S.S. statement of eligibility was confirmed. All of the medical costs for hospital and physician services (approximately $28,000.00) were recovered through Medicaid reimbursement.

A 27-year old black woman with a long and productive work history was receiving psychotherapy and attended a weekly support group for individuals with Lupus Erythermatosis. Her illness severely limited her ability to carry out routine activities of daily living and prevented her return to employment. Since the initial diagnosis, she had one hospitalization for gangrene and numerous emergency room visits due to Lupus complications. The patient found herself persisting to get her "life back in order" yet finding herself unable to cope with all the situational and physical changes that had taken place. Forced to become a Public Assistance (welfare) recipient, as she had applied for SSD three times within a three year time span, her physical and mental condition deteriorated dramatically. The Advocacy staff intervened upon a request by her social worker. They obtained all the pertinent medical and psychological data, reviewed the SSD file on the patient, prepared her for a SSD hearing and represented her. Not only was a favorable decision rendered, but SSD payments were retroactive dating back to the initial application. She was awarded Social Security benefits monthly beginning in August of 1982. Public Assistance retrieved $8291.40 of her SSD/SSI retroactive check. The change in her Disability category and financial status has played an important role in enhancing the patient's self image.

Negotiations with a local income maintenance center led to agreement to process welfare applications for the psychiatric patients at the Hillside Division as a condition of discharge planning. Prior to this the patients had to go the welfare center after being discharged. The application took a minimum of thirty days. For many patients this is a process they could not handle. Due to the delay, some patients could not receive medical/psychiatric services and could not pay for housing and other needs.

This article has described the integration of volunteers into a social work program of a large voluntary hospital where a mission of the department was to provide advocacy services to patients. Health care in the past twenty years has moved very dramatically into an era of cost containment and within this environment social work programs are examined for a cost benefit and a reimbursement perspective. Many social work functions within this cost containment framework are often faced with elimination or reduction. The advocacy efforts of the Department of Social Work would have been minimized if volunteers were not involved. To this extent, volunteers can be seen as a supplement to social work activity which can enhance the quality of care delivered to patients. Where funds do not exist for an increase of staff, local volunteers can be drawn into areas that reflect changes in social policy as evidenced by the volunteers' role in the project as a response to cutbacks and reduced access to entitlement programs.

The introduction of a volunteer advocacy program into a health care setting must recognize the following organizational principles: positive institution and

staff relations; a clear statement of the goals and objectives of the program; assessment of the needs of the populations to be served; an organizational structure that takes into account standards and practices of the volunteer; support and feedback systems for volunteers that will assist them in their integration with professional staff; a work environment where the volunteers can share both their achievements and failures.

The volunteer advocacy program shows that volunteerism can be an integral part of the service delivery system of a social/health agency. The advocacy tasks offered the volunteers an experience which challenged their abilities, enhanced their sense of individual worth, built friendships and created a new sense of fulfillment. Health Care professionals need to feel less threatened and more creative in developing programs that can utilize volunteer efforts, reduce the barriers to volunteer and professional collaboration, and include volunteers as advocates for increased equity and justice within the social welfare system.

* On November 14, 1984 the Advocacy Program received an award from the New York City Mayor's Voluntary Action Center for all its efforts on behalf of the Queens population.

FOOTNOTES

[1]Long Island Jewish Medical Center is a 870 bed voluntary hospital located in Queens and Nassau Counties in New York City. The volunteer advocacy project is based at Long Island Jewish Hospital—a tertiary care general hospital.

[2]Manser, Gordon. Volunteer. *Encyclopedia of Social Work Supplement* 17th edition. Washington, D.C.: National Association of Social Workers, 1983, p. 179.

[3]Fair Hearing relates to due process in public entitlements. (*i.e.*, SSD).

[4]Seider, Violet M. and Kirschbaum, Doris C. Volunteers. *Encyclopedia of Social Work*. 17th edition. Washington, D.C.: National Association of Social Workers, 1977, p. 1890.

[5]Sosin, Michael and Caulum, Sharon. Advocacy: A conceptualization for social work practice. *Social Work*, January 1983, Vol. 28.

[6]Manser, *op. cit.* p. 171.

[7]*Ibid*, p. 173.

BIBLIOGRAPHY

Manser, Gordon. Volunteer. *Encyclopedia of Social Work Supplement*, Washington, D.C.: National Association of Social Workers. 17th edition. 1983.

Seider, Violet M; and Kirschbaum, Doris C. Volunteers. *Encyclopedia of Social Work*. 17th edition. Washington, D.C.: National Association of Social Workers. 1977.

Sosin, Michael, and Caulum, Sharon. Advocacy: A Conceptualization for Social Work Practice. *Social Work*: Vol. 28, 1983.

Marketing Volunteerism: A Program Development Perspective

James R. Stone, III, Ph.D. and JoAnn Hanson-Stone

"I do not have any time away from the job to market. How can I market my program, win public support and create ongoing resources for new volunteers without spending hours on speaking tours to organizations and churches?"

"Our organization is most concerned with marketing and promotion within our group. How can we encourage members to become involved and take responsibility especially for major positions such as the Presidency of the Board of Directors?"

"How do you identify the specific volunteer markets for your organizations?"

"How do you get volunteers to make a long term commitment, retain volunteers?"

"How can we make our volunteer program appealing enough for volunteers, and once we have them, make them really feel a part of the agency?"

"With an extremely small staff, what effective marketing techniques can be used that take a minimal amount of time?"

"We get a lot of students volunteering, but I would like to attract more permanent residents—how do we reach out to housewives and working women?"

These and other similar questions are posed frequently by volunteer coordinators and others responsible for the development of volunteer programs. The intent of this article is to address such questions from a marketing perspective. Further, we will integrate exchange theory, perspectives on volunteer motivation and a consumerist philosophy of marketing to propose a model of volunteer program development.

A MARKETING MODEL

There are as many definitions of marketing as there are marketing texts and articles. Perhaps most useful for our purpose is offered by Kratchenberg (1972):

> *Marketing deals with the concept of uncovering specific needs, satisfying these needs by the development of appropriate goods and services, letting people know of their availability, and offering them at appropriate prices, at the right time and place.*

The implication of the definition forms the central philosophy of what Kotler (1972) calls the "Marketing Concept"; that is, that marketing is designed to bring about voluntary exchanges of values with target markets for the purpose of achieving organizational objectives. It relies heavily on adapting the organization's offering in terms of the target markets' needs and desires, and on using effective pricing, communication, and distribution to inform, motivate, and service the markets. This requires that an organization with a marketing orientation possesses two things. First is an attitude on the part of the administrators and employees that their job is to understand their clients' needs and to satisfy them. The other aspect of a marketing orientation is knowledge about how various marketing variables (marketing mix) perform separately and together in influencing the market.

The essential element of marketing then, is the consumer, while marketing activities focus on producing an exchange of values between the organization and the consumer.

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In volunteer organizations it is the exchange of an experience of value for something of value from the volunteer. This means that when an organization identifies a need it has for volunteers, it figures out what it might offer those volunteers in exchange for their efforts. Marketing, therefore, is when all parties involved in the exchange relationship are convinced they have received the greatest value. If you do this, you will get this (Vineyard, 1984).

The exchange relationship is the keystone of success in marketing volunteerism as it is the "bargain" that is struck between your organization and the markets which have what you desire. Qualities of an equitable exchange include (Vineyard, 1984, p. 20):

1. honesty & fairness
2. no hidden agendas or pitfalls
3. a user-oriented position
4. a targeted approach
5. highest concern for what the other party will receive of value
6. attention to your agency's success in attaining goals
7. a lot of homework (market research).

Exchange theory provides a basic foundation upon which volunteer administrators can build their own structure for recruiting, motivating and retaining volunteers.

In recruiting volunteers, the volunteer administrator must be able to accurately ascertain what rewards or "goals" can be gleaned from the volunteer jobs and then try to find people who are seeking those goals. (This will later be addressed as future-benefit analysis.) Then the administrator must select the appropriate market place for recruitment efforts tailored to specific volunteer jobs.

All volunteer activities entail some cost to the volunteer. These costs may be time, energy, or active cash outlays for transportation, child care and the like. Consumers seek to economize activities; that is, they seek to keep costs below perceived rewards. Only those activities, in this exchange, that are perceived as returning more than that which is invested, are continued. As Bohlebar (1979, pp. 16-17) observed, the volunteer administrator responsible for volunteer recruitment must realize that people, generally, will give their time, energy, and other resources only in exchange for opportunities to achieve their own goals.

A COMPREHENSIVE MODEL

A consumerist approach to marketing incorporates the following marketing elements: Marketing Research, Market Segmentation, and the marketing mix (see Figure 1).

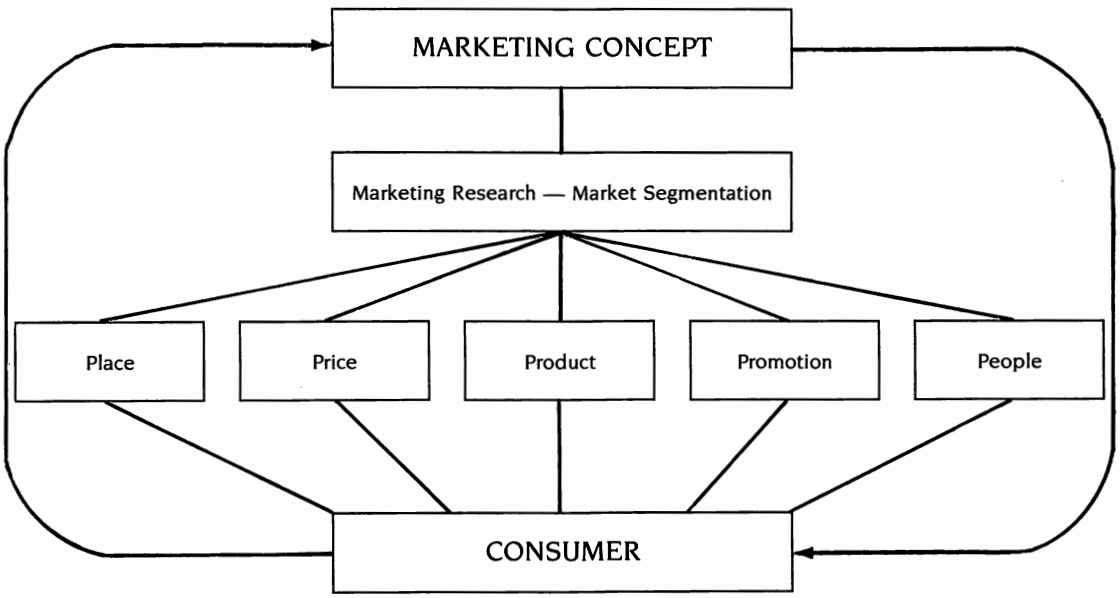

Figure 1
Marketing Elements

Marketing Research

Successful marketers make good use of accurate, timely, and relevant research. They either do research themselves or hire others to do it, and/or they read the results of research reported in the literature.

Good marketing research and its findings are crucial to the success of volunteer organizations. Good marketers are in tune with current marketing practices, consumer studies, new and revised products and services, business and economic trends, historical and projected sales data, and competitors' strategies. They make heavy use of such secondary sources as government documents; internal records; trade, business, and professional journals; reports from universities or business research foundations; analytical reports completed by consulting firms; and information from trade resources.

Many businesses also conduct primary research. Such qualitative research strategies as focus-group interviews, case studies, naturalistic inquiry, and systematic observation are regularly used. Quantifiable research under carefully controlled conditions is also conducted. Thus numerical results such as counts, intensity, and market penetration are used to project to the target universe with known precision.

Volunteer agencies need to use the results of research in developing, operating, promoting, and evaluating their programs. We know some things about volunteers from research:

- Volunteers contributed more time in 1985 than they did five years earlier when the Gallup organization did its first volunteer survey (Gallup, 1986). They volunteered 3.5 hours per week, nearly an hour more each week than they did in 1980.
- Volunteers may be found in all age and income groups: 51 percent of all females and 45 percent of all males volunteered; 43 percent of those between 65 and 74 years and 25 percent of those over 75 years of age volunteered in 1985.
- Gallup Poll results show a slight decline in volunteering among college age and single volunteers. The proportion of general population volunteering remained fairly constant.
- Typically more women than men volunteer.
- Elderly people are volunteering in greater numbers.
- With regard to types of organizations—apart from informal volunteering (*e.g.*, helping out your elderly neighbor), 80 percent donated time to non-profit organizations in 1985, 40 percent of which were religiously affiliated (*e.g.*, churches, hospitals, schools). The remainder worked for non-profits with no religious affiliation.
- The major activity areas reported (60 percent reported giving of their time) were: (1) civic, (2) social and fraternal associations, (3) recreation, (4) general fund-raising, (5) arts & culture; (6) social services & welfare, (7) arts & culture, and, (8) community action.
- Eighteen percent reported giving their time to government, most at the local level in education, health and community action programs.
- Most popular volunteer work was assisting the elderly, the handicapped or a social welfare recipient. Two other common activities given were babysitting and fund raising.

These data may or may not reflect your local community. Only a systematic research activity will yield the type of data you will need to adequately plan your marketing strategies.

Marketing Segmentation

Market segmentation is the act of dividing a market into distinct and meaningful groups that merit separate products, services, promotion, or other elements of the marketing mix. Market segmentation requires identifying the different bases for segmenting the market, developing profiles of the resulting target marketing; that is, selecting one or more of the market segments and developing a position in and marketing mix strategy for each.

Typically, marketers segment according to:

- Geographics (for example, rural area, southeastern county area, north side of town, western part of state).
- Demographics (for example, sex, age, family size, income, occupation, education level).
- Psychographics (for example, personality, life-style, activities, interests, opinions, social class).
- Behavioristic characteristics (for example, knowledge, attitude, use or response to actual product or service).

By segmenting the market into better defined groups who have similar needs and wants in relation to the volunteer agency, the program coordinator will be better able to:

- Identify and describe current prospective client groups.
- Survey and identify the needs of prospective client groups.
- Deliver targeted programs more effectively.
- Cut costs by targeting programs more effectively.
- Determine target messages and appeals.
- Direct communications more effectively.
- Develop and implement an appropriate marketing mix designed to satisfy the chosen market segments.

A market segmentation strategy for a volunteer agency might resemble Figure 2. Four key questions need to be asked concerning potential segments:

1. Is the segment measurable?
2. Is the segment large enough to warrant attention and communication?
3. Is the segment reachable?
4. Will the segment be responsive?

THE MARKETING MIX

Marketing research will help identify segments. At a very simple level, there are market segments for volunteers, clients, and funders. Each segment could

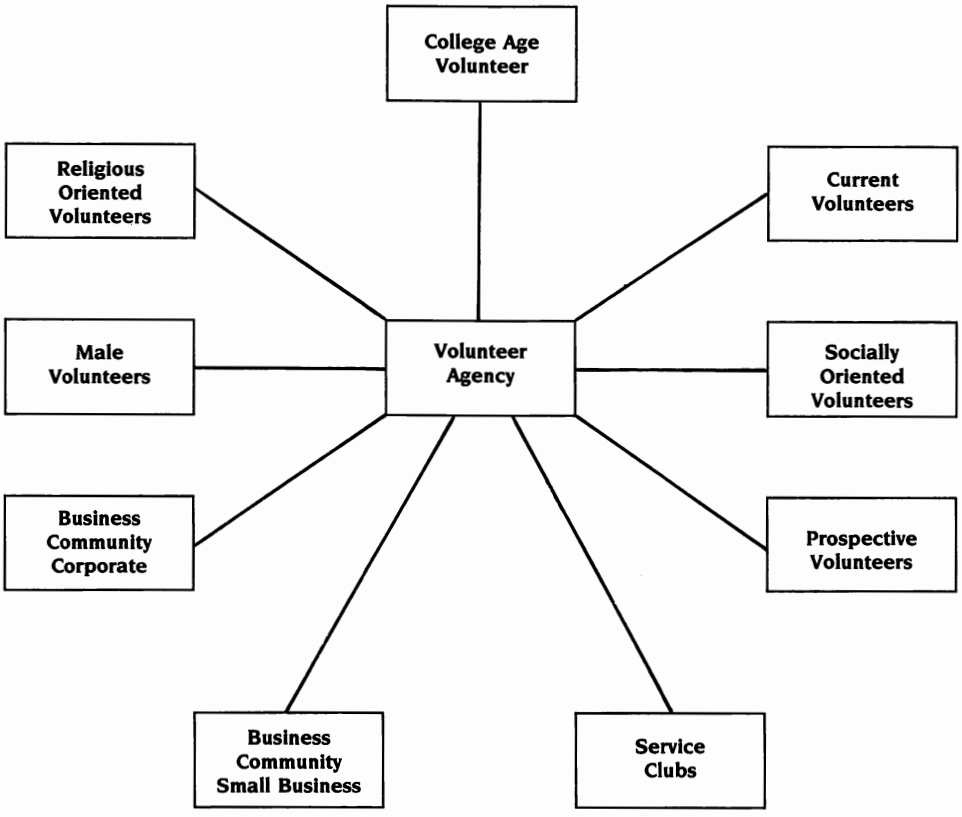

Figure 2
Market Segments for a Volunteer Agency

be further refined into smaller or more precise marketing segments. Whom does the agency want to attract as volunteers to the program? Identify one or two types of people desired as volunteers and then design a marketing plan around those groups. Research the markets and find out their needs, wants and desires, and design a volunteer program to meet those needs.

Once segments have been identified the next step is to assemble the marketing mix. The 5 Ps of the marketing mix are the controllable variables marketers use to adapt the organization to meet the needs of target markets or segments. Market segmentation reveals the market segment opportunities facing the organization. In assembling the marketing mix, three general strategies are possible:

* *Undifferentiated Marketing*: This is a typical approach, it assumes everyone is alike. This strategy focuses on a common need, and offers one marketing mix. For example, a local volunteer agency assumes all volunteers are alike, all are motivated by altruism and all that is necessary is to simply announce the volunteer opportunities.
* *Differentiated Marketing*: This strategy recognizes there are different target markets. The different products are developed to meet the needs of different markets. For example, hospitals are in the health maintenance business, as well as "sick" business.
* *Concentrated Marketing*: This strategy recognizes that an organization has several markets but has limited resources. The decision is to concentrate on one market or one market at a time. For example, if a Voluntary Action Center wishes to increase recruitment of single people between the ages of 25 and 40, they would conduct marketing research to identify the needs, wants and desires of that volunteer segment, then develop programs and promote those programs to the segment in ways that will attract their attention and provide benefits desired by these segments.

The volunteer program director must ultimately choose a marketing mix and strategy that will provide an edge over the competition. In addition, the strategy must be congruent with the organization goals and resources.

The marketing mix, or the 5 Ps, are examined in more detailed in the next section.

Product Planning

The first step in assembling a marketing strategy is to examine the "product" or

PRIVATE SECTOR		VOLUNTEER AGENCY
Automobile	*Product*	The volunteer experience
Transportation Responsibility Safety	*Consumer Need*	Feelings of social approval Need for social contact
4 cylinders, 2 door, high mileage, low maintenance	*Physical Features*	Weekend commitment like co-volunteers
Status symbol, freedom, self-esteem life style	*Psychological Features*	Community involvement
A bundle of benefits related to meeting the consumer's need for safety and transportation, responsibility	*Benefits*	A bundle of benefits related to meeting the consumer's need for social contact and social approval

Figure 3
Volunteerism: A Total Product Concept

"products" in relation to the needs of your market segments. The product is a combination of benefits, both tangible and intangible attributes. In discussing products, the critical concept to the marketing of volunteerism is translating product features to product benefits.

People purchase a product, volunteer or engage in activities in the expectation of reward. They usually base decisions to buy on the benefits perceived associated with the product. The features of product—these attributes that answer the question, what is it?—have little impact on the consumer. Successful marketers recognize the need to emphasize the benefits associated with the product. That is anything which provides the consumer with a personal advantage or gain. Benefits are sought in response to felt needs. Figure 3 suggests what a total product approach to volunteerism might look like. The benefits are a direct result of the features.

Product Placement

There are two key concepts in determining placement strategy: location and channels of distribution.

Marketers can select from many different placement strategies. USA *Today* employs an intensive distribution effort. That is, it is readily available whenever and wherever the traveler is. By contrast, auto dealerships are carefully located by geographic and population measures. The question is of access to the product. How accessible is your volunteer program? Do the volunteers have to come to your physical location, or are there creative alternatives? When are volunteer opportunities available? More volunteers might be attracted with evening and weekend options available to them.

The second concept of interest is what marketers refer to as "channels of distribution." This is a system of community-based organizations established to assist you in accessing your market segments. The channel answers two questions: first, through whom can I market my program, and, second, whom can I get to do some of this work for me? Figure 4 presents a channel of distribution for two volunteer agency market segments adapted from Seymour Fine (1981).

Note that eight community-based organizations have been identified for two market segments: individual volunteers and businesses. This process assumes a goal-oriented approach to marketing. From business, the goal is financial support; and in exchange, the volunteer agency is providing the benefits of public social approval and civic involvement. Jerry Lewis and his Muscular Dystrophy Association (MDA) efforts over the years has been very successful at this. The goal with respect to volunteers is to develop new recruits. For each segment, the community-based organizations can provide publicity or people: in short, direct access to the two segments. In addition, because of mission, specific programs, or on-going activities, each chief business officer can assist the volunteer administrator in identifying business donors or recruits; communicate to them about the volunteer agency and the benefits of volunteering; or directly provide volunteers for the volunteer agency.

Needs are hypothetical entities. They are inferred by observing the behavior of people. The inference process can be tricky.

Needs can be induced by features of the environment. In this case environment refers to the context in which behavior occurs—certain facets of these contexts, such as opportunities for growth and affiliation, may activate or arouse needs which otherwise are not imperative.

Needs can be either strong or weak, either momentary or enduring. Pinder (1985, pp. 31-58) observed that different people are motivated to respond to satisfy different needs, at different times and in different circumstances. Moreover, the needs that account for the behaviors of a particular person at one point in time may not be as important as other needs for that same person at other times.

Needs are inherent characteristics of individuals, goals are end-states or objectives people pursue for the sake of meeting their needs. Needs arouse and direct behavior. Needs must be met to some extent in order for an individual to become or remain healthy.

Needs are not necessarily conscious, so they can instigate and direct human behavior without our awareness, making it difficult to determine precisely what needs motivate someone. If a person is asked what motivates him or her to do some volunteer work, the answers received usually reflect goals and/or values;

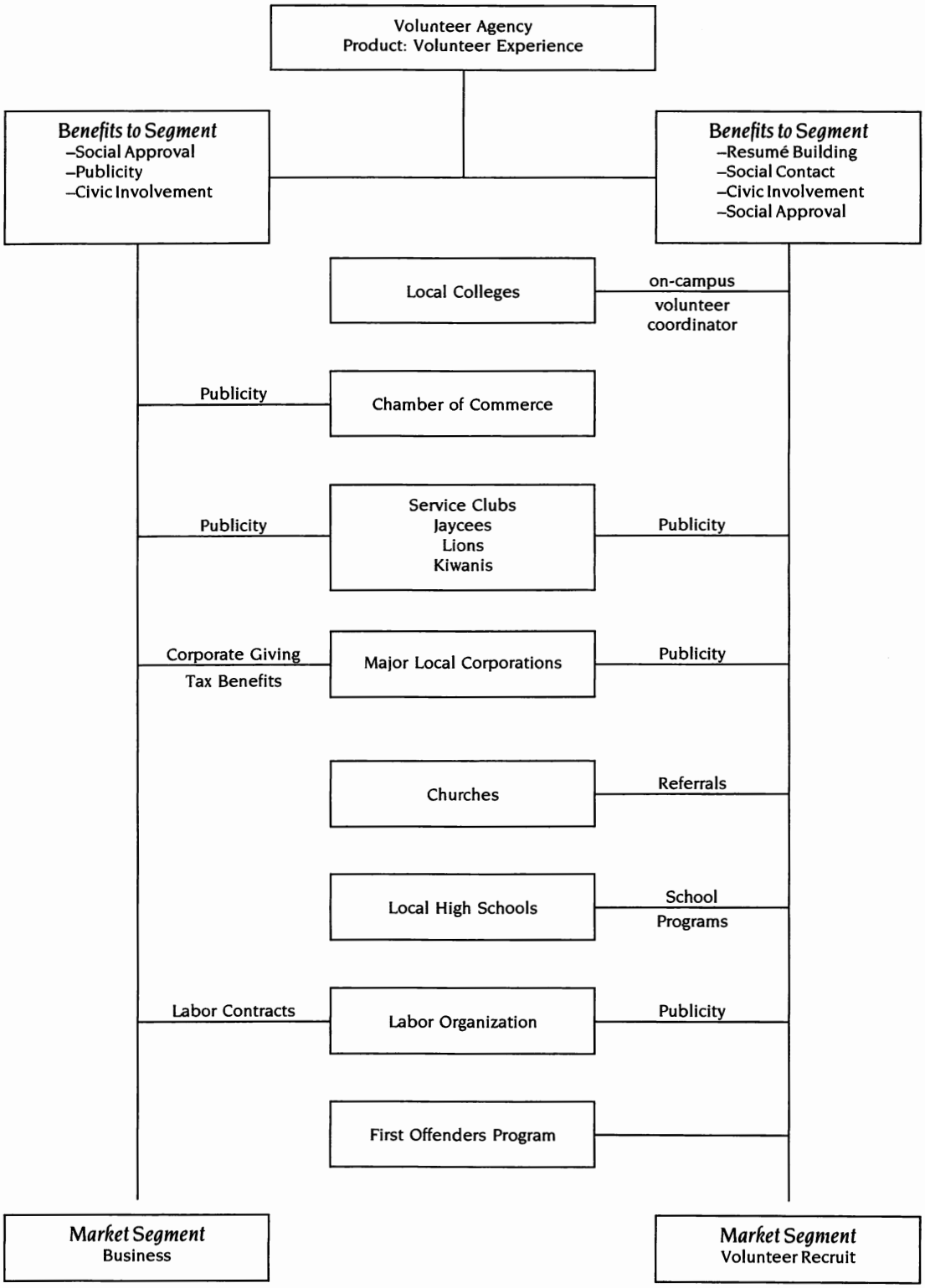

Figure 4
A Channel of Distribution for Two Market Segments

they rarely reflect an accurate view of the fundamental need profiles that can explain why different goals increase and/or decrease in value for the individual over time (Smith, 1981, pp. 21-26). Nevertheless, the things a person values are naturally influenced heavily by the nature of her/his needs.

The following list of needs were derived from responses given by social service volunteers to the question, "What benefits have you received from your volunteer work this month?"

(1) *Need for Experience*—promote personal growth, get into the job market, try out different skills, a new learning experience.
(2) *Feelings of social responsibility*—concern for others, caring, wanting to get involved, relieving feelings of guilt about one's good life as compared to others.
(3) *Need for social contact*—to make new friends, to get out of the house, to justify existence and feel needed, sense of belonging, alleviate loneliness.
(4) *Responding to the expectations of others*—required by my employers, school, church, social club, service group; pressured by spouse, friend, or peer.
(5) *Need for social approval*—want to be appreciated, thanked, praised, respected; to get recognition, someone to be proud of you, social esteem or social approval.
(6) *Expectation of future rewards*—someday I may need help, having others in your debt, fear of punishment or being judged, helping others we may avert being in need ourselves, that our behavior returns to us.
(7) *The need to achieve*—sense of power in making things happen, goal oriented, to get feedback, being able to feel proud of a job, good workmanship, seeing an end product, satisfy a creative urge, to see and experience change.

Francies (1985, pp. 171-184) found that those volunteers who were highly matched—their needs were matched with an appropriate volunteer task—were more likely to become involved to a greater extent and stayed longer than those not well matched to the job. Volunteers who were matched to a high degree to their task were significantly more satisfied.

The individual's needs give rise to consumer attention to ways of satisfying those needs. Marketers recognize that consumers do not attend to product features, but rather to the benefits derived from ownership. A diagram of this exchange as shown below suggests that individuals attend to the benefits promised by a product, but the features of the product actually deliver the desired satisfactions.

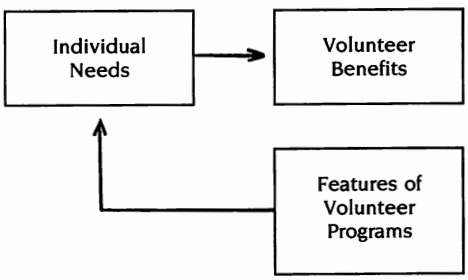

Table 1 highlights the variety of benefits sought by volunteers in response to needs discussed previously.

TABLE I

Benefits of Volunteering

recognition
work experience—documentation of work for future resumé
satisfaction of helping
joy of being able to display a talent
skill building (sharpening old or building new skills)
a letter of appreciation
interpersonal relationships with other volunteers
"shadow wage"—tax savings to volunteer
making new friends
satisfaction of doing a good job
doing something or giving to someone else
repay a debt (*e.g.* work for an organization that helped out a member of the family at one time: hospice volunteer, Association for Retarded Citizens)

Pricing

The third element of the marketing mix is setting a price for the product. Price is considered by some to be the major factor in the purchase of a product or service. Price is a major contributor to acceptance of a volunteer program. It is related to perceived value, image, and competitive practices.

Now, it is rare that an agency charges volunteers for volunteering, but many volunteer agencies unknowingly create "price" barriers. These barriers may be classified as financial, situational, or personal.

Financial barriers are created when day care is needed but not provided. (Day care could be provided by accessing the local high schools' family living courses for child care class participants.) Transportation for elderly volunteers is often a barrier.

Situational barriers are those created by the context of the volunteer experience. Perhaps the location is inconvenient to the potential volunteer. Alternative volunteer activities might be designed. Businesses may be innundated with requests from other volunteer agencies for support and consequently turn off all agency requests. A coordinated effort with other volunteer agencies may reduce this "cost." More accurate targeting of appropriate businesses may also reduce this overlap.

Personal barriers are those specific to the individual. Chief among these are self-concept/image barriers. Is it socially acceptable for males to assume volunteer positions, or will their peer group consider that the domain of women? What strategies can be employed to alter the image of volunteering?

The ultimate consumer question is: is the value received greater than the price paid? These economic and non-economic costs of participation along with lost opportunity costs—they could be doing something else with their time—function just like a price sticker on a new car. The volunteer administrator must be cognizant of the price paid for participation as a volunteer.

Promotion

The fourth element of the marketing mix is what the marketer does to communicate to the various segments or target markets. Effective marketers are effective communicators. This is not an easy task. By selecting the wrong message (not focused on benefits), selecting an inappropriate medium, or crafting a poorly prepared message, the volunteer administrator will not penetrate through the myriad of messages which bombard us daily. It has been estimated that the average American receives over 1700 messages every day. The human mind, as a defensive measure, uses screens to reduce to 76 the number of messages an individual responds to. Of these, only 12 are attended to. Being heard over the clutter of competing messages requires careful crafting of communication.

The following rules are those followed by successful marketers:

1. Target your promotional activities. Understand your markets, their needs and wants, and focus your message on each unique market. This means you will need a separate message for the elderly volunteer, the college student and the business.
2. Set goals. Identify specifically and realistically what response you desire from each market segment.
3. Be systematic. Effective promotion is consistent, systematic and comprehensive. A single ad or one brochure (3 years old) will not work. There should be a theme, "Give the United Way," "Help Jerry's Kids," that is consistently followed in all communication efforts. This repetition of a message builds an image of your program in the customer's mind.
4. Include a variety of communication activities. Include brochures/letters targeted to specific marekets, use personal selling, and tie in with special events. Your letterhead, business cards, and other printed material should include your theme and logo where possible. Repetition is the key to consumer recognition. (Remember Mr. Whipple?)
5. Plan at least one public relations or promotional activity each month.

Plan a year in advance. Good planning cannot be over emphasized in the marketing of volunteer programs.

6. Remember to emphasize benefits. Show what the product will do for the consumer.
7. Seriously explore the use of a professional agency—on a volunteer basis, of course—to develop your materials. Volunteer administrators rarely have the expertise, or the time, for this effort.

People

The final element in the marketing mix is perhaps the most important. Peters and Waterman (1982, p. 238) stressed this by declaring that businesses should:

> *Treat people as adults. Treat them as partners; treat them with respect. Treat them, not capital spending or automation, as the primary source of productivity gains. These are the fundamental lessons from the excellent companies research.*

Volunteers working alongside paid staff people should be treated as paid staff. They should be included in staff meetings; their opinions should be sought and valued. In short, treat them as real people.

In a recent study of volunteers, Steele (1986) found that three themes dominated volunteer recommendations:

(1) Volunteers suggested that agents should *respect volunteers as individuals.*
"I think they think that we have a lot more time to spend than we actually do."
"He should remember that volunteers are just that, and they should be treated with a little more respect, not as employees that are drawing a salary."
"Sometimes they need to remember the Extension volunteers have another job."
"Know what each volunteer's skill is and give credit to those where credit is due."
"People have as much information to give Extension as vice versa—have an open mind."

(2) Agents should develop *good interpersonal skills.*
"You have to have a heck of a lot of psychology. We all have quirks, and no one person is the same every day."
"Having patience is important."
"Be polite, courteous and cooperative."
"I think listening to the volunteers even when the area is not so pressing, and letting the volunteer take the ideas and run with them."

(3) Agents should *guide volunteer activities.*
"Give lots of explanations."
"They have to lead, not push."
". . . volunteers are inexperienced and need a lot of handholding at the beginning."
"To give feedback to volunteers as to how the program is going."
"To present us with definitive examples."

CONCLUSION

What the authors sought to present was a comprehensive marketing model and the relationship of that model to volunteer program development. For many, these concepts may be new and possibly a little intimidating. McKay (1975) pointed out the potential problems in implementing a marketing philosophy in non-profit organizations:

> *It may require drastic and upsetting changes in organization. It usually demands new approaches to planning. It may set in motion a series of appraisals that will disclose surprising weaknesses in performance, distressing needs for modification of operating practices, and unexpected gaps, conflicts, or obsolescence in basic policies. Without doubt, it will call for reorientation of business philosophy and for the reversal of some long established attitudes. These changes will not be easy to implement. Objectives, obstacles, resistance, and deep-rooted habits will have to be overcome.*

REFERENCES

Bohleber, L.W. The exchange theory, *Voluntary Action Leadership*, Summer 1979.

Fine, S.H. *The marketing of ideas and social issues.* New York: Praeger, 1981.

Francies, G.R. The motivation-needs profile. In L.F. Moore (ed.) *Motivation.* Vancouver, B.C.: Vancouver Volunteer Center, 1985.

Kotler, P.A. *Marketing for nonprofit organizations*. Englewood Cliffs, NJ: Prentice-Hall, 1972.

Kotler, P.A. *Marketing for nonprofit organizations* (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall, 1982.

Kotler, P.A. *Marketing management analysis, planning and control* (5th ed.). Englewood Cliffs, NJ: Prentice-Hall, 1984.

Kratchenberg, A.R. *Journal of Higher Education*, May 1972.

Peters, T.J. & Waterman, R.H. *In search of excellence*. New York: Warner Books, 1982.

Pinder, C.C. Needs, cognitive factors, and the motivation to volunteer. In L.F. Moore (ed.), *Volunteer Motivation*, 1985.

Smith, D.H. Altruism, volunteers, and volunteerism. *Journal of Voluntary Action Research*, 1981, *10*, 21-26.

Staff. New gallup poll produces more details on volunteer activites. *Volunteering*, May-June 1986, pp. 1;3.

Steele, S. *Partners in action: Community volunteers cooperative extension agents. Summary of Phase* II. Madison, WI: University of Wisconsin, Department of Continuing and Vocational Education, 1986.

Vineyard, S. *Marketing magic for volunteer programs*. Downers Grove, IL: Heritage Arts, 1984.

The Role of the Paraprofessional: A Whole New Ball Game

Robert M. Ritchie

Michael H. Stitsworth

The story goes that three umpires disagreed about the task of calling balls and strikes. The first one said, "I calls them as they is." The second one said, "I calls them as I sees them." The third and cleverest umpire said, "They ain't nothin' till I calls them."[1]

The third umpire rather neatly points out a key element in organizational life: the important role that people play in creating their organizational climate. Karl Weick notes that institutions which are normally characterized by objectivity, facts, figures, and accountability, may react with abstractions, inventions, making do, and arbitrariness in times of budget-related crises. He goes on to say that many organizations act and react on the basis of "How can I know what I think until I see what I say?"[2] In the face of budget cutting, organizations, particularly those which depend on volunteers, can ill afford to assume such a posture. Rather, they must respond swiftly and decisively to staffing problems posed by budget cuts in order to deliver quality products, services, or programs.

In this article, we discuss incorporation of paid-paraprofessionals into the organizational staffing model as one alternative to the problems created by reduction in the number of professional staff positions. First, we describe the niche of paraprofessionals. Next, we identify and describe eight roles/responsibilities which may be performed under the direction of volunteer administrators. Finally, using these identified functions we delineate staff roles, including paid staff, paraprofessionals, and volunteers.

Although this discussion is based largely on our association with the Purdue University Cooperative Extension Service and its 4-H program, the points made are *a propos* with only minimal adaptation to most volunteer-based agencies/organizations which provide programs, products, or services using a decentralized system of delivery where volunteers work directly with clientele.

THE ROLE OF PARAPROFESSIONALS

Changing Times for Paraprofessionals

Paraprofessionals have been used extensively for a number of years in many programs—usually with well-defined job descriptions. In many organizations, paraprofessionals are commonly used for short-term projects, to fill temporary vacancies, and to achieve program expansion without increasing the number of paid staff. Recently, however, there has been a trend toward hiring paraprofessionals for the *first time on a long-term basis* to fulfill responsibilities *previously* performed by professional staff. Simply put, many paraprofessionals are now being hired in order to *maintain* programs rather than to *expand* them. Oftentimes, these newly-hired paraprofessionals lack clear role definitions.

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Paraprofessionals: Neither Apples nor Oranges

Many career staff members, unaccustomed to working with paraprofessionals, are reluctant to give away responsibilities.[3] Administratively, many professional staff members' closest experience to delegating responsibilities has been in utilizing volunteers. Yet it is *critical* that paraprofessionals *not* be paid volunteers—they must be much more in order to fill the role for which their position was created.

Just what is a paraprofessional? The prefix *para* comes from the Greek word meaning *beside—e.g.*, as in working beside a professional. Although we do not propose to equate paraprofessionals with professionally trained and certified paid staff members, we hasten to point out that neither should they be *sub-professional—i.e.*, second-class citizens—even though the literature of 20 years ago used that very terminology.[4] Without a doubt, the paraprofessional is in a difficult position—neither professional, nor volunteer.

For the purposes of this discussion, *we define a paraprofessional as a paid employee, supervised by a professional, who assists the professional in performing selected management functions and who works with volunteers to deliver products, services, and/or programs which do not require the paraprofessional to have specific subject matter expertise in representing the organization.*

ORGANIZATIONAL ROLES/ RESPONSIBILITIES

We have identified eight roles or responsibilities which are regularly overseen by volunteer administrators. These functions, who is responsible for each, and a brief description of the requisite tasks are listed below and summarized in Table 1.

Program Leadership. One paid staff person needs to be responsible for this role. Tasks include articulating long-term goals and objectives, determining program direction, meeting emerging needs, and coordinating paid staff, volunteers, parents, and participants. This staff member is the spokesperson for the program and supervisor of other paid staff.

Program Planning. This function is the responsibility of a paid professional staff member. Duties entail working with advisory committees to identify needs and to set program priorities. Also included is development and implementation of an evaluation and accountability plan.

Curriculum Development. The professional staff person and the paraprofessional should define the curriculum, and develop and implement its accompanying programs, projects, and activities.

Volunteer Development. Primary leadership for volunteer services management may lie with either a professional or a paraprofessional. Key elements include

TABLE 1
Roles for volunteer administrators in Cooperative Extension programs

Role/Responsibility	Primary Leadership	What is Included
Program Leadership	Professionals	Develop program goals & objectives; coordinate/ articulate total program; supervise paraprofessionals
Program Planning	Professionals	Identify needs; set priorities; develop, implement & evaluate programs
Curriculum Development	Professionals and Paraprofessionals	Define curriculum; develop & implement supporting programs, projects & events
Volunteer Development	Professionals or Paraprofessionals	Recruitment, training, supervision & recognition of volunteers
Audience Development	Paraprofessionals or Volunteers	Market program; identity, recruit, recognize & retain audiences.
Resource Development	Paraprofessionals or Volunteers	Secure public & private program support
Program Visibility	Paraprofessionals or Volunteers	Cooperate with media to enhance status & effectiveness of program in community
Special Programs/ Interagency Linkages	Professionals or Paraprofessionals or Special Task Forces or Volunteers	Develop special programs to meet special needs of community, families & youth

recruiting, training, supervising, and recognizing volunteers. Opportunities must be created which enable volunteers to develop their skills and to pursue professionalism.

Audience Development. Either paraprofessionals or volunteers can take responsibility for marketing the program and servicing the audience with emphasis on recruiting, recognizing, and retaining participants.

Resource Development. Paraprofessionals or volunteers should actively work with public and private donors to secure cash and in-kind contributions to support organizational endeavors.

Program Visibility. A plan must be developed whereby paraprofessionals or volunteers work with the mass media.

Special Programs/Interagency Linkages. Responsibility for implementing special programs to meet emerging needs lies with professionals, along with paraprofessionals, volunteers, or Special Task Forces, depending on the nature of the programs.

ROLE DELINEATION: WHO DOES WHAT?

Professional Ultimately Responsible

Some people might argue that all program responsibilities could/should be turned over to paraprofessionals or volunteers. We disagree. It is important that the *overall* program remain the responsibility of a paid career professional, even if it is necessary for that person to carry multiple assignments. Numerous studies list the chief functions of Cooperative Extension Service 4-H agents as program planning, development, and implementation.[5] These primary functions are equally pertinent to other organizations. Minimally, a professional should be solely responsible for the program leadership and program planning functions of the program, and play a major role in curriculum development.

Why? Because the career professional is uniquely identified with and trained to represent the central organizational entity—whether it is a community-based organization, a church, a land-grant university (in the case of 4-H), a library, or a halfway house. With that standing comes credibility in networking with other organizations and in working with advisory groups, government leaders, other clientele, and volunteers. A professional volunteer administrator is often professionally educated and certified, familiar with the body of knowledge related to volunteerism, and possess the competencies necessary for the effective managment and administration of volunteers. In addition, the volunteer administrator is usually an individual who is valued and known throughout the community.

Hiring Paraprofessionals to Assume Major Roles

Under the direction of a professional, paraprofessionals should assume major leadership for the remaining program roles and responsibilities by working with volunteers.

No doubt, there are some advantages to hiring a local resident as a paraprofessional. A local person is likely to be familiar with the program and local community. Likewise, most communities will have a number of qualified individuals from whom to choose. There is some merit in selecting a local volunteer to fill the role of a paraprofessional.

But hiring an outstanding volunteer from within his/her own ranks is also fraught with potential problems. This is particularly true if other volunteers perceive their newly-hired colleague as receiving remuneration for performing tasks that they themselves perform as a volunteer.

This problem is not likely to occur if paraprofessionals derive their job roles/responsibilities from the tasks previously performed by the professional, *not* from traditional volunteer functions.[6]

Therefore, it is critical that paraprofessionals not replace volunteers. Figure 1 illustrates what should happen in a hierarchical staffing model following a decrease in the number of professional positions. In such a model, the volunteer positions remain at their present level and the professional moves within the hierarchy to make room for the paraprofessional.[7] Like professionals, paraprofessionals should "give away" as many of their duties as possible, acting as what Wilson calls an "enabler" to get things done by looking to volunteers.[8] This insures that the tasks

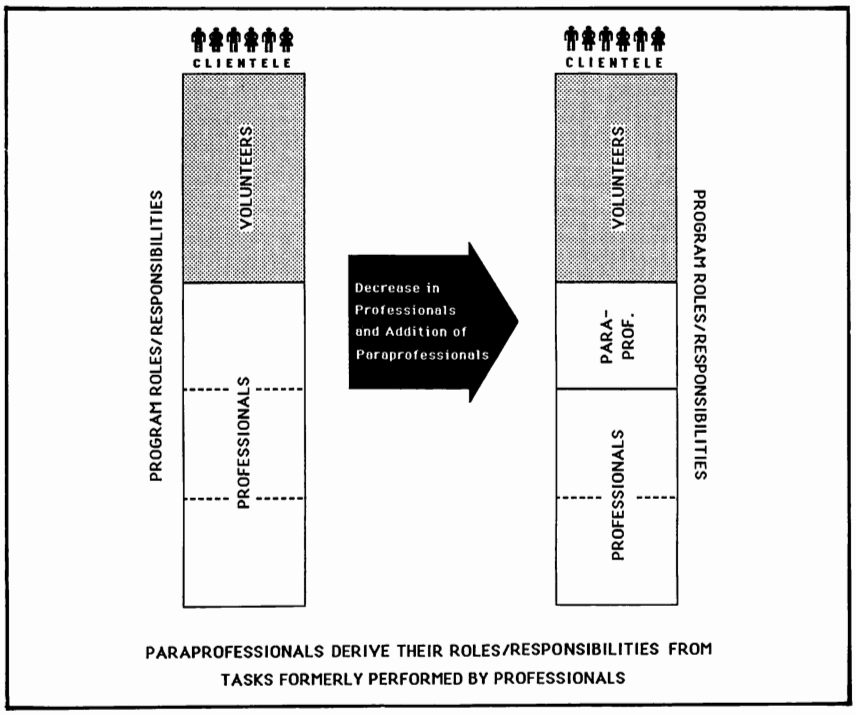


Figure 1. Effect of professional staff cutback on hierarchical staffing model

performed by volunteers will be replete with challenge and meaning—rather than simply busy work.

Conversely, a potential danger inherent to paraprofessionals taking on responsibilities reserved for the professional is an eventual legal challenge by the paraprofessional who sees him/herself performing the same tasks as a career staff person, but without the same salary and benefits. A number of grievances were filed in the early days of one Cooperative Extension Service program that resulted in judgments in favor of the paraprofessionals. It is critical, therefore, that the paraprofessional be thought of as being an extension of and responsible to the professional—not his/her replacement.

As a paid employee, a certain amount of organizational allegiance, continuity, and special skills can be expected from a paraprofessional. When appropriate, we think consideration should be given to hiring paraprofessionals with four-year degrees providing that this academic training is used to support the paraprofessional roles and responsibilities delineated earlier, rather than to permit paraprofessionals to function as replacements for professionals. Persons hired for paraprofessional positions should be provided with training opportunities that will improve their skills and assist them in developing competencies which would qualify them for professional positions in the future.

Role of the Volunteer

When paraprofessionals join the team, is not the role of volunteers diminished? Quite the contrary! If newly-hired paraprofessionals distill their responsibilities from tasks formerly performed by the professional staff, professionals will have more time to respond innovatively to new program needs, become involved in action research, and provide for the essential needs of volunteers who work directly with clientele.

Volunteers should continue to work with professionals and paraprofessionals in all aspects of the program, but particularly in curriculum implementation, audience development, resource development, and program visibility. Volunteers must be on the front line working with clientele at the grass roots level in roles which offer a chance for professional growth, learning, and increased responsibility.

For years, volunteers have been trying to tell us that they are willing to take on more than we are willing to give. Partly as a result of our refusal to listen, volunteers are becoming more discriminating in their choice of volunteer work. Perhaps Robert Golembiewski is right when he calls for "the tuning of organizations to human rhythms."[9] Drucker says that a job filled with tasks which are too small defiles both the worker and the organization. "A job should be specific enough so that a man (*sic*) can go to work on it, but so big that he cannot get his arms around it."[10] In other words, broaden the responsibility and the volunteer will grow to fill it. Helping volunteers grow is worthy of our best efforts—for unlike paid staff, if volunteers do not get satisfaction from the work they do, they fail to get any rewards at all.[11]

CONCLUSION

One of the emerging functions of volunteer administrators is responsibility for hiring paraprofessionals. Bringing paraprofessionals into the staffing structure requires negotiating new agreements for sharing leadership among paid staff, paraprofessionals, and volunteers. Creation of a new level in the organizational hierarchy requires more opportunities for staff and volunteers to relate to each other across functions, perhaps through development of staff-volunteer teams. In such a system, volunteers should take the lead in involving professionals in the delivery of products, services, or programs. Paid staff should function to provide greater assistance to volunteer initiatives.

There probably is no one-best formula for adding paraprofessionals to the staff of an organization. One thing is for certain—as organizations lose the services of career professionals committed to conducting programs, paraprofessionals can help fill the gap and make a valuable contribution.

But to be successful, any formula must include hiring the right person for the job and helping him/her carve out a niche from the roles previously performed by the professional. Just like the clever umpire's balls and strikes, paraprofessionals' place in an organization—who they are and what they do—"ain't nothin' till we calls them."

FOOTNOTES

[1]Simons, H.W., *Persuasion*. Reading, Massachusetts: Addison-Wesley Publishing Co., 1976.

[2]Weick, Karl E., *The Social Psychology of Organizing*. Reading, Massachusetts: Addison-Wesley Publishing Co., 1979.

[3]Munson, M.K., Parsons, Jerry. 4-H paraprofessionals: Defining their tasks. *Journal of Extension*, XVII, July/August 1979, pp. 16-22.

[4]See Kiesow, John A. Role model for the paraprofessional youth worker in the extension service (Summary of Extension Service, USDA, Washington, D.C., Special Project No. 12-05-300-191, 1973) 3; Silverman, S.A. Subprofessionals in extension. *Journal of Cooperative Extension, VII*, pp. 43-50; MacVean, D.S. A *study of New York agent's perception of the role of the subprofessional in the county* 4-H *program*, Master's thesis. Department of Adult Education: North Carolina State University, Raleigh, 1968; Olson, Gerald R. *The role of the subprofessional in the cooperative extension service*. Ph.D. dissertation. Department of Adult and Community College Education: North Carolina State University, Raleigh, 1970.

[5]See Kiesow, John A., 3; Long, Norman D. An evaluation and accountability study of three selected extension 4-H staffing models: A summary report. West Lafayette, Indiana: Purdue University, 1980 7; Ritsos, Pantelis. Professional competencies needed by extension employees in urban counties of Ohio. Master's thesis. The Ohio State University; Columbus, 1984.

[6]Kiesow, John A., 2.

[7]Adapted from Kiesow, John A., 5.

[8]Wilson, Marlene, *The Effective Management of Volunteer Programs* Boulder, Colorado: Volunteer Management Associates, 1976.

[9]Golembiewski, Robert T. Managerial responses to transitions in adult development. *The* NTL *Manager's Handbook*. Arlington, Virginia, 1983.

[10]Drucker, Peter F. *Management: Tasks, Responsibilities, Practices*. New York: Harper and Row Publishers, 1973-74.

[11]Wilson, Marlene, 105.

Using Experiential Techniques In Hospice Volunteer Training

Lois L. Hipp and Donna Davis

In the hospice field, we all share a problem: volunteers with good intentions who want to help yet are able to comprehend neither the patient's and family's anticipatory grief reaction nor the patient's experience of helplessness. It *is* difficult to understand how living and dying affects human beings. But the consequences of volunteers' not understanding these issues are: (1) unintentional insensitivity in word or deed to the patient's and family's positions and (2) less effective, or even counter-productive, service to clients.

Volunteer administrators of hospices everywhere face this problem. Eva Schindler-Rainman calls it the "management of meaning,"[1] how to make meaning felt in the life of the volunteer. The meanings hospice volunteer administrators must "make felt" are some of the deepest and often most dreaded in our culture.

EXPERIENTIAL TRAINING A POSSIBLE SOLUTION

It seemed to me, as Coordinator of Volunteer Services at a hospice organization serving an intermediate-sized city and its suburban environs, that if we—the staff who provide training—could let the volunteer (or paid) staff trainees "walk in the moccasins" of people facing both physical dependency and the imminent end of their own lives, we could paint a living, experiential picture that would be far more valuable than many thousands of words from a teacher.

I developed and provided part or all of that experiential training to 150 patient/family service volunteer applicants and 25 paid staff (nurses and social workers); 29 volunteers and five paid staff have received all three modules of my current experiential training program since January 1986. A detailed description of that training will follow.[2] From our first training series in early 1984 to the present writing in the spring of 1987, we have discovered three major benefits to experiential training in preparing hospice volunteers.

BENEFITS OF USING EXPERIENTIAL TRAINING

1. Experiential training of this type is a *reliable screening tool.*
2. This experiential training is a *powerful, measurable way to sensitize volunteers to hospice clients' needs and feelings.*
3. Since there is evidence that 'low death anxiety correlates with a sense of purpose in life and greater duration of service in hospice volunteers,'[3] *the "death experience" training appears to be one highly effective preventive measure against hospice volunteer burnout and attrition.*[4]

HOW TO DO IT

In addition to the organizational, physical, sociological, psychological, financial, and legal information which must be conveyed to our patient and family service volunteers during the eight-session training, we consider *essential* three experiential learning modules: non-verbal communication skills, a simulated dying experience, and a simulated handicap/helplessness experience.

Lois L. Hipp coordinates all volunteer activities and services at Hospice of Hillsborough, Inc.; serves on the training faculty of the Suicide and Crisis Center; is President of the Hillsborough County Volunteer Coordinators Association; and volunteers at a local human service agency. *Donna Davis* has recruited, trained, coordinated, and supervised volunteers for 11 years in human service delivery and marketing, paralegal advocacy, and health education services in the Midwest and Southeast. Currently, she provides training, consulting, research, and writing services for businesses, individuals, and non-profit organizations.

Non-Verbal Communication Skills

For those who work with hospice patients, there often are times while someone is dying when we can communicate only with our hands or our eyes. This training module consists of exercises relying on eye contact alone and hand contact alone, as well as the more traditional active listening sessions.

In the eye-contact-only exercise, each trainee is paired with a stranger while listening to soft, neutral music. Each must maintain eye contact and—without speaking—identify a need the other has (*e.g.*, love, peace, strength). Then—still only by eye-contact—send to the other some of the quality they need. When the pairs describe the experience to the whole group, participants frequently remark that they are amazed at how much the stranger-partners understood about them.

As a screening tool, this exercise quickly shows the volunteer administrator which volunteers cannot handle eye contact and its concomitants, trust and intimacy. A further check in a closely-monitored volunteer-patient contact, and an exploratory discussion with the volunteer, can lead to a more appropriate placement within the agency.

Less difficult and threatening, the hand-contact exercise explores ability to communicate feelings through the hands. A range of exercises with eyes closed is prescribed for paired volunteers (different pairs from those in the eye exercise) who may only rely on the hands for sending and receiving communication.

The ostensible purpose of the hands-only exercise is for the trainees to become acquainted with an unknown other person through touch, exploring texture, coolness and warmth. The carefully sequenced tasks of the hand-contact-only exercises are (1) become acquainted, (2) communicate a "good feeling" through the hands, (3) to music, "dance" in pairs with hands, (4) communicate anger ("pretend the other stepped on your fingers"), (5) "make up" with the other person, and (6) say goodbye.

Processing after each task reveals such critical issues as (1) how trainees respond to being led by another (dance task), (2) how trainees express tenderness and affection (in making up session) and (3) who has difficulty literally "letting go" of hands (in the parting session). Problems with the last task are processed both in the group and in one-to-one counseling. Not being able to let go may reveal either an unfinished grief process not discovered in the initial screening or poor self-esteem/feelings of inadequacy. In the latter case, the volunteer can be placed and utilized if those feelings can be resolved.

For the trainers, this hand exercise sequence helps screen for volunteers who may have problems with self-disclosure and openness. For example: a "non-stop giver" had a partner who revealed the deficits of his behavior when she commented after the hands exercises that she felt frustrated when the "giver" did not let others explore his space.

Both these non-verbal communication sequences help the volunteer administrator place people more appropriately. A hospice family with greater emotional needs receives a more sturdy, centered volunteer. A more fragile volunteer will be assigned a family with lower emotional needs.

Facing One's Own Death

For our hospice volunteer applicants who wished to work in direct patient and family services, it was essential that their training help them understand the content and process of the anticipatory grief experienced by the dying patient and the family. Experiential training, an exercise in facing one's own death, seemed to be the most effective route.

The exact steps in that training were chosen carefully. We had volunteers from many religious and cultural backgrounds; as a non-sectarian organization we wanted to retain that status and reputation. We had the care and nurturing of willing but sensitive human beings generously volunteering their time, talents, and psyches to us for training and service. How to proceed?

Facing and anticipating one's own death usually happens over a period of time with our hospice patients. Within our eight-session training period we initiated the experience, let it "incubate" with our

volunteers (processing as we went), and completed the experience in three weeks.

In our training program, by the time we begin the "experience in dying," our volunteers have already learned various relaxation and guided-imagery techniques. These skills will be directly useful in their work with patients, to help relieve boredom and induce relaxation. (The skills are also helpful in reducing job stress for themselves.) Using these same techniques, we begin the exercise.

Trainees are to relax and imagine themselves in a doctor's waiting room, looking around at the pictures, colors, furnishings, magazines; hearing the sounds of the sick, the well, and the office activity; and smelling the odors. They are to be conscious of how they feel emotionally as they sit there. Then their name is called and they go to the examination room, again to wait, look, hear, smell, and wait some more. The doctor comes in. They hear him or her say, "I'm sorry, but all our treatment has been ineffective. There's nothing more we can do." The doctor tells them they only have three weeks left to live. *Immediately* the trainees are to return to the reality of our classroom and to write down their feelings and responses to questions on the "Exercise in Dying" worksheet (appended).

In a small group (no more than ten), the volunteers discuss their feelings and responses. Then their three week assignment is given. Each volunteer is to imagine that he or she has only three weeks to live. The focus of this exercise is to be *the limited time, the mortality*, not the disease. The assignment, within that framework, is to look at and be conscious of their feelings about what is going on around them: relationships; what is and is not important in daily life, in one's total life; what is needed for a sense of closure in their lives; how and where they would prefer to die.

Each week (two sessions per week), the trainees discuss in the group what applicable meaning this exercise is evoking in their situations. Responses have included: contacting family members and friends to do some healing in relationships, verbalizing loving feelings more frequently, a decrease in the significance of petty issues at work, greater kindness to self and others, talking the limited-time possibility over with family, facing family members' refusal to participate in a limited-time-to-live simulation, doing small things they have always wanted to do (three weeks precludes big trips or projects), writing a will, writing poetry. One young woman got married after long postponement of the event. Making changes to improve the quality and meaning in one's life always occurs as an outgrowth of this experience. For some it happens immediately; for others, later in the three week period.

The trainees form strong bonds during the course of this death-experience exercise. For example, it was training class members, not friends or family, whom one volunteer chose to witness his will. It would be interesting to develop some measure of the strength of this bonding compared to that in other shared experiences.

At the end of the three week death experience, we have a "dying session" in which trainees are carefully guided through a creative visualization encounter with a figure which they wil identify as their own death. First, the trainees are led through a physical relaxation process. They are then to clear their minds and go to a place that is *safe*, peaceful, and beautiful; a place to learn to be safe, comforted, and protected. (It should be noted here that the senior author is certified in hypnosis techniques—or hypnotherapy—as it is called in some states. She is skilled at leading individuals and groups in guided relaxation sessions and understands the care needed in selecting the music and words used in guided imagery.)

Next, the trainees are to imagine seeing a figure of a person some way off, coming closer to them. At first they cannot recognize the figure. Then, they realize it is the personification of their death. They are asked to attend to the appearance of their death, noting colors and shapes they see and feelings they have in the encounter. They are to look into the face of this being and, specifically, into the eyes. Each is to ask one question of their death and to listen for the answer. The volunteers are

told that their death has a message for them and are asked, "Is there anything else your death has to say to you?" Finally, it is suggested to the trainees that they now hear their death say it cannot stay with them this time but has to go. Then they watch their death go the way it came.

Immediately, volunteers are brought back to present reality. There is always an immense quietness and calmness in the group. There are some tears. The trainer, constantly monitoring the group throughout this exercise, has scheduled it before lunch time so that there is time for private attention to anyone needing it.[6]

Before any discussion begins, the participants are asked to fill out the form titled "The Presence of Death" (appended), which gives then an opportunity to record the physical and other qualities of their death as well as their own feelings about the encounter. It is interesting to note, and worth further investigation, that within a class, the trainees will often see their death as the same kind of figure. Some classes see it as a woman; others, a Jesus figure; rarely, an individual will see only light, despite the suggestion that it is a figure.

Discussion of everyone's experience follows the completion of the form. Despite the range and variety of belief systems/religions to which our volunteers subscribe, the experience has almost without exception (one in 34 trained in this technique)[7] been felt as an encounter with an entirely loving being who accepts them without judgment. One person, who after this experience sat with silent tears flowing strongly down her radiant face, later shared it with her husband. She reported that it was the most profoundly intimate and inspiring experience of their marriage.

As we know, volunteers who work with hospice patients are less subject to burnout and more likely to persist in their work, if they have low death anxiety. As Madalon Amenta has pointed out, purpose in life and, with it, self-confidence and an awareness of the spiritual significance of life, correlate highly with low death anxiety.[8] Amenta's work proves the theory of Viktor Frankl, who suggested to the social and medical sciences that an overall sense of meaning and purpose in life are positively related to an individual's ability to accept and find meaning in suffering and death.[9]

The persistence of the 29 patient service volunteers and five patient service employees we have trained since January 1986, using all three of our experiential techniques, has been excellent. One year later (January 1987), 24 (82.7%) of the 29 volunteers trained remained active in high-stress patient-care service positions, while five of the five (100%) paid staff so trained remained active.

Three of the volunteers dropped out of the training before completing it, none were staff-screened out after training, two were self-screened out after training (requesting other placement within the hospice setting). Eighteen months after training (June 1987) the 24 (82.7%) volunteers persist while one staff person has left due to elimination of the position, not in response to job stress.

These are good results, you may say, but who can handle leading such delicate guided-imagery sessions as those in the dying simulation? Although I have the benefit of training in guided imagery and certification in hypnosis, I believe that well-selected individuals may do this work effectively, even without such formal training. An individual with sensitivity, an ability to help people process both negative and positive feelings and experiences, and an awareness of trainees' emotional states can lead the guided imagery sessions required for the dying experience simulation, provided she/he exercises great care in choosing the language and music to be used.

Handicap Simulation

For volunteers as well as paid professionals in the human services, the attractiveness and power of being in a position to give to another are sources of self-esteem and, often, the impetus for joining a helping organization. The dangers of that kind of motivation are the person's (1) eventual disappointment at not being appreciated as expected (which leads to attrition[10]) and (2) potential inability to

have a relationship with the client that is helpful on an interpersonal level. Moreover, unconscious insensitivity on the part of the volunteer (or paid staff) can exacerbate the client's sense of helplessness and loss of self-esteem.

To sensitize volunteers to the needs and feelings of the dying patient, we adapted an exercise used in other human service agencies: the handicap experience. From 9 a.m. until 1 p.m. in the last daytime training class, two trainees are selected to take the role of quadriplegics. The remainder of the class population serve as their respective families. By this point in the training, the trainers know who has most difficulty "receiving"; these people are favored for selection for the handicapped role.

The instructions are these: the handicapped persons have use of all their senses but no movement of arms and hands or legs and feet. They take the role of the ill family member. They and their "families" are to sustain their roles continuously through the four-hour period, including a break and lunch hour. The trainers will take the role of a hospice team and can be called upon for problem-solving or advice.

As the lecture or panel scheduled for the current session begins, progresses, breaks, and resumes, we note the dynamics of the intereaction between the "family" and the "handicapped person." The family members' reactions are as deep and telling as the disabled persons'. Among the former, some respond to the handicapped person with presumptuous dominance and others with outright rejection. Indeed, in one training class a volunteer who had actually lived for years with a profoundly disabled family member *never asked* the "handicapped" person what he/she needed or wanted, although the former was very active in providing services for the "invalid," including hands-on care. Where the response is dominance or rejection, the humanness of the handicapped individuals are denied as family members often speak of the wheelchair-bound in the third person directly in front of them. Whatever limited control the disabled might have exercised by remaining part of their families' decision-making team is denied them. In effect, the handicapped persons *ceased to exist* as an integral part of the families.

The responses of the handicapped persons to their situations change rapidly and markedly. Initially, volunteers think their role will be easy. However, during the break, when their needs are strong (for a beverage, a cigarette, or bathroom assistance) but their family members have parked and left them (sometimes facing a wall), the meaning of their dependent state begins to dawn.

These situations, compounded by the exclusion from the family which the handicapped person experiences, quickly generate the full range of grief reactions. We see denial: "You don't mean I *always* have to be in this situation, even during break?!" We see and hear anger. Bargaining shows up: "If you let me out of this chair for five minutes, then I'll play again." The volunteer in this role withdraws, physically shutting him/herself out of the action, depressed. Finally, he/she resigns, muttering "if I can only just get through lunch time . . ."

It is important to note here that resistance to the fully helpless role is larger than we on the hospice staff initally expected. Every "handicapped" role-player in these trainings has refused use of the bathroom during the four-hour session, in order to avoid accepting help in so private a matter. At lunch, *most will do without food* rather than allow themselves to be fed. Further, on two occasions when the "handicapped" trainee has been wheeled outside during a break or lunchtime and has been conscious of being seen by a non-trainee (from some other activity in the building), the volunteer trainee has become upset and verbalized significant discomfort at being viewed as actually disabled: "I really felt diminished."

When the experiential part of the exercise is over, and the volunteers can leave their wheelchairs, they tell their "families" how they felt. A few, of course, shared their feelings openly earlier, during the role play. A woman accuses, "You never once talked to me at my eye level!" Another talks about how he felt ostracized by his family, "I felt like I didn't really

exist anymore." It becomes clear that helplessness profoundly affects the emotions. The family members are defensive: "You never asked me!" "I didn't know." They learn to ask, to reflect, to listen.

The original training objective for this module was to have some volunteers experience "receiving" in order to understand the feelings of the disabled or dying person. When the family dynamics information surfaced in this experiential training, we saw we had a training tool that was most effective both for our original purpose: to sensitize volunteers to how dying, for the patient, affects the emotions; and for teaching volunteers how living with a dying person can affect the feelings and behavior of the family members.

CONCLUSION

Experience is a powerful and effective teacher. Using carefully designed, guided, and monitored non-verbal communication exercises and simulated dying and handicapped experiences can be an excellent screening and training technique for volunteer (and paid) staff who are to work directly with hospice patients and their families.

In addition, we found that, of the 29 volunteers and five paid staff we have trained using all three of these techniques, those 24 volunteers and five paid staff who were actually placed as direct patient and family service workers have had an excellent record of persistence in their positions. After 18 months, there was a 82.7% retention of the 24 volunteers who completed training and were placed in patient care services. We had an effective 100% retention rate for the five paid staff (one left simply due to elimination of her position).

Note also, the inexpensive nature of this kind of training. The main cost is the copying of several worksheets and informational handouts (appended to the end of this article). That "bottom line" fact is a significant factor in whether or not volunteer administrators can actually implement such training recommendations.

We recommend carefully planned and executed experiential training such as this for hospice volunteers in order to (1) assist volunteer administrators to screen volunteer applicants, (2) sensitize volunteers to the needs and feelings of the dying patient and his/her family, (3) decrease attrition among patient/family service volunteers, and (4) provide significant opportunity for the trainee to mature in acceptance of his/her own death[11] and, thus, increase the quality of his/her life. In learning how to die we learn to live.

We have found this experiential training to be inexpensive, effective and powerful.

FOOTNOTES

[1]Schindler-Rainman, Eva. Volunteer administration: new roles for the profession to 'make a difference', in *The Journal of Volunteer Administration* 5:2 (Winter 1986-87), p. 15.

[2]Curriculum appended.

[3]Amenta, Madalon M. Death anxiety, purpose in life and duration of service in hospice volunteers.*Psychological Reports*, June 1984, 54, pp. 979; 981.

[4]Ganster *et al.* believe the most harmful work stressors to be "job and role characteristics laden with ambiguity and conflict." Ganster, D.C., Fusilier, M., and Mayes B.T. Role of social support in the experience of stress at work. *The Journal of Applied Psychology*. February 1986, 71 p. 110.

[5]Pattison says "to help with dying, we must first face death for ourselves". Pattison, E. Mansell. *The Experience of Dying*. New York: Prentice-Hall, 1977, p. 317.

[6]Of 34 trainees (29 volunteers and five staff) over the last year and a half, only one ever found the dying experience disturbing. We discovered that she had sclerodrerma but had not been screened out because the volunteer coordinator interviewing her had not obtained that information. This volunteer's image of her death had said—contrary to the trainer's direction—that it *was* time for her to go with her death. Counseling and follow-up with this volunteer applicant resulted in her remaining with the patient care service unit, where she served in several short-term crisis-intervention situations over a period of 18 months.

[7]In all our dying-experience sessions, only one trainee—who requested training

for "personal growth", not volunteering—saw his death in a very negative form. He was not shaken by it but was concerned that he was the only participant who saw his/her death in that way. We discovered that, although it was not yet considered terminal, the trainee's mother's medical condition was very serious at the time of this exercise.

[8]Amenta, *op. cit.*, pp. 979-980.

[9]Frankl, V.E., *The Doctor and the Soul.* New York: Knopf, 1965.

[10]Rubin and Thorelli found that egoistic motives, such as wanting to "give" (and the concomitant desire to be recognized for same) are negatively associated with longevity in a program, because of the disappointment of expectations such volunteers or staff feel. Rubin, A., & Thorelli, I.M. Egoistic motives and longevity of participation by social service volunteers. *Journal of Applied Behavioral Science*, 1984, 20:3, p. 232.

[11]A volunteer whose cancer had been in remission for several years faced its reappearance some time after becoming a volunteer at our hospice. Subsequently she learned this illness was terminal. Soon afterward she told our staff she could not have faced this news as well without the experiential training.

REFERENCES

Amenta, Madalon M. Death anxiety, purpose in life and duration of service in hospice volunteers. *Psychological Reports*, June 1984, *54.*

Frankl, Viktor E. *The Doctor and the Soul.* New York, NY: Knopf, 1965.

Ganster, D.C., Fusilier, H., & Mayers, B.T. The role of social support in the experience of stress at work. *The Journal of Applied Psychology*, February 1986, *71.*

Pattison, E. Mansell. *The Experience of Dying.* New York, NY: Prentice-Hall, 1977.

Schindler-Rainman, Eva. Volunteer administration: New roles for the profession to "make a difference." *The Journal of Volunteer Administration*, Winter 1986-87, 5.

APPENDIX A

Hospice of Hillsbourgh, Inc.

VOLUNTEER TRAINING COURSE

Tampa P.M. — 4/14/87 — 5/19/87 U.S.F. Episcopal Center

1st Session — 4/14/87 — *Orientation/Communication Skills* I
Trainers: Lois Hipp, Volunteer Service Coordinator
Geri Bommarito, Volunteer Coordinator

2nd Session — 4/21/87 — *Anticipatory Grief/Family Dynamics*
Guest Speakers: Lois Mazur, LCSW
Anne Thal, LCSW

3rd Session — 4/25/87 — *Communication Skills* II/*Relaxation Skills*
Guest Trainer: Karen Rusk

4th Session — 4/28/87 — *Bereavement*
Guest Speaker: Majorie Carlson, LCSW

5th Session — 5/5/87 — *Bereavement Risk Assessment/Spiritual Needs of the Dying*
Guest Speakers: Lois Mazur, LCSW
Father Jerald Stadel, Rector
St. Catherine's Episcopal Church

6th Session — 5/12/87 — *Funeral Practices and Procedures/When Death Occurs*
Guest Speakers: Charles Segal, Funeral Director
Beth David Chapel
Mary Lesperance, R.N.

7th Session — 5/16/87 — *Communication Skills* III/*Interviews with the Dying*
Guest Speakers: Bobbi Chamberlain
Bill Dennis
Roger Rollins

8th Session — 5/19/87 — *Personal Care Skills*
Guest Trainer: Sandra Rex, R.N.

9th Session — 5/26/87 — *Charting/Closing Interviews*

APPENDIX B

VOLUNTEER TRAINING GUIDE

Orientation:

Welcome Trainees
Introduce Attending Staff
Staff Speakers
Review Training Outline
Announcements:
1) Driver's license and auto insurance
2) Class attendance
3) No smoking in bldg.
4) Class sharing & confidentiality
Get Acquainted Activity (*)

Hand Outs:
Training Outline
Farewell to Sunday Best
(*) Life Story
You Can Choose

Communication Skills I:

Introduction to Active Listening
Flip Chart
Round Robin Exercise*
Home Assignment**

*Use two groups for large classes

Hand Outs:
Communication Leads
First Learning: To Hear
**Reflection of Feeling Exercise
Roadblocks to Communication
You will also need: Flip chart

Anticipatory Grief:

Introduce Speaker

Hand Outs:
Reminiscences of a Hospice Volunteer

Family Dynamics:

Introduce Speaker

Hand Outs:
Suggestions for Dealing with Families In Crisis

Spiritual Needs of Dying:

Introduce Speaker

Hand Outs:
Religion
Spiritual Distress

Communication Skills II:

Briefly Review
Appropriate Use of Questions
Problem Solving
Staff Demonstration
Role Playing*

Non-Verbal Communication
1) eye contact
2) touch contact

*Use 2 groups for large classes

Hand Outs:
Attitudes in Listening
Listening
The Problem With Questions
Without Words
You will also need: Role Playing Cards, Cassette Player & tape

Relaxation Skills:

Guided Imagery
Foot and Hand Massage

Hand Outs:

You will also need: Cassette Player & Tapes, Hand Lotion

Personal Care Skills:

Introduce Speaker

Hand Outs:
Body Mechanics
Volunteer Health History

Bereavement & Bereavement Risk Assessment:

Introduce Speaker

Hand Outs:

Funeral Practices & Procedures:

Introduce Speaker

Hand Outs:
Florida Death Certificate
Jewish Funerals

When Death Occurs:

Introduce Speaker

Hand Outs:
Living Will

Communication Skills III:

Review of Active Listening
Staff Demonstration
Role Playing (with cards or personal experience)

Hand Outs:

You will also need: Role Playing Cards

Charting:

Explanation of Medical Chart
Need for documentation
Show Video
Explain how to document

Hand Outs:
Patient Care Notes
You will also need: T.V., Video Cassette

Closing Session:

Closing interviews
Volunteer Advisory Council

Hand Outs:
Volunteer Contract
(H) Training Evaluation
Volunteer Opportunities
Standards for P/F Volunteers
You will also need: Certificates, Volunteer Pins

SPECIAL NOTES

3rd Session:

Exercise In Dying

Hand Outs:
Exercise In Dying
Facing Death
You will also need: Cassette Player & Tape

6th Session:

1) Ask two volunteers to be patients
Begin wheelchair exercise
2) Interviews in Dying (Tampa only)
3) Confronting Death Exercise

Hand Outs:
The Presence of Death
You will also need: 2 wheelchairs, pillows/straws, Cassette Player & Tape

Miscellaneous:

1) Give out "My Funeral" at session prior to Funeral Practices & Procedures
2) Distribute Pot-luck Sign Up sheet session prior to event.
3) Request volunteers bring hand lotion/pillows session prior to relaxation skills.

APPENDIX C

FACING DEATH

Thoughts and Feelings About My Own Death

Directions:
Please answer the following as truthfully as possible. Indicate your first impression. Do not try to find false clues or psychological tricks for there are none here. There are no right or wrong answers—only your answers. This information is not required to be turned in. Time permitting, we will discuss this exercise during the training sessions.

I. *What is Life?*

A. Has life been good to you?
☐ Real good; ☐ So, so; ☐ Not so good.

B. Have you already accomplished your life's goals?
☐ Most of them; ☐ About half; ☐ Less than half.

C. Is life interesting to you?
☐ Mostly so; ☐ Once in a while; ☐ Seldom.

D. Has God been fair to you?
☐ In most cases; ☐ Once in a while He isn't; ☐ Seldom.

E. Would you like to relive your life?
☐ Most of it; ☐ About half; ☐ I like it the way it has been.

F. Are you usually happy?
☐ Most of the time; ☐ Seldom; ☐ A good portion; ☐ Half and half.

G. Does your religious faith contribute to your happiness?
☐ Major part of it; ☐ Sometimes; ☐ Never.

H. How often do you feel you would have chosen another vocation if you had it to do over again:
☐ Seldom; ☐ Most of the time; ☐ More times than not; ☐ Never.

I. Have you the feeling that God has punished you in life?
☐ Never; ☐ Once in a while; ☐ Often.

II. *Religion and Life*

A. What happens to "ME" in death?

B. What does death hold for you?
☐ Limbo; ☐ An end; ☐ An adventure; ☐ An escape.

III. *Social Considerations About Death*

A. At what age do you expect to die?_____

B. Where do you expect to die?
☐ In your own bed; ☐ In a hospital;
☐ In an accident situation; ☐ In a nursing home.

C. What person would you like to have with you at the time of death?
☐ Closest relative of my choice; ☐ Clergyman;
☐ Any person (e.g. doctor, nurse, friend, etc.); ☐ No one.

D. What person would you feel free to talk with concerning death?
☐ Closest relative of my choice; ☐ Clergyman;
☐ Physician; ☐ Friend.

E. How do you expect to die?
☐ During a surgical procedure; ☐ In an accident; ☐ From lingering illness;
☐ From a heart attack; ☐ From natural causes.

F. In terms of your closest human relationship, do you desire
☐ To die before him/her; ☐ To die after him/her;
☐ To die with him/her.

G. Have you made a will?
☐ Yes; ☐ No.

H. In terms of the person whose death would be most difficult for you,
1. Why would this person's death be so devastating?

2. Would this person's death affect your life's goals?

3. Would this person's death thrust an inconvenience on you?

4. How much does this person contribute to your self-image?

5. What mechanism would you expect to use to overcome the loss of such a person?

6. What do you think would be the extent of your grief reaction?

7. Has this person ever talked with you about the possibility of his/her death?

8. Would you want to be with this person when he/she died?

IV. *Evaluation of Self-Image*

A. Having completed the previous questions, write below a short obituary for yourself for the time when you expect to die.

B. Write a eulogy for yourself. Set it in the time frame you have projected for your death.

LIFE AFTER DEATH

A Thinking and Feeling Experience About Life After Death

Your responses are +, −, or 0, depending on whether you think and feel positively (yes) about the statement (+), negatively (no)(−), or aren't sure (Maybe)(0).

1. My life continues forever after death.
2. I fear death.
3. I shall maintain a recognizable identity after death.
4. I shall be able to communicate with loved ones who are still in the body after I die.
5. I believe that I shall reincarnate.
6. God utterly destroys the wicked after death.
7. The manner in which I live now will affect my life after death.
8. Suicide is sometimes the right thing to do.
9. Prayer for the departed is valid and good.
10. My view of what happens after death has an important influence on my relationships to those who are closest to me in this life now.
11. I believe that euthanasia is right.
12. I believe that life after death has been proven.
13. I believe that there is development and progress after death.
14. I shall meet and recognize persons of repute and those of earlier generations after death.
15. Persons who die mentally sick will go into the next life mentally ill.
16. My relationship to God now is important for life after death.
17. I shall be united with a loved one after death, even if he or she had no specific religious faith in this life.
18. I wish to have my body cremated.
19. I want to survive after death.
20. Unborn babies survive and grow after death.

APPENDIX D

EXERCISE IN DYING

1. Knowing I have only a limited time to live:

   a) makes me feel _____

   _____

   b) my biggest regret is _____

   _____

   c) I am most thankful for _____

   _____

   d) to bring some closure to my life I need to _____

   _____

   _____

2. Would you rather not know you are dying? ☐ Yes ☐ No

3. Where would you like to be when you die? _____

   _____

4. Would you like to be alone when you do? ☐ Yes ☐ No
   If no, whom would you like to be with you? _____

5. What is the most unacceptable way for you to die? _____

   _____

6. What is the way you most prefer to die? _____

   _____

7. How has this exercise affected you? _____

   _____

   _____

APPENDIX E

THE PRESENCE OF DEATH

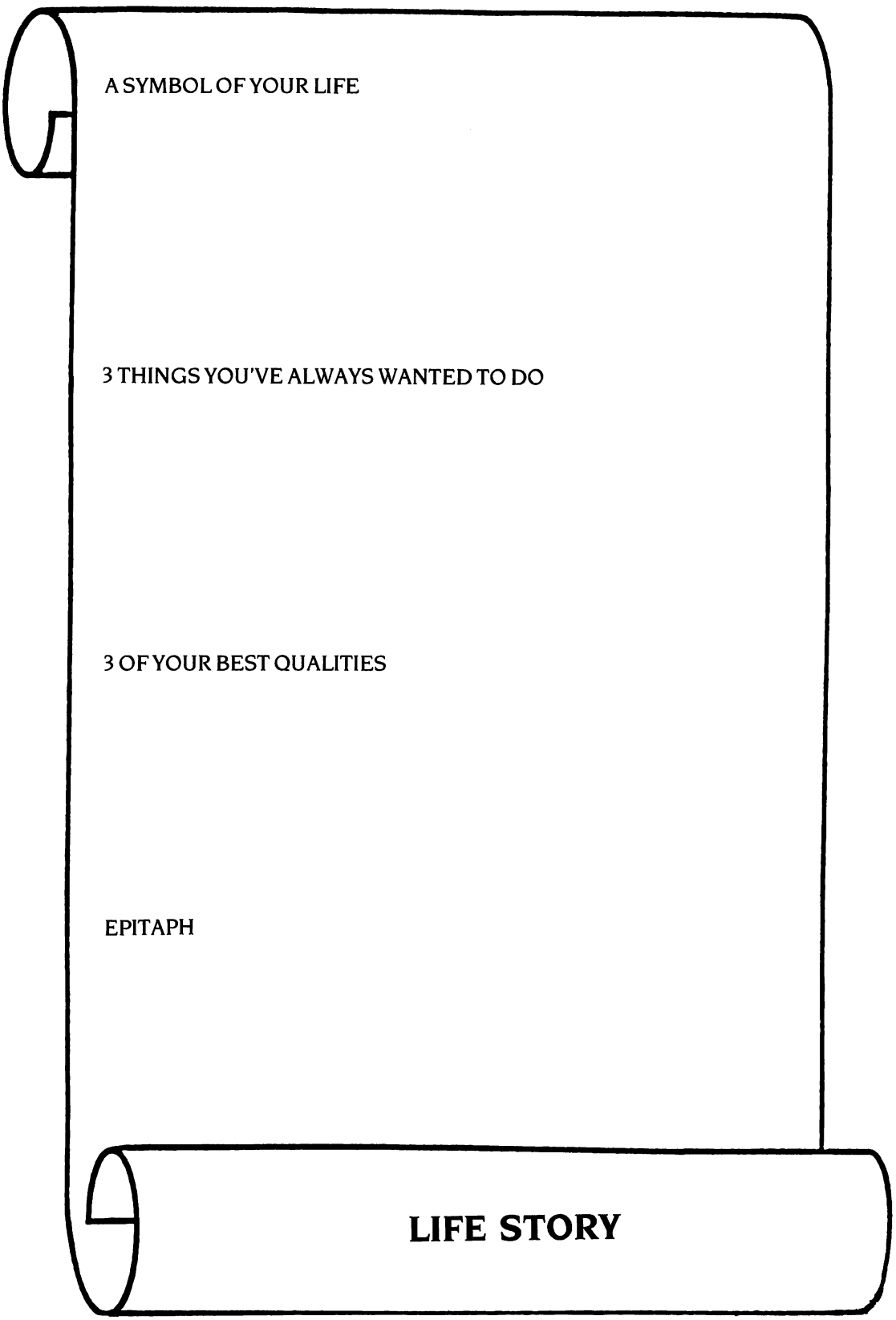
Describe Death physically as Death appeared to you:

Describe what qualities Death had:

Describe how you felt about Death:

Additional comments, if any:

APPENDIX F


A SYMBOL OF YOUR LIFE
3 THINGS YOU'VE ALWAYS WANTED TO DO
3 OF YOUR BEST QUALITIES
EPITAPH
LIFE STORY

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