Easy Does It: Initiating a Performance Evaluation Process in an Existing Volunteer Program

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THE PROBLEM

"We've been doing just fine without report cards." That was the response of a Board member and long-time volunteer of a telephone crisis service when the subject of performance evaluation was broached.

The grassroots agency which he served had begun as an all-volunteer project. Affiliated with a strong national program, CONTACT Teleministries USA', it features initial training and apprenticeship for the volunteers who handle all telephone calls. It had operated for several years without paid staff. When the need for professional management became evident, an executive director was hired. New recruiting, record-keeping, and support systems were welcomed, but the concept of evaluation was threatening to those who had been operating on their own since the beginning of the organization.

The Board of Directors supported making evaluation part of the program. An ad hoc committee was named to work with the new executive to develop a sensitive and gradual process for evaluating volunteer performance. The resulting process can be adapted to other programs, especially those engaging volunteers who provide human services in one-on-one situations, whether by telephone or face to face. The plan involves adding components to the evaluation process in three steps over as many years.

YEAR ONE: SELF EVALUATION

The first year, a two-page questionnaire was designed and mailed to the one hundred volunteers. One part involved self-evaluation, with each person being asked to rate his or her handling of various kinds and aspects of calls, areas of personal growth,

areas in which personal development was needed, and willingness to serve the organization in other capacities. The second part involved evaluation of the agency program—physical facilities, support system, in-service training, and communications.

The cover letter explained that the process was designed to help the organization offer appropriate support, training, facilities, and service opportunities. It was signed by both the chair of the committee and the director, to reflect both the joint authorship and the fact that the process was a cooperative undertaking of volunteers and paid staff. There was a deadline for returning the questionnaire, and respondents were asked to provide their names but confidentiality was promised.

After the deadline, committee members phoned non-respondents. Following the calls, the return rate reached almost 90%. The director then telephoned the remaining nonrespondents, explaining the value of their participation and offering to conduct a telephone interview. One volunteer resigned, saying she had wanted to do so for some time but had felt guilty. The call became an exit interview, followed promptly by a letter of appreciation that included a record of her service. Two other individuals indicated that they had procrastinated about sending in the questionnaire because they felt inadequate as volunteers. Listening, affirmation, and encouragement were offered, and an attempt was made to assess their needs for continuing training and support.

Questionnaire results indicated a need for more in-service training. Almost any imaginable topic was listed by at least one respondent, but a majority cited a need for sessions about repeat callers, substance

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abuse, and domestic violence. Generally, respondents expressed satisfaction with facilities and procedures, but about 25% observed that the bulletin board was cluttered, making it hard to spot new items quickly. An equal percentage expressed a desire to know more about Board plans and projects. A half dozen responses offered very specific practical suggestions for simplifying forms and reporting procedures. Twenty respondents—about one in five—commented that they would like more prompt and direct feedback about their handling of calls.

Questionnaire results were dealt with in several ways:

- Six in-service training opportunities were offered as compared to four the previous year.
- Procedures were streamlined to incorporate suggestions, and the bulletin board was kept current and organized.
- Practices and procedures that had been poorly understood were clarified in newsletters and in a revision of the procedures manual.
- Newsletter frequency was increased, and a regular column featuring highlights of Board meetings was added.
- Over the next two or three months, the director visited each volunteer during her or his regular shift in the telephone center, beginning with those who seemed from their responses to be insecure, unhappy, or burned out.
- To facilitate more frequent feedback, a postcard system was initiated and prompt, brief notes sent to those who handled difficult situations, gave extra time or made helpful suggestions.

Results of the first year of the evaluation process were encouraging. Intake sheets filled out by workers indicated that calls were being handled more appropriately. Attendance at each in-service training session increased by almost 50% over the previous year, despite the fact that there were two additional sessions. Two or three inactive volunteers became involved again as a result of personal attention to their concerns and needs.

YEAR TWO: PEER EVALUATION

The second year, the Board replaced the ad hoc committee with a standing one. A revised questionnaire was mailed and followed up with a new component: peer evaluation.

Volunteers were asked to pair up to critique one another's performance. Volunteers, who ordinarily worked one at a time in the telephone center, arranged to visit the center during the partner's shift. The pair took turns answering calls and assessing one another's responses. Printed forms were provided to guide the process. They included most of the items from the first part of the questionnaire but added such specifics as vocal tone and pace, ratio of time spent listening to time spent talking, and appropriateness of word choice—all elements that are hard to judge about oneself.

Participants were not asked to share the contents of the evaluations with staff or committee. Each volunteer signed a list indicating completion of the process and noted any suggestions for improvement of training, procedures, or policies. Four volunteers had trouble overlapping their schedules with others' and two were on a leave of absence during the process, but all the remaining individuals participated and reported that the procedure was helpful. Some pairs even met another time or two to evaluate progress or continue discussion.

The informal system of selecting partners had a built-in flaw: there was some tendency for persons with like weaknesses to be paired. Volunteers knew best those persons who had been in the same initial training class and who thus reflected any weaknesses of that particular training experience. For example, if their training session on the use of referral materials had been weak, neither partner might recognize lack of efficiency in locating referral information. Allowing free choice of partners, however, enhanced the process by making it less threatening and more enjoyable.

YEAR THREE: AN OBJECTIVE ELEMENT

The initial plan called for an objective evaluation instrument to be introduced in the third year. The committee had considered asking each volunteer to critique a verbatim—a written transcript of a crisis line call—but had some misgivings. Such

verbatims are prevalent in the human service professions, but the committee members anticipated considerable resistance from volunteers who excelled at oral communications but detested "writing it down." After streamlining recording procedures in response to volunteer input, it seemed inappropriate to ask for analysis of a written script.

A cassette tape of a simulated crisis call, with questions inserted at intervals, and an accompanying response form had been developed by another crisis agency and offered for sale. Several copies were obtained, and each volunteer was asked to listen to the tape, either signing out a copy to take home or using it at the center. A tape player was provided, and volunteers completed the response form and left it at the center.

Once the form was received from a volunteer, a brief interview was scheduled. A specially trained senior volunteer or staff member met with the individual, and the tape was played again. Responses were discussed, with lively dialogue resulting. Human communication does not always lend itself to objective evaluation. Even when volunteers argued for their "nonstandard responses," however, they had increased awareness of missed verbal clues and misleading answers.

The initial results of this phase of the evaluation process looked very promising. There was no indication that volunteers felt threatened by the procedure. On the contrary, many seemed to relish the challenge of critiquing the simulated call. It should be noted that the questionnaire was repeated a third time, with the intention to use a questionnaire on an annual basis for program and performance evaluation.

SUMMARY

Although performance evaluation is an essential part of any well-managed volunteer program, it is a part that should be introduced sensitively and carefully into an existing program. Self-evaluation is probably the least threatening way to begin, especially if it is linked to program evaluation so that people see the purpose as growth and development rather than judgment or criticism. Peer evaluation is a logical second step, with a more objective

evaluation instrument being introduced only after people have become comfortable with the process.

Introducing volunteer evaluations means that there must be a commitment on the part of those who manage the program to deal with the information generated. If volunteers are asked to provide input but do not perceive that they are heard, then evaluation becomes not just a useless but a negative process.

APPLICABILITY AND ADAPTABILITY

While the process as outlined is obviously appropriate for a telephone crisis service, it could be adapted for use in almost any program in which volunteers work individually and with little direct supervision to provide personal care: home, hospital or nursing home visitation; chore services; information and referral services; intake interviewing; peer counseling; or befriending programs such as Big Brothers or Big Sisters.

The questionnaire idea can be utilized essentially without adaptation. (Give any questionnaire a trial with three or four persons to eliminate ambiguous or misleading questions.) Do not settle for returns received without prompting and followup, and aim for 100% response.

Peer evaluation can involve listening to one another's calls, quietly sitting in on interviews (with the permission of the interviewee), or going along on visits to clients. Big Brothers or Big Sisters could pair up to take their younger counterparts on a shared outing and be aware of the interactions between the adults and young people for later discussion.

The third step could involve a video tape if the program provides for face-to-face contact. Audio or video tapes with questions right on the tape or signals to shut off the tape and critique at various points can be more effective for use with volunteers than are written transcripts. Tapes, whether audio or video, are probably even more effective when used in small group settings so that discussion can immediately follow the critique. However, some volunteer programs do not lend themselves readily to gathering groups of volunteers.

In designing the program, it is well to keep in mind the Board member's comment

about report cards. Change of any kind generally produces some anxiety, but when that proposed change involves evaluation, the anxiety is intensified. Easy does it.

FOOTNOTE

1. CONTACT Teleministries USA, Pouch A, Harrisburg, PA 17105.

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