
THE JOURNAL OF VOLUNTEER ADMINISTRATION

Summer 1988

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ASSOCIATION FOR VOLUNTEER ADMINISTRATION

The Association for Volunteer Administration (AVA) is the professional association for those working in the field of volunteer management who want to shape the future of volunteerism, develop their professional skills, and further their careers. Members include volunteer program administrators in a wide variety of settings, agency executives, association officers, educators, researchers, consultants, students—anyone who shares a commitment to the effective utilization of volunteers. AVA is open to both salaried and nonsalaried professionals.

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

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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 \$24 per year or \$65 for three years. Subscribers outside the United States and Canada should add \$10.00 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

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ABSTRACT

Not-for-profit boards of directors may understand much of their role as policy boards, yet one responsibility often misunderstood is how to insure the best possible management and administration for the organization.

Hiring and appropriately supervising the executive director is a pivotal responsibility of not-for-profit policy boards of directors.

Planning and implementing this part of the board responsibility should receive the time and attention it deserves. If not, miscommunications and frustrations may develop, causing conflicts between the executive director and the board. Firing the executive may then be seen as the only answer to the conflict. This article discusses steps that can be taken to avoid that situation.

Fire The Executive Director? The Board's Responsibility in Averting This Organizational Crisis

Katherine Noyes and Marcia Penn

"The Executive Director shall serve at the pleasure of the Board of Directors . . ."

These or similar words appear in the by-laws of most not-for-profit organizations as part of the authority given to their boards of directors. Yet how many individuals serving on such boards fully recognize the implications of this particular power? How often is this responsibility automatically accepted in principle, but taken too casually in practice?

In many ways, nonprofit organizations that operate with a policy-making board of directors and an executive director represent the best of both the corporate and voluntary sectors. On one hand, commitment to the mission of the organization often inspires those who serve on the board to give time and energy that surpass all realistic expectations. By representing community interests, it is the board that ensures that the organization will remain accountable to that mission. On the other hand, the executive director provides full-time attention to the day-to-day operation of the organization. The continuity of this position counterbal-

ances the transient nature of the board and enables the organization to continue moving forward with consistency and growth.

Despite this reliance on one or more paid staff, however, the board never relinquishes its responsibility to see that the organization is well managed. In its zeal to fulfill this obligation, most board members concentrate on hiring a competent, appropriate executive director—and then breathe a sigh of relief. It is an unspoken assumption that all will go well from that point on, and no one deems it necessary to plan for the unlikely possibility of having to *fire* that person. After all, if we've done a good job hiring, what can go wrong?

A CASE IN POINT

But things can go wrong, as illustrated by this actual example of a nonprofit adoption agency. Funded by United Way, this agency was established 70 years ago to meet the needs of "unwed mothers," and over the years has shifted its emphasis to adoptions of hard-to-place children. The staff is small, consisting of an

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executive director, an administrative assistant, a secretary, four professional social workers, and a very active and involved group of volunteers which includes the board of directors. The board is fairly prestigious and usually does not have problems recruiting members from the community.

The organization has a history of successfully marketing itself, doing strategic planning, and raising additional funds as needed. Two years ago the executive director, who had worked at the agency for 30 years, retired. She was much loved and respected by her staff, board and community leaders, as well as the clients the agency serves. She was clear about her role and responsibilities in relation to the board. When she left, the board interviewed and hired a young man who had excellent references and appeared poised and capable. The board members worked hard during the recruitment and transition process, and were more than willing to back off and let the new executive do his job.

During the first year there were occasional comments and innuendos from some staff about the executive director's lack of professionalism. At board meetings members often felt that information was being sifted, that only pleasant and noncontroversial material was being reported. When the director was questioned, he always responded that everything was running smoothly—"No problems."

And then it came time for the agency to be evaluated by United Way. A consultant was brought in to assist, and major problems were revealed—problems that were embarrassing for the board, the executive director and the agency as a whole, problems that could have been anticipated and avoided. Suddenly, the worst fears became real and the board president was faced with facts that could no longer be denied. He recognized that firing the executive director is part of the board's responsibility and that he, as president, must recommend firing in this situation. If this were his own private business he wouldn't hesitate: he would fire the incompetent employee immediately. Yet this was very different; he was plagued with doubts, not about the em-

ployee's unacceptable behavior, but about how the firing would be received in the community. Would it damage the funding base of the organization? Would the board support his recommendation? Would the community think less of the agency? Would the staff understand?

WHAT WENT WRONG?

Clearly something is amiss if a situation deteriorates to the point that it becomes necessary to fire the executive director. In management seminars and classes we learn the techniques for dealing with unsatisfactory employees, but this issue—firing the executive director—has received very little attention in the literature on nonprofit management. Writing in the *Harvard Business Review* (May-June 1982), Israel Unterman and Richard Davis state:

Although it's often difficult to hire professional managers for not-for-profit organizations, discharging them can be even more difficult. Commonplace is the manager who has been "on the way out" for several years. Forcing separation or firing is not a pleasant task for the board; thus, trustees often seek an easy way out and fail to document reasons for discharge. The director can usually outwait and outlast a "controversial" board member. Furthermore, if performance standards are unclear, it may be impossible for a volunteer to muster enough forces to get the director fired.

What can be done to prevent the escalation of problems to such a point of crisis? Scenarios such as the one described above indicate the need for greater attention to two aspects of board functioning: supervision of the executive director and intra-board communication.

Supervision of the Executive Director

Board members generally understand that hiring and firing the executive director is their responsibility. But the supervision which must follow the "hiring" in order to avoid the "firing" is often left to chance. Rarely is there planning to enable the board to adequately fulfill this specific role. The following questions provide some clues as to how the supervision process can be made more deliberate:

- Has the board clarified the distinct roles and responsibilities of the executive director and the board, and do they re-

view these on an annual basis? Perceptions and reality may be different and can change over time. This needs to be discussed and not left to a standard job description.

- Does the board annually provide the executive director with clear expectations for the agency and staff based on goals which have been set together? Is it in writing and do all persons understand and agree?
- Does the executive director understand the reporting procedures which are to be followed? Have these been communicated to the full board?
- Is there a pre-established time for evaluating the executive director and does s/he have an understanding of performance appraisals, remuneration potential, and other benefits? Is the person who will supervise identified by name? Has a schedule been established for regular supervisory meetings?
- Have board members discussed and agreed upon a way they will monitor policy implementation? Has this been communicated to the executive director?
- Have the board and executive director discussed the inevitability of conflict as a part of their working together, and have they strategized ways to resolve differences when they occur?
- Have the board and executive director discussed what each must do to maintain a trust relationship with one another?

Points such as these represent ongoing standard operating procedures for any good management of people. Ideally they should be incorporated into the start-up procedures of not-for-profit organizations and reiterated when a new executive director is hired. To ignore the responsibility of supervision not only jeopardizes the overall health of the organization, but also short-changes the executive. S/he is entitled to know, in a timely fashion, whether s/he is performing to the expectations of the board—and if not, why not. Regularly scheduled performance evaluations allow the executive to grow, develop and change. Open communication and trust are not only one person's responsibility in an organization, neither are they a "sometime" responsibility of the boards.

Intra-Board Communication

For many nonprofit boards, intra-board communication may be rarely discussed in depth. But when a board is struggling to fulfill its role, it is often discovered that members do not trust each other enough to talk openly and honestly about their concerns, as in the case described here of a board president who apparently didn't consider talking openly to his board about the situation. Thus it is critical that the president or vice president recognize the need for communication among individual board members and take deliberate steps to ensure that it occurs. The following strategies for fostering intra-board communication may be helpful:

- Establish an annual board retreat, to understand why people joined the board and their level of commitment to the agency.
- Plan an occasional social function for board members to allow them to get to know each other.
- Identify commonalities among board members and discuss them at appropriate times.
- Encourage creative thinking by board members by maintaining an atmosphere that is receptive to new ideas and suggestions.
- Recognize board members' outside achievements, successes, celebrations and tragedies.
- Respect differences of opinions on the board; discuss the value of different perspectives.
- Do not assume that the same people want to serve on the same committees all the time. A corporate executive may be delighted to bring refreshments to a meeting, or a housewife might enjoy serving on the fiscal committee where she might ask probing questions.
- Match new board members with others with whom they are unfamiliar and arrange for them to work on an assignment together.
- Ask all board members to submit brief biographies of their life and activities and share them with the full board.
- Ask board members to identify ways they believe they can help the organization. Do not make assumptions about the skills or talents they bring or about what

they may or may not want to do—you might be pleasantly surprised!

Intra-board communication takes time and effort, yet is critical to avert organizational crises. Time should be allocated at board meetings and other organizational events for this purpose. The goal should be to develop trust between board members and to develop new links which avoid stereotyping. Sharing of ideas, concerns and dreams should be encouraged, and asking questions should be seen as a responsibility of every board member. This facilitates a more active and involved board which in turn promotes a better run organization to meet common goals and to be sensitive to problems before they become serious.

CONCLUSION

Perhaps the ultimate challenge for all not-for-profit boards and executive directors is to keep the organization moving safely toward the fulfillment of its mission. Yet in the case described above, the situation was allowed to worsen to the point that the future of the organization was threatened. Why did this happen?

During individual interviews several months after the executive director was fired, several board members admitted that they had previously had nagging doubts and concerns about certain aspects of the director's performance. But they did not feel comfortable enough with each other or with their own role as board members to risk expressing these feelings. They were afraid to be proven wrong, afraid to be perceived as "on the attack," afraid to lose credibility with their fellow board members. In short, they did not trust each other.

Planning for communication among board members and between the board and the executive director enables everyone to confront important issues in a healthy and productive way. Speaking up and speaking out must be perceived as a legitimate part of the paramount responsibility to safeguard the organization and its goals. By maintaining openness and trust at all levels, and actively practicing the principles of supervision, a crisis such as having to fire the executive director can be averted. Deliberate attention to these aspects of good management can

turn a potential leadership liability into an asset that benefits the board, the staff and the organization as a whole.

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The Underlying Dynamics of Staff-Volunteer Relationships

Claudia Mausner

WHY EXAMINE THE STAFF-VOLUNTEER RELATIONSHIP AGAIN?

Despite rumors to the contrary, volunteerism is on the rise. Although the traditional volunteer—an upper middle class woman working 15+ hours per week—is hard to find nowadays, others are actively filling volunteer positions.

According to the 1985 *Americans Volunteer* survey, "Volunteer activity remains a pervasive activity for nearly half of the American population."¹ Volunteerism is increasingly perceived by the profit, non-profit and public sectors as critical to maintaining the high standard of living we have come to expect in the United States. Indeed, Independent Sector is calling for a 50% increase in volunteering by the year 1991.² This is a major challenge to the voluntary sector, and will be met only if the *quality* of the volunteer experience meets ever-increasing standards set forth by the volunteers themselves. According to Ivan Scheier, however, the quality of this experience may not be adequate to ensure the level of volunteerism we will need as we move toward the 21st century. He has warned:

*The next decade ('80s) will either see a decisive improvement in . . . treatment of volunteers or it will see a parting of the ways after a half century of imperfect alliance.*³

Marlene Wilson seems to concur with Scheier's belief that, in her words, "volunteers . . . will simply quit, or move on to neighborhood and self-help groups to 'do their thing'."⁴

As Scheier's disturbing predictions suggest, opportunities for volunteer ac-

tivities abound today; no longer is the volunteer's choice limited to pre-defined, and perhaps narrowly focused positions in agencies or institutions. There are options for people with a wide range of interests, capabilities and schedules, in settings ranging from government agencies to neighborhood associations.

Motivations for volunteering are also more varied today than in the past. As the image of "lady bountiful" recedes, demands by volunteers for work which offers job-related experience, meaningful social interaction, or personal growth increase accordingly. Pure altruism is no longer sufficient to motivate the majority of volunteers.

In order to meet volunteers' motivational needs by offering gratifying positions in the myriad of settings available, volunteer managers will be challenged with the task of improving the quality of the volunteer experience across the board.

This paper is based on the premises that the quality of the volunteer experience is closely related to the volunteer-staff relationship. Efforts to enhance this relationship, making it both more productive and more gratifying, will go far toward improving the quality of the volunteer experience itself.

THE IDEAL PARTNERSHIP

The ideal staff-volunteer relationship can best be described as a "creative partnership" in which each partner complements and maximizes the productivity

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of the other.⁵ This ideal applies equally well to a staff- or a volunteer-run organization.*

Volunteers in staff-run organizations enrich and extend staff by allowing them the time and resources to do what they do best. In voluntary organizations, staff free up volunteers by undertaking those tasks which volunteers have neither the time, interest nor expertise to accomplish. Furthermore, volunteers are supported by staff in their efforts to accomplish their chosen objectives. In either situation, there is a delicate balance or "dynamic tension"⁶ as staff and volunteers attempt to complement one another.

This ideal relationship is embodied in the "teammate" model described by Schroder⁷ in which volunteers and staff work as equals to fulfill the organization's mission.

Mutual trust and an equitable balance of power enable this relationship to evolve. In the "teammate" model, both volunteers and staff share involvement in and responsibility for program planning, implementation and evaluation. As a result, each partner on the team maintains a high level of commitment both to his/her participation and to the organization as a whole.⁸

Social exchange theory⁹ helps to illuminate the teammate model of an ideal volunteer-staff relationship. This theory is based on the principle of reciprocity, whereby volunteers and staff benefit equally from a give-and-take relationship. When reciprocity exists, each participant receives the benefits and rewards s/he desires; is able to empathize with the needs of others in the relationship; understands and abides by agreed-upon rules; and is willing to share power.

* In this article, staff-run organizations are defined as those having staff members from their inception, with volunteers recruited by a volunteer administrator after the organization has been established. Volunteer-run or voluntary organizations are defined as those conceived and initiated by volunteers, in which staff, who are responsible to the volunteers, have been hired after the organization's inception.

According to social exchange theory, the relationship between volunteers and staff is most productive when there is a "balanced partnership"¹⁰ with complete reciprocity. Under these circumstances, volunteers and staff are committed to working as a team because they both expect to benefit from their cooperative efforts.

If the expectations of staff or volunteers are not met, *i.e.*, the desired benefits are not forthcoming, the balance in the staff-volunteer relationship can falter. Similar problems arise when either party feels s/he is contributing or sacrificing more than the other. The resultant imbalance in the partnership, *i.e.*, loss of reciprocity, may create an inability or unwillingness to empathize with partners, to abide by agreed-upon rules, or to share power. Above all, an imbalance in the volunteer-staff relationship will negatively impact the desire and ability of these individuals to work as a team.

KEY DYNAMIC ELEMENTS: TRUST AND POWER

Trust is the key to developing and maintaining a balanced partnership between staff and volunteers. It is the underlying force which holds the volunteer-staff relationship together. The use of power by staff or volunteers, when power is defined as a combination of control and authority, is what enables them to accomplish concrete results.

Social exchange theory suggests that the ability and willingness to share power emanates from a foundation of trust. If volunteers and staff trust that they are working toward the same organizational goals, they will share power to meet those ends most effectively. Perhaps the ability to share power is the most critical factor which can facilitate effective teamwork.

For many reasons, establishing and maintaining trust between staff and volunteers can present a major challenge in either staff- or volunteer-run organizations.

It is crucial to recognize that trust is based on the premise that both parties are equally committed to achieving the same organizational goals. Lack of a clearly defined mission, therefore, can present one of the most significant obs-

tacles to building an effective staff-volunteer relationship. Without an agreed-upon mission, neither volunteers nor staff will be able to determine whether they share the same objectives with their "partners."

Even if the mission is clearly stated, volunteers and staff may adhere to different interpretations. Oftentimes, volunteers and staff perceive the mission differently because of differences in their world view, formed by disparate socio-economic, racial and/or cultural backgrounds.

Trust can also be impaired by misunderstandings about volunteer or staff motivations. When volunteers assume that salary is the primary motivator for paid workers, they are inclined to distrust staff commitment to the cause. Their distrust of staff motivation may cause volunteers to demand and/or expect staff to contribute "free" time as proof of their commitment to the organization.

This distrust and the resultant demands on staff time and availability can cause a serious imbalance in the partnership. If staff members insist on maintaining a 40+-hour work week, volunteers may feel that they are contributing an uneven share of time and energy; but if volunteer requests for additional work hours are met, staff may conclude that they are making more sacrifices than are their counterparts. In either situation, the reciprocity in the relationship will eventually erode, as will the ability to work together as equal partners.

Problems also arise when staff undervalue volunteer work, simply because it is unpaid. As a result of this attitude, they are likely to distrust the seriousness of volunteer commitment to the cause. These staff members might react by allowing volunteers to do only menial tasks, or by being generally unappreciative of volunteer efforts. Since volunteers in these situations would probably feel frustrated, productivity would diminish and the volunteer-staff relationship would stagnate or dissolve.

Once trust is firmly established between staff and volunteers, there is the opportunity and, hopefully, the willingness to share power. Shared power implies agreement by both parties as to who

is in charge and what is the chain of command. Well-established and mutually acceptable lines of authority provide the framework for productive teamwork.

Those with authority must delegate control in a consistent, fair manner. Delegation of power must be based on the needs inherent in specific situations, as well as on the ultimate goal of achieving the organization's mission. In other words, the power structure should adapt to the needs of each project and should not be determined by the desire to protect and preserve power for a select few.

Power struggles can ensue when the lines of authority are not mutually acceptable and control is reserved for a select few, regardless of the needs of a given situation. Eventually, participants will maneuver to correct these power imbalances.¹¹

During the struggle to shift the balance of power, staff and volunteers will probably be unable to accomplish even the easiest organizational objective. MacNair (see footnote 11) describes several scenarios which clearly demonstrate how organizations can suffer under these circumstances.

In one scenario, volunteers remain in their positions but refuse to cooperate with staff, staging a quasi-strike. Their source of power lies in their inactivity. On the flip-side, staff might adopt a more reactive approach to accomplishing their responsibilities as they wait for dissenting volunteers to resign or complete their terms.

Another scenario involves the resignation of volunteers or staff. For better or worse, volunteers are more likely to resign; staff more often remain on the job, but become "burned out." Perhaps volunteers and staff might limit their interactions or attempt to work around the rules which had been agreed upon initially.

The impact of trust and power in a staff-volunteer relationship becomes even more evident when examined within the context of the "parent/child" and "child/child" models described by Schroder (see footnote 7). Through these models, it becomes clear that lack of a balanced partnership inhibits effective teamwork.

In the "parent/child" model, the parent makes all of the decisions, talks down to

the child, and regards him/herself as the sole expert. The child has limited input regarding his/her activities, the program itself, or the organization as a whole. Since the child isn't held accountable for his/her performance due to the parent's low expectations, s/he doesn't feel much responsibility for achieving results (see footnote 7).

This model seems to reflect attitudes in many staff-run organizations in which staff create and perpetuate the self-fulfilling prophecy of volunteer unreliability and incompetence. Staff have low expectations for volunteer achievement and distrust volunteer commitment to the job and/or organization. Therefore, they refuse to share power with the volunteers, causing a serious imbalance in the partnership. Volunteer commitment and sense of responsibility diminishes in direct proportion to the low level of staff expectations. In the "parent/child" model, it is impossible for the child or, in this case, the volunteer to function at his/her fullest potential.

The "child/child" model refers to relationships in which all of the participants fight for complete control of decision-making and program implementation. The "children" struggle not only for sole ownership of what they perceive to be the organization's mission but also for recognition for any accomplishments which match their interpretation of the mission (see footnote 7).

For the volunteer- or staff-run organization, this model represents total lack of trust between staff and volunteers. As a result of their mutual distrust neither volunteers nor staff are willing to share power and a full-blown power struggle ensues.

A "child/child" form of interaction is probably most common when the organizational mission is unclear. This situation would encourage both staff and volunteers to fight to obtain credit for accomplishments in an attempt to bolster their own interpretation of the organization's goals.

Lack of clear distinction between volunteer and staff responsibilities might also encourage "child/child" interactions in which both parties struggle for sole power and recognition. In many staff-run organizations, for instance, there is resis-

tance to involving volunteers because of role confusion. "Child/child" interactions may result when recalcitrant staff members are forced to work with volunteers. Staff who fear that volunteers may replace them as a cost-saving measure, or that skilled volunteers will outshine them, will probably fight for full control and responsibility over their programs and resist any meaningful participation by volunteers.

In a voluntary organization, the "child/child" tug-of-war might occur if volunteers shift too much responsibility to staff in their desire to achieve the highest possible standards. When voluntary organizations become "overprofessionalized"¹² in this way, volunteers find themselves inadvertently excluded from activity. When they realize what has happened, volunteers will probably struggle to regain their lost power.

In any of these scenarios, little progress would be made toward fulfilling the organization's mission. Thus, the success of volunteer involvement—either in volunteer-run or staff-run organizations—is highly dependent on the ability of volunteers and staff to achieve both mutual trust and the concomitant willingness to share power.

CONCLUDING THOUGHTS

There remains much to learn about the underlying dynamics of staff-volunteer relationships. By applying learning from related fields such as organizational and applied psychology, business and personnel management, community development and social work, we may achieve a better understanding of the relevant issues.

Specifically, further application of social exchange theory may help explain the dynamics of trust and the ability of staff and volunteers to share power. Research on patterns of communication will be useful in developing effective training and orientation sessions to foster improved relationships from the outset.

The direction of volunteerism in the next decade will be significantly affected by the ability of staff and volunteers to work together productively. Without a true partnership, neither staff nor volunteers will be able to accomplish a fraction

of what they will accomplish working as a team in pursuit of common goals.

FOOTNOTES

¹*Americans Volunteer*. Washington, D.C.: Independent Sector, 1985, 4.

²*Daring Goals for a Caring Society*. Washington, D.C.: Independent Sector, 1987, 5.

³Scheier, Ivan, as quoted in Marlene Wilson. Reversing the Resistance of Staff to Volunteers. *Voluntary Action Leadership*, Spring 1981, 21.

⁴Wilson, Marlene. Reversing the Resistance of Staff to Volunteers. *Voluntary Action Leadership*, Spring 1981, 21.

⁵Wilson, Marlene. *The Effective Management of Volunteer Programs*, Boulder, Colorado: Volunteer Management Associates, 1976, 186.

⁶Snider, Alan. The Dynamic Tension: Professionals and Volunteers. *Journal of Extension*, Fall, 1985, 9.

⁷Schroder, Deborah. Can This Marriage Be Saved? Thoughts on Making the Paid Staff/Volunteer Relationship Healthier. *Voluntary Action Leadership*, Fall 1986, 16.

⁸Drucker, Peter. *Management: Tasks, Responsibilities, Practices*. Harper & Row, 1973, 483 as cited by Marlene Wilson. *op. cit.*, 163.

⁹MacNair, Ray H. Citizen Participation As a Balanced Exchange: An Analysis And Strategy. *Journal of the Community Development Society*. 1981 Volume 12, No. 1, 1-19.

¹⁰MacNair, Ray H., *Ibid.*, 6.

¹¹MacNair, Ray H., *Ibid.*, 3.

¹²O'Connell, Brian. *The Board Member's Book*, New York: The Foundation Center, 1985, 49.

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The Telephone Role of the Volunteer

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The sounds produced by the voice have the potential to communicate varied messages to the listener. A person's voice is a unique and identifiable characteristic, associated with specific personality traits, emotional expressions, interest and responsiveness of the speaker, and reflects the clarity of the ongoing thought process. In addition, the tone of voice reflects the physical health and energy level of an individual. Nonverbal voice research suggests that listeners can accurately judge the socioeconomic status (whether high, middle, or low) of a speaker after hearing a voice sample of only sixty seconds in duration. The higher the perceived status given the speaker, the higher the credibility rating given to that person.

THE TELEPHONE AS COMMUNICATION TOOL

Within many community organizations the telephone voice of the volunteer has become the most common communication tool with which to channel information to those in need of constant person-to-person information access. Although most people have a telephone accessible to them, it is often regarded with some ambivalence.

Nonverbal communication studies report that females are the more frequent users of the telephone even though they admit to being more uncomfortable than males are with unseen communication partners (Argyle, Lalljee, and Cook, 1968). This is easily noted by observing the increase in irregular body movements and gestures which accompany the telephone

conversation of most females. In a recent study by Markman and Young (1987), it was suggested that women use the telephone as a resource in order to alleviate isolation in their social environment. Men, however, who self-disclose less than women, seem to prefer to use the telephone for shorter periods of time than women do. They also appear more comfortable with the essential task-communication function of the telephone (Malandro and Barker, 1983). The telephone satisfies the instrumental function of gaining an answer to the questions which the male has. "I called to ask whether . . . Could you tell me where I could find . . . I thought you might know where . . . Can you arrange to be at the office at eight?" Once the question or questions have been answered, the conversation is usually brought to a rapid ending. Females, however, although uncomfortable because they cannot use their visual sense to scan the total range of nonverbal cues from another person, will continue to interact longer to fulfill the expressive function of communication—expressing moods, attitudes, and feelings (La France, and Mayo, 1978).

Whether or not men and women view the use of the telephone differently, they should realize its significance as a lifeline for clients. The purpose of this article is to describe effective telephone communication skills for volunteer-client interactions and to describe the messages unknowingly transmitted by the voice of the volunteer.

There is a constant need to evaluate the feelings of volunteers in terms of their

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satisfaction with the telephone as a form of communication. The most common frustrations of volunteer workers are often the result of not knowing what is expected of them, how they can improve, and why they are doing what they are doing (Young and Hendrix, 1985). Organizational research suggests that a positive relationship exists between information accessibility, job satisfaction, and performance in a work environment (Allen, Lee and Tushman, 1979; Downs, 1977; Gladstein, 1984). Asking volunteers to express their feelings about their role as communicators may reassure individuals of the organization's concern about their job and communication comfort and can also provide the organization with direct feedback for possible changes in their position.

LISTENING PERCEPTIONS

The multiple roles attributed to volunteers by clients may include surrogate family member, intimate confidant, authority figure, and counselor. Such role expectations affect the communication strategies which volunteers and clients employ with one another (Fry, Lech, and Rubin, 1974).

Many times the voice of a client becomes too familiar to the volunteer. Selective listening may result. In that situation, the listener anticipates the speaker's verbal and vocal responses. The listener will stop listening at some point with the expectation that the rest of the message can be easily predicted. The problem that often results is that the speaker *assumes* that the listener has received the message and the listener believes there is *no need* to hear the *whole* message. If the listener interrupts the speaker or seems impatient with the completion of the message, the speaker may decrease the amount of information shared. Either way, the message has not been accurately communicated.

Someone who speaks slowly and subsequently takes more of the listener's time is suggesting nonverbally a willingness to become more interpersonally involved with another person. The slower speaker may also appear more thoughtful and careful in revealing the specifics of a shared message. On the other hand, the

faster a person speaks the greater is the perception of competence, confidence and persuasive ability attributed to that person. For the listener, the slower the person speaks the more friendly, informal and sociable the individual is perceived to be (Knapp, 1978). In order to project a combination of these characteristics, an individual might begin speaking at a relatively rapid rate until competence is established and then moderate the tempo to suggest a more relaxed, friendly approach to communicating.

Adjusting to the conversational rhythm of another's speech is an exercise in patience and flexibility. If the respondent can pose silent questions while listening this may help direct the focus on what is and is not included in the speaker's verbal message. What it is thought a person said, and what the person actually said may be like the difference (according to Mark Twain) between lightning and the lightning bug! When in doubt, a listener should always ask for clarification.

CLARIFICATION

The telephone volunteer can think of different ways to seek clarification and reinforcement of the personal impressions gleaned from each conversation with the client. If frequent summaries are introduced into the conversation they provide time for both parties to reflect on how much has been verbally accomplished up to that moment. By packaging information every few minutes, or ending a shorter conversation with a summary, the volunteer is forced to condense what has been said into a few major points. Verbal summaries are also feedback opportunities to help the volunteer sense whether or not basic information has been introduced and assimilated by the client. Summaries become verbal sign-posts which help to structure conversation. By using the summaries after the conversation has ended, evaluation can begin as to how effectively the original message intent seemed to have been accomplished.

Repetition reinforces a message and aids in further recall of information. For most communication presentations, speakers are urged to give the information, then remind the listener that the

information was given, and once again repeat the message at the conclusion. Repetition as a communication technique is particularly meaningful for older clients whose immediate and short-term memories are usually not as sharp as their long-term recollections. If at all possible, volunteers should use verbal, vocal and print channels to get important information across. If written material cannot be sent to the client, pass the verbal message along to someone close to the client (a family member, neighbor or friend) as a secondary source of communication.

In communication with older clients it is important to realize that it takes longer for them to process most information. With this in mind, conversation should proceed at a relatively slower pace, using repetition and internal summaries as much as possible. Significant ideas can be previewed by verbally calling attention to them with such phrases as: "This is very important," or "You're going to want to listen to this closely," or "You ought to write this down." The words themselves warn the listener that something significant is to follow.

Since listening occupies half of the 80% of the time people spend communicating (Krier, 1981), the accuracy of a message should not be taken for granted. Active listening invites people to re-state and clarify the meaning in their messages. In order to promote active listening, a client's major ideas should be re-stated clearly by the volunteer until both the client and the listener are satisfied. Although a speaker supposedly knows the intent of the verbal message to be sent, it is often not the same intent or message which a potential listener receives. In order to evaluate whether the message has similar meaning for both parties, the volunteer might ask the client: "Did I hear you say that. . . ? Do I understand your concern is. . . ? Can we go over the instructions again from your point of view? . . . Why don't you tell me what I have suggested that you do?"

A large part of the responsibility in any interaction rests heavily upon the listener. Listening is an act of nurturing in our support for others in their act of growing (Peck, 1980). Although listening can occur on many levels, sometimes the

process can be achieved with little attentiveness or control. That is not what is meant by active listening and message clarification.

VOCAL MESSAGE CUES

The sound of the voice as it relays messages is an essential nonverbal communication tool. Clients evaluate what they hear as suggesting the warmth and responsiveness of the speaker on the other end of the telephone. The act of smiling while speaking raises the cheekbones and spreads the lips, thus enlarging the oral cavity. The sounds produced are evaluated positively by the listener. It is a simple matter to try this exercise in private, saying a few words without smiling and then changing the facial muscles to a smiling position. The positive change in sound quality can easily be heard.

Another vocal impression which sends specific messages to a listener is provided by voice quality. The speaker who has either nasality or stridency as a distinctive sound quality in the voice is usually evaluated in a negative manner. A nasal quality is the result of high pitched, whining sounds trapped inside the nasal passages. A strident vocal quality occurs when excessive tension in the throat area produces high-pitched, loud metallic sounds which appear to be pushed vigorously toward a listener. Both voice qualities are unpleasant to the ear.

Certain sounds elicit more positive evaluations depending on the gender of a person. An excessively *breathy* voice quality of a female can lead to perceptions of sensuality or low intelligence, whereas the same pointed breathiness in a male voice may sound effeminate, youthful, or very artistic. Females with *thin* voices are thought to be immature but a thin voice quality is not considered that significant for male voices (Malandro and Barker, 1983). In the same way, extra sounds added to the voice can send suggestive messages that the person is a growler, a sigher, or a whiner. Anticipation of any specific voice quality can easily color the nonverbal impression transmitted by the voice.

Communication research suggests that females are more intuitive judges of nonverbal cues and are therefore "tuned in"

to the subtleties of the voice and silence more than males are (LaFrance and Mayo, 1978). What an individual does not say may be more important in conversation than what the person does say. The telephone communicator must be sensitive to silence and its function. "The reality of the other person is not in what he reveals to you, but in what he cannot reveal to you. Therefore, if you would understand him, listen not to what he says but rather to what he does not say" (Gibran, 1951).

SPECIAL PROBLEMS

It is certainly more difficult to evaluate what a person hears without a great deal of listening experience. Both males and females who have learned to monitor their own voices are more accurate judges of other persons' vocal cues (Knapp, 1980). Other nonverbal vocal elements which suggest personality characteristics are rate and time. The person who interrupts another or completes someone's thoughts and sentences somewhat impulsively is perceived as an uninterested or egotistical listener.

Occasionally clients may have such severe emotional problems that they cannot process what a volunteer is saying. In that case, the volunteer needs to be openly non-judgmental, reassuring individuals of their right to express feelings openly, without fear of criticism. Often the mere act of listening silently may help emotional people solve their own problems by hearing themselves. During appropriate breaks in the client's monologue, the volunteer can confirm her/his understanding of the feelings and ideas expressed. A volunteer's prime responsibility is to understand the problem and not necessarily to solve it.

When time is limited, the volunteer should remember to mention the constraints under which s/he is operating. Repeat this information mid-way into the conversation so that the client recognizes your limited availability. When working with older persons, this may be a particular problem. They may sense your desire to close the interaction time and feel that you are not interested in them. By using an honest and direct approach to time problems this difficulty can often be avoided.

By the same token, volunteers should avoid time-pressuring older clients. Verbal responses, decision-making, or tasks which require rapid responses or completion become a source of stress for most elderly. Volunteers should be aware that clients of advanced age understand that sufficient time will be allotted for them to reply, write, or ask and answer questions.

COMMUNICATION SUGGESTIONS

If it becomes difficult to initiate conversation with a client, volunteers can draw upon their own personal experiences. Self-disclosure encourages others to self-disclose as well. Trust in any communication relationship takes time, especially when conversation partners have no visual cues of the other person to rely upon.

A volunteer represents a lifeline for many clients. Perhaps the most important purpose of each phone conversation is to suggest that someone has not forgotten about the client. A volunteer call may be the only oral communication opportunity the person has had that day. If the listing of problems and client complaints takes up most of the calling time, it would be better to verbally indicate that many others have experienced similar situations, many of which have been resolved. If asked, help the client to formulate alternative solutions which s/he may not previously have considered. Volunteers should remember that their purpose is not to control a client's affairs by placing them in an overly dependent position.

After finishing a conversation, the volunteer can pose the following silent questions: Did the client seem to consider this a successful interaction? Why or why not? In what way(s) did this conversation accomplish my intent? How could my input have been more effective? Is there any immediate action which needs to be taken?

Communication is a dynamic process which involves both physical and mental energy. For the older client, conversation may be very tiring, especially if it is prolonged or if it occurs at an uncomfortable part of the person's day. Conversations should be relatively short to permit the client to use most of the talking time.

Many volunteers need to be mindful of this point as they may be used to doing more talking than listening in their daily activities.

Evaluations of the volunteer's perceived responsiveness and vocal warmth are constantly being made by clients. Just as the clients construct interpersonal sound portraits of volunteers, most volunteers make a practice of jotting down notes about specifics of client conversations and any follow-up details to be considered. In addition, subjective client impressions should also be recorded and then used as guides for future calls.

Specific communication suggestions may be employed to support interactions with senior citizens. As the conversation begins and ends, the volunteer's name should be reinforced. No one enjoys talking with a nameless and unseen partner. Environmental sounds may create distractions for both the client and the volunteer, so inquire about the source of noise in order to propose a solution. Perhaps it may be better to suggest that another more appropriate and quieter calling time should be scheduled. Older people find it difficult to concentrate while simultaneous or distracting sounds are present (dogs barking while people converse, TV set on when doorbell rings, children playing in background, radio on and people talking).

Before a call is completed, ask if the client feels the need to share any other information before the next telephone contact is made. This type of open-ended invitation to speak may be accepted more readily than if questions are too pointed or specific in focus. Whenever possible, a volunteer should compliment clients and emphasize a personal pleasure in being able to talk with them. Everyone appreciates verbal strokes. No matter how much a volunteer may disagree with the position expressed by a client, it is usually possible to disagree as long as the client can honestly feel that that someone has taken the time to pay attention to his or her point of view. As the relationship develops between client and volunteer, verbal intimacy can be accepted as part of the counselor or trusted friend role which the volunteer may be given.

LISTENER PREPARATION

Listening involves hard work. The key to good listening is an attitude of energized readiness; the mind and the body should be comfortable and free of outside distractions. Position the body so that no outside stimuli will divert attention from the task. Before picking up the phone, relax the jaw and throat muscles by yawning or moving the jaw muscles from side to side. Then review the intent of the communication and the main points to be discussed. As the volunteers alternate between the role of listener and speaker, they should ask themselves these questions: "Who is the most important person in this conversation? Am I trying to make an impression or uncover the impression the client is creating?"

Then, what should be the criteria for selecting effective telephone volunteers?

1. Someone who likes talking to people
2. Someone willing to focus both physical and mental energy upon another's concerns
3. A sensitively intuitive person who can remain non-judgmental
4. A perceptive listener who uses verbal and nonverbal cues to continually seek feedback responses from others
5. Someone who allows the client to become an equal partner in conversation, and in so doing, makes the other person feel valued

CONCLUSION

Throughout our lives communication serves two functions: (1) it reinforces our self image, and (2) it provides an outlet for self expression. Telephone communication provided by volunteers is a vital link to bringing people and their communication needs together. It was G.B. Shaw who said, "It is the listener who keeps the speaker speaking." With a knowledge of effective verbal and nonverbal communication cues and their meaning, as conveyed by the voice, telephone volunteers can add a great deal to the impact they make on clients who come to us in need.

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A Missed Opportunity? Recognizing Hospital Volunteers as Operational Assets

Gee Gee Williams

PROBLEM STATEMENT

Mergers, acquisitions, and affiliations with other hospitals are changing hospital management structures. Hospital staff, physicians and consumers have been affected but volunteer services have been left relatively unchanged. Hospitals have missed opportunities to involve volunteers in adjusting to change.

Volunteers provide important links between the community and its hospital: they are often the first to meet a nonemergency patient being admitted and the last to wish that patient well when he or she is discharged. They, in fact, now often provide the "old-time, caring" personal contact that used to be given by nurses in slower, less hectic, less competitive times.

Although volunteers reflect community need and serve as an informational source to the community about the hospital, they have not significantly expanded their roles in the hospital's delivery of new services to existing markets or existing services to new markets.

Hospital administrators have apparently not encouraged changes in volunteer services, nor have methods to update volunteers on hospital changes been as effective as they could be. The relationship between volunteer services and hospital management is complex. Volunteers serve the hospital but, unlike employees, they are not always accountable to hospital management. Many would argue this because volunteers work to meet hospital department needs and frequently serve

at the request of management but in fact, are not responsible to management. In the author's hospital, for example, a volunteer who had served the hospital for many years was slowly developing problems with forgetfulness, agitation and confusion as a result of progressive dementia from Alzheimer's disease. The manager of the department for whom the volunteer worked could not deal with the problem directly but instead related it to the Director of Volunteers to manage.

Volunteer work is condoned, appreciated and acknowledged by hospital administration. It is requested but not required, effected but not instituted, expected but not demanded by administration. Frequently operating under their own board and bylaws, volunteers support but are not a part of hospital operations. With twenty-one years of experience in four not-for-profit hospitals, the author has never known an operational decision to depend upon the existence, or nonexistence, of volunteer cooperation.

Hospital managers have not been attentive to how changes in hospital structure with which their departments have had to cope can alter the roles of volunteers. Consider the example of a hospital merger. Since a primary motive in hospital mergers is the consolidation of services, the two hospitals no longer offer the same service; for instance, now only one will offer obstetrical care. If the volunteer departments have not merged, those volunteers who worked on the obstetrical

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unit in the hospital that no longer offers obstetrics will be out of a job. The volunteer must either find a new job in her/his hospital or switch allegiance and join the volunteer staff of the other hospital. This may be a problem since commitment may be based on a long-standing alliance to the hospital that no longer has obstetrics. Hospital management may be so taken up with the operational concerns of the consolidation of obstetrics that garnering the talents of the deposed volunteers may be the least of the manager's concerns.

With the list of new ventures and new opportunities for hospitals lengthening daily, why have volunteers not been better utilized? Two reasons are suggested: volunteers' incentives have not changed with the changing environment and perceptions of volunteers' capabilities have been limited.

Much of the change experienced by the health care industry can be linked to changes in the reimbursement for hospital care. The incentives for physicians, management, and staff to accept those changes are necessary if market share is to be maintained, productivity maximized, and profits expanded.

Incentives for becoming a volunteer however, are strictly personal. Volunteers have an allegiance to an activity, to a department, a group of patients, to staff, or to their peer group. Changes in any of those areas may ultimately impact on the availability of volunteers or quality of volunteer services. Volunteer involvement in new programs is spurred from interest and awareness, not necessity. Volunteers are there because they want to be.

When a hospital-based volunteer department decides to provide a waiting room reception service to an Ambulatory Care Center, it is because the hospital has an operational need, and the volunteer or volunteers to meet that need (through personal commitment of time and talent) exists. The blending of tasks with talents is the quintessential role of the Director of Volunteers. For this reason, the Director of Volunteers must be routinely and sufficiently apprised of management decisions related to program development and implementation. The Director represents the role of volun-

teerism in the hospital program and knows the best recruits to be considered for the program. Working with management, the Director of Volunteers sees that the role of a volunteer bears equal weight to other staffing considerations.

Additionally, loyalties to patients may be affected by there being fewer inpatients or reduced patient lengths of stay, experienced nationally as a result of the introduction of DRGs (Diagnostic Related Groups). Today, patients who remain in the hospital for any length of time are sicker and more dependent on higher levels of nursing care than in the past. With the current shortage of nurses, volunteers now may find themselves serving staff more than patients. If this were not their intent in becoming hospital volunteers, they may elect to serve elsewhere.

Loyalties to staff may be influenced by the staff's increasingly limited time to recognize and appreciate volunteers for their contributions. As employees deal with the stresses associated with mergers, acquisitions and the pressures of survival in the competitive marketplace, there is less time to address issues concerning volunteerism. Professional staff may be closely monitored by demanding productivity standards which leave less time to give to supervising volunteer activities on their units.

Under pressure, there may be increased turnover of staff which may also affect the volunteer's responsibilities on the unit.

STUDY METHODOLOGY

Because volunteers are unpaid, they are not "employees" in the usual meaning of the term. The absence of the monetary compensation offers an opportunity for studying volunteerism to better understand how this subpopulation might be influenced by hospital type and its management. Recently, twenty California hospitals were selected for a study; nineteen of these were studied. Both Administrators and Directors of Volunteers were interviewed. Participants were from three different groups: freestanding not-for-profit hospitals (N = 5), merged hospital systems (N = 10, 5 pairs of hospitals) and for-profit, investor owned hospitals (N = 4). Chief Executive Officers, or their desig-

nees, and the individuals most responsible for volunteer operations were interviewed by telephone. Public hospitals, university hospitals, religiously affiliated and specialty hospitals were excluded to prevent skewing of the data because influenced by religious, academic, legal or other obligations.

All participating hospitals had in excess of 200 beds (ranging from 200 to 458). Occupancies in 1985 ranged from 36.8% to 85.4%.

An introductory letter explaining the intent of the study was sent to the hospital Chief Executive Officer and to the Director of Volunteers; the letter also explained that they would be called within a two week period of time to arrange an interview. Approximately one third of the CEO's participated; two thirds of the participants were Administrators or Directors of Personnel designated by the CEO. The Directors of Volunteers responded in all

nineteen hospitals; eleven, or sixty-one percent, were paid Directors of Volunteers.

Perceptions Regarding Volunteers

Directors of Volunteers were asked to comment on trends regarding the number of volunteers and hours of service given during the recent past. Although the general comments emphasized an impression that hospital volunteers are decreasing, the statistics were not compelling (See Tables I and II). Comments included: there are fewer volunteers working more hours than in previous years and the incidence of two income families has a lot to do with the decrease. Available volunteers are aging and the numbers are not being replaced by younger volunteers. Others commented that the reduction was attributed to an increased lack of job satisfaction and lack of recognition for the volunteer contributions.

TABLE I

**Number of Volunteers in 1987 Compared to 1986:
Perceptions of Directors of Volunteers**

	5 Merged (10 hsps.)	5 Free- Standing	4 For- Profit	Totals
Number of Volunteers Increased	2	2	1	5
Number of Volunteers Decreased	2	1	2	5
No Change in Number of Volunteers	1	1	0	2
Did Not Respond	5	1	1	7

TABLE II

**Hours Served by Volunteers in 1987 Compared to 1986
As Reported by Directors of Volunteers**

	5 Merged (10 hsps.)	5 Free- Standing	4 For- Profit	Totals
Volunteer Hours Increased	5	2	1	8
Volunteer Hours Decreased	2	2	2	6
No Change in Number of Volunteer Hours	1			1
Did Not Respond	2	1	1	4

Any change in the environment in which volunteers work can influence volunteers' commitment to service. Hospital managers should be attentive to how change in hospital structure affects volunteers. Are there new volunteer tasks that can be created to augment services provided by the hospital? Inaccurate perceptions of the value or potential for expanded volunteer services often exist.

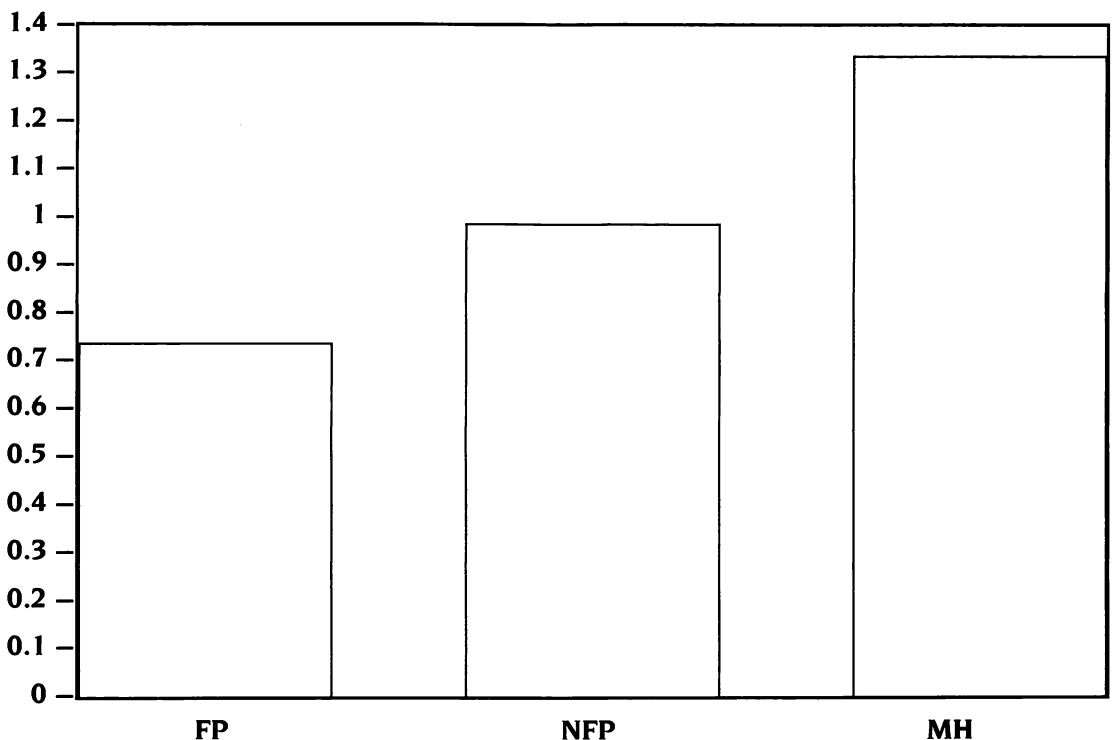
Throughout the interviews, while it was obvious that Administrators and Directors of Volunteers all valued the contribution of volunteers and viewed their services as a vital link between the hospital and the community, none of the surveyed hospital administrators commented on how volunteer services could be altered or expanded to address some of the issues confronting hospitals as: exploring new volunteer roles to improve patient services; utilizing older volunteers to market the hospital's elder programs; developing roles that capitalize on the skills of such retired people as experts in the computer industry.

Although hospitals have experienced major growth in outpatient services, volunteer involvement in outpatient services has not grown concomitantly. This is evidenced in the response to the questions asking both Administrators and Directors of Volunteers to rank in order the five most significant tasks performed by volunteers at their hospitals. Neither Administrators nor the Directors rated outpatient services among the top five tasks.

Volunteer commitment was defined as the number of active volunteers regularly giving their time to the hospital. The merged system revealed more volunteer commitment (number of volunteers) to their programs than did the for-profit or freestanding, not-for-profit hospitals in the study.

The Directors of Volunteers provided the author with the number of active volunteers in their programs. The total hospital bed size and the previous year's occupancy rates were gathered through an American Hospital Association publication. The number of available volunteers

Figure 1
Volunteers/Occupied Bed
(by hospital type)



FP = For-Profit

NFP = Not-For-Profit or Free-Standing

MH = Merged Hospitals

was divided by the number of occupied beds. The results showed the merged hospital system had 1.34 volunteers per bed, the freestanding hospitals had 1.0 volunteer per bed and the for-profit hospital had .75 volunteer per bed.

Volunteer directors and administrators were asked to identify the five most valuable contributions made by volunteers in their hospitals. On the average, administrators and volunteer directors agreed on the significance of three out of the five contributions. Ninety-one percent (thirty-one out of thirty-four respondents) described running the Gift Shop as the volunteer task most valued by the hospital.

When asked to estimate the number of hours allocated to the Gift Shop per week, administrators estimates varied from 7% to 250% of the actual hours contributed. The range of estimates for administrators of freestanding hospitals was between 36% and 164% of the actual amounts. The range of estimates for administrators in merged hospitals was between 7% and

250%. On the other hand, the for-profit hospital administrators range of estimates was between 95% and 99%. Although the sample is too small to assert any conclusions, it is interesting to note the accuracy with which the for-profit hospitals, which focus intently on the "bottom-line," estimated volunteer hours contributed in a revenue producing service.

There is a perception and a reality about volunteer services; this is illustrated in Table III which lists the actual hours collected by Directors and the perceptions of Administrators.

Seventy-nine percent, or twenty-seven of the thirty-four respondents, described the lobby reception desk as the second most important contribution. The third was transportation services and the fourth, patient support services.

Administrators and volunteer directors were also asked to estimate the hourly worth of volunteer services as compared to that of an orderly's salary. Over half of the respondents who thought the gift shop was the most valued contribution

TABLE III

**Administrators versus Directors of Volunteers:
Estimated Number of Volunteer Hours per week in the Gift Shop***

	Administrators	Director of Volunteers	Ratio
Freestanding			
Hospital A	90	250	36.00%
Hospital B	90	55	163.64%
Hospital C	80	160	50.00%
Merged Hospitals			
Hospital A	200	675	29.63%
Hospital B	190	76	250.00%
Hospital C	120	400	30.00%
Hospital D	105	244	43.03%
Hospital E	90	155	58.06%
Hospital F	16	238	6.72%
For-Profit			
Hospital A	60	63	95.24%
Hospital B	80	80.5	99.38%

* A number of Administrators refused to answer this question. They did not feel they had enough familiarity with volunteer hours in the Gift Shop to venture a guess on hours served.

of volunteers believed that if volunteers were employed staff their salaries should be less than an orderly's salary. Eighteen percent believed the volunteers' salaries should be more, and twenty-nine percent believed the salaries should be the same.

The highly visible role of the volunteer lobby reception function was also viewed by the majority of the respondents as valued less than an orderly's salary. Estimates were below, or equal to, an orderly's salary in 26 out of 27 responses.

Administrators involved in merged hospital systems felt merger issues seriously affect the retention of volunteers. None of the five merged hospital systems had merged volunteer departments. Volunteers, like employees in a merged system, are concerned they will lose their identity when consumed by the other hospital.

The most valued volunteer contributions, as noted by administrators and directors of volunteers were services not directly linked to the care of patients. If volunteers choose to work in hospitals because of the overall mission of the institution, their work should be as close to patient service as possible and their recognition should reflect the importance of that contribution.

THE MISSED OPPORTUNITY

The benefit of volunteers within a hospital system has not been fully realized. It appears volunteer services are decreasing. Perhaps this is because new ways of utilizing volunteer interests have not been sufficiently explored. The same degree of diversification and integration which has occurred within other hospital departments could apply to volunteer services.

Volunteer responsibilities could expand concomitantly with the hospital's interest in expanding outpatient services. A number of hospitals surveyed commented on newly developed volunteer reception functions in their Ambulatory Surgery Centers. Further expansion of outpatient reception function might include child care services for patients who come to the hospital for outpatient ancillary care or to see physicians in a hospital-owned medical office building.

The role of volunteers transporting patients within the hospital may have some carryover into the community. Joint relationships between community agencies, transportation companies and hospital volunteers might include bringing patients to the hospital for outpatient care, riding with patients in a companion capacity, or calling to see that patients arrived home safely following their visits to the hospital.

Inpatient visitation services were mentioned by administrators and volunteer directors as a valuable contribution made by hospital volunteers. One hospital interviewed has extended this service into its Home Health Care program. A friendly volunteer visits the patient in the home with the Home Health Care nurse. Upon patient request, the volunteer is available to run a few errands, call or visit socially. With proper supervision, this service could be extended into respite relief for families of patients who desired a few hours away from home.

Some hospitals have diversified into the business of Long Term Care. There is probably no other area in the health care delivery system where volunteers could be more appreciated or needed than in this environment. The expansion of hospital-based volunteer services to help motivate and stimulate the nursing home patient is rich in opportunity. The younger, as well as the older, volunteers bring unique perspectives to the patient in a nursing home.

Hospital volunteering is unnecessarily limited to a select group of participants. While it is true that there are more women than ever before working outside the home, it is not true that volunteerism in society is decreasing or that the general public no longer wants to serve good causes. With a redefinition of how beneficial volunteers are to hospitals and how they can address current needs, hospitals should be able to attract volunteers from an expanded resource environment. If hospital-based volunteer services were expanded to tap some of the available talent in our communities, both hospitals and patients could benefit immensely.

For instance, peer contact serves a meaningful role for patients facing unusual medical situations such as bypass

surgery or kidney transplants. There might be individuals in the community who would be willing to take care of patients' chores during their hospitalization; *e.g.*, pet care, picking up mail, or mowing lawns. One hospital interviewed in northern California benefits from the fine craftsmanship of a retired physician who constructs equipment to help patients on its rehabilitation unit function more independently.

The "seniors market" is a population of particular interest to most hospitals today. In health care, opportunities abound for seniors working with their own age group.

There is a definite link between a hospital's commitment to the patients it serves and the volunteer's commitment to the hospital. Hospital loyalties established through volunteer commitment can provide needed services as well as determining the "hospital of choice" when, and if, the volunteer needs to be hospitalized. Volunteers form opinions about the quality of care provided and the people who are providing it. They take those impressions out into the community and influence those who need a doctor or are choosing a hospital. A negative comment made by a volunteer does more to influence a patient's choice of hospital than any publicity campaign could ever accomplish.

Volunteers who donate their time do so because they feel they are spending their time in ways that are satisfying to themselves as well as others. Some volunteers may prefer to contribute directly to patient care, while others prefer to spend their time in indirect activities for the hospital. It is not uncommon to find volunteers stuffing envelopes for marketing departments, stacking towels in physical therapy departments and redirecting visitors lost in the chaos of hospitals undergoing remodeling and reconstruction.

Volunteer activities, while appreciated by the hospital, will not foster the kind of personal allegiance necessary to long term commitment. Every effort should be made to integrate volunteers into the systems they serve. If volunteers are assigned routine tasks (*e.g.*, stuffing envelopes or counting questionnaire responses), the department manager

should meet with the work group and explain the importance of the task and what the hospital hopes to accomplish through the volunteers' efforts. A follow-up meeting with the volunteers explaining the outcome adds meaning to their work and encourages their participation in future tasks.

Hospitals which begin taking a look now at how their management messages are reflected in the number, attitude and quality of volunteer services stand a better chance of not just surviving, but growing in this competitive age of patient/consumer comparison shopping.

The benefits found in human resources not only answer existing needs, but also expand service delivery.

Special thanks to Professor John Kirlin for academic leadership, Jeffrey Sundberg and Ed Williams for helpful advice regarding methodology.

ABSTRACT

Involving volunteers in community health programs is common practice. However, there is little information about specific methods to motivate volunteers to become involved and stay involved. In a community breast self-exam (BSE) education project, volunteers played a major role in the recruitment of women for BSE training presentations given by nurse instructors. Working in a support group capacity, approximately 20 women volunteers in each of two communities completed recruitment tasks such as hosting presentations in their own homes, arranging for presentations for a club or organization, and endorsing the program in the media. At the end of a three-month period, the activities of these volunteers had increased participation of community women in presentations by 50% in one community and 115% in the second community, and the BSE education program had increased both the frequency and quality of BSE practice throughout both communities. Because of the success of the volunteer support group strategy, an interview was conducted with the eleven "super-star" volunteers to assess the motivational factors influencing their initial and continued involvement. Results include a description of common characteristics of these highly motivated volunteers and several recommendations for volunteer administrators or for anyone attempting to recruit and maintain motivated groups of volunteers.

Why Volunteers Helped to Promote a Community Breast Self-Exam Program

Anne L. Dorwaldt, Laura J. Solomon and John K. Worden

INTRODUCTION

Most community health programs rely heavily on volunteers to do a variety of tasks ranging from fund raising to paramedical services. In our community breast self-exam (BSE) education project, volunteers were asked to serve a special function: to recruit women throughout a community to attend BSE group training sessions conducted by home health agency nurses. Of the 40 women asked to serve in this role, 11 stood out as "Super Star" volunteers in the opinion of the program leaders. The purpose of this article is to describe what motivated these volunteers to perform so well, and to suggest specific ideas on how to enlist and maintain a highly motivated volunteer group for other community health programs.

The Community BSE Project was a three-year controlled study designed to

test the effectiveness of a community education, social influence program for increasing BSE frequency and quality among all women residing in the program communities. Two Vermont communities, each with a population of approximately 1,450 adult women, were randomly assigned to receive the BSE training program; a third community served as a control. BSE training began in the program communities in 1984.

The training program involved teaching as many women as possible in the communities a simple BSE procedure that they could perform monthly to help screen themselves for breast cancer. Local home health agency nurses conducted the training in informal small group sessions lasting about 45 minutes. BSE presentations were held in women's homes and at worksites, churches, and

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other community centers. During the presentation, women viewed a videotape of the BSE procedure, practiced proper BSE techniques with silicone breast models and had opportunities to ask questions and discuss their concerns.

THE PROBLEM: ATTRACTING WOMEN INTO BSE PROGRAMS

Because breast cancer is an anxiety-producing topic and had little national publicity at the time of the project, it was not easy to engage the participation of large numbers of women in our communities. During the early stages of the program several recruitment strategies were used. These included direct contact by the home health agency nurses with women's groups, organizations, and worksites to arrange for training sessions. Also, a mass media campaign was conducted in which local home health agency nurses promoted the BSE training.

However, we found that fewer women attended club and organization meetings during the 1980s than we remembered from our experience with BSE education in community groups in the 1970s; and while we could potentially reach many women in some large worksites, most jobs for Vermont women are in smaller workplaces with only a few female employees. Walk-in BSE clinics that were held in convenient locations and were widely advertised on radio and in the newspaper brought in only a handful of women over a period of several weeks. After six months of the program, our nurses were starting to run out of leads to arrange for training sessions, and we had involved only 185 of the women in one program community and 276 women in the second community. This amounts to approximately 13% and 19% of the women respectively in these communities based on population data from the 1980 U.S. census.

A SOLUTION: COMMUNITY WOMEN'S SUPPORT GROUP

The idea of a community women's support group came from several sources. First, the literature on diffusion of innovations (Rogers, 1983) and the role of social networks in recruitment and motivation for behavior change (Hooks *et al.*, 1986;

Eng, Hatch, & Callan, 1985; Israel, 1985) suggested the use of community organization strategies involving opinion leaders. Second, we found a high level of interest in our program among women in the communities who agreed to record a series of testimonial radio messages urging their neighbors to learn BSE. Finally, the nurse instructors felt it was an appropriate request to make of women in their community. The rationale was that women would be more likely to attend a BSE presentation if they were asked by someone they knew and someone who had been through the program and who could describe it from personal experience. Women who were familiar with both the community and our program would be able to bridge the gap caused by unfamiliarity and the anxiety-producing nature of the topic of breast cancer.

Implementing the Community Support Group Approach

The home health agency nurses in each of the program communities identified about 20 women who had been to a BSE presentation, seemed enthusiastic about the program, and might be willing to give some of their time to recruitment activities. As suggested in the literature on volunteer recruitment (Watts and Edwards, 1983), the recruitment strategy of choice was to personally invite these women to serve as members of a Community Women's Support Group in their respective communities for a time-limited period of three months.

Each support group met at monthly luncheon meetings with project staff and local nurse instructors. Seventeen women in each of the two communities responded to the personal invitation to attend the first luncheon meeting. At this meeting staff explained the scope of the community BSE project and told how the support and enthusiasm of this group could increase the numbers of women trained in their communities.

In an effort to meet needs for self-expression, individual development of skills, and working at one's own level (Gidron, 1983), the Support Group Members received a list of possible recruitment activities, and each woman was asked to check those activities that she

would be willing to do during the next month. The completed activity checklists were returned to the nurses so that they could organize assistance efforts. Possible recruitment activities included: (1) hosting a presentation in the woman's own home for a group of female friends, neighbors, or relatives; (2) arranging a BSE presentation for a club or organization to which she belonged; (3) endorsing the BSE program in a radio or newspaper advertisement; (4) participating in a local BSE television special designed to simulate a group BSE training session; (5) distributing promotional materials to businesses and retail stores; and (6) transporting women to walk-in BSE clinics.

Support group members received a written invitation to each monthly luncheon meeting. At each meeting they were asked to report on recruitment activities that they had done during the month prior to the meeting. Participants were informed of upcoming events on radio, television or in the newspaper, updated on project progress in both communities, and asked to indicate whether they would be willing to continue with their present activities or select new recruitment tasks for the following months.

During the three-month period, some members of the support group held as many as four BSE presentations in their own homes in addition to arranging sessions at club and organizational meetings and worksites, distributing promotional materials, and participating in a BSE television special. Some support group members even devised new approaches not thought of by our staff, such as door-to-door visits to acquaint women with the BSE program and a card-playing party coupled with a BSE presentation. Through their familiarity with social networks in each community and their personal endorsement of the program, they were able to encourage women to come together in neighborhood gatherings that could not have been arranged by our program leaders.

At the final luncheon meeting, support group members were recognized for their contributions with gifts (a "BSE" coffee mug and flowers). Project staff were pleased to report that support group ef-

forts had resulted in a 115% increase (from 186 to 401 women) in program participation in one of the communities and a 50% increase (from 276 to 413 women) in participation in the second community after three months of Women's Support Group activity. The difference in support group success between the first and second communities is most likely due to the fact that the first community had a lower initial participation rate (13%) since it was more rural and less self-contained than the second community, thus making it difficult for program staff to contact all of the residents early in the project.

According to a random digit-dialing telephone survey conducted at the end of the first program year, approximately 40% of the women residing in these communities participated in the program. This survey also revealed that over the course of the year, significantly more women in the program communities adopted the practice of regular BSE (from 48% to 58%) than in the control community (from 42% to 44%; $p < .01$); and significantly more women in the program community reported higher quality BSE, used four out of the five palpation skills correctly, and discovered more lumps in the silicone breast models. Women who had participated in face-to-face training sessions obtained higher scores in all of the above areas than did women who had not participated in direct training but had heard about or seen information on BSE (Worden, *et al*, 1986).

Interviewing "Super-Star" Support Group Members

In light of the success of the support group strategy in increasing participation in BSE training, and because volunteers often are needed to carry out community health programs, we decided to examine more closely the factors that influenced support group participation. Interviews were arranged with the 11 "Super-Stars" selected by the nurse program leaders in both communities. These "Super-Stars" were women who had done several of the suggested recruitment activities and had come up with additional ideas of their own. The purpose of the interviews was to determine who the most active participants were, why they initially got involved

in the project, and what motivated them to stay involved as a support group member.

A structured interview protocol was developed to elicit demographic information and responses both to open-ended and scaled questions about motivation for initial and continued involvement in the BSE project. A female project staff member held a face-to-face interview with each of the 11 women; each interview lasted approximately 20 minutes.

RESULTS AND DISCUSSION

Table I presents a description of the 11 "Super-Star" support group members.

Eighty-one percent of these women were 45 years or older, all were or had been married and had children, and for 81% of these women, their children were no longer at home. Seven of the 11 women had completed some college. All but one woman had worked outside of home, although half were currently retired.

Of particular interest is the history of community involvement evidenced by this group of women. All of these women had lived in their respective communities for over 10 years; 90% of them for over 20 years. Over 80% had been and were currently involved in numerous other service-oriented clubs, organizations or

Table I

DESCRIPTION OF "SUPER-STAR" PARTICIPANTS					
n = 11					
<u>AGE</u>	<u># RESPONDING</u>	<u>SPOUSE OCCUPATION</u>	<u># RESPONDING</u>	<u>OFFICES HELD IN CLUBS</u>	<u># RESPONDING</u>
20-44	2	retired merchant	1	president	6
45-64	5	retired conservationist	1	chairperson, director,	
65 +	4	retired postal worker	2	coordinator	4
		retired janitor	1	treasurer	2
		retired machinist/farmer	1	secretary	3
		customer services	1		
		tire company	1		
<u>EDUCATION</u>		<u>LENGTH OF TIME LIVED IN COMMUNITY</u>		<u>OTHER VOLUNTEER WORK IN LAST 5 YRS.</u>	
High School	4	10-20 yrs.	1	Girl Scouts	2
College, 2-yr.	5	over 20 yrs.	6	work with elderly	6
College, 4-yr.	2	"all my life"	4	community festival	1
				hospital auxiliary	3
<u>MARITAL STATUS</u>		<u>BELONG TO CLUBS & ORGANIZATIONS</u>		Red Cross	2
married	8	yes	9	fund raiser	2
divorced	2	no	2	farmer's market	1
widowed	1			<u>EXPERIENCE WITH BREAST CANCER</u>	
<u>HAVE CHILDREN</u>		<u>WHICH CLUBS</u>		had it myself	1
yes	11	church women's groups	3	relative has had	6
still at home	2	historical society	3	friend/acquaintance had	4
away from home	9	education assoc.	2		
<u>OCCUPATION</u>		board of home for elderly	1		
retired teacher	3	Red Cross	1		
retired insurance agent	1	Eastern Star	1		
retired banker	1	business and professional women's group	4		
homemaker	1	chamber of commerce	3		
computer service	1	American Legion auxillary	1		
building admin.	1	homemakers club	1		
cosmetologist	1	Senior citizen's groups	2		
newspaper editor	1				
baker	1				

groups, and all of the 80% involved in other groups had also been in leadership positions within those groups at some time. This lends credence to the saying, "When you want something done, ask a busy person." It is also noteworthy that all of the "super-star" participants had personally known someone who had had breast cancer, an attribute that is not too rare when one considers that one in eleven women gets breast cancer sometime in her life.

Factors That Influenced Initial Involvement

The interview addressed the main reasons for initially becoming involved with the support group, to what extent each of several possible factors motivated initial involvement, and the main reasons why the "Super-Stars" thought

other women became involved. Based on the literature regarding motivation for volunteering (Jenner, 1982; Henderson, 1984; and Watts and Edwards, 1983) and on our own experiences with the women's BSE training groups, project staff hypothesized that opportunities to help other women and to have social contact with other women, and personal experience with breast cancer would be major motivators for initial involvement in this project.

As indicated in Table II, over 75% of the women indicated that wanting to help other women was a major motivator for their initial involvement and over half of the "Super-Stars" identified both social contact and personal experience with breast cancer as somewhat important in influencing their initial involvement with this project. A motivator that was much

Table II

FACTORS MOTIVATING INITIAL INVOLVEMENT n=11			
Open ended question: Main reasons why you initially became involved?			
Response	Number responding		
Liked the program so much that wanted others to experience it	7		
Personal experience with cancer or cancer in family	5		
Retired and had the time	3		
Wanted the project to meet its quota	2		
Scale rated question : Were any of these motivators for your initial involvement? 1=A lot 2=A little 3= Not at all			
Motivator	Number responding		
	A lot	A little	Not at all
Could help other women	11	0	0
Wanted to serve my community	8	2	1
Liked how I was asked to be involved	6	3	2
Feel I'm good at motivating others	5	3	3
Felt I had something to offer	4	6	1
Project sponsored by health agency and/or university	3	7	1
Experience with breast cancer	3	4	4
To keep busy	3	2	6
Chance to meet other women	2	3	6
Project relates to my profession	2	2	7
Knew others involved	2	2	6
Hard to say no	2	0	9
Getting together socially	1	4	6
Open ended question: What do you think initially motivated others to participate?			
Response	Number responding		
Personal experience with cancer	5		
High quality program/wanted to promote it	4		
Social contact	4		
It is a woman's issue	4		
Have lots of time due to retirement	3		

stronger than we had considered was the opportunity to serve their communities, which was indicated by over 75% of the women as having a major influence on their initial decision to become a support group member. Ninety percent of the "Super-Stars" stated that sponsorship of the project by a university and local health agency along with the personal way in which women were asked to be involved were at least somewhat influential in motivating their involvement.

Not only did the "Super-Star" participants report that their desire to help other women and to serve their communities motivated them to volunteer their time, but also they were confident in their ability to carry out this role. Over 75% of the women participated because they felt they had something to offer or believed that they were good at motivating others. Only two women reported participating because they felt uncomfortable in saying no to our invitation.

When asked why they thought other women initially became involved with the BSE program, the responses of the "Super-Stars" reinforced the original assumptions of project staff by citing personal experience with cancer, social contact, and helping women as three main motivators. These women also felt that the personal invitation to participate and the university connection with the project gave it a special quality that was probably as great a motivator for others as it was for themselves.

Factors That Influenced Continued Involvement

The project staff anticipated that establishing clear expectations, such as a time-limited commitment and the provision of specific but flexible ways in which women could be helpful, would be most influential in women's continued involvement. As indicated in Table III, 65% of the "Super-Stars" confirmed that these two

Table III

FACTORS INFLUENCING CONTINUED INVOLVEMENT			
n=11			
Open ended question: Main reasons why you stayed involved?			
Response	Number responding		
Enthusiasm and quality of staff	7		
Competition within group and between communities	3		
Being kept up-to-date on progress	2		
Specific suggestions on how I could help	2		
Scale rated question: Which of these factors influenced your continued involvement?			
1= A lot 2=A little 3=Not at all			
Factor	Number responding		
	A lot	A little	Not at all
Being kept up-to-date on results of efforts	11	0	0
Follow-up on tasks	8	2	1
Time limited commitment	7	2	2
Specific tasks outlined	7	3	1
That my input was valued	6	3	2
Personal invitation to each meeting	3	4	4
Social contact	3	6	2
Monthly luncheon meetings	2	4	5
Recognition of my contribution within the group	2	2	7
Having advance information on special community events	2	7	2
Recognition of my contribution within the community	1	2	8
That it was a women's group	1	1	9
Opportunity to be involved in media	1	1	9

factors greatly influenced continued participation. In addition, all of the respondents reported that being kept up to date on the results of their efforts played a great role in maintaining their involvement. This response underscored the importance of specificity in giving feedback as well as in describing tasks to be done (Frederiksen, *et al.*, 1982). Follow-up on support group tasks and recognition that their input was valued were also rated as importantly by over half of the women.

Social contact appeared to be a more important factor in continued involvement than it was in initial participation. Eighty-one percent of the women said that it was at least a little influential in their staying involved. Being exclusively a women's group did not appear to play an important role in continued involvement.

IMPLICATIONS FOR OTHER VOLUNTEER COMMUNITY HEALTH PROGRAMS

On the basis of the information obtained from our "Super-Star" participants, we recommend the following actions to volunteer administrators when attempting to enhance the community support efforts of volunteers:

1. Select as volunteers those people whose *history of involvement* shows that they are interested and experienced in doing community volunteer work. People who have a history with a community, both in years and in group involvement, will be familiar with the way the community functions and may be helpful in suggesting innovative recruitment opportunities.
2. When recruiting volunteers, appeal to their *experience* (both their motivational/organizing skills and their personal history with the content area).
3. Clearly indicate exactly how they would be *helping others and their community* by participating in this project. This strategy is strongly reinforced in the literature on volunteerism (Fengler and Danigelis, 1985; Jenner, 1982; Widmer, 1985).
4. Suggest a *time-limited commitment*. Successful volunteers tend to be busy and efficient; therefore, they may be more willing to work intensely for a

short period of time than to feel committed for an indefinite period.

5. Outline a *range of specific tasks* for volunteers to do. Structuring volunteer involvement with lists of tasks that range in skill and time commitment seems to enable each person to feel involved at her/his maximum level.
6. Recognize and *follow-up* on volunteer efforts. If volunteers expect follow-up by a coordinating person, they tend to be prepared to report on their own progress at subsequent meetings, and their motivation level remains high.
7. Give frequent *feedback* on progress toward program goals. Giving volunteers a view of the cumulative effect of their individual contributions in moving the project toward success seems to promote high motivation for their continued involvement; it also allows staff to communicate enthusiasm for the project and for the volunteers' efforts.

The experience from the Breast Self-Exam Project revealed that community volunteer support groups can be a great asset in the recruitment of participants for a community health program. When all conventional approaches to recruitment seemed to be exhausted, the support group members offered an entirely new opportunity to reach persons who were previously inaccessible. Because of their extensive history with and involvement in various segments of the community, these women became important allies of our program leaders, and the enthusiasm engendered in their cooperative efforts spurred the program on to a successful completion. We were able to find "Super-Star" volunteers in two small rural communities and we think that all communities, whether large or small, have potential "Super-Star" volunteers. We urge anyone attempting to implement a community health program to seek out volunteers and develop a special role for them.

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We would like to thank Joanne Fedele and Ruth Richard of the Orleans and Northern Essex Home Health Agency and Sandra Downs and Jo-Ann Fleischer of the Community Health Department of the Mt. Ascutney Hospital, for their time and commitment in helping us complete this project.

This investigation was supported by PHS grant number R18 CA36181 awarded by the National Cancer Institute, DHHS.

Empowering a Profession: What's in Our Name?

Ivan H. Scheier, Ph.D.

This article looks at labels for what people who call themselves volunteer administrators actually do. In many cases there seems to be justification for broader, more inclusive and hence more impressive titles such as "community resource development," "community relations coordinator," "human resource development," or "community-based support systems." At present, we may be allowing ourselves to be seen as too narrow in what we do, hence more expendable, and hence disempowered both as individuals and as a profession.

THE UNEMPOWERED PROFESSION

All too often, our profession is underpaid and over-frustrated, lacking in status and respect for ourselves and our volunteer programs. Consider, if you will, these statements in a checklist probing organizational receptivity to volunteers (Scheier, 1987a).

- A well qualified person has been designated to coordinate/direct the volunteer program.
- This person is allowed enough time to do the job properly (and enough budget for professional development).
- The coordinator position is at management level.
- The coordinator has ample opportunities to participate in organizational decision-making.
- The volunteer program office is conveniently located and easily accessible to both staff and volunteers.

And so on. The last statement is unnecessarily cruel to those who read these lines in the agency attic or cellar—symbolically, if not literally. The point is, we find very few perfect scores on this checklist, and quite a few appalling ones. Test it out for yourself on the first five or six volunteer-"using" organizations that come to mind. Rate each of the five statements on a scale from 5 for "perfect" to 1 for "very poor," and see how many organizations score as high as 20 out of 25 possible points. Or even 15. And these five statements cover only the *basics* of professional status. Indeed, after fifty self-proclaimed years as a profession, why is it even necessary to ask such questions anymore?

THE MULTIPLE USE OF STRATEGIES

For volunteer administration today, the number one challenge is to empower the profession. Many focus on "credentialing" as a form of empowerment and tend to concentrate on one preferred approach, such as certification or public education. This is the first in a series of articles which proposes to encourage thinking in terms of a range of strategic alternatives, considered together. This, first of all, offers more options to choose among in finding the approach best suited to current situation and capability, for an individual or an organization. A second benefit is the potential for capitalizing on mutually reinforcing interaction between strategies, and avoiding mutually conflicting ones. Thus, certification might be a far more effective

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remedy if coupled with a successful effort to make total funding for an organization contingent on meaningful, professionally-led involvement of volunteers. Precedent for the funding-contingency strategy does exist (Donnery, 1979), albeit without certification of program leadership as a criterion.

On the other hand, two strategies might mutually conflict. For example, efforts to mobilize a maximum number of volunteer leaders as advocates for the profession could be crippled by a certification process which was feasible for only a few, leaving the rest feeling left out, splitting the strength of the field.

Generally, when we focus on only one strategy for empowering the profession, we are something like the tennis player who concentrates entirely on his forehand, seriously neglecting backhand, serve and other crucial parts of the game such as tactically-timed tantrums. I, for one, would not bet on his winning very often.

Thus, in considering a series of strategic options, I only suggest that considering all together is better than counting on any one alone. No single approach is seen as necessarily "better" or "higher priority" than any other. Nor do I accept the excuse that narrowness of focus is required by lack of resources. Alone or in combination, appropriate strategies are often more energizing than draining. Moreover, some of these empowerment approaches mainly involve thinking about ourselves in new and different ways. That doesn't cost money, though there may be some other costs, and you can't get a grant to cover them. In any case, changes in how we see ourselves are central to everything else we do, and everything others do about us. So let us begin there.

Mr. Shakespeare wondered: "What's in a name?" The response—"A rose by any other name would smell as sweet"—probably begs the question, which is not how nice we *actually* smell, but how much our aroma is *appreciated*.

"What's in a name?" Ask any woman who's tired of being called "girl"; check with any black who was once called "colored." In fact—think of it—very few of us are fully immune from such semantic slights on the basis of our sex, ethnic,

racial or religious background, and, yes, occupational group. ("You say you're a volunteer administrator? Yes, but what do you do for a *living*?")

Generally, we can't wait for others to change the negative names they use for us. At some point we must take the initiative in changing our self-labelling and persuading others to go along with us on that. Just as blacks did, and as women did.

And as volunteer administrators should do? That is the question here. Since strong emotion sometimes overwhelms practical consideration in the choice of names, I need to assure readers now that the word "volunteer" will be treated with respect in all that follows.

WORD ORDER AND ITS IMPLICATIONS (ARE WE JUST FOR VOLUNTEERS?)

What's in our name as a profession, then, that might relate to the respect we get or don't get? To start with, what's in the name of the programs we work with, and from which we get our identity? One issue is what labels imply about whom a program is designed to serve. Consider: Whom is a latchkey program for? . . . Latchkey children, of course. Whom is a victim assistance program for? . . . Victims, naturally. Whom, then, is a volunteer program for? . . . Volunteers?

English language word order seems to imply it, though that's probably not what we mean—not consciously, anyhow. By itself, the phrasing might be little more than a pseudo-significant slip of the tongue. However, some volunteer administrators relentlessly reinforce the implication of the word order; that is, they act as if volunteer programs are *primarily* for volunteers. Virtually all the concern about proper placement, training, supervision, and above all recognition, is targeted on volunteers, rather than staff or clients. I, for one, am rarely satisfied with the emphasis on what I see as the crucial justification of agency volunteer programs: that volunteers are a means to an end, and that end is to serve clients, staff, and the organization. *They* are whom the volunteer program is *for*. Otherwise, would you, as an executive, place high priority on a program which even gave the impression of being run for the benefit

of one "special group" other than the clients you are mandated to serve? Is it possible that this kind of connotation is why most organizations do not have a "staff program" to go with their "volunteer program?"

A BROADER DOMAIN OF GIFTING

Thus far, the argument may seem dependent on semantic speculation. We move more towards empirical evidence when we rephrase the question "Whom is a Volunteer Program for?" to "What does a Volunteer Administrator do?" and "To what extent are these functions confined solely to the Volunteer Program?" On these questions, we do have data from a recent pilot study (Scheier, 1987b) of a sample of widely geographically diverse volunteer administrators/coordinators. There were 93 in the core sample, and 123 in a wider sample who answered some, but not all of the survey questions. The study concluded that ". . . about three quarters of careerists in our sample spend a significant amount of their time (about half) doing other things for their organization besides managing the volunteer program."

Very recent data from a larger study generally confirm this finding. Appel (1987) found that among those working full time, with some responsibility for the volunteer program, about 40% spent less than half their time on the program, while only 33% spent full time on it.

Moreover, (Scheier, 1987b) ". . . the average careerist in the core sample doesn't perform only one other function besides volunteer management; they perform *four* other functions." To find out what these other functions might be, the study asked the following question:

"What are some of the other things you do besides coordinate the volunteer program? (They can be more than one thing)." In descending order, from a high of about 85% of the core sample to a low of about 40%, the study participants said they were doing the following other things besides managing the volunteer program: public relations; program or organizational development; communications; marketing; fundraising; personnel; supervision; and staff development. The

foregoing seven functions were presented as structured alternatives in the study, because they were considered likely possibilities for other things volunteer administrators might be doing. In additional open-ended responses, volunteer administrators mentioned, with somewhat less frequency, responsibilities such as guest relations, information services, community outreach, and community resource development. (About seven or eight percent described themselves in terms of the last-mentioned label.)

In interpreting these preliminary data, and adding some field impressions of my own, I will be noting several dimensions in which volunteer administration, as actually practiced, seems to be growing beyond volunteers, while still proudly including them as part of a larger package of services. Thus, in addition to the time and talent of volunteers, many volunteer administrators today actually also help bring in contributions of materials (food, clothing, equipment), money, information, and friendship and support for the organization. This broader constellation of community support suggests an appropriately broader job title. Indeed, as just noted, in some parts of North America, people who once were called administrators/directors/coordinators of volunteers now identify themselves as in charge of "community resource development" or a similar title—I recently proposed "Community-based Support Systems." Notice, as per an earlier discussion in this article, I did not say "Community Support Systems" since I meant to convey that the support is *from* the community, not *for* it.

In any case, the broader scope of actual resources we develop, and the possibility of a broader job title appropriate to it, suggests an analogy in terms of stability and status for our profession. It is like the difference between trying to ride a one-wheeled bicycle ("just" volunteer time) and riding a six-wheeled vehicle (volunteer time and ideas plus materials, money, information, and support from the community). The latter provides a far more stable platform; the unicycle has its ups and downs, unless you happen to be a circus acrobat.

GIFTING IN ONE DIRECTION OR BOTH?

Working in not just one, but in *multiple* dimensions of community gifting is how some of us stretch our label as volunteer administrators. Another way some of us may do more than we admit to doing, involves *direction* of flow between agency and community.

Ordinarily, we think of volunteer administrators as *bringing in* to the organization what the community has to offer. But some people who call themselves volunteer administrators or coordinators are also (or instead) engaged in *sending out* into the community what their organization has to offer. This may include employees, students, congregation, clients, as volunteers; material or monetary gifts; and information of an educational or promotional sort about the organization, as when the person called "volunteer administrator" is also in charge of public relations or public information, visitor tours, or the like. Given this mix, some people who used to go under the name Director/Administrator of Volunteers are now called "Community Relations Coordinator," or some similar name.

NARROW VS. WIDER TARGETS THAT WE SERVE

A third kind of enlargement of narrowly defined volunteer administration begins with the executive's realization that those who run volunteer programs competently have to be talented generalists with a wide range of people and program skills. But instead of giving them and the volunteer program more credit and status for this, one tack is based on the insight that *staff* need these skills and sensitivities much as volunteers do; maybe more. So, the volunteer administrator may be "pulled off the job" with volunteers, partly or entirely, to function in areas such as staff development, intra-agency communications (the newsletter, for instance), program planning and evaluation (not just for volunteer programs), personnel and the like. In such cases, the title "volunteer administrator" is likely to evolve into something like "human resource development" specialist/coordinator/director. And sometimes, especially in smaller organizations, this "everything person" has another name: Executive Director.

To summarize thus far, some people who used to call themselves volunteer administrators / directors / coordinators / managers now have titles or subtitles such as the following to describe what they do:

Community Resources Development
Community Relations Coordinator
Human Resource Development*

HOW TO CHANGE YOUR NAME AND WHY

I strongly suspect that quite a few others would like to change their names in this direction, but aren't sure how to. Indeed, it may not always be possible, but you can at least try, when the name change is relevant and useful. You might begin by pointing out that the name change is reality-based and likely to develop a wider range of resources for the organization. Maybe that will win official approval. If it doesn't, you might use the enlarged name unofficially, informally and/or concurrently and/or as a subtitle.

Another scenario occurs when the person was never called "volunteer administrator" in the first place. Though indeed working with volunteers part-time, she/he also always has done some or all of the other community or human resource things described earlier in this article. Here, the problem might be the somewhat easier one of finding an appropriate job title where none has existed previously.

But why take all this trouble to change a name, especially one we've worked so hard to market all these years? The first reason would be that the new title recognizes the reality of a larger job responsibility. By analogy, both "violinist" and "symphony conductor" are honorable job titles. But you don't call yourself a violinist when in fact you are a symphony conductor—not usually, anyhow, not even when you can in fact also play the violin. Calling yourself violinist simply doesn't tell the

* The recent study by Appel (1987) shows that people who spend at least some of their time working with the volunteer program do so under a very wide range of titles, including some similar or identical to the three mentioned in the text.

whole story. Nor can a violinist alone be as effective an advocate for the orchestra as a whole—including violinists.

More specifically for the present case, it is all too easy for the uneducated (on volunteers) executive to downplay a person labelled as "only" responsible for volunteers. We've all heard the litanies: volunteers are a luxury; besides, they work free, why don't you? And so on, *ad nauseam*. But this executive might think twice, or even thrice, before trivializing the work of a person who, as part of a seamless package, was bringing in not only volunteers, but materials, equipment, money, information and community support. That's a far more serious thing to risk losing. Not incidentally, staff at all levels might be less likely to resist a professional with the potential to garner for them a veritable cornucopia of community resources versus one whose only stock in trade was suspiciously substitutive volunteers.

But is even this worth throwing out the great word "volunteer" and all it stands for? No, it is not. In the first place, we might often be able to use concurrently dual program titles, one highlighting the term "volunteer," the other accommodating the broader community or human resource concept of which volunteers are a part. Your situation will best determine which will be the title and which the subtitle. Or perhaps the two names can be used alternatively depending on the appropriateness of the situation.

Moreover, much as most of us respect the word "volunteer" and everything it represents, a number of other people—rhetoric aside—do not. And *their* perceptions are most often at the root of our status problems, especially when they are decision-makers, as they often are. To the extent that the concept "volunteer" still suffers the slings and arrows of outrageous stereotyping, it is no service either to volunteers or ourselves to suffer those slings, alone and exposed. In such a situation, we must at the very least consider as an alternative associating volunteer programs with a broader concept many executives will take more seriously: for example, "community resource development." Under such an umbrella, volunteers can still receive separate identifica-

tion and recognition and they *will* receive, I believe, *more* organizational support. Indeed, I know of at least one instance in which, when the Director of Volunteer Services (DVS) "moved up" to "Community Relations Coordinator," the volunteer program clearly benefitted from her increased prestige. While still retaining some of her hands-on attention, this volunteer program was also assigned another full-time person as its new DVS.

THE NEED FOR MORE INFORMATION

Is such a satisfying scenario repeatable, or just a rare stroke of luck? We don't know yet. Even before that, how often and under what circumstances are we most likely to have a name and concept change of the type: "volunteer administrator" to "community resource coordinator?" We don't know this, either. My guess—only that—is that the latter kind of name is somewhat more likely to exist or evolve in:

- a small organization which can't afford a full-time volunteer administrator in the first place (although there is already one exception to that in the "Community Relations Coordinator" example just given!).
- somewhat paradoxically, where a paid or volunteer staff person is putting in more than a few hours a week. It's hard to diversify when you don't really have time to do even one thing well.

But, to repeat, we don't know. And I do not think we should wait too long to find out. For one thing, we need to know if our field is going to have to incorporate people dealing with community resources at substantially different levels of generality, some "just" with volunteers as volunteer administrators, and others with volunteers plus a range of other human and community resources. Denying the possibility won't make it go away.

But enough of speculation; The Center for Creative Community has a ten-item survey specifically designed to add more evidence to the mix. If you share an interest in the matter, write and request a copy. The address is P.O. Box 2427, Santa Fe, New Mexico 87504. Even better, encourage colleagues to do the same at meetings of professional associations, at

workshops, in your newsletters. AVA has indicated interest in such a study and while this is not official AVA endorsement, the results will be shared fully with AVA when there is a statistically significant sample. The write-up of results will also be offered to *The Journal of Volunteer Administration* and also communicated via *The Dovia Exchange* (Center for Creative Community, 1988).

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Volunteerism Citation Index

Covering Articles

Appearing During 1987-88

Katherine H. Noyes, Citation Editor

The Volunteerism Citation Index (VCI) is published twice a year by *The Journal* as a service to our readers. It is intended to be a tool for learning what is being written about volunteerism by those in other professions, and as an on-going guide to current trends affecting volunteerism. VCI also assists those who are conducting research, and adds another dimension to the definition and formalization of our field.

VCI includes citations from both popular and scholarly sources generally available in libraries. Articles are selected because they relate directly to volunteerism and volunteers, as defined by the subject matter, not the source. Pamphlets, newsletters, dissertations, unpublished papers and most newspaper articles are excluded because they are too "fleeting" in availability and often difficult to track down in their entirety.

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THE JOURNAL OF VOLUNTEER ADMINISTRATION

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

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

volunteerism: anything related to volunteers or volunteer programs, regardless of setting, funding base, etc. (so includes government-related volunteers)

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

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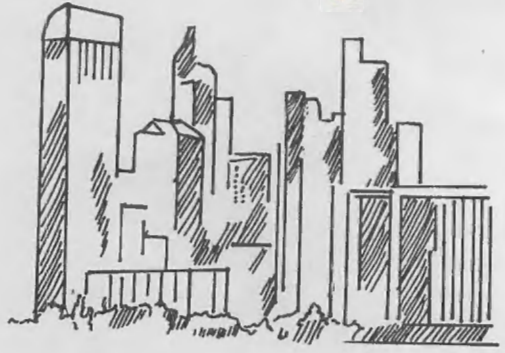
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