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**Volunteers in mental health service programs: A work behavior
analysis**

Nassar, Sylvia C., Ph.D.

The University of North Carolina at Greensboro, 1994

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VOLUNTEERS IN MENTAL HEALTH SERVICE PROGRAMS:

A WORK BEHAVIOR ANALYSIS

by

Sylvia C. Nassar

A Dissertation Submitted to
the Faculty of The Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
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The Volunteer Work Behavior Questionnaire was developed and administered to volunteers in mental health service programs represented by hospice, crisis, and family service agencies in an effort to identify work behaviors of volunteers.

Frequency, importance, and combined item scores were factor analyzed to determine major dimensions of work behaviors. Analyses of variance were conducted between factor "subscale scores" and demographic and background variables, followed by Tukey's Studentized Range test as appropriate.

Results of the study include an overall factor structure of work behaviors. Volunteer work behaviors are characterized by three factors of issue-specific interactions, structured and administrative tasks, and communication-specific interactions. Issue-specific interactions accounted for the greatest amount of variance among frequency and combined factors, while structured and administrative tasks accounted for the greatest amount of variance among importance factors. Type of agency yielded significant differences in eight of the nine factors. Means of crisis volunteers were consistently higher for issue-focused interactions for all three factor subscale scores, while means of hospice volunteers were consistently higher for both frequency and importance structured and administrative factors. Other, less consistent patterns were found in demographic and background variables. Similarities were found between volunteer work behaviors and the behaviors of professional counselors (Loesch & Vacc, 1993). Implications for volunteer and counselor training and for future research are identified.

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APPROVAL PAGE

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CHAPTER I

INTRODUCTION

Volunteers play a vital role in American society. Their tremendous economic and social contributions to the labor force are beginning to be given deserved attention that is long overdue (e.g., Brudney, 1990; Cnaan & Amrofed, 1993; Cnaan & Goldberg-Glen, 1990; Darling & Stavole, 1992; Hodgkinson & Weitzman, 1992; Naylor, 1984; Wolozin, 1972). The Independent Sector, a coalition of nonprofit organizations promoting volunteerism and not-for-profit initiatives in general (Weisbrod, 1990), reported the following data based on a large-scale national survey (Hodgkinson & Weitzman, 1992):

- * 94.2 million adult Americans, or 51% of the adult American public, volunteered in 1991.
- * Volunteers contributed an average of 4.2 hours per week in 1991. The amount of volunteer time equals 20.5 billion hours, representing the equivalent of 9 million full-time employees, and \$176 billion dollars in wages.

Among the types of human services utilizing volunteers are those which promote or enhance arts and cultural enrichment, day care, legal cases, emergency preparedness, health, physical environment, psychosocial wellness (Bowker, 1991), animal rights, crime and victim assistance, elder care, hunger relief, veterans' benefits (Carroll, 1991), education/instruction, public/society benefits, youth development, and mental health (Hodgkinson & Weitzman, 1992).

Broad categories of health and mental health encompass specific services provided by agencies which address the mental health of individuals, families, and other groups. Many of these specific programs utilize volunteers in delivery of services. A number of these programs are described in the literature, such as homeless shelters (e.g., Abbott, 1988), hospice programs

(e.g., Coffman & Coffman, 1993; Dush, 1988; Hoad, 1991; Hughes, 1988; Seibold, Ross, Berteotti, Saprych, & McQillan, 1987; Sheehan, 1990; Stephany, 1989), public health providers (e.g., Jimenez & Jimenez, 1990; Linnan, Gans, & Hixson, 1990), residential institutions (e.g., Bailey, Thiele, Ware, & Helsel-DeWert, 1985; Conner & Winkelpleck, 1990; National Association for Mental Health, 1956; Weinberg, 1976), substance abuse centers (e.g., Beckman & Mays, 1985; Hosie, West, & Mackey, 1988), nursing homes (e.g., Crose, Duffy, Warren, & Franklin, 1987), psychiatric facilities (e.g., Bernheim & Olewniczak, 1990; Springarn, 1959; Thomas, 1976), crisis and suicide intervention services (Brockopp & Yasser, 1970; Cotton & Range, 1992; Dixon & Burns, 1975; Hedrick, 1979-80; Levine, 1970; Miller, Hedrick, & Orlofsky, 1991), and community mental health agencies and services (e.g., Barth, Gordon, Hacking, & Ash, 1988; Bernheim & Olewniczak, 1990; Brook, Fantopoulos, & Goering, 1989; Michener & Walzer, 1970).

Volunteers in these mental health service programs fulfill a variety of roles. Some volunteers perform direct service or direct practice activities (Cnaan & Goldberg-Glen, 1990), such as providing social relationships to patients, arranging shopping trips, helping with personal care, reading to/conversing with patients, feeding/preparing food for frail people, facilitating recreational or religious activities, transporting wheelchairs, assisting with nursing or occupational and physical therapy activities, lecturing or teaching patients about financial issues or other concerns, and providing emotional support during crisis.

Volunteers' direct service roles often require professional levels of responsibility. In fact, some of the work seems to overlap tasks identified in a study of the work behaviors of professional counselors (Loesch & Vacc, 1993). Examples of such work behaviors are particularly prevalent in descriptions of volunteer programs that address issues of hospice, crisis, and family dynamics. For instance, roles required of volunteers in hospice programs include

listening, talking about death and dying, and modeling appropriate behavior (Coffman & Coffman, 1993). In the crisis realm, Brockopp and Yasser (1970) described the goal of the phone interactions of a program volunteers as "ameliorating, changing, modifying, and improving the psychosocial condition of the caller" (p. 65). Programs which provide services to families address a wide range of issues, such as juvenile delinquency, resettlement, or family planning. A description of a typical program providing low-cost mental health counseling indicated that volunteers are assigned to "individual, family, and group counselling" tasks (Cowne, 1970).

Several decades ago, professional researchers attempted to assess processes and outcomes of training programs for volunteer counselors, as well as the effectiveness of services provided by these volunteers (Carkhuff, 1968). A review of these programs by Carkhuff (1968) indicated that volunteers' clients reportedly experience rates of recovery at least equal to their professional counterparts'. A second finding was that lay persons, or volunteer counselors, can be trained to effectively facilitate this recovery in relatively short periods of time.

Despite the vast numbers of volunteers providing critical and effective services in mental health programs, however, no systematic analysis of actual duties has been conducted. As a result, little information exists regarding what they do and for what tasks or activities they need to be trained.

A work behavior analysis furnishes this information and provides several benefits. One obvious benefit is providing the framework in which to evaluate the impact of volunteers in mental health service delivery. A second, related advantage is the potential to enhance the effectiveness of training programs which prepare volunteers for their important work. In fact, although training is often cited as an important aspect of volunteer management (e.g., Carkhuff, 1969), there is little information available in the literature regarding how volunteers are trained for their duties. Some practitioners have attempted to address this issue by publishing training

models utilized by their programs (e.g., Abbott, 1988; Brook, Fantopoulos, Johnston, & Goering, 1989; Coffman & Coffman, 1993; Dush, 1988; Ellis, Greenwood, Stevenson, & Linton, 1983; Hinton, Romero, & Sterling, 1977; Linnan, Gans, & Hixson, 1990; Jimenez & Jimenez, 1990; Pickett, 1988; Silver & Stonestreet, 1978). Empirical studies of such training programs, however, are far more limited (e.g., Beckman & Mays, 1985; Hoge & Hirschman, 1984; Most & Guerney, 1983; Toff, 1977; Wilkinson & Wilkinson, 1986-87).

Thus, no systematic or empirically-based protocol for the training of volunteers exists, despite the importance of the tasks performed by these individuals. A work behavior analysis of volunteer activity would provide a framework for developing and evaluating such training programs.

Purpose of the Study

Components of volunteer training programs in mental health service programs, despite the wide variety of services in which volunteers are utilized, have not been scrutinized nearly as much as those for professional counselor training. The lack of consistency in training provided may be related to the lack of consistency in defining actual volunteer work. This study analyzing the work activities or behaviors of volunteers greatly enhances the creation of more universal training programs and would promote systematic evaluation of those programs.

Need for the Study

There is a need to supplement existing knowledge concerning actual duties performed by volunteers in mental health service programs and agencies with the goal being to specify what the tasks are and thus what training needs to be provided. To have an identified base of work behaviors would benefit mental health service providers in both policy-making and program planning, especially with regard to developing appropriate training programs. Implementation of specific training components could potentially improve the effectiveness of pre-service training

programs for volunteer helpers in mental health service programs, thereby also enhancing services to clients.

Statement of the Problem

Because of the inadequate base of knowledge identified above, a systematic work behavior analysis of volunteers' work in mental health service programs was conducted. The research questions guiding this study were the following:

1. What are the major dimensions (that is, the underlying factor structure) of volunteer work behaviors which represent the data set of work behaviors as measured by frequency ratings on the Volunteer Work Behaviors Questionnaire?
2. What are the major dimensions (that is, the underlying factor structure) of volunteer work behaviors which represent the data set of work behaviors as measured by importance ratings on the Volunteer Work Behaviors Questionnaire?
3. What are the major dimensions (that is, the underlying factor structure) of volunteer work behaviors which represent the data set of work behaviors as measured by combined frequency and importance ratings on the Volunteer Work Behaviors Questionnaire?
4. Do volunteers differ in the major dimensions of work behaviors, as measured by frequency ratings on the Volunteer Work Behaviors Questionnaire, as a function of:
 - a. number of hours volunteered per week,
 - b. length of pre-service training,
 - c. post-training confidence level,
 - d. overall length of agency service,
 - e. level of self-perceived preparedness, and
 - f. formal training in human services?

5. Do volunteers differ in the major dimensions of work behaviors, as measured by importance ratings on the Volunteer Work Behaviors Questionnaire, as a function of:
 - a. number of hours volunteered per week,
 - b. length of pre-service training,
 - c. post-training confidence level,
 - d. overall length of agency service,
 - e. level of self-perceived preparedness, and
 - f. formal training in human services?

6. Do volunteers differ in the major dimensions of work behaviors, as measured by combined frequency and importance ratings on the Volunteer Work Behaviors Questionnaire, as a function of:
 - a. number of hours volunteered per week,
 - b. length of pre-service training,
 - c. post-training confidence level,
 - d. overall length of agency service,
 - e. level of self-perceived preparedness, and
 - f. formal training in human services?

Definition of Terms

Volunteers - are individuals with no formal academic training in helping skills who are employed on a voluntary (not-for-payment) basis. In the literature they are identified as volunteers (e.g., Nicoletti & Flater-Benz, 1974), paraprofessionals (e.g., Allen, 1985; Bagby, 1984; Bailey, Thiele, Ward, & Helsel-DeWert, 1985; Crose, Duffy, Warren, & Franklin, 1987; Ellis, Greenwood, Stevenson, & Linton, 1983; Gartner & Riessman, 1974; Gatz, Hileman, & Amaral, 1984; Truner & Kofoed, 1984; Winston & Ender, 1988), mental hygiene therapy aides

(e.g., Bernheim & Olewniczak, 1990); peer counselors (e.g., Edgar & Kotrick, 1972), and community workers (e.g., Gatz & Others, 1982). In this study, these individuals will be referred to as volunteers.

Mental health service agencies or programs - are facilities directly identified as mental health agencies or agencies providing mental health service programs. They coordinate and deliver services directly to clients. For the purposes of this study, these agencies will be represented by programs providing hospice, crisis, and family services.

Direct client services - are services provided through one-to-one or small-group interactions (Bowker, 1991). Examples include physical assistance with daily tasks, observation of suicidal symptoms, or facilitation of children's programs.

Pre-service training - is training required of volunteer helpers prior to their providing direct services to clients. This training can consist of on-the-job instruction, lectures, discussions, skills training, or any combination of the above.

Work behavior analysis - is a study of actual time spent on particular tasks; that is, a breakdown of actual work hours or minutes devoted to specific tasks.

Organization of the Study

This dissertation study is organized into five chapters. Chapter I, the Introduction, provides an overview of the topic of volunteers in mental health services. A brief study proposal is outlined, including purpose and need. A statement of the problem is outlined, including how the proposed study questions will address the current conditions. A Definition of Terms section provides the context for the entire study.

Chapter II, Review of Related Literature, provides a more in-depth analysis of the current status of the topic, citing relevant and related research. Programs described in the literature will be discussed. Training program profiles, including empirical studies, will be explored. A work

behavior analysis of professional counselors, which serves as a prototype for this dissertation study, is discussed. Chapter II will conclude with a critique of relevant research.

Chapter III, Methodology, addresses the logistical aspects of the study. Research questions are re-stated. Participants are described, as are instrument development and procedures. The data analyses includes descriptive statistics, factor analyses, and analyses of variance.

Chapter IV, Results and Discussion, provides a comprehensive description of the results of the data analyses. The discussion parallels the research questions.

Chapter V, Summary, which includes a discussion of limitations, conclusions, recommendations, and implications, concludes the study. The final discussion includes a summary of findings and potential directions for future research.

CHAPTER II

REVIEW OF RELATED LITERATURE

This chapter provides a summary of literature relevant to a study of work behaviors of volunteers in mental health service programs. The chapter sections are organized as follows: (1) Research on volunteerism, detailing the current state of knowledge of volunteerism; (2) Roles of volunteers, defining various roles of volunteers in human service programs, with a primary focus on the direct service role; (3) Program descriptions, summarizing programs in human and mental health services and focusing on three primary service areas; and (4) Work behaviors, identifying themes in program and training descriptions, studies conducted on training effectiveness with regard to work skills, and studies of work behaviors in related fields. The chapter concludes with a rationale for the study, and explains the potential impact of a work behavior analysis on improving training programs for volunteers in mental health service programs.

Volunteerism

Much of the current research on volunteerism falls into two categories: volunteers' contributions to the labor force and motivations for volunteering. Describing volunteers' contributions from a labor force perspective leads to economic implications. It follows that establishing volunteer time as an economic concept provides an impetus to understand what motivates people to contribute to the labor force via volunteering.

Volunteers in the Labor Force

Because of the vast numbers of Americans who donate their time to volunteer endeavors, researchers have begun to study the impact of volunteerism on the labor force. Goals of studies

range from identifying types and numbers of agencies utilizing volunteers to determining the economic value of volunteers' time.

One such study was conducted to determine levels of volunteer usage by agencies in Greater London (McClam & Spicuzza, 1983). Among other findings, methods of recruitment, screening, training, evaluating, and recognizing volunteers were identified.

Sixty-six percent of the agencies sampled indicated that they utilized volunteers in service delivery. A secondary goal of the study was to provide information transferable to the field of volunteerism in the United States.

In an examination of volunteers actually utilized by selected agencies, Cnaan and Goldberg-Glen (1990) studied the demographic differences between volunteers in public and nonprofit agencies, including comparisons of activities conducted by each. They found that both public and nonprofit agencies utilize volunteers in service delivery.

Wolozin (1975) reviewed results of two major labor studies of volunteer work in this country in an effort to define the concept of volunteer labor. He defined volunteer work as "any non-compensated service which has a market counterpart and which is contributed to someone outside the immediate household" (Wolozin, 1975, p. 23). As a result of his review, he proposed that volunteer services be included in calculating the Gross National Output and Product in order to better understand the overall economic situation of the nation's workforce.

Because of agency costs involved in utilizing volunteers as a part of the labor force, it would seem appropriate to account for volunteer time in calculating national labor statistics. By utilizing volunteers, organizations are able to provide resources for which they would otherwise pay (Darling & Stavole, 1992). However, the difficulty in including this resource in the equation raises questions as to the most appropriate method of doing so. Darling and Stavole (1992) described several possible methods and discussed the potential problems associated with each.

In calculating the value of volunteer time, the Independent Sector utilizes minimum wage figures for volunteers under the age of eighteen. For adults eighteen and older, the average hourly wage figure reported for nonagricultural employees by the Economic Report of the President (Hodkinson & Weitzman, 1992) is used. Based on these formulas, the total time contribution of volunteers represents the equivalent of \$176 billion dollars, an astounding figure.

Volunteer Motivation and Satisfaction

The Independent Sector, in addition to addressing national questions such as number of hours volunteered and the economic value associated with them, also has begun to address broader demographic issues such as areas of service and personal motives for volunteering.

Harriett Naylor, a pioneer for many years in the field of volunteer administration, believed job satisfaction to be a motivation for volunteerism, analogous to monetary reward for employment (Naylor, 1984). Others have attempted to describe the benefits of volunteering that lead to satisfaction. One writer referred to a physical benefit as "helper's high" (Luks, 1988, p. 39) in a review of several research studies supporting the conclusion that volunteer activities, or altruism in general, stimulate the production of endorphins which result in overall positive emotional states.

These reports suggest one strong motivator for volunteering is altruism. Perhaps simply the positive feeling achieved from helping others may be enough incentive to motivate individuals to volunteer. However, a number of other studies indicate that skill acquisition is not only a motivation, but sometimes also a goal for volunteering. Often, this attempt to gain new skills or knowledge is related to a larger, more general goal of career enhancement.

Several studies' findings support training as a goal of volunteers. An empirical analysis of studies on recruitment and retention of volunteers in human services indicated that training is among traditional strategies of rewarding volunteers (Watts & Edwards, 1983).

In one study conducted by the J.C. Penney Company, Inc., and the now-defunct VOLUNTEER - The National Center (1987), volunteers and nonvolunteers were surveyed regarding personal incentives in volunteer involvement. Among nonvolunteer respondents, 70 percent indicated that training would be an incentive to volunteer. Although only fifteen percent of volunteers indicated "getting job experience" was a reason they volunteered, the vast majority of volunteers' reports affirmed more general reasons such as wanting to help others and enjoying the work.

Another study was conducted to identify reasons people give for volunteering in direct service activities in social service agencies. Thirty-four percent of respondents reported personal development as a reason (Anderson & Moore, 1978).

A final study on nonmonetary rewards for volunteer labor utilized a survey designed to identify motives for volunteering (Brown & Zahrlly, 1989). Seventy-five percent of survey respondents, a pool of crisis center volunteers, indicated that their volunteer work helped to develop career-related skills. Relatedly, a former Peace Corps volunteer (Putnam, 1993) described expanding her individual personal and professional network as being of particular benefit in participating in volunteer activities.

Some researchers have attempted to synthesize the theoretical base of knowledge on volunteerism by developing the Volunteer Functions Inventory, an instrument developed for the purpose of identifying motivations of volunteering (Clary, Snyder, & Ridge, 1992). Among the six primary functions, or categories, of reasons people have for volunteering, based on theoretical research, are "understanding" and "career." "Understanding" refers to reasons stemming from a person's desire to learn. The "career" function addresses the issue of individual's striving to learn particular skills.

The desire to learn specific skills for the goal of personal or professional enhancement appears to be consistent across many studies of volunteers. What is less clear, however, is exactly what skills and behaviors they perform in their volunteer roles.

Volunteer Service Roles

Trying to delineate the specific tasks of volunteers is not easy. The total body of volunteers is a highly diverse group. The many arenas in which volunteers contribute their time and skills presents a challenge in defining their roles and tasks. Cnaan and Amroffell (1993) attempted to conceptualize a structure, or "mapping sentence," with which to better analyze this social phenomenon. The ten general facets taken into account in their "map" and which distinguish individual volunteers are (1) who is the volunteer, (2) what is being volunteered, (3) the level of formality of the volunteer work, (4) the frequency of volunteering, (5) the amount of time allocated per episode, (6) the relatedness of beneficiaries, (7) the characteristics of beneficiaries, (8) who manages volunteers, (9) management activities, and (10) volunteers' rewards.

Within these diverse "facets," volunteers can obviously serve in countless capacities. Volunteer administration practitioners have advocated defining these as specific roles (e.g., Bowker, 1991; Jacobson, 1993) in order to provide volunteer job descriptions and performance evaluations, among other important tools in the field. Although these roles may at times overlap, several experts have identified indirect service, policy-making, advocacy, administrative, and direct service as primary types of volunteer roles (e.g., Bowker, 1991; Jacobson, 1993).

Indirect services to clients via the agency include clerical tasks or meal preparation. When volunteers provide indirect services, staff and other volunteers are freed up to provide more direct services.

Policy-making is a role which requires decision-making and/or program planning within a broad organizational or community structure (Jacobson, 1993). Examples of policy-making include serving on Boards or making personnel decisions.

Advocacy, or direct action volunteering, may also include policy-making tasks. Advocacy traditionally connotes brokering for change on someone's behalf, such as helping to familiarize a client with court proceedings. Administrative volunteering includes tasks which are central to agency or program operation, such as volunteer recruitment, selection, and training.

Finally, direct service volunteering provides services directly to clients through individual, group, or family interaction. These services can be provided either in the agency or over the telephone.

Direct Service Roles of Mental Health Volunteers

Historically, mental health services were established to deal with individuals suffering from mental illness (Stipes, 1989). Residential institutions, referred to as mental or psychiatric hospitals, continue to be sites for services, despite the current trend to help clients remain in their communities during treatment. Within residential settings, volunteers are used widely to promote mental health. Several profile studies have been conducted to review specific roles in which volunteers are utilized.

In the National Association for Mental Health's report on volunteer programs in mental hospitals (1956), a listing of volunteer activities included teaching crafts, feeding patients, conducting hobby groups, coordinating community events, and helping with bedside gardening.

The National Center for Voluntary Action, during its existence, reviewed mental hospital and post-hospital programs utilizing volunteers for the purpose of confirming the value of volunteers' services (Weinberg, 1976). Based on the extensive review of programs, the Center reported that in-hospital programs utilized volunteers in activities ranging from field trips, art

therapy, gift shop sales and tutoring children, to assistance with psychological testing and group counseling. Many of the post-hospital programs utilized volunteers in providing companionship roles, facilitating rap sessions, empowering patients to deal with daily situations, and generally supporting and encouraging patients.

Still another profile of a volunteer service program in a private hospital describes volunteers as being involved in every in-patient treatment modality (Hedrick, 1979-80). They are assigned to patients on a one-to-one relationship basis, participate in socialization or substance abuse groups, and assist with psychodrama, among other activities.

It appears that most residential and many post-hospital programs utilize volunteers in "companionship" roles. However, a report compiled by the American Psychiatric Association (Spingarn, 1958), warned against the oversimplification of descriptions of actual volunteer activities. For instance, when a volunteer "escorts" a patient to a restaurant or on some such excursion, the volunteer is actually engaging in a social relationship with the patient.

Although community mental health service programs often overlap several broad descriptive categories, such as psychosocial wellness (Bowker, 1991), crime and victim assistance (Carroll, 1991), youth development, and mental health (Hodgkinson & Weitzman, 1992), the characteristic distinguishing them from residential treatment programs is that their services are provided within the community.

Community mental health encompasses a wide range of services provided to clients, and in turn, utilizes volunteers in many service and treatment modalities.

Three areas of mental health service which are representative of skills utilized by volunteers in the overall field of mental health are hospice, crisis, and general family services. Hospice program volunteers provide many short-to intermediate-term services, such as companionship and assistance with daily tasks. In contrast, crisis services focus on the immediate-to short-term

amelioration of client symptoms by facilitating problem-solving and making appropriate referrals. Family services cover a wider realm of services, ranging from family systems interventions to programs dealing with individuals or issues relating to overall functioning, such as mental retardation or mental illness. The following section will explore volunteer programs within hospice, crisis, and family services.

Hospice. Volunteers in hospice programs provide a variety of services to individuals and families dealing with terminal illness. A study of volunteer involvement revealed activities such as serving on committees or Speakers' Bureaus, conducting administrative tasks, and providing in-home care or bereavement services (Seibold, Rossi, Berteotti, Soprych, & McQuillan, 1987). A later study of volunteers in the independent hospice movement in Britain showed that levels and types of responsibility vary (Hoad, 1991). Categories used to describe those differences were "administrators," "counsellors," "carers," and "ancillaries." Although definitions given for those categories were vague and the tasks listed for each were ambiguous, they do provide a starting point to identifying more specific roles.

One hospice program's description of activities within the overall caring role were broken down into more specific functions such as personal care, patient support, and entertaining patients (Stephany, 1989). These functions were then broken down into even more specific tasks, including eating and watching television with patients, encouraging reminiscences, reading to patients, folding clothes, and babysitting with children during patients' physician visits. These caring or "caregiver" roles focus primarily on patient and family contact (Sheehan, 1990).

One study surveyed hospice volunteers in Wisconsin regarding perceived frequencies and importances of specific tasks (Hughes, 1988). Among the tasks reported by the majority of volunteers were friendly visiting, visiting during bereavement, and telephoning to chat. Among

the services perceived by volunteers as most valuable were staying with patients to relieve caregivers and friendly visiting.

Crisis. Crisis services include providing information or community referrals over the telephone or in-person. While many of these programs provide general information and referrals, a review of the literature revealed that the majority focus on suicide prevention or crisis intervention (Dixon & Burns, 1975).

A profile of an emergency telephone crisis program referred to its major service as providing telephone therapy (Brockopp & Yasser, 1970). This therapy is described as an interaction wherein the goal is to improve the emotional state of the caller. Others also provide telephone hotline and walk-in services for rape survivors (Silver & Stonestreet, 1978). In these activities, volunteers provide short-term counseling and other support to clients.

Crisis service volunteers are called upon to identify suicidal symptoms and to respond appropriately, and to provide community referrals (Cotton & Range, 1992). Perhaps the most critical of skills for volunteers, but particularly crisis center volunteers, is to provide accurate empathy (Miller, Hedrick, & Orlofsky, 1991).

Family services. Many community mental health centers providing family services utilize volunteers in companionship or friendship roles. These roles, and examples of activities performed within them, are playing games, role modeling, visiting client's homes, or "adopting" senior citizens (Michener & Walzer, 1970; Naylor, 1976).

A review of eighteen mental health services and facilities indicates numerous other activities in which volunteers are involved. These include facilitating post-hospital resocialization, visiting nursing homes, educating public school groups on mental health issues, and counseling (Cowne, 1970).

Within the mental health service arena, older adult programs often utilize volunteers in companionship, or peer relationship roles. One program, designed as a primary prevention project, involved older adults as peer educators of topic-specific workshops (Gatz & Others, 1982). These workshops served to improve the physical and mental health of participants, based upon self-report measures of self-efficacy, interpersonal trust, active problem-solving, life satisfaction, and community competence.

A review of studies involving older adult volunteers as community workers identified programs providing services in peer counseling, outreach and casework, service in community agencies, and community organization and advocacy (Gatz, Hileman, & Amaral, 1984). One characteristic stressed by the reviewers was the psychological benefit gleaned by the peer helpers in addition to those offered to the participants. In one study (Lieberman & Bliwise, 1985), peers led self-help groups called Senior Actualization and Growth Exploration (SAGE). Although the comparison groups led by professionals showed higher gains in certain aspects, those led by peers also experienced progress.

Programs focusing on children comprise yet another type of family service. One community program utilizing peer volunteers in service delivery is the Child Enrichment Project (Barth, Hacking, & Ash, 1988). In this child abuse prevention project, peer volunteers are recruited and trained to provide education-oriented treatments to pregnant mothers at risk for abuse.

Volunteers in one-on-one involvement with juvenile offender participants on community projects were the focus of another study. One of the primary interventions utilized by the volunteers was establishing behavioral contracts, for which they had received prior extensive training.

Summary. These descriptions of community mental health services provide a general but initial look at the tasks, or work behaviors, of volunteers. Of particular interest are direct service roles and the variety of tasks which they encompass. Another source of information is descriptions of training programs, which are described in the next section.

Volunteer Training Programs

Many proposals and guidelines exist for the training of volunteers in mental health service programs. Some of these are general texts pertaining to the overall management of volunteer programs, including organizing programs, evaluating cost effectiveness, and promoting and retaining voluntary efforts (e.g., Brudney, 1990; Jacobson, 1991), selection and placement, motivation, evaluation, and other principles important in the field of volunteerism (e.g., Jacobson, 1993; Jacobson, 1991; Jacobson, 1991; Rojewski, 1990; Scarbrough, 1990-1991; Stenzel & Feeney, 1968; Thornburg, 1992). Experts in the field have contributed to the body of knowledge by sharing theoretical and training proposals and suggestions based upon their experiences (e.g., Abbott, 1988; Carkhuff, 1969; Carkhuff, 1983; Dalali, Charuvastra, & Schlesinger, 1976; Eisdorfer & Golann, 1969; Heywood, 1983; Macduff & Millgard, 1988; Zinober & Dinkel, 1981).

The vast usage of volunteers in providing mental health services implies the necessity of providing them with effective interpersonal skills (Carkhuff, 1968). A review of the literature conducted some decades ago summarized a wide range of mental health programs utilizing volunteers and the training they were provided (Truax, 1967). One conclusion drawn was that effective empathy was an important skill for volunteers to possess or acquire, and, subsequently, one to cultivate through volunteer activity. Some training programs attempt to provide volunteers with empathy and communication skills. While some of programs include general training

sessions, others have attempted to address more specific aspects of empathy and communication skills.

Hospice. Within the realm of hospice services, some guidelines for conceptualizing training necessary for volunteers have been proposed (Dush, 1988). These include teaching volunteers specific, basic skills to assist clients with support, review, and problem-solving. One hospice volunteer training program integrates an extensive communication skills component (Coffman & Coffman, 1993). This component includes informational presentations on trust and listening. Still another program utilizes components similar to those described. Principles similar to those described above also have been adapted to volunteer caregivers of persons with AIDS (Jimenez & Jimenez, 1990).

A few studies have been conducted to actually evaluate the effectiveness of such training programs. One hospice program research team addressed the need for training evaluation (Wilkinson & Wilkinson, 1986-87). The researchers attempted to measure personality characteristics and attitudes of volunteers before and after their participation in a hospice training program. Pre-and-post measures were taken as a part of the overall training the volunteers received. Among the three training foci was skill development, particularly listening and communicating with clients. Following the training, volunteers reported having a better understanding of their clients, as well as feeling better prepared to cope with death.

Crisis. Conclusions of a review of training programs for volunteers in crisis intervention services indicate that training is often used as an additional screening tool for identifying potentially inappropriate volunteers (Dixon & Burns, 1975). The authors propose training standards for imparting knowledge of counseling, intervention techniques, and appropriate administrative skills.

One program description of a rape crisis center involved both didactic and experiential components in volunteer training (Silver & Stonestreet, 1978). Training goals included imparting knowledge, skills, and self-awareness of personal attitudes. The authors discussed the difficulty of evaluating the resultant counseling services provided to clients. However, program administrators did evaluate the services positively based upon immediate-and-long-term client feedback, impressions of volunteers, and overall program usage.

Another crisis intervention program utilized similar training components (Brockopp & Yasser, 1970). The components comprised eight 2 1/2-3 hour actual training sessions and two 3-hour telephone observation periods. Program volunteers were evaluated by joint volunteer-and-supervisor review of audiotaped telephone sessions.

Yet another training program was designed to teach crisis intervention volunteers about suicide risk indicators, mobilizing resources, no-suicide contracts, and burnout prevention (Cotton & Range, 1992). The Suicide Intervention Response Inventory was utilized as a pre-and-post measure of competence crisis intervention skills. Knowledge increases reported after a 75-minute training program were not statistically significant, which may have resulted from the shortness of the training program.

The Helpful Responses Questionnaire (HRQ) was used to assess empathy of volunteers in another crisis center (Miller, Hedrick, & Orlofsky, 1991). Workers' responses were measured before and after their pre-service training. The training included crisis intervention skills in general, but focused considerable time on active listening. Scores on the HRQ represented significant increases following a 2-day workshop on active listening and crisis intervention skills.

Family services. Within the family service realm, training programs focus on preparing volunteers to deal with specific issues of individuals and families within mental health settings,

such as educating volunteers to prepare them for involvement in mental health-oriented therapy groups (Hinton, Romero, & Sterling, 1977).

Clients of family service agencies may seek emotional support from volunteers. One training program was conducted with the goal of teaching volunteers a repertoire of common psychotherapeutic responses, as well as evaluating the effectiveness of the training (Toff, 1977). Conducted as 24 one-hour weekly sessions, the program included lecture components as well as large-and-small group exercises. Transcripts and audiotapes of the role-plays were analyzed in terms of therapeutic progress by assessing levels of disclosure of feelings by role-played clients. Although the lack of significant results led to inconclusive evidence, the study provided an impetus for further research on training effectiveness.

Another training program for volunteers working with mentally ill individuals and their families was studied, focusing on the increases in knowledge after films, lectures, and discussions on community resources. Volunteers also were offered an opportunity to hear schizophrenic patients speak about their personal experiences (Brook, Fantopoulos, Johnston, & Goering, 1989). A pre-and-post questionnaire was administered to evaluate levels of knowledge of participants. The participants' scores improved from pre-to-post administrations, indicating increases in knowledge.

Another training design involved a workshop to prepare community volunteers in identifying and providing interventions for female alcohol abusers (Beckman & Mays, 1985). The workshop integrated information lectures as well as small-and-large group experiential exercises. Pre-and-post workshop questionnaires were utilized to assess the effectiveness of the training. Although few changes were observed in attitudes or behaviors, knowledge about alcohol abuse had increased.

A program designed to train lay volunteers in pre-marital enrichment skills (Most & Guerney, Jr., 1983) also utilized pre-and-post measures to assess knowledge and skill levels. The training sessions included informational sessions as well as skill practice ones. Volunteers' post measures showed increases in empathy, expression, facilitation, generalization, and problem-solving skills.

Summary. Despite the existence of a large number of training programs, very few have been evaluated formally. Training programs described in the literature tend to focus on teaching broad knowledge and skills. Although some practitioners have attempted to evaluate their training programs, these evaluations have been focused on measuring general knowledge and skills rather than specific work behaviors.

Work Behaviors in Mental Health Services

Based on the literature on volunteer and volunteer training programs, tasks of volunteers in mental health services seem to fall into broad, general categories of assessment of and interpersonal interactions with individuals and groups of clients, treatment planning and evaluation, and other miscellaneous tasks such as keeping records and educating clients and the community. These categories, however, are based on subjective review rather than objective examination of volunteer work behaviors. Although these subjective categories seem to parallel those identified as necessary competencies for human service work (Bonner, 1993; Council for Standards in Human Service Education, 1989), a more empirical analysis is necessary.

Recently, a work behavior analysis of professional counselors was conducted by the National Board of Certified Counselors (Loesch & Vacc, 1993). The rationale for the study was to strengthen the relationship between national counselor licensure and actual counselor activities. It was thought that information gleaned from the study would be used to further develop job definitions and performance criteria. The issue of varying definitions used by researchers to

describe counseling is combatted to a degree by a work behavior analysis, because the resulting framework provides a more universal definition.

The process employed in conducting the study was a multi-phase one. First, a list of items was generated from literature describing counselor's roles, and from job descriptions and other materials solicited from a small pool of professional counselors. Secondly, this list was refined by asking a second, larger group of professional counselors to provide feedback on the items, indicating whether or not they applied to their own individual work situations. This final list was then disseminated to a large national sample of professional counselors, who were asked to rate each item on the frequency with which they conducted it, as well as their perceived importance of the item. The responses of this phase were factor analyzed to identify a framework of work behaviors demonstrated by all professional counselors. The resulting framework revealed that counselor work behaviors fall into five broad categories of fundamental counseling practice, counseling for career development, professional practice, counseling groups, and counseling families. In appropriately preparing counselors for their tasks, then, the authors indicated that these five broad areas must be addressed in training. This study served as a prototype for the proposed investigation of volunteers' work behaviors.

Conclusion

It appears that some of the volunteer training programs described have been based at least in part upon Carkhuff's human relations training (Carkhuff, 1969; Carkhuff, 1983; Truax, 1967). However, no protocol has been established by systematically analyzing what tasks volunteers actually perform in the context of their roles, and therefore, for which tasks volunteers should be trained.

The framework of work behaviors which emerged from the study of professional counselors described above will be integrated into the National Counselor Examination

administered by the National Board for Certified Counselors to reflect the tasks actually performed by professional counselors. This, in turn, will undoubtedly affect counselor preparation programs. A parallel work behavior analysis of volunteers could have equally important implications for volunteer training programs.

CHAPTER III

METHODOLOGY

A review of the literature supports the need for a work behavior analysis of volunteers in mental health services. Little attention has been given to studying the impact that specific training programs have upon their participants. Moreover, no training protocol has been established. The lack of systematic scrutiny of specific volunteer roles, or work behaviors, has posed an obstacle to determining appropriate training guidelines and strategies. This chapter presents the methodology utilized in addressing the issue of mental health service program volunteers' work behaviors. Topics included are research questions, participants, instrumentation, procedures, and statistical analyses.

Research Questions

The purpose of this study was to examine the following questions:

1. What are the major dimensions (that is, the underlying factor structure) of volunteer work behaviors which represent the data set of work behaviors as measured by frequency ratings on the Volunteer Work Behaviors Questionnaire?
2. What are the major dimensions (that is, the underlying factor structure) of volunteer work behaviors which represent the data set of work behaviors as measured by importance ratings on the Volunteer Work Behaviors Questionnaire?
3. What are the major dimensions (that is, the underlying factor structure) of volunteer work behaviors which represent the data set of work behaviors as measured by combined frequency and importance ratings on the Volunteer Work Behaviors Questionnaire?

4. Do volunteers differ in the major dimensions of work behaviors, as measured by frequency ratings on the Volunteer Work Behaviors Questionnaire, as a function of:
 - a. number of hours volunteered per week,
 - b. length of pre-service training,
 - c. post-training confidence level,
 - d. overall length of agency service,
 - e. level of self-perceived preparedness, and
 - f. formal training in human services?

5. Do volunteers differ in the major dimensions of work behaviors, as measured by importance ratings on the Volunteer Work Behaviors Questionnaire, as a function of:
 - a. number of hours volunteered per week,
 - b. length of pre-service training,
 - c. post-training confidence level,
 - d. overall length of agency service,
 - e. level of self-perceived preparedness, and
 - f. formal training in human services?

6. Do volunteers differ in the major dimensions of work behaviors, as measured by combined frequency and importance ratings on the Volunteer Work Behaviors Questionnaire, as a function of:
 - a. number of hours volunteered per week,
 - b. length of pre-service training,
 - c. post-training confidence level,
 - d. overall length of agency service,

- e. level of self-perceived preparedness, and
- f. formal training in human services?

Participants

Due to the diverse types of mental health service programs which utilize volunteers in direct service, three categories of programs were selected to represent the mental health service program volunteer population. These categories, or strata, included volunteers involved in direct service activities within hospice, crisis, and family service programs.

Volunteers were selected from national directories of agencies: The National Hospice Organization (NHO) and the American Association of Suicidology (AAS), of which member agencies represent hospice and crisis programs nationwide respectively; and the Council for Accreditation of Services for Families and Children (CASFC), an organization which accredits programs providing family services. All three agreed to participate in the study by providing directories of constituent agency names and addresses to the principal researcher.

Volunteers were sampled by clusters consisting of specific agencies. Random cluster sampling in each strata was conducted. Thirty-five agencies in each stratum were randomly selected, totalling 105 agencies.

The volunteer coordinator at each cluster, or agency, was sent a packet of 10 instruments (questionnaires) to be completed by volunteers involved in direct service activities representative of that stratum. A total of 1050 volunteer questionnaires were distributed to the 105 agencies.

Descriptive information regarding the participants is presented in Table 1. Of the 105 total agencies, 41 responded, representing a moderate return rate of 30%. Of these 41, 39% represented hospice agencies, 39% represented crisis agencies, and 21% represented family service agencies. Accordingly, participants from the family service agencies were fewer than either hospice or crisis agencies. Overall, 207 completed surveys were returned. Of these, 99

represented hospice volunteers (48%), 85 represented crisis volunteers (41%), and 14 represented family service volunteers (7%). Nine of the respondents (4%) were not identifiable by type of agency.

Table 1

Demographic and Background Information of Participants

Characteristic	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Program Type				
Hospice	99	50.0	99	50.0
Crisis	85	42.9	184	92.9
Family Service	14	7.1	198	100.0
Gender				
Male	48	23.9	48	23.9
Female	153	76.1	201	100.0
Ethnicity				
Native American	6	3.0	6	3.0
Asian/Pacific Islander	4	2.0	10	5.1
Black/African American	10	5.1	20	10.2
Hispanic/Latino	3	1.5	23	11.7
White/Caucasian	172	87.3	195	99.0
Other Minority	2	1.0	197	100.0
Age				
25 and under	23	11.5	23	11.5
26 to 40	33	16.5	56	28.0
41 to 55	63	31.5	119	59.5
56 and over	81	40.5	200	100.0
Educational Level				
High School	41	22.7	41	22.7
Associates	22	12.2	63	34.8
Bachelors	69	38.1	132	72.9
Graduate	40	22.1	172	95.0
Other	9	5.0	181	100.0

Table 1 (continued)

Characteristic	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Graduate Degree				
Yes	27	13.9	27	13.9
No	167	86.1	194	100.0
Hours Volunteered Weekly				
0 to 2	43	22.1	43	22.1
3 to 5	117	60.0	160	82.1
6 to 8	17	8.7	177	90.8
9 to 10	7	3.6	184	94.4
over 10	11	5.6	195	100.0
Pre-service Training Length				
None	5	2.5	5	2.5
1 to 9	24	12.2	29	14.7
10 to 19	38	19.3	67	34.0
20 to 29	44	22.3	111	56.3
30 to 39	20	10.2	131	66.5
40 and over	66	33.5	197	100.0
Confidence After Training				
Not at all	1	0.5	1	0.5
Not very	7	3.6	8	4.1
Moderately	42	21.5	50	25.6
Pretty confident	105	53.8	155	79.5
Very confident	40	20.5	195	100.0
Length of time volunteered in program				
0 to 6 months	32	16.1	32	16.1
6 to 12 months	30	15.1	62	31.2
1 to 2 years	32	16.1	94	47.2
2 to 4 years	39	19.6	133	66.8
5 years or more	66	33.2	199	100.0
Perceived Preparedness for Client Work				
Not very	2	1.0	2	1.0
Moderately	23	11.6	25	12.6
Pretty confident	111	55.8	136	66.3
Very confident	63	31.7	199	100.0

Female participants greatly outnumbered males. Ethnic backgrounds were diverse, although 87% were Caucasian. Ages were fairly well-represented across a wide age range, with numbers of participants increasing proportionately with age. Educational levels were also well-represented. The largest group (38%) of participants held bachelor's degrees, but high school graduates (23%) and those with graduate degrees (22%) also were well-represented. The vast majority (86%) of participants did not possess a degree, license, or certificate in counseling or a related field.

With regard to other background variables, a majority (82%) of volunteers volunteered up to 5 hours per week. Length of pre-service training programs were quite varied, with 85% receiving at least 10 hours of training and 34% reporting "40 or more" hours of pre-service training. Most (75%) felt at least "pretty confident" after their training. Participants varied greatly in length of time volunteered in their particular programs; about half had volunteered in that program for at least two years. A majority (87%) felt at least "pretty confident" about their preparedness to work with clients.

Instrumentation

A questionnaire was developed for use as a survey instrument in the study. Several steps intended for item generation and item refinement were conducted with the goal of a reliable and valid measure of volunteer work behaviors.

Initial Item Generation

First, an initial list of items representing potential work tasks or behaviors of volunteers was generated. Several sources were utilized in this process. All 152 items from the National Board for Certified Counselors Work Behavior Study (Loesch & Vacc, 1993) were included. Another 114 items came from a Human Services Competencies Survey (Bonner, 1993), which was designed to study competencies of human service workers as perceived by human service

educators. A third group of 49 skills identified in the National Standards for Human Service Workers also was included. Finally, 74 additional items were generated from volunteer roles in mental health service programs described in the literature (see Chapter II). Item Refinement

This initial list of 389 items was reviewed by the principal researcher and a representative from the Voluntary Action Center in Greensboro, North Carolina, an agency which serves as a clearinghouse of volunteer opportunities. Both individuals possessed considerable experience with volunteer roles and programs. Items determined to be duplications were deleted, as were items deemed clearly inappropriate to the target populations (e.g., administer group intelligence tests). In addition, items not worded as behaviors were rewritten into a behavior-oriented format. The initial list of 389 items was reduced to 225 items at the conclusion of this process.

A second step in refining the items was the use of discussion or focus groups with panels of "experts" in the community. Focus groups, traditionally utilized in marketing research, have begun to prove useful in social science research as well, and among a number of purposes is gaining consensus among participants' experiences in an informal setting (Morgan, 1988; Morgan, 1993; Stewart & Shamdasani, 1990). Three groups were conducted, with members representing the areas of hospice, crisis, and family services. Each group was comprised of 1-2 volunteer administrators and 2-3 volunteers from at least one community agency providing the service in question. The discussion groups were facilitated by the principal researcher. Volunteers were asked to think about the items in terms of their own work tasks at their agency. Volunteer administrators were asked to think about the items with the overall perspective of volunteer roles in mind.

The group agenda was highly structured, with the goal of refining and editing the 225 remaining items on the list. Each item was discussed either as a full group or in teams of participants with the option of bringing items back to the full group for discussion. Sessions were

audiotaped for the purpose of later review, as necessary. Participants were asked to respond to items as if they represented their volunteer responsibilities. They were encouraged to suggest modifications, including deleting, adding, or combining items.

At the conclusion of the third group, the primary researcher reviewed each group's item ratings, and evaluated overall group responses to the items as "yes," "no," and "yes-with revisions." A final list was generated based on these responses. Items with three "no" responses were automatically deleted from the list. Items with at least two "yes" responses were retained. Among the remaining items, a few were deleted because of their similarity with other items, or were combined with those and/or other items. At the conclusion of this phase, the list contained 130 items.

This list, in the form of a computerized questionnaire, then was sent to seven agencies nationwide, representing all geographic regions, identified by the NHO, the AAS, and the CASFC. The agencies' volunteer coordinators were first contacted by phone and asked to take responsibility for completing one questionnaire themselves and also having four volunteers complete questionnaires. Packets were then sent which included the questionnaires, as well as letters of explanation for each volunteer and each volunteer coordinator. The letter briefly described the study, and asked that volunteers respond "yes" or "no" to the items on the basis of whether or not the items represented their own volunteer responsibilities. They also were asked to provide comments on the items with regard to repetition with other items or inappropriate or incorrect terminology. Volunteers returned their questionnaires to their volunteer coordinators, who returned the questionnaire to the principal researcher in a stamped, self-addressed envelope which had been included with the packet of questionnaires. Six out of the seven volunteer coordinators contacted responded by returning the completed surveys, resulting in a total of 28 completed surveys.

Final Questionnaire

Data from the pilot survey were analyzed by calculating frequencies for each of the 130 items. If less than five participants answered "yes" to an item, the item was deleted from the list. If 10 or more participants answered "yes" to an item, the item was retained. Those items receiving between 5 and 10 "yes" responses were scrutinized closely by strongly considering respondents' comments. Consideration was given to volunteer coordinators' ratings. For example, if only two "yes" responses were given by volunteers, but one or two by volunteer coordinators, the item was retained. Written comments given by all participants were considered in modifying the final instrument.

This process resulted in a final list of 99 items, each representing a volunteer work behavior. These items were transferred to a computerized form, and entitled the Volunteer Work Behavior Questionnaire (Appendix A), modeled after the Counselors' Work Behavior Study Survey Instrument (Loesch & Vacc, 1993). Because the goal of the study was to determine both the frequency with which behaviors are exhibited as well as the importance of the behaviors, ratings for both are included. First, each of the 99 items were listed with an accompanying 5-point scale representing relative frequencies. Volunteers were instructed to indicate the relative frequency with which they engage in each behavior on a 5-point scale (1 = never, 2 = rarely, 3 = occasionally, 4 = frequently, 5 = routinely).

Secondly, the 99 items were listed again, with another 5-point scale representing relative importance (1 = of no importance, 2 = of little importance, 3 = moderately important, 4 = very important, 5 = critically important). Volunteers were instructed to respond to the relative importance of each behavior.

The final instrument also included demographic questions regarding the type of agency, number of hours volunteered per week, length of pre-service training, confidence level after pre-

service training, overall length of agency service, feeling of preparedness, educational level, and education training in human services. These questions were included to examine whether volunteers' training may have an effect on work behaviors.

Procedures

Three organizations, the NHO, the AAS, and the CASFC were contacted, and their respective mailing lists and labels procured. The 105 agencies randomly selected as described were sent a packet addressed to the volunteer coordinator.

The packets included 10 Volunteer Work Behavior Questionnaires (Appendix A) with a brief letter of instruction (Appendix B) attached, a stamped, self-addressed envelope included for the return of the instruments, and a letter of introduction and explanation addressed to the volunteer coordinator (Appendix C). The letter to the volunteer coordinator included a request to administer the questionnaire packets to 10 volunteers, and then return them to the researcher in the envelope provided.

The return envelope was coded by type of agency and an assigned number for the purpose of tracking completed packets. If the packets were not returned within a 3-week period, the researcher attempted to call the volunteer coordinator to request that they be completed and returned.

Questionnaires were coded for entry into the VAX computer network at the University of North Carolina at Greensboro. Data analyses were conducted using SAS data analysis programs.

Data Analyses

Statistical analytic procedures chosen to address each of the research questions regarding the work behaviors of volunteers in mental health service programs are outlined below. Each question required a separate procedure, as described.

Initially, some descriptive statistics were calculated. To identify the frequency with each item is conducted, as measured by the Volunteer Work Behavior Questionnaire, means and standard deviations were calculated for each item's frequency rating on the instrument. To identify the importance of each item, means and standard deviations were calculated for each item's importance rating on the instrument.

To determine the underlying dimensions along which frequency, importance, and combined ratings vary, as addressed by Research Questions 1, 2, and 3, principal axis factor analyses of the Volunteer Work Behavior Questionnaire (followed by an orthogonal transformation using the varimax rotation) were undertaken. The resulting orthogonal factors were substantively interpretable. An oblique rotation resulted in factors that were even more interpretable. Because of the complications that correlated factors introduce into both the interpretation and analysis of the results (Lloyd Bond, personal communication), oblique factors were not analyzed.

To address Research Questions 4, 5, and 6, data were analyzed via a series of unequal N analyses of variance, followed by appropriate post-hoc comparisons. Tukey's Studentized Range Test was used to determine whether there were differences between means of groups within the demographic and background variables.

Finally, the items and categories were reviewed to identify any similarities to work behaviors of professional counselors.

CHAPTER IV

RESULTS AND DISCUSSION

This chapter provides an explanation of the data analyses introduced in the previous chapter. Preliminarily, descriptive statistics, which reflect participants' responses on the Volunteer Work Behavior Questionnaire, were conducted. To determine underlying dimensions along which frequency, importance, and combined ratings vary, factor analytic procedures were employed. Finally, analyses of variance were conducted with each emergent factor and the demographic and background variables, respectively.

Descriptive Statistics

Participants' responses concerning the frequency of performance (1 = never, 5 = routinely) for each item on the Volunteer Work Behavior Questionnaire are reported in Table 2. Numbers of respondents, means, and standard deviations for each item are presented. The means ranged from 4.62 to 2.17. Among the frequency data, the five items with the highest means were (1) provide emotional support (item 57, $\underline{M} = 4.62$); (2) use "active listening" skills (item 15, $\underline{M} = 4.55$); (3) establish rapport with clients (item 28, $\underline{M} = 4.49$); (4) use skills that facilitate the communication process (item 30, $\underline{M} = 4.48$); and (5) acknowledge and support efforts/achievements of clients (item 33, $\underline{M} = 4.44$).

The five work behaviors performed least frequently were (1) support marriage enrichment strategies (item 25, $\underline{M} = 2.17$), (2) obtain required authorization or signatures (item 98, $\underline{M} = 2.19$), (3) facilitate developmental activities (item 84, $\underline{M} = 2.19$), (4) inform clients about ethical or legal standards and practice (item 17, $\underline{M} = 2.19$), and (5) interact with child clients (item 4, $\underline{M} = 2.19$).

Table 2

Descriptive Statistics for Frequency Ratings for Items on the Volunteer Work Behavior Questionnaire

<u>Item</u>	<u>N</u>	<u>M</u>	<u>SD</u>
F1	199	3.59	1.40
F2	200	3.04	1.51
F3	202	3.15	1.40
F4	202	2.19	1.24
F5	199	2.53	1.39
F6	202	4.14	1.29
F7	196	3.83	1.33
F8	198	3.26	1.40
F9	199	4.07	1.27
F10	203	2.59	1.52
F11	201	3.27	1.36
F12	202	2.75	1.49
F13	202	2.75	1.41
F14	202	2.29	1.44
F15	200	4.55	1.05
F16	203	2.67	1.26
F17	202	2.19	1.20
F18	203	3.34	1.28
F19	199	2.96	1.29
F20	203	3.97	1.21
F21	201	2.77	1.35
F22	201	2.80	1.42
F23	204	2.47	1.44
F24	203	2.32	1.30
F25	200	2.17	1.30
F26	204	3.43	1.39
F27	202	2.22	1.28
F28	199	4.50	0.99
F29	201	3.98	1.26
F30	202	4.48	0.97
F31	197	4.24	1.20
F32	200	3.61	1.49
F33	199	4.44	1.05
F34	198	3.79	1.36
F35	198	3.13	1.55
F36	200	4.27	1.12
F37	301	3.27	1.38
F38	202	3.56	1.40

Table 2 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
F39	200	2.83	1.29
F40	200	2.39	1.23
F41	197	3.18	1.31
F42	201	3.54	1.44
F43	195	4.23	1.04
F44	199	2.43	1.12
F45	198	2.20	1.08
F46	195	2.38	1.27
F47	197	2.48	1.13
F48	200	3.28	1.22
F49	195	3.04	1.38
F50	194	3.63	1.21
F51	195	3.17	1.29
F52	191	3.72	1.33
F53	197	3.51	1.29
F54	197	3.81	1.45
F55	194	2.89	1.41
F56	196	3.36	1.30
F57	196	4.63	0.89
F58	195	4.01	1.24
F59	192	2.82	1.48
F60	194	3.57	1.42
F61	193	3.37	1.51
F62	197	3.50	1.66
F63	194	3.50	1.54
F64	193	3.21	1.50
F65	199	3.38	1.57
F66	197	3.75	1.31
F67	195	3.69	1.55
F68	189	2.53	1.32
F69	193	3.31	1.39
F70	188	2.95	1.45
F71	194	3.25	1.56
F72	196	3.21	1.48
F73	195	3.89	1.24
F74	200	3.40	1.44
F75	200	3.14	1.37
F76	199	3.77	1.24
F77	196	3.55	1.47
F78	196	2.96	1.64
F79	197	3.21	1.53

Table 2 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
F80	197	2.99	1.40
F81	198	3.11	1.59
F82	196	4.10	1.46
F83	198	3.64	1.46
F84	193	2.19	1.26
F85	199	2.21	1.43
F86	195	2.87	1.43
F87	197	3.53	1.34
F88	197	2.83	1.31
F89	195	3.52	1.27
F90	198	2.78	1.55
F91	196	2.72	1.40
F92	195	3.63	1.18
F93	194	3.99	1.38
F94	195	2.26	1.35
F95	194	2.50	1.55
F96	197	3.88	1.23
F97	197	3.14	1.45
F98	191	2.19	1.48
F99	196	2.77	1.32

Participants' responses concerning the level of importance (1 = not important, 5 = critical) of each item on the Volunteer Work Behavior Questionnaire are reported in Table 3. Numbers of respondents, means, and standard deviations are presented. Means ranged from 4.71 to 2.60. Among the importance data, the five items with the highest means were (1) use "active listening" skills (item 15, $\underline{M} = 4.71$), (2) provide emotional support (item 57, $\underline{M} = 4.67$), (3) establish rapport with clients (item 28, $\underline{M} = 4.66$), (4) use skills that facilitate the communication process (item 30, $\underline{M} = 4.55$), and (5) support clients in crisis (item 9, $\underline{M} = 4.50$).

Table 3

Descriptive Statistics for Importance Ratings for Items on the Volunteer Work Behavior Questionnaire

<u>Item</u>	<u>N</u>	<u>M</u>	<u>SD</u>
I1	195	3.89	1.28
I2	195	3.53	1.38
I3	193	3.42	1.45
I4	193	3.25	1.47
I5	186	3.75	1.33
I6	190	4.18	1.13
I7	188	4.16	1.17
I8	190	4.07	1.18
I9	195	4.50	0.94
I10	188	3.44	1.41
I11	191	3.76	1.24
I12	189	3.77	1.29
I13	185	3.66	1.23
I14	189	3.38	1.59
I15	185	4.71	0.64
I16	188	3.04	1.18
I17	186	2.80	1.23
I18	187	3.73	1.17
I19	191	3.19	1.27
I20	187	4.13	1.04
I21	188	3.19	1.32
I22	186	3.48	1.35
I23	190	3.11	1.34
I24	181	2.87	1.44
I25	185	2.84	1.31
I26	184	3.85	1.20
I27	185	2.68	1.36
I28	186	4.66	0.73
I29	187	4.11	1.13
I30	191	4.55	0.75
I31	186	4.38	0.92
I32	183	3.79	1.30
I33	185	4.40	0.95
I34	183	4.02	1.15
I35	184	3.58	1.30
I36	180	4.33	0.97
I37	184	3.49	1.14
I38	187	3.70	1.12

Table 3 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
I39	172	3.34	1.22
I40	177	2.88	1.18
I41	173	3.79	1.14
I42	180	3.88	1.12
I43	176	3.94	1.13
I44	184	2.69	1.16
I45	178	2.60	1.17
I46	182	2.78	1.15
I47	175	2.84	1.19
I48	181	4.10	1.01
I49	193	3.40	1.35
I50	194	3.71	1.09
I51	193	3.64	1.22
I52	191	3.63	1.23
I53	194	3.63	1.28
I54	196	3.85	1.23
I55	191	3.00	1.35
I56	192	3.53	1.20
I57	192	4.67	0.70
I58	191	4.36	0.96
I59	193	3.28	1.39
I60	194	3.81	1.20
I61	191	3.56	1.33
I62	191	3.75	1.39
I63	192	3.97	1.32
I64	188	3.35	1.32
I65	191	3.80	1.42
I66	191	3.92	1.12
I67	191	3.55	1.41
I68	190	3.02	1.28
I69	184	3.47	1.26
I70	191	3.18	1.37
I71	189	3.54	1.37
I72	187	3.47	1.20
I73	191	3.74	1.14
I74	191	3.56	1.21
I75	192	3.34	1.28
I76	193	3.94	1.10
I77	191	3.84	1.28
I78	188	3.16	1.46
I79	187	3.41	1.33

Table 3 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
I80	185	3.24	1.30
I81	188	3.68	1.51
I82	192	3.83	1.32
I83	192	3.68	1.28
I84	178	2.61	1.31
I85	187	2.76	1.41
I86	187	2.93	1.32
I87	187	3.71	1.28
I88	191	3.26	1.31
I89	192	3.48	1.16
I90	189	3.34	1.43
I91	186	3.02	1.33
I92	192	3.74	1.13
I93	188	3.77	1.23
I94	186	2.87	1.41
I95	194	2.80	1.56
I96	192	3.98	1.10
I97	189	3.31	1.38
I98	189	2.69	1.55
I99	189	3.39	1.24

The five work behaviors rated as least important were (1) discuss forms of prejudice and discrimination (item 45, \underline{M} = 2.60), (2) facilitate developmental activities (item 84, \underline{M} = 2.61), (3) explore career issues with clients (item 27, \underline{M} = 2.68), (4) obtain required authorization or signatures (item 98, \underline{M} = 2.69), and (5) discuss how culture affects attitudes and behaviors (item 44, \underline{M} = 2.69).

Analyses for Research Questions

To address research questions one, two, and three, i.e., to determine the underlying dimensions along which frequency, importance, and combined ratings vary, principal axis factor analyses of the Volunteer Work Behavior Questionnaire items were performed, followed by

orthogonal transformations using the varimax rotation. In the accompanying tables, only factor loadings of .5 or higher are reported for ease of referencing.

Research Question One

What are the major dimensions (that is, the underlying factor structure) of volunteer work behaviors which represent the data set of work behaviors as measured by frequency ratings on the Volunteer Work Behaviors Questionnaire?

The principal axis factor analysis of the frequency ratings resulted in 20 factors containing eigenvalues greater than 1. These are shown in Table 4. Of these factors, the first three accounted for 48.24% of the variance, with eigenvalues of 32.34, 10.95, and 4.96 respectively. Results of the orthogonal transformation using a varimax rotation are shown in Table 5. Items loading on Factors 1, 2, and 3 are listed by factor in Tables 6, 7, and 8.

Research Question Two

What are the major dimensions (that is, the underlying factor structure) of volunteer work behaviors which represent the data set of work behaviors as measured by importance ratings on the Volunteer Work Behaviors Questionnaire?

The principal axis factor analysis of the level of importance ratings revealed 21 factors with eigenvalues greater than 1.0, which are shown in Table 9. Of these factors, the first three accounted for 47.14% of the variance, and had eigenvalues of 31.09, 10.72, and 5.33, respectively. Results of the orthogonal transformation using a varimax rotation are shown in Table 10. Items loading on Factors 1, 2, and 3 are listed in Tables 11, 12, and 13, respectively.

Research Question Three

What are the major dimensions (that is, the underlying factor structure) of volunteer work behaviors which represent the data set of work behaviors as measured by combined frequency and importance ratings on the Volunteer Work Behaviors Questionnaire?

Table 4

Principal Axis Factor Analysis: Frequency Ratings Items

Factor	Eigenvalue
1	32.33
2	10.95
3	4.96
4	3.73
5	3.05
6	2.69
7	2.53
8	2.03
9	2.00
10	1.81
11	1.64
12	1.58
13	1.52
14	1.40
15	1.34
16	1.26
17	1.18
18	1.17
19	1.09
20	1.04

Table 5

Factor Analysis With Varimax Rotation and Three-factor Solution: Frequency Ratings

Item	Factor Loadings by Factor		
	1	2	3
F10	0.91		
F12	0.89		
F24	0.86		
F14	0.85		
F23	0.79		
F71	0.79		
F13	0.78		

Table 5 (continued)

Item	Factor Loadings by Factor		
	1	2	3
F27	0.75		
F11	0.73		
F63	0.69		
F42	0.68		
F65	0.68		
F20	0.67		
F83	0.67		
F26	0.65		
F39	0.64		
F25	0.63		
F94	0.61		
F37	0.61		
F38	0.60		
F16	0.60		
F22	0.59	0.56	
F75	0.57		
F34	0.57		
F5	0.54		
F60	0.54		
F4	0.50		
F9			
F45			
F81			
F85		0.71	
F84		0.70	
F55		0.66	
F88		0.64	
F78		0.63	
F95		0.63	
F21		0.63	
F17		0.62	
F19		0.61	
F49		0.61	
F80		0.60	
F91		0.58	
F59		0.57	
F97		0.57	
F41		0.56	
F90		0.56	
F72		0.55	

Table 5 (continued)

Item	Factor Loadings by Factor		
	1	2	3
F62	0.52	0.55	
F70		0.54	
F92		0.53	
F67		0.53	
F69		0.53	
F40		0.52	
F58		0.52	
F68		0.52	
F47		0.52	
F87		0.50	
F86		0.50	
F89			
F64			
F51			
F3			
F44			
F74			
F99			
F96			
F46			
F77			
F56			
F18			
F2			
F8			
F98			
F30			0.73
F6			0.71
F33			0.70
F36			0.69
F15			0.69
F28			0.69
F73			0.68
F93			0.67
F31			0.66
F66			0.61
F43			0.61
F57			0.55
F29			0.55
F54			0.54

Table 5 (continued)

Item	Factor Loadings by Factor		
	1	2	3
F7			0.52
F52			
F32			
F50			
F53			
F48			
F79			
F76			
F35			
F82			
F61			
F1			

Table 6

Frequency Rating Items With $\geq .5$ Factor Loadings on Factor 1 Using Varimax Rotation

Factor Loading	Item Number	Item
.91	10	Communicate with clients regarding substance abuse.
.88	12	Communicate with clients regarding physical or emotional abuse.
.86	24	Communicate with clients regarding human sexuality issues.
.85	14	Communicate with clients regarding sexual abuse.
.79	23	Communicate with clients regarding marital issues.
.79	71	Evaluate need for client referral.
.78	13	Communicate with clients regarding personality/behavior change.
.75	27	Explore career issues with clients.
.73	11	Communicate with clients regarding personal change.
.69	63	Provide crisis intervention.
.68	42	Determine internal and external resources for clients.
.68	65	Assess potential for clients to harm self/others.

Table 6 (continued)

Factor Loading	Item Number	Item
.67	20	Discuss problems and alternatives.
.67	83	Determine resources available in the community.
.65	26	Support clients' development of decision-making skills.
.64	39	Describe ways of responding to extremes of behavior.
.63	25	Support marriage enrichment strategies.
.61	94	Assess impact of substance abuse on family and significant others.
.61	37	Summarize progress relative to goals.
.60	38	Inform client of future availability of services.
.60	16	Communicate with clients regarding human development.
.59	22	Support family conflict resolution strategies.
.57	75	Establish goals and time limits.
.54	34	Assist clients in becoming independent and self-directed.
.54	5	Interact with adolescent clients.
.54	60	Facilitate problem-solving.
.50	4	Interact with child clients.

Table 7

Frequency Rating Items With $\geq .5$ Factor Loadings on Factor 2 Using Varimax Rotation

Factor Loading	Item Number	Item
.71	85	Participate in case conferences.
.70	84	Facilitate developmental activities.
.66	55	Facilitate activities.
.64	88	Review ethical standards.
.63	95	Provide physical assistance with daily tasks.
.62	21	Inform family of agency guidelines and goals.
.62	17	Inform clients about ethical or legal standards and practice.
.61	19	Discuss clients' moral/spiritual issues.
.60	80	Seek information from related sources.
.58	91	Participate in team activities.

Table 7 (continued)

Factor Loading	Item Number	Item
.57	59	Facilitate life review.
.57	97	Organize and analyze information.
.56	41	Discuss coping responses of families in stress.
.56	22	Support family conflict resolution strategies.
.55	72	Evaluate clients' progress.
.54	62	Provide companionship.
.53	70	Establish goals for services.
.53	92	Keep current on social concerns/issues impacting clients.
.53	67	Observe client behaviors.
.52	69	Self-evaluate effectiveness of services.
.52	40	Discuss significance of family history on family functioning.
.52	58	Support the bereaved.
.52	68	Assist with clients' evaluation of services.
.51	47	Describe the effect of environment on client.

Table 8

Frequency Rating Items With $\geq .5$ Factor Loadings on Factor 3 Using Varimax Rotation

Factor Loading	Item Number	Item
.74	30	Use skills that facilitate the communication process.
.71	6	Interact with adult clients.
.70	33	Acknowledge and support efforts/achievements of clients.
.70	36	Explore feelings.
.70	15	Use "active listening" skills.
.70	20	Establish rapport with clients.
.68	73	Identify clients' interests.
.67	93	Communicate verbal and written reports to co-workers and supervisors.
.67	31	Provide client autonomy throughout the relationship.
.61	66	Clarify clients' support systems.

Table 8 (continued)

Factor Loading	Item Number	Item
.61	43	Recognize and use appropriate language and terminology
.56	57	Provide emotional support.
.55	54	Gather relevant information to determine need for services.
.52	7	Interact with older adult clients.

Table 9

Principle Axes Factor Analysis: Importance Rating Items With Eigenvalues ≥ 1.0 .

Factor	Eigenvalue
1	31.09
2	10.72
3	5.33
4	4.05
5	3.51
6	3.05
7	2.81
8	2.36
9	1.93
10	1.87
11	1.80
12	1.70
13	1.62
14	1.50
15	1.42
16	1.35
17	1.21
18	1.16
19	1.15
20	1.06
21	1.02

Table 10

Factor Analysis With Varimax Rotation and Three-factor Solution: Importance Ratings

Item	Factor Loadings by Factor		
	1	2	3
I91	0.82		
I89	0.79		
I86	0.72		
I88	0.71		
I18	0.70		
I49	0.70		
I78	0.67		
I17	0.66		
I93	0.66		
I55	0.65		
I85	0.65		
I72	0.63		
I21	0.63		
I92	0.63		
I69	0.62		
I95	0.62		
I61	0.62		
I97	0.61		
I80	0.61		
I84	0.60		
I90	0.60		
I44	0.59		
I70	0.59		
I98	0.59		
I47	0.58		
I62	0.57		
I74	0.56		
I19	0.55		
I96	0.54		
I35	0.54		
I64	0.54		
I40	0.53		
I3	0.52		
I50	0.52		
I58	0.52		
I67	0.52		
I68	0.51		
I2	0.51		

Table 10 (continued)

Item	Factor Loadings by Factor		
	1	2	3
I52	0.50		
I87			
I73			
I99			
I53			
I56			
I48			
I46			
I51			
I22			
I59			
I43			
I82			
I29			
I14		0.88	
I12		0.86	
I10		0.84	
I24		0.83	
I65		0.78	
I13		0.78	
I23		0.77	
I27		0.75	
I83		0.73	
I71		0.73	
I63		0.72	
I81		0.66	
I11		0.66	
I39		0.65	
I42		0.63	
I34		0.61	
I26		0.60	
I60		0.58	
I94		0.58	
I75		0.57	
I5		0.57	
I37		0.56	
I16		0.54	
I76		0.53	0.51
I54		0.53	
I45			

Table 10 (continued)

Item	Factor Loadings by Factor		
	1	2	3
I38			
I25			
I4			
I32			
I6			0.77
I7			0.75
I9			0.69
I36			0.65
I57			0.65
I20		0.53	0.59
I66			0.58
I77			0.56
I8			0.53
I1			0.51
I33			0.50
I79			0.50
I41			
I31			
I15			
I30			
I28			

Table 11

Importance Rating Items With $\geq .5$ Factor Loadings on Factor 1 Using Varimax Rotation

Factor Loading	Item Number	Item
.82	91	Participate in team activities.
.73	89	Read current organizational literature.
.72	86	Participate in internal or external organizational activities.
.71	88	Review ethical standards.
.70	18	Clarify volunteer/client roles.
.70	49	Explore rights and obligations of clients and volunteers.

Table 11 (continued)

Factor Loading	Item Number	Item
.67	78	Obtain information by observing client or group.
.66	17	Inform clients about ethical or legal standards and practice.
.66	93	Communicate verbal and written reports to co-workers and supervisors.
.65	55	Facilitate activities.
.65	85	Participate in case conferences.
.63	72	Evaluate clients' progress.
.63	21	Inform family of agency guidelines and goals.
.63	92	Keep current on social concerns/issues impacting clients.
.62	69	Self-evaluate effectiveness of services.
.62	95	Provide physical assistance with daily tasks.
.62	61	Role model responsible behavior.
.61	97	Organize and analyze information.
.61	80	Seek information from related sources.
.60	84	Read current organizational literature.
.60	90	Act as an advocate for clients.
.59	44	Discuss how culture affects attitudes and behavior.
.59	70	Establish goals for services.
.59	98	Obtain required authorization or signatures.
.58	47	Describe the effect of environment on client.
.57	62	Provide companionship.
.56	74	Engage in needs assessment.
.55	19	Discuss clients' moral/spiritual issues.
.54	96	Correspond orally with others to maintain communication.
.54	35	Prepare clients for termination.
.54	64	Review existing client data.
.53	40	Discuss significance of family history on family functioning.
.52	3	Interact with clients' significant others.
.52	50	Recognize clients' defenses.
.52	58	Support the bereaved.
.52	67	Observe client behaviors.
.51	68	Assist with clients' evaluation of services.
.51	2	Interact with clients on long-term basis.
.50	52	Model healthful behavior.

Table 12

Importance Rating Items With $\geq .5$ Factor Loadings on Factor 2 Using Varimax Rotation

Factor Loading	Item Number	Item
.88	14	Communicate with clients regarding sexual abuse.
.86	12	Communicate with clients regarding physical or emotional abuse.
.84	10	Communicate with clients regarding substance abuse.
.83	24	Communicate with clients regarding human sexuality issues.
.78	65	Assess potential for clients to harm self/others.
.78	13	Communicate with clients regarding personality/behavior change.
.77	23	Communicate with clients regarding marital issues.
.75	27	Explore career issues with clients.
.73	83	Determine resources available in the community.
.73	71	Evaluate need for client referral.
.72	63	Provide crisis intervention.
.66	81	Observe suicidal symptoms/risks.
.66	11	Communicate with clients regarding personal change.
.65	39	Describe ways of responding to extremes of behavior.
.63	42	Determine internal and external resources available to clients.
.61	34	Assist with clients in becoming independent and self-directed.
.60	26	Support clients' development of decision-making skills.
.58	60	Facilitate problem-solving.
.58	94	Assess impact of substance abuse on family systems.
.57	75	Establish goals and time limits.
.57	5	Interact with adolescent clients.
.56	37	Summarize progress relative to goals.
.54	16	Communicate with clients regarding human development.
.53	76	Identify concerns and establish priorities.
.53	54	Gather relevant information to determine need for services.

Table 13

Importance Rating Items With $\geq .5$ Factor Loadings on Factor 3 Using Varimax Rotation

Factor Loading	Item Number	Item
.77	6	Interact with adult clients.
.75	7	Interact with older adult clients.
.69	9	Support clients in crisis.
.65	36	Explore feelings.
.65	57	Provide emotional support.
.59	20	Discuss problems and alternatives.
.58	66	Clarify clients' support systems.
.56	77	Adapt intervention to meet specific client needs.
.53	8	Interact with disabled clients.
.51	1	Interact with clients on short-term basis.
.50	76	Identify concerns and establish priorities.
.50	33	Acknowledge and support efforts/achievements of clients.
.50	79	Obtain information by interviewing or other interaction.

Combined ratings of overall importance of tasks were calculated by employing a formula (Kane, Kingsbury, Colton, & Estes, 1989) which weighted both "frequency" and "importance" scores on the Volunteer Work Behavior Questionnaire. This procedure was in keeping with the Work Behavior Analysis of Professional Counselors (Loesch & Vacc, 1993). To determine the underlying dimensions along which these combined ratings vary, a third factor analysis was conducted. The principal axis factor analysis of the combined scores revealed 21 factors with eigenvalues greater than 1.0, which are shown in Table 14. Of these factors, the first three represented 46.16% of the variance, and had eigenvalues of 33.17, 13.26, and 5.19, respectively. Results of an orthogonal transformation using a varimax rotation are shown in Table 15. Items loading on Factors 1, 2, and 3 are listed by factor in Tables 16, 17, and 18, respectively.

Table 14

Principal Axis Factor Analysis: Combined Rating Items With Eigenvalues ≥ 1.0 .

Factor	Eigenvalue
1	33.17
2	13.26
3	5.19
4	4.12
5	3.62
6	3.05
7	2.80
8	2.30
9	2.09
10	1.97
11	1.91
12	1.81
13	1.75
14	1.63
15	1.43
16	1.35
17	1.32
18	1.21
19	1.12
20	1.02
21	1.00

Table 15

Factor Analysis With Varimax Rotation and Three-factor Solution: Combined Ratings

Item	Factor Loadings by Factor		
	1	2	3
C12	0.93		
C10	0.92		
C71	0.90		
C14	0.89		
C24	0.88		
C42	0.83		

Table 15 (continued)

Item	Factor Loadings by Factor		
	1	2	3
C65	0.81		
C23	0.81		
C83	0.78		
C13	0.76		
C63	0.75		
C11	0.73		
C20	0.73		
C39	0.72		
C38	0.70		
C4	0.68		
C27	0.66		
C60	0.66		
C26	0.66		
C81	0.63		
C5	0.61		
C34	0.61		
C66	0.61		
C16	0.59		
C25	0.56		
C94	0.54		
C76	0.53		
C9	0.53		
C37	0.52		
C54	0.52		
C77			
C48			
C32			
C43			
C2			
C40		0.76	
C17		0.73	
C55		0.72	
C97		0.69	
C44		0.69	
C46		0.68	
C84		0.67	
C72		0.66	
C88		0.65	
C85		0.64	
C45		0.64	

Table 15 (continued)

Item	Factor Loadings by Factor		
	1	2	3
C67		0.63	
C21		0.63	
C69		0.61	
C89		0.60	
C80		0.60	
C56		0.59	
C68		0.58	
C78		0.58	
C64		0.58	
C49		0.57	
C70		0.57	
C91		0.57	
C62		0.55	
C47		0.55	
C22		0.55	
C19		0.55	
C41		0.55	
C74		0.54	
C92		0.54	
C18		0.53	
C73		0.52	
C99		0.51	
C75		0.51	
C59			
C50			
C95			
C96			
C35			
C61			
C86			
C98			
C51			
C52			
C57			0.73
C7			0.71
C58			0.70
C28			0.68
C36			0.68
C6			0.66
C15			0.64

Table 15 (continued)

Item	Factor Loadings by Factor		
	1	2	3
C33			0.60
C30			0.58
C90			0.57
C9	0.53		0.56
C3			0.56
C29			0.55
C87			0.53
C1			0.53
C79			0.50
C8			0.50
C31			
C93			
C53			
C82			

Table 16

Combined Rating Items With $\geq .5$ Factor Loadings on Factor 1 Using Varimax Rotation

Factor Loading	Item Number	Item
.93	12	Communicate with clients regarding physical or emotional abuse.
.92	10	Communicate with clients regarding substance abuse.
.90	71	Evaluate need for client referral.
.89	14	Communicate with clients regarding sexual abuse.
.88	24	Communicate with clients regarding human sexuality issues.
.83	42	Determine internal and external resources available to clients.
.81	65	Assess potential for clients to harm self/others.
.81	23	Communicate with clients regarding marital issues.
.78	83	Determine resources available in the community.
.76	13	Communicate with clients regarding personality/behavior change.

Table 16 (continued)

Factor Loading	Item Number	Item
.75	63	Provide crisis intervention.
.73	11	Communicate with clients regarding personal change.
.73	20	Discuss problems and alternatives.
.72	39	Describe ways of responding to extremes of behavior.
.70	38	Inform client of future availability of services.
.68	4	Interact with child clients.
.66	27	Explore career issues with clients.
.66	60	Facilitate problem-solving.
.66	26	Support clients' development of decision-making skills.
.63	81	Observe suicidal symptoms/risks.
.61	5	Interact with adolescent clients.
.61	34	Assist clients in becoming independent and self-directed.
.61	66	Clarify clients' support systems.
.59	16	Communicate with clients regarding human development.
.56	25	Support marriage enrichment strategies.
.54	94	Assess impact of substance abuse on family and significant others.
.53	76	Identify concerns and establish priorities.
.53	9	Support clients in crisis.
.52	37	Summarize progress relative to goals.
.52	54	Gather relevant information to determine need for services.

Table 17

Combined Rating Items With $\geq .5$ Factor Loadings on Factor 2 Using Varimax Rotation

Factor Loading	Item Number	Item
.76	40	Discuss significance of family history on family functioning.
.73	17	Inform clients about ethical or legal standards and practice.
.72	55	Facilitate activities.
.69	97	Organize and analyze information.

Table 17 (continued)

Factor Loading	Item Number	Item
.68	46	Interpret client information in a cultural context.
.67	84	Facilitate developmental activities.
.66	72	Evaluate clients' progress.
.65	88	Review ethical standards.
.64	85	Participate in case conferences.
.64	45	Discuss forms of prejudice and discrimination.
.63	67	Observe client behaviors.
.63	21	Inform family of agency guidelines and goals.
.61	69	Self-evaluate effectiveness of services.
.60	89	Read current organizational literature.
.60	80	Seek information from related sources.
.59	56	Clarify expectations.
.58	68	Assist with clients' evaluation of services.
.58	78	Obtain information by observing client or group.
.58	64	Review existing client data.
.57	49	Explain rights and obligations of clients and volunteers.
.57	70	Establish goals for services.
.57	91	Participate in team activities.
.56	94	Assess impact of substance abuse on family and significant others.
.55	62	Provide companionship.
.55	47	Describe the effect of environment on client.
.55	22	Support family conflict resolution strategies.
.55	19	Discuss clients' moral/spiritual issues.
.55	41	Discuss coping responses of families experiencing stress.
.54	74	Engage in needs assessment.
.54	92	Keep current on concerns/issues impacting clients.
.53	18	Clarify volunteer/client roles.
.52	73	Identify clients' interests.
.51	99	Communicate with clients regarding family changes.
.51	75	Establish goals and time limits.

Table 18

Combined Rating Items With \geq Factor Loadings on Factor 3 Using Varimax Rotation

Factor Loading	Item Number	Item
.73	57	Provide emotional support.
.71	7	Interact with older adult clients.
.70	58	Support the bereaved.
.68	28	Establish rapport with clients.
.68	36	Explore feelings.
.66	6	Interact with adult clients.
.64	15	Use "active listening" skills.
.60	33	Acknowledge and support efforts/achievement of clients.
.58	30	Use skills that facilitate the communication process.
.57	90	Act as an advocate for clients.
.56	9	Support clients in crisis.
.56	3	Interact with clients' significant others.
.55	29	Recognize and verify clients' agenda.
.53	87	Participate in on-going educational and skill training.
.53	1	Interact with clients on short-term basis.
.50	79	Obtain information by interviewing or other interaction.
.50	8	Interact with disabled clients.

In addressing research questions 4, 5, and 6, several series of analyses of variance were conducted to determine whether any relationships exist between background variables and factor "subscale scores" which emerged from the three factor analytic procedures. For exploratory purposes only, several demographic variables not addressed were included in the instrument and were also analyzed. These included questions regarding gender, ethnicity, age, and educational level. One demographic item also included type of agency, i.e., hospice, crisis, or family service.

Due to insufficient cell sizes, groups were collapsed within two of the eleven demographic and background variables. First, for Question #3, regarding ethnicity, "White/Caucasian" was renamed "Majority" while all other groups were collapsed into a group entitled "Minority."

Second, within the age variable, "under 18" and "18 to 25" categories were combined into an "under 25" group. All other groupings were retained as described in Chapter 3.

To supplement the analyses of variance data, Tukey's Studentized Range Test was applied for each variable determined significant through analyses of variance, to determine differences in means between levels of the significant variables. This was done for each factor. Tukey's Studentized Range Test controls the Type I experiment-wise error rate at .05.

The analyses of variance for each factor are reported in Tables 19, 20, 21, 22, 23, 24, 25, 26, and 27. Means and standard deviations for levels of each demographic and background variable, by factor, are reported in Tables 28, 29, 30, 31, 32, 33, 34, 35, and 36.

Research Question Four

Do volunteers differ in the major dimensions of work behaviors, as measured by frequency ratings on the Volunteer Work Behaviors Questionnaire, as a function of:

- a. number of hours volunteered per week,
- b. length of pre-service training,
- c. post-training confidence level,
- d. overall length of agency service,
- e. level of self-perceived preparedness, and
- f. formal training in human services?

In the analyses of variance for Frequency Factor 1 (see Table 19), means for type of agency and hours of pre-service training were significantly different. Tukey's test for significant mean differences (Refer to Table 28) indicated mean differences between crisis and both hospice and family service agencies, with crisis respondents scoring highest on this frequency factor. Pre-service training mean differences were significant between the "40 or more" hours of pre-service

training group and all others except the "30-39" hour group, with the "40 or more" group resulting in the highest mean and the "0" group resulting in the lowest mean.

Table 19

Analysis of Variance (ANOVA) for Factor 1 Frequency Ratings

Source	df	Sum of Squares	Mean Square	F Value	p Value
Type of agency	2	57105.59	28552.79	139.36	0.0001
Gender	1	24.48	24.58	0.12	0.7298
Ethnicity	1	84.41	84.41	0.41	0.5225
Age	3	87.17	29.06	0.14	0.9347
Educational level	4	1915.56	478.89	2.34	0.0609
Graduate Degree/License/ Certification	1	190.61	190.61	0.93	0.3372
Hours volunteered weekly	4	755.11	188.78	0.92	0.4549
Length of Pre-service Training	5	7653.00	1530.60	7.47	0.0001
Post-training confidence	4	1328.96	332.24	1.62	0.1752
Length of time volunteered	4	915.82	228.96	1.12	0.3529
Perceived preparedness	1	208.30	604.15	2.95	0.0572

Note: Scale mean = 81.03

Table 20

Analysis of Variance (ANOVA) for Factor 2 Frequency Ratings

Source	df	Sum of Squares	Mean Square	F Value	p Value
Type of agency	2	3189.82	1594.91	5.77	0.0044
Gender	1	197.72	197.72	0.72	0.4000
Ethnicity	1	29.06	29.06	0.11	0.7465
Age	3	193.20	64.40	0.23	0.8732
Educational level	4	1682.39	420.60	1.52	0.2029
Graduate Degree/License/ Certification	1	1754.22	1754.22	6.35	0.0136
Hours volunteered weekly	4	11153.46	288.37	1.04	0.3897
Length of Pre-service Training	5	6300.67	1260.13	4.56	0.0010
Post-training confidence	4	1658.27	414.57	1.50	0.2093
Length of time volunteered	4	774.74	193.68	0.70	0.5935
Perceived preparedness	2	1351.63	675.82	2.45	0.0927

Note: Scale mean = 81.03

Table 21

Analysis of Variance (ANOVA) for Factor 3 Frequency Ratings

Source	df	Sum of Squares	Mean Square	F Value	p Value
Type of agency	2	2027.72	1013.86	20.03	0.0001
Gender	1	4.70	4.70	0.09	0.7613
Ethnicity	1	0.10	0.10	0.00	0.9654
Age	3	28.99	9.66	0.19	0.9023
Educational level	4	477.53	119.38	2.36	0.0595
Graduate Degree/License/ Certification	1	133.90	133.90	2.65	0.1074
Hours volunteered weekly	4	347.30	86.83	1.72	0.1536
Length of Pre-service Training	5	2795.85	559.17	11.05	0.0001
Post-training confidence	4	124.25	31.06	0.61	0.6539
Length of time volunteered	4	257.39	64.35	1.27	0.2873
Perceived preparedness	2	515.02	257.51	5.09	0.0081

Note: Scale mean = 58.82

Table 22

Analysis of Variance (ANOVA) for Factor 1 Importance Ratings

Source	df	Sum of Squares	Mean Square	F Value	p Value
Type of agency	2	7957.53	3978.77	5.49	0.0061
Gender	1	752.49	752.49	1.04	0.3117
Ethnicity	1	1277.19	1277.19	1.76	0.1886
Age	3	83.60	27.87	0.04	0.9898
Educational level	4	2436.74	609.19	0.84	0.5042
Graduate Degree/License/ Certification	1	3306.78	3306.78	4.56	0.0361
Hours volunteered weekly	4	2278.43	569.61	0.79	0.5382
Length of Pre-service Training	4	3540.57	885.14	1.22	0.3096
Post-training confidence	3	8108.44	2702.81	3.73	0.0150
Length of time volunteered	4	3866.58	966.65	1.33	0.2660
Perceived preparedness	2	5603.41	2801.70	3.86	0.0255

Note: Scale mean = 130.36

Table 23

Analysis of Variance (ANOVA) for Factor 2 Importance Ratings

Source	df	Sum of Squares	Mean Square	F Value	p Value
Type of agency	2	24679.85	12339.93	52.17	0.0001
Gender	1	41.78	41.78	0.18	0.6754
Ethnicity	1	8.46	8.46	0.04	0.8505
Age	3	774.69	258.23	1.09	0.3577
Educational level	4	721.92	180.48	0.76	0.5525
Graduate Degree/License/ Certification	1	392.80	392.80	1.66	0.2013
Hours volunteered weekly	4	1150.40	287.60	1.22	0.3109
Length of Pre-service Training	5	4677.69	935.54	3.95	0.0030
Post-training confidence	3	2408.71	802.90	3.39	0.0220
Length of time volunteered	4	311.15	77.79	0.33	0.8578
Perceived preparedness	2	29.42	14.71	0.06	0.9398

Note: Scale mean = 89.02

Table 24

Analysis of Variance (ANOVA) for Factor 3 Importance Ratings

Source	df	Sum of Squares	Mean Square	F Value	p Value
Type of agency	2	1927.12	963.56	22.00	0.0001
Gender	1	12.72	12.72	0.29	0.5913
Ethnicity	1	148.39	148.39	3.39	0.0689
Age	3	76.26	25.42	0.58	0.6294
Educational level	4	238.72	59.68	1.36	0.2529
Graduate Degree/License/ Certification	1	257.12	257.12	5.87	0.0173
Hours volunteered weekly	4	110.03	27.51	0.63	0.6438
Length of Pre-service Training	5	1845.14	369.03	8.42	0.0001
Post-training confidence	4	607.48	151.87	3.47	0.0109
Length of time volunteered	4	155.24	38.81	0.89	0.4755
Perceived preparedness	2	196.71	98.35	2.25	0.1116

Note: Scale mean = 55.13

Table 25

Analysis of Variance (ANOVA) for Factor 1 Combined Ratings

Source	df	Sum of Squares	Mean Square	F Value	p Value
Type of agency	2	1491493.82	745746.91	113.05	0.0001
Gender	1	118.45	118.45	0.02	0.8938
Ethnicity	1	1336.23	1336.23	0.20	0.6542
Age	3	15381.08	5127.03	0.78	0.5112
Educational level	4	49570.98	12392.74	1.88	0.1254
Graduate Degree/License/ Certification	1	5117.81	5117.81	0.78	0.3818
Hours volunteered weekly	4	20500.98	5125.25	0.78	0.5444
Length of Pre-service Training	5	232849.74	46569.95	7.06	0.0001
Post-training confidence	3	40225.29	13408.43	2.03	0.1185
Length of time volunteered	4	16796.66	4199.16	0.64	0.6384
Perceived preparedness	2	13408.06	6704.03	1.02	0.3679

Note: Scale mean = 377.31

Table 26

Analysis of Variance (ANOVA) for Factor 2 Combined Ratings

Source	df	Sum of Squares	Mean Square	F Value	p Value
Type of agency	2	115077.18	57538.59	2.94	0.0613
Gender	1	49220.92	49220.92	2.52	0.1185
Ethnicity	1	15138.42	15188.42	0.78	0.3821
Age	3	3875.82	1291.94	0.07	0.9777
Educational level	4	63726.18	15931.54	0.81	0.5215
Graduate Degree/License/ Certification	1	64315.46	64315.46	3.29	0.0754
Hours volunteered weekly	4	66748.83	16684.71	0.85	0.4981
Length of Pre-service Training	4	165579.33	41394.83	2.12	0.0914
Post-training confidence	3	72523.35	24174.45	1.24	0.3057
Length of time volunteered	4	17334.09	4333.52	0.22	0.9253
Perceived preparedness	2	136339.49	68169.74	3.48	0.0377

Note: Scale mean = 362.20

Table 27

Analysis of Variance (ANOVA) for Factor 3 Combined Ratings

Source	df	Sum of Squares	Mean Square	F Value	p Value
Type of agency	2	295112.22	147556.11	24.03	0.0001
Gender	1	20404.71	20404.71	3.32	0.0726
Ethnicity	1	8204.49	8204.49	1.34	0.2516
Age	3	20686.58	6895.53	1.12	0.3457
Educational level	4	51834.44	12958.61	2.11	0.0886
Graduate Degree/License/ Certification	1	220049.62	20049.62	3.27	0.0750
Hours volunteered weekly	4	41244.89	10311.22	1.68	0.1645
Length of Pre-service Training	5	188496.61	37699.32	6.14	0.0001
Post-training confidence	3	7946.55	2648.85	0.43	0.7311
Length of time volunteered	4	30304.85	7576.21	1.23	0.3044
Perceived preparedness	2	124663.32	62331.66	10.15	0.0001

Note: Scale mean = 564.50

Table 28

Means and Standard Deviations by Demographic Variables for Factor 1 Frequency Ratings

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Type of agency			
Crisis	59	103.76 ^b	14.52
Family Service	8	65.63 ^{ac}	27.53
Hospice	60	60.73 ^a	16.51
Gender			
Female	95	79.86 ^a	27.21
Male	32	84.50 ^a	25.80
Ethnicity			
Majority	111	81.76 ^a	26.35
Minority	16	76.00 ^a	30.42
Age			
25 and under	19	104.89	12.91
26 to 40	21	82.81	26.91
41 to 55	41	78.51	27.38
56 and over	46	72.61	25.32
Educational level			
Associates	17	81.29	25.11
Bachelors	47	81.60	27.55
Graduate	28	86.04	28.72
High School	29	80.55	23.36
Other	6	54.83	25.84
Graduate Degree/License/ Certification			
No	114	80.11 ^a	25.69
Yes	13	89.08 ^b	35.61
Hours volunteered weekly			
0 to 2	27	68.19	26.72
3 to 5	77	87.09	24.35
6 to 8	12	73.33	27.93
9 to 10	5	82.80	37.69
Over 10	6	75.00	30.39

Table 28 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Length of Preservice training			
1 to 9	14	62.71	23.11
10 to 19	21	59.67	24.72
20 to 29	31	75.06	19.81
30 to 39	12	90.83	27.48
40 and over	47	99.57	17.37
None	2	31.50	2.12
Post-training confidence			
Moderately	29	70.24	29.01
Not at all	1	30.00	
Not very	1	102.00	
Pretty Confident	70	84.43	26.18
Very Confident	26	85.08	22.09
Length of time volunteered			
1 to 2 years	22	66.27	22.42
2 to 4 years	27	80.33	27.84
5 years or more	38	85.89	24.53
6 to 12 months	19	85.00	30.96
0 to 6 months	21	85.00	26.63
Perceived preparedness			
Moderately	14	53.43 ^a	23.33
Pretty confident	73	80.52 ^b	25.72
Very confident	40	91.63 ^c	23.13

Note: Scale mean = 81.031496

Note: Within each group, significant differences based on Tukey's test are indicated by contrasting lower case letter. Those levels with the same letter (not combinations of letters) are not significantly different from each other.

Table 29

Means and Standard Deviations by Demographic Variables for Factor 2 Frequency Ratings

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Type of agency			
Crisis	54	66.70 ^a	17.01
Family Service	7	57.14 ^{bc}	20.68
Hospice	58	75.00 ^b	19.30
Gender			
Female	90	71.03 ^a	19.09
Male	29	67.55 ^a	18.56
Ethnicity			
Majority	104	70.29 ^a	18.97
Minority	15	69.47 ^a	19.35
Age			
25 and under	20	64.40 ^a	18.72
26 to 40	21	68.48 ^a	20.67
41 to 55	42	71.38 ^a	18.03
56 and over	36	73.00 ^a	19.06
Educational level			
Associates	16	68.44 ^a	17.89
Bachelors	43	66.26 ^a	18.03
Graduate	29	72.28 ^a	20.63
High School	24	76.88 ^a	20.63
Other	7	66.71 ^a	15.50
Graduate Degree/License/ Certification			
No	105	71.38 ^a	19.30
Yes	14	61.21 ^b	13.33
Hours volunteered weekly			
0 to 2	22	70.64 ^a	16.13
3 to 5	74	69.62 ^a	18.61
6 to 8	12	65.92 ^a	22.09
9 to 10	4	73.50 ^a	24.15
Over 10	7	80.14 ^a	24.09

Table 29 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Length of Preservice training			
1 to 9	14	61.50	16.70
10 to 19	19	64.84	17.99
20 to 29	29	83.28	17.60
30 to 39	9	73.78	21.13
40 and over	46	67.30	16.22
None	2	42.00	1.41
Post-training confidence			
Moderately	27	64.00 ^a	18.14
Not at all	1	41.00 ^a	
Not very	3	75.00 ^a	6.93
Pretty Confident	61	71.18 ^a	18.17
Very Confident	27	74.67 ^a	20.87
Length of time volunteered			
1 to 2 years	21	72.43 ^a	18.78
2 to 4 years	24	74.88 ^a	20.01
5 years or more	32	70.06 ^a	13.87
6 to 12 months	22	65.95 ^a	20.29
0 to 6 months	20	67.05 ^a	23.21
Perceived preparedness			
Moderately	13	56.69	19.57
Pretty confident	69	70.35	18.09
Very confident	37	74.62	18.55

Note: Scale mean = 70.184874

Note: Within each group, significant differences based on Tukey's test are indicated by contrasting lower case letter. Those levels with the same letter (not combinations of letters) are not significantly different from each other.

Table 30

Means and Standard Deviations by Demographic Variables for Factor 3 Frequency Ratings

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Type of agency			
Crisis	57	61.91 ^a	6.90
Family Service	8	45.63 ^b	16.72
Hospice	56	57.55 ^c	9.11
Gender			
Female	91	58.44 ^a	10.54
Male	30	59.97 ^a	6.34
Ethnicity			
Majority	106	59.27 ^a	9.76
Minority	15	55.60 ^a	8.64
Age			
25 and under	19	61.84 ^a	4.11
26 to 40	21	56.86 ^a	12.99
41 to 55	43	59.56 ^a	8.97
56 and over	38	57.55 ^a	10.16
Educational level			
Associates	16	57.50 ^a	11.07
Bachelors	47	58.09 ^a	9.92
Graduate	30	60.90 ^a	8.70
High School	23	58.43 ^a	10.35
Other	5	59.20 ^a	5.31
Graduate Degree/License/ Certification			
No	106	58.98 ^a	9.01
Yes	15	57.67 ^a	13.83
Hours volunteered weekly			
0 to 2	24	59.00	6.47
3 to 5	77	60.09	8.19
6 to 8	9	53.00	18.32
9 to 10	4	50.25	20.45
Over 10	7	56.57	8.73

Table 30 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Length of Preservice training			
1 to 9	14	49.71	11.99
10 to 19	21	57.24	7.58
20 to 29	31	61.32	6.93
30 to 39	11	57.64	9.03
40 and over	42	62.83	5.40
None	2	22.50	3.54
Post-training confidence			
Moderately	24	54.00	14.05
Not at all	1	20.00	
Not very	3	62.33	2.31
Pretty Confident	68	59.78	7.38
Very Confident	25	61.96	5.02
Length of time volunteered			
1 to 2 years	23	55.91	10.81
2 to 4 years	28	61.96	5.02
5 years or more	29	60.28	8.68
6 to 12 months	20	56.75	11.92
0 to 6 months	21	57.76	11.21
Perceived preparedness			
Moderately	13	48.38	13.12
Pretty confident	72	58.89	9.22
Very confident	36	62.44	5.92

Note: Scale mean = 58.818182

Note: Within each group, significant differences based on Tukey's test are indicated by contrasting lower case letter. Those levels with the same letter (not combinations of letters) are not significantly different from each other.

Table 31

Means and Standard Deviations by Demographic Variables for Factor 1 Importance Ratings

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Type of agency			
Crisis	46	125.33	32.24
Family Service	6	105.17	29.92
Hospice	49	138.16	25.61
Gender			
Female	72	132.07 ^a	29.75
Male	29	126.10 ^a	31.12
Ethnicity			
Majority	87	132.00 ^a	29.57
Minority	14	120.14 ^a	32.59
Age			
25 and under	17	125.35 ^a	34.24
26 to 40	21	130.81 ^a	30.36
41 to 55	34	131.29 ^a	30.37
56 and over	29	131.86 ^a	28.37
Educational level			
Associates	14	137.50 ^a	40.33
Bachelors	41	129.29 ^a	29.37
Graduate	23	131.04 ^a	29.79
High School	18	129.11 ^a	28.19
Other	5	120.40 ^a	13.24
Graduate Degree/License/ Certification			
No	89	132.47 ^a	29.78
Yes	12	114.67 ^b	29.07
Hours volunteered weekly			
0 to 2	19	129.58 ^a	29.32
3 to 5	63	127.98 ^a	29.89
6 to 8	11	133.27 ^a	33.70
9 to 10	2	149.50 ^a	31.82
Over 10	6	146.00 ^a	30.91

Table 31 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Length of Preservice training			
1 to 9	12	116.75 ^a	33.41
10 to 19	14	135.36 ^a	23.42
20 to 29	30	141.83 ^a	27.44
30 to 39	9	122.00 ^a	37.94
40 and over	36	125.47 ^a	29.23
Post-training confidence			
Moderately	18	114.00	29.33
Not very	1	115.00	
Pretty Confident	55	131.24	26.74
Very Confident	27	140.04	33.86
Length of time volunteered			
1 to 2 years	21	138.62 ^a	28.43
2 to 4 years	22	122.73 ^a	29.56
5 years or more	23	131.13 ^a	25.20
6 to 12 months	19	129.79 ^a	31.30
0 to 6 months	16	129.56 ^a	38.14
Perceived preparedness			
Moderately	10	104.20	25.72
Pretty confident	53	131.25	28.19
Very confident	38	136.00	30.89

Note: Scale mean = 130.35644

Note: Within each group, significant differences based on Tukey's test are indicated by contrasting lower case letter. Those levels with the same letter (not combinations of letters) are not significantly different from each other.

Table 32

Means and Standard Deviations by Demographic Variables for Factor 2 Importance Ratings

<u>Item</u>	<u>N</u>	<u>M</u>	<u>SD</u>
Type of agency			
Crisis	48	105.98	11.40
Family Service	8	76.50	30.68
Hospice	53	75.55	17.69
Gender			
Female	81	87.67 ^a	22.46
Male	28	92.93 ^a	21.70
Ethnicity			
Majority	95	89.80 ^a	21.67
Minority	14	83.71 ^a	26.41
Age			
25 and under	14	109.71	9.09
26 to 40	20	92.10	23.16
41 to 55	39	82.92	22.40
56 and over	36	85.86	20.93
Educational level			
Associates	13	97.23	19.63
Bachelors	41	88.90	23.13
Graduate	24	89.33	19.29
High School	25	88.56	19.29
Other	6	72.67	16.55
Graduate Degree/License Certification			
No	97	88.99 ^a	21.40
Yes	12	89.25 ^a	29.65
Hours volunteered weekly			
0 to 2	22	81.27	20.85
3 to 5	66	91.95	21.76
6 to 8	13	84.92	27.58
9 to 10	3	104.67	16.50
Over 10	5	85.60	17.05

Table 32 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Length of Preservice training			
1 to 9	12	70.50	28.39
10 to 19	20	77.60	20.84
20 to 29	30	83.60	21.26
30 to 39	10	94.90	19.56
40 and over	36	103.89	10.30
Post-training confidence			
Moderately	23	74.87	26.72
Not very	1	101.00	
Pretty Confident	59	92.05	20.66
Very Confident	26	94.19	16.97
Length of time volunteered			
1 to 2 years	22	83.27	18.92
2 to 4 years	21	85.62	21.05
5 years or more	31	91.00	19.04
6 to 12 months	16	86.50	30.16
0 to 6 months	19	98.32	23.47
Perceived preparedness			
Moderately	12	69.92	25.05
Pretty confident	60	88.62	20.54
Very confident	37	95.86	20.91

Note: Scale mean = 89.018349

Note: Within each group, significant differences based on Tukey's test are indicated by contrasting lower case letter. Those levels with the same letter (not combinations of letters) are not significantly different from each other.

Table 33

Means and Standard Deviations by Demographic Variables for Factor 3 Importance Ratings

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Type of agency			
Crisis	58	58.12 ^a	6.53
Family Service	8	42.25 ^b	16.18
Hospice	60	53.97 ^c	7.70
Gender			
Female	95	54.72 ^a	9.38
Male	31	56.42 ^a	6.73
Ethnicity			
Majority	110	55.91 ^a	8.53
Minority	16	49.81 ^b	9.09
Age			
25 and under	18	56.61 ^a	5.92
26 to 40	23	54.39 ^a	11.35
41 to 55	47	54.70 ^a	8.51
56 and over	38	55.42 ^a	8.80
Educational level			
Associates	17	54.12 ^a	8.49
Bachelors	48	54.71 ^a	9.89
Graduate	30	58.30 ^a	8.00
High School	25	53.60 ^a	7.81
Other	6	52.00 ^a	6.00
Graduate Degree/License/ Certification			
No	111	55.25 ^a	8.19
Yes	15	54.27 ^a	12.80
Hours volunteered weekly			
0 to 2	22	54.27 ^a	5.61
3 to 5	80	56.00 ^a	8.08
6 to 8	13	54.77 ^a	13.55
9 to 10	4	50.25 ^a	17.97
Over 10	7	51.43 ^a	8.50

Table 33 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Length of Preservice training			
1 to 9	13	43.69	13.02
10 to 19	22	52.23	7.18
20 to 29	33	57.39	8.27
30 to 39	12	59.33	5.53
40 and over	44	57.86	5.74
None	2	39.00	21.21
Post-training confidence			
Moderately	24	50.83	12.41
Not at all	1	24.00	
Not very	1	62.00	
Pretty Confident	70	56.10	7.02
Very Confident	30	57.13	6.18
Length of time volunteered			
1 to 2 years	24	52.88	9.14
2 to 4 years	27	58.41	4.84
5 years or more	34	55.94	7.47
6 to 12 months	21	52.95	12.80
0 to 6 months	20	54.35	8.88
Perceived preparedness			
Moderately	12	43.83	13.02
Pretty confident	72	55.36	7.63
Very confident	42	57.98	6.65

Note: Scale mean = 55.134921

Note: Within each group, significant differences based on Tukey's test are indicated by contrasting lower case letter. Those levels with the same letter (not combinations of letters) are not significantly different from each other.

Table 34

Means and Standard Deviations by Demographic Variables for Factor 1 Combined Ratings

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Type of agency			
Crisis	42	516.86	92.12
Family Service	8	265.63	149.93
Hospice	43	261.79	84.38
Gender			
Female	67	368.09 ^a	163.74
Male	26	401.08 ^a	142.25
Ethnicity			
Majority	81	383.04 ^a	154.43
Minority	12	338.67 ^a	182.73
Age			
25 and under	14	534.29	68.11
26 to 40	19	374.47	162.06
41 to 55	33	327.76	156.23
56 and over	27	358.48	144.92
Educational level			
Associates	13	391.77 ^a	157.75
Bachelors	36	372.69 ^a	173.18
Graduate	18	375.06 ^a	174.89
High School	22	395.64 ^a	126.07
Other	4	281.25 ^a	123.72
Graduate Degree/License/ Certification			
No	84	374.44 ^a	151.86
Yes	9	404.11 ^a	216.39
Hours volunteered weekly			
0 to 2	18	311.33	143.45
3 to 5	57	411.54	160.34
6 to 8	12	335.25	158.97
9 to 10	2	428.50	126.57
Over 10	4	287.00	51.40

Table 34 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Length of Preservice training			
1 to 9	11	260.64	154.18
10 to 19	15	252.33	125.60
20 to 29	25	339.16	134.97
30 to 39	8	469.38	130.72
40 and over	33	485.79	103.84
None	1	173.00	103.84
Post-training confidence			
Moderately	21	287.19	168.01
Not very	1	496.00	
Pretty Confident	52	405.56	158.12
Very Confident	19	393.37	111.83
Length of time volunteered			
1 to 2 years	18	310.28	139.54
2 to 4 years	16	362.81	159.54
5 years or more	27	407.74	129.25
6 to 12 months	15	378.20	197.03
0 to 6 months	17	412.82	172.21
Perceived preparedness			
Moderately	10	213.50 ^a	135.66
Pretty confident	51	365.18 ^b	143.62
Very confident	32	447.84 ^c	146.33

Note: Scale mean = 377.31183

Note: Within each group, significant differences based on Tukey's test are indicated by contrasting lower case letter. Those levels with the same letter (not combinations of letters) are not significantly different from each other.

Table 35

Means and Standard Deviations by Demographic Variables for Factor 2 Combined Ratings

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Type of agency			
Crisis	38	369.89 ^a	148.18
Family Service	5	215.20 ^a	117.11
Hospice	41	373.00 ^a	145.25
Gender			
Female	60	376.33 ^a	157.27
Male	24	326.88 ^a	118.88
Ethnicity			
Majority	73	370.25 ^a	143.80
Minority	11	308.82 ^a	173.59
Age			
25 and under	13	370.31 ^a	165.20
26 to 40	17	367.24 ^a	159.61
41 to 55	30	361.23 ^a	148.68
56 and over	24	355.46 ^a	139.51
Educational level			
Associates	11	397.91 ^a	152.48
Bachelors	30	357.10 ^a	149.84
Graduate	22	345.36 ^a	156.24
High School	17	394.47 ^a	141.27
Other	4	257.75 ^a	97.09
Graduate Degree/License/ Certification			
No	72	373.54 ^a	152.34
Yes	12	294.17 ^a	101.62
Hours volunteered weekly			
0 to 2	17	340.71 ^a	136.26
3 to 5	52	361.98 ^a	144.34
6 to 8	8	352.63 ^a	183.27
9 to 10	2	404.50 ^a	103.94
Over 10	5	436.00 ^a	212.90

Table 35 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Length of Preservice training			
1 to 9	12	271.42	137.78
10 to 19	11	311.91	138.56
20 to 29	27	432.07	142.74
30 to 39	6	330.17	142.80
40 and over	28	360.36	139.96
Post-training confidence			
Moderately	18	278.28	127.30
Not very	1	264.00	
Pretty Confident	45	379.51	146.14
Very Confident	20	403.70	149.87
Length of time volunteered			
1 to 2 years	16	380.38 ^a	138.82
2 to 4 years	16	363.75 ^a	144.76
5 years or more	19	364.84 ^a	110.34
6 to 12 months	16	332.06 ^a	150.83
0 to 6 months	17	369.06 ^a	200.25
Perceived preparedness			
Moderately	8	189.00	99.75
Pretty confident	48	362.46	136.46
Very confident	28	411.25	145.80

Note: Scale mean = 362.20238

Note: Within each group, significant differences based on Tukey's test are indicated by contrasting lower case letter. Those levels with the same letter (not combinations of letters) are not significantly different from each other.

Table 36

Means and Standard Deviations by Demographic Variables for Factor 3 Combined Ratings

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Type of agency			
Crisis	44	581.82	78.56
Family Service	8	380.25	158.74
Hospice	49	579.02	102.25
Gender			
Female	77	554.22 ^a	117.24
Male	24	597.46 ^b	83.36
Ethnicity			
Majority	89	574.64 ^a	105.61
Minority	12	489.25 ^b	127.97
Age			
25 and under	16	566.50 ^a	77.47
26 to 40	22	550.32 ^a	139.11
41 to 55	35	581.23 ^a	111.94
56 and over	28	553.57 ^a	105.17
Educational level			
Associates	14	503.21	136.30
Bachelors	41	571.17	109.73
Graduate	22	596.64	97.57
High School	19	562.79	111.48
Other	5	546.40	57.44
Graduate Degree/License/ Certification			
No	91	565.71 ^a	111.49
Yes	10	553.40	114.83
Hours volunteered weekly			
0 to 2	18	539.22 ^a	111.58
3 to 5	63	580.65 ^a	96.13
6 to 8	10	534.00 ^a	176.48
9 to 10	3	605.00 ^a	110.04
Over 10	7	510.29 ^a	120.29

Table 36 (continued)

Item	<u>N</u>	<u>M</u>	<u>SD</u>
Length of Preservice training			
1 to 9	13	450.23	130.57
10 to 19	19	533.95	87.00
20 to 29	28	620.86	94.43
30 to 39	7	594.86	82.63
40 and over	33	584.12	75.38
Post-training confidence			
Moderately	19	499.42	153.12
Not very	1	671.00	
Pretty Confident	59	570.37	97.35
Very Confident	22	600.09	83.19
Length of time volunteered			
1 to 2 years	19	584.42	107.28
2 to 4 years	22	605.41	89.83
5 years or more	24	561.33	83.26
6 to 12 months	16	519.50	140.97
0 to 6 months	20	540.35	128.95
Perceived preparedness			
Moderately	11	425.73 ^a	121.89
Pretty confident	57	562.93 ^b	101.89
Very confident	33	613.45 ^c	82.50

Note: Scale mean = 564.49505

Note: Within each group, significant differences based on Tukey's test are indicated by contrasting lower case letter. Those levels with the same letter (not combinations of letters) are not significantly different from each other.

The analysis of variance for Frequency Factor 2, reported in Table 20, identified means for type of agency, graduate degree, and length of pre-service training as significantly different. Tukey's test indicated differences (Refer to Table 29) between hospice (highest mean) and both crisis agencies and family service (lowest mean) agencies, and between pre-service training programs of "20-29 hours" (highest mean) and "40 or more" (lower mean), "10-19", "1-9", and "0" hours (lowest mean) groups.

For Factor 3 (see Table 21), type of agency, pre-service training, and level of perceived preparedness means were significant. Tukey's test indicated differences (Refer to Table 30) between means for all agency types, with the mean for crisis being significantly higher than the other two. Pre-service training levels yielded several significant mean differences. These differences were between the "40 or more" hours (highest mean) and "10-19", "1-9", and "0" hours (lowest mean) groups, between the "30-39" hours and "0" hours groups, between the "20-29" hours and the "1-9" and "0" hours groups, between the "10-19" hours and the "1-9" and "0" hours groups, and between the "1-9" hours and "0" hours groups. Mean responses of participants differed significantly between those who felt "moderately prepared" versus "pretty confident" and "very confident" (highest mean), and responses of participants who felt "pretty confident" versus "very confident."

Research Question Five

Do volunteers differ in the major dimensions of work behaviors, as measured by importance ratings on the Volunteer Work Behaviors Questionnaire, as a function of:

- a. number of hours volunteered per week,
- b. length of pre-service training,
- c. post-training confidence level,
- d. overall length of agency service,

- e. level of self-perceived preparedness, and
- f. formal training in human services?

For analyses of variance utilizing Importance score data, Factor 1 analyses (see Table 22) indicated that means for type of agency, graduate degree, post-training confidence level, and perceived preparedness were significantly different. Tukey's test indicated differences between means (Refer to Table 31) of hospice (higher mean) and family service (lowest mean) groups. Post-training confidence means differed between the "moderately" (lower mean) and the "pretty confident" and "very confident" (highest mean) groups. Levels of preparedness means also differed between "moderately" (lower mean) and the "pretty confident" and "very confident" (highest mean) groups.

The analysis of variance for Frequency Factor 2 (see Table 23) indicated type of agency, pre-service training, and confidence means to be significantly different. Tukey's test indicated differences between means (Refer to Table 32) of crisis (highest mean) and both other agency groups. Pre-service training mean differences were significant between the "40 or more" hours group and the "20-29", the "10-19", and the "1-9" hours (lowest mean) groups, and between the "30-39" hours and the "1-9" hours groups.

For Factor 3 (see Table 24), type of agency, length of pre-service training, and confidence level means were significant. For this factor, Tukey's test indicated significant mean differences (Refer to Table 33) between all agency types, with the crisis group yielding the highest mean. Mean differences were found in hours of pre-service training between the "40 or more" hours and the "10-19", the "1-9", and the "0" hours (lowest mean) groups, between the "30-39" hours (highest mean) and the "10-19", the "1-9", and the "0" hours groups, between the "20-29 and the "1-9" hours groups, and between the "10-19" hours and the "1-9" hours groups. Post-training confidence level means significantly differed between the "not very" (highest mean) and the "not

at all" (lowest mean) groups, between the "very confident" and the "moderately" and the "not at all" groups, between the "pretty confident" and the "moderately" and "not at all" groups, and between the "moderately" and the "not at all" confident groups.

Research Question Six

Do volunteers differ in the major dimensions of work behaviors, as measured by combined frequency and importance ratings on the Volunteer Work Behaviors Questionnaire, as a function of:

- a. number of hours volunteered per week,
- b. length of pre-service training,
- c. post-training confidence level,
- d. overall length of agency service,
- e. level of self-perceived preparedness, and
- f. formal training in human services?

For analyses of variance utilizing combined weighted frequency and importance score data, the analyses for Factor 1 (see Table 25) indicated that type of agency and pre-service training means were significantly different. Tukey's test indicated significant mean differences (Refer to Table 34) between crisis (highest mean) and both other agency types. Pre-service training mean differences were found between the "40 or more" hours (highest mean) groups and all other groups, and between the "30-39" hours and all other groups.

The analyses of variance for Factor 2 (see Table 26) revealed significant effects for level of perceived preparedness. Tukey's test indicated significant mean differences (Refer to Table 35) between the "moderately" and the "pretty confident" and "very confident" (highest mean) groups.

The analyses of variance for Factor 3 (see Table 27) revealed significant mean differences for type of agency, length of pre-service training, and preparedness. Tukey's test revealed mean

differences (Refer to Table 36) between family service agencies and both other agency types (crisis = highest mean; family service = lowest mean). With regard to pre-service training, mean differences were found between "20-29" hours (highest mean) group and the "10-19", the "1-9", and the "0" hours (lowest mean) groups, between the "40 or more" hour and the "1-9" and the "0" hours groups, between the "1-9" hours and all other groups, and between the "0" and all other groups.

Finally, the factors were reviewed to identify any similarities to the factors of work behaviors of professional counselors identified by Loesch and Vacc (1993). The factors and their respective items indeed paralleled those of professional counselors. These results are addressed more comprehensively in Chapter 5.

CHAPTER V
SUMMARY, LIMITATIONS, RECOMMENDATIONS,
IMPLICATIONS, AND CONCLUSIONS

In this final chapter, the study is summarized, limitations are identified, conclusions are drawn, recommendations are provided, and implications are discussed. These topics will be addressed in the context of the literature explored earlier, as well as the research questions. It will attempt to explain the results of the data analyses provided in Chapter 4.

Summary

This study was a work behavior analysis of volunteers in mental health service programs. It provided a systematic scrutiny of actual duties performed by volunteers. Although practitioners and some researchers have attempted to describe volunteer training programs, none have as yet systematically analyzed what actual duties volunteers perform and, thus, for what activities they need to be trained.

The first three research questions addressed this lack of definition, or structure, regarding volunteer work. Each of the factor analytic procedures performed with the data sets containing frequency, importance, and combined item scores resulted in three major factors, or dimensions, of volunteer work which represented these data sets of work behaviors.

Furthermore, the three factors describing the three data sets of frequency, importance, and combined item scores were similar, and these three dimensions clearly identified. Factor 1 represented issue-focused interactions (e.g., "Communicate with clients regarding sexual abuse"), or interactions which involve sharing or providing information about specific issues (e.g., sexual abuse, grieving, human development) or working with specific populations (e.g., substance abuse,

children). Factor 2 represented structured and administrative interactions (e.g., "Participate in case conferences"), or tasks which are central to agency function, such as completing paperwork following agency protocol (e.g., police restraining order against perpetrators of violence) or clarifying agency, volunteer, and client roles and responsibilities (e.g., confidentiality, scheduling appointments). Factor 3 represented communication-specific tasks (e.g., "Use 'active listening' skills"), or interactions which are consistent across clients regardless of presenting issues, such as basic helping skills (e.g., listening, validating, reflecting). Thus, regardless of the type of rating (e.g., frequency, importance, or combined), the same three factors emerged.

One particularly noteworthy finding is that while the issue-focused interaction factor yielded the highest eigenvalue (accounting for the greatest amount of variance) among overall frequency of performance items, the structured and administrative interactions factor yielded the highest eigenvalue of the importance factors. In the combined factor analysis, the issue-focused factor again accounted for the highest variance. This pattern suggests that although the issue-focused interactions factor accounts for the most frequently performed items, the structured and administrative factor accounts for the items rated as most important. The combined, or overall importance score, indicates that despite this discrepancy, issue-focused interactions are weighted overall as accounting for the greatest variance in terms of volunteer work behaviors.

For the fourth, fifth, and sixth research questions, factor "subscale scores" were explored in terms of participants' demographic and background characteristics. One variable, type of agency, yielded a significant difference in all but one of the total of nine analyses per variable (three ANOVAS per type of rating for each variable). This seems to indicate a relationship between each factor and type of agency.

A comparison of Tukey's mean differences for agency type indicated that for all issue-focused factors (i.e., frequency, importance, and combined), crisis means were significantly highest. For both frequency and importance factors of structured and administrative items, hospice means were significantly highest. Finally, for all three communication-specific factors, the crisis group yielded the significantly highest means. These results suggest that crisis volunteers perform issue-focused and communication-specific tasks most frequently and rate them as most important, while hospice volunteers rate structured and administrative tasks as most frequent and most important. These results parallel the nature of crisis and hospice agencies. Crisis work often involves clients needing immediate attention which are often of a short-term nature. Hospice work, on the other hand, is characterized by a longer term relationship. Cases may involve extreme variations, requiring a more diverse range of services, and may necessitate more emphasis upon administrative functions (e.g., scheduling visits or errands) to meet clients' needs.

Pre-service training also yielded significant differences within many of the factors, including all issue-focused factors, all communication-specific factors, and the structured and administrative frequency factor. Tukey's Studentized Range Test showed significant differences between numerous means within the pre-service training variable. Within the issue-focused frequency factor, the "40 or more" hours of training level yielded the significantly highest mean. The issue-focused frequency factor indicated that the "0" hours of training group had the significantly highest mean, but the "40 or more" hours mean was the second highest. In the combined issue-focused factor, the "40 or more" hours again yielded the significantly highest mean. The pattern apparent here is that volunteers with 40 or more hours of pre-service training indicated they performed issue-focused interactions more frequently and viewed them as more important. This pattern suggests that the skills required for facilitating issue-focused interactions

and the knowledge required for recognizing their importance necessitates relatively high levels of training.

Within the structured and administrative factors, analyses of variance indicated pre-service training as yielding a significant difference in the frequency factor. Within that factor, the highest mean-yielding level of pre-service training was the "20-29" hour group, followed by the "30-39" and "40 or more" hours groups, respectively. This result implies that among volunteers with 20-29 hours of pre-service training, structured and administrative tasks are rated as most frequently performed. Secondly, other volunteers with even higher levels of training also rate the structured and administrative items with high frequency. Thus, moderate level of training (20-29 hours) seems to characterize volunteers who most frequently perform structured and administrative tasks. These tasks often involve straightforward procedures, without the necessary in-depth integration dictated by learning to facilitate both issue-focused and communication-specific interactions.

Significant differences in means also were found among levels of pre-service training for all the communication factors. Within the frequency factor, the "40 or more" hours group yielded the highest mean. In the importance factor, the "30-39" hours group, closely followed by the "40 or more" hours group, yielded high means. In the combined communication-specific factor, the highest mean was yielded by the "20-29" hours of pre-service training group. These findings support that volunteers with 20 or more hours of pre-service training perform more communication-specific tasks and consider them more important.

Taken together, these results would indicate that 40 or more hours of training are optimum for volunteers preparing to facilitate communication-specific interactions. For those who will perform communication-specific interactions of a critical nature, and who ideally will rate these tasks as important, at least 30 hours of training is necessary.

Examination of several other variables yielded interesting albeit less-than consistent results. Significant differences were attributed to post-training confidence in all three importance analyses of variance. More interesting, still, is that an examination of significantly different means reveals that, while the "very confident" group had the highest mean for the structured and administrative factor, both the issue-focused and communication-specific factors' highest mean groups were the "not very" confident groups. So, while volunteers who rated the structured and administrative tasks as most important were those who were very confident after their pre-service training, those who rated the issue-focused and communication-specific tasks as most important were those who were "not very" confident after their pre-service training. This could be, in part, attributed to lack of practice or experience, since many volunteers undergoing pre-service training are new to their program, or to volunteering in general. In other words, volunteers with less training or experience regard issue-focused and communication-specific tasks with greatest importance.

In terms of the current levels of self-perceived preparedness in working with clients, four of the nine analyses of variance revealed significant differences. Both importance and combined structured and administrative factors had the "very confident" groups yielding the highest significantly different mean groups. For both frequency and combined communication-specific factors, the "very confident" groups again yielded the highest means. This seems to indicate that structured and administrative items were rated highly important by very confident volunteers, and that communication-specific items were rated as frequently performed by very confident volunteers.

A final variable that emerged as accounting for significant differences was "degree" ("Do you have a graduate degree, license, and/or certificate in counseling, social work, psychology, marriage and family therapy, etc.?"). This occurred in both frequency and importance structured

and administrative factors. The following Tukey test, however, revealed no differences between the two levels of the variable.

The data analytic process also included a review of the items and factors identified in a work behavior analysis of professional counselors (Loesch & Vacc, 1993). That study identified dimensions characterizing the work of professional counselors as fundamental counseling practices, professional practice, counseling for career development, counseling families, and counseling groups. The factors characterizing volunteer work behaviors identified in this study somewhat parallel those of professional counselors. In reviewing the items and their respective factor loadings, it appears that communication-specific tasks are most like fundamental counseling practice, that structured and administrative interactions are most like professional practice, and that issue-focused interactions include, among others, counseling for career development, counseling families, and counseling groups. This parallel in work behaviors poses significant implications to counseling professionals, to be discussed below.

Limitations of the Study

Several limitations affected the study, which must be kept in mind when considering the results. The first of these is in the selection of the three strata--hospice, crisis, and family services--to represent overall mental health service. Although these strata do represent diverse services within the overall realm of mental health service, they were not randomly selected and may not reflect all the specific tasks of volunteers in every type of mental health service agency.

Similarly, the clusters, or groups of volunteers at each agency participating in the study, were not randomly selected. Because the volunteer administrator at each site selected volunteers to complete the pilot survey, selection bias may have impacted the overall survey responses.

In addition, volunteer workers' participation in the study was voluntary. It is unknown how their responses may have differed from those of nonvolunteers.

A further limitation is the reliance on self-reports of volunteer work behaviors.

Notwithstanding the great difficulty of obtaining any other data source (e.g., direct observations of work behaviors), it is possible that volunteers' perspectives of their work behaviors were biased or limited in some way.

The use of cluster sampling itself posed another limitation, as it seemed to affect the response rate. For example, although the overall response rate was moderate (41 out of 105 agencies responded, representing 39%), many of the agencies did not return all 10 of the questionnaires. In effect, the intra-agency volunteer response rate was not initially taken into consideration, resulting in lower numbers of actual responses than anticipated. Within the sample, fewest family service agencies responded, or responded with correspondence explaining that volunteers were not utilized by their respective agencies, leading to a differential return rate by type of agency. The small number of these agencies responding meant a cell size that was much smaller than hospice or crisis agencies, which may have affected the results.

Finally, the work behavior analysis conducted purported to identify the relative frequencies and importances with which tasks were performed, but not the degrees to which they were performed. To date, only one such study has been done. That Harvard study was conducted to identify the intensity, or magnitude, with which psychologists' work is performed (Hartman-Stein, 1993). It should be noted, however, that in conducting this volunteer work behavior analysis, measures were taken to address this question within the steps of instrument development.

"Magnitude," or degree of tasks performed by volunteers was directly reflected in the terminology chosen by the volunteers in the focus groups in revising and refining the items on the VWBQ. For example, many items initially containing the term "counseling" were revised through focus groups to instead include terms as "supporting," "interacting," and "communicating."

Recommendations for Future Research

The following recommendations for future research are based on this study, some of which address limitations of the study described earlier in this chapter. Replications with a larger and more diversified sample would be desirable. A preliminary step in identifying such a sample would be to undertake a better inventory of mental health service agencies which utilize volunteers. Relatedly, researchers should take into consideration that cluster sampling will add another level of response rate issues, even if only because agencies do not necessarily employ the targeted number of volunteers. A potential way to improve the response rate is to target more but smaller clusters.

Because this study supported a factor structure of volunteer work behaviors, a logical next step is to develop training programs based on these factors. These training programs should then, in turn, be evaluated for their effectiveness. Items on the VWBQ may provide one evaluation tool.

Finally, this preliminary work behavior analysis of volunteers in mental health services could potentially provide the impetus for large organizations with small local affiliates to examine what work behaviors their agency volunteers perform, and thus, to provide better training; thereby, providing better client services. The Volunteer Work Behaviors Questionnaire could serve as an effective tool in achieving this goal.

Implications for Counseling Practice

The emergent factor structure of volunteer work behaviors poses many implications for counseling practice which potentially could affect and enhance volunteer as well as overall agency services. In order to integrate the findings of this study into current practice, training programs need to focus on three primary dimensions in training their volunteers, i.e., issue-focused interactions, structured and administrative interactions, and communication-specific tasks. More

specifically, since crisis volunteers noted issue-focused and communication-specific interactions as performed most frequently and as most important, training for crisis volunteers should strongly emphasize potential client issues as well as communication-specific, or basic helping skills.

Ideally, the training should help teach the volunteers to integrate the two. Hospice volunteer training, on the other hand, should focus more on the structured and administrative tasks to be assigned by the agency, since it is these tasks that are often fundamental to service delivery, in the context of a longer-term hospice volunteer-to-client relationship.

Volunteer training programs are often developed and monitored by counseling professionals. Knowledge of the major dimensions of volunteer work behaviors could potentially set the stage for developing agency volunteer training programs, or even state-or-national level "model" programs. As volunteer training programs improve, so will the services provided by volunteers. Given the vast number of individuals who do volunteer, and the even larger number of clients they serve, this improvement in services has potentially far-reaching benefits.

A related aspect which affects counselors in mental health agencies is supervision of volunteers. Whereas some counseling professionals may be responsible for training of volunteers, an even larger number would either directly or indirectly be responsible for supervising volunteers. Volunteer supervisors should be familiar with the major dimensions of volunteer work behaviors, as well as an overview of the specific tasks within each dimension that are performed by volunteers at specific agencies. In doing so, they will be better-equipped to create relevant models of volunteer supervision within the context of volunteer work dimensions.

A wider-reaching implication for counselors is in counselor training. Since so many counselors in mental health service programs have volunteer training or supervisory responsibilities, it would behoove counselor training programs to incorporate an elective volunteer management course within the community-agency tract and/or offer such information via inservice

training programs for counseling practitioners. This training, as well as existing volunteer management curricula, could incorporate the basic dimensions of volunteer work behaviors.

Conclusions

The present study served to give definition to the many work behaviors practiced by volunteers in mental health services. The multitude of descriptions of volunteer and volunteer training programs detailed in Chapter 2 included tasks such as using basic skills, active listening, counseling, and using intervention techniques. These tasks were subjectively categorized to include three types: assessment of and interpersonal interactions with clients, planning and evaluation, and educating clients.

These categories are similar to those identified through the work behavior analysis. Assessment and interpersonal interactions with clients is similar to communication-specific tasks, and also overlaps structured and administrative interactions. Planning and evaluation relies primarily upon structured and administrative interventions. Finally, educating clients is similar to issue-focused interactions, in that volunteers are required to be knowledgeable about specific client issues and populations in order to appropriately impart this knowledge to clients. The Volunteer Work Behavior Analysis affirmed this formerly subjective categorization.

In addition, parallel or similar studies of work behaviors of professionals in mental health service indicate similar categories to those emergent in the volunteer work behavior analysis. Analyses of work behaviors of professional counselors' (Loesch & Vacc, 1993), counseling psychologists (Fitzgerald & Osipow, 1986), and alcohol and drug abuse counselors (National Certification Reciprocity Consortium/Alcohol and Other Drug Abuse, Incorporated, 1992) all revealed domains, or categories, similar to at least two of the three identified by the volunteer work behavior analysis. Each analysis listed identified counseling, to which volunteers' "communication-specific" interactions are most similar at a lower level of expertise. The other

analyses also identified some type of administration, or professional practice behavior, referred to in the volunteer work behavior analysis as "structured and administrative" tasks. Due to the nature of mental health services, which provide services to individuals, families, or groups of clients, it is not surprising that volunteer workers' tasks and responsibilities reflect overall agencies' services, as well as tasks and responsibilities of professionals in the same and similar settings. These seemingly counseling-like functions, albeit at rudimentary levels, warrant more attention, particularly in areas of training and supervision.

The results of the analyses of variance were helpful in indicating how specific agency types employ volunteers in tasks specific to their agency services, as discussed. Other analyses also provided helpful insight into training and supervision issues. Finally, basic demographic and background information, such as age and educational levels of volunteers, provided more information for the body of literature related to volunteerism.

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APPENDIX A

Volunteer Work Behaviors Questionnaire

Volunteer Work Behaviors Questionnaire
INSTRUCTIONS

PLEASE USE ONLY A #2 LEAD PENCIL for your responses and completely fill in each circle. Responses are to be provided anonymously and therefore your name should not be included on any of the response sheets.

Step 1: responding to the survey questions on Response Form I.

For each of the 99 work behaviors listed on Response Form I, you are to indicate the relative FREQUENCY with which you perform each in your professional capacity. Using the rating scale below, fill in the circle of the number that best represents the degree to which you perform each work behavior:

- 1=Never
- 2=Rarely
- 3=Occasionally
- 4=Frequently
- 5=Routinely

Step 2: responding to the survey questions on Response Form II.

For each of the 99 work behaviors listed on Response Form II, you are to indicate the degree to which your clients believe you should be able to perform each effectively. Using the rating scale below, please fill in the circle of the number which best represents the degree of IMPORTANCE you place on being able to perform that behavior effectively:

- 1=Not important
- 2=Of little importance
- 3=Moderately important
- 4=Very important
- 5=Critical

Step 3: responding to the survey questions on Response Form III.

For the 10 questions on Response Form III, you are to answer the questions by filling in the appropriate circle.

Step 4: returning the questionnaire.

Please return only the response sheets to your volunteer administrator by May 25, 1994.
Thank you.

Do not mark outside this line
 Volunteer Work Behavior Questionnaire
 PLEASE USE A PENCIL TO COMPLETE THIS SURVEY. THANK YOU.

Response Section I: Frequency	Never	1	2	3	4	5	Routinely
1. Interact with clients on short-term basis (6 sessions or less).	1	2	3	4	5		
2. Interact with clients on long-term basis (more than 6 sessions).	1	2	3	4	5		
3. Interact with clients' significant others.	1	2	3	4	5		
4. Interact with child clients.	1	2	3	4	5		
5. Interact with adolescent clients.	1	2	3	4	5		
6. Interact with adult clients.	1	2	3	4	5		
7. Interact with older adult clients.	1	2	3	4	5		
8. Interact with disabled clients.	1	2	3	4	5		
9. Support clients in crisis.	1	2	3	4	5		
10. Communicate with clients regarding substance abuse.	1	2	3	4	5		
11. Communicate with clients regarding personal change.	1	2	3	4	5		
12. Communicate with clients regarding physical or emotional abuse.	1	2	3	4	5		
13. Communicate with clients regarding personality/behavior change.	1	2	3	4	5		
14. Communicate with clients regarding sexual abuse.	1	2	3	4	5		
15. Use "active listening" skills.	1	2	3	4	5		
16. Communicate with clients regarding human development.	1	2	3	4	5		
17. Inform clients about ethical or legal standards and practice.	1	2	3	4	5		
18. Clarify volunteer/client roles.	1	2	3	4	5		
19. Discuss client's moral/spiritual issues.	1	2	3	4	5		
20. Discuss problems and alternatives.	1	2	3	4	5		
21. Inform family of agency guidelines and goals.	1	2	3	4	5		
22. Support family conflict resolution strategies.	1	2	3	4	5		
23. Communicate with clients regarding marital issues.	1	2	3	4	5		
24. Communicate with clients regarding human sexuality issues.	1	2	3	4	5		
25. Support marriage enrichment strategies.	1	2	3	4	5		
26. Support clients' development of decision-making skills.	1	2	3	4	5		
27. Explore career issues with clients.	1	2	3	4	5		
28. Establish rapport with clients.	1	2	3	4	5		
29. Recognize and verify clients' agenda.	1	2	3	4	5		
30. Use skills that facilitate the communication process.	1	2	3	4	5		
31. Provide client autonomy throughout the relationship.	1	2	3	4	5		
32. Positively terminate relationships with clients.	1	2	3	4	5		
33. Acknowledge and support efforts/achievements of clients.	1	2	3	4	5		
34. Assist clients in becoming independent and self-directing.	1	2	3	4	5		
35. Prepare clients for termination.	1	2	3	4	5		
36. Explore feelings.	1	2	3	4	5		
37. Summarize progress relative to goals.	1	2	3	4	5		
38. Inform client of future availability of services.	1	2	3	4	5		
39. Describe ways of responding to extremes of behavior.	1	2	3	4	5		
40. Discuss significance of family history on family functioning.	1	2	3	4	5		
41. Discuss coping responses of families experiencing stress.	1	2	3	4	5		
42. Determine internal and external resources available to clients.	1	2	3	4	5		
43. Recognize and use appropriate language and terminology.	1	2	3	4	5		
44. Discuss how culture affects attitudes and behavior.	1	2	3	4	5		
45. Discuss forms of prejudice and discrimination.	1	2	3	4	5		
46. Interpret client information in a cultural context.	1	2	3	4	5		
47. Describe the effect of environment on client.	1	2	3	4	5		
48. Identify and acknowledge difficulty in communication.	1	2	3	4	5		
49. Explain rights and obligations of clients and volunteers.	1	2	3	4	5		
50. Recognize clients' defenses.	1	2	3	4	5		
51. Assist client in handling relapses.	1	2	3	4	5		
52. Model healthful behavior.	1	2	3	4	5		
53. Set boundaries with clients.	1	2	3	4	5		
54. Gather relevant information to determine need for services.	1	2	3	4	5		
55. Facilitate activities.	1	2	3	4	5		
56. Clarify expectations.	1	2	3	4	5		
57. Provide emotional support.	1	2	3	4	5		
58. Support the bereaved.	1	2	3	4	5		
59. Facilitate life review.	1	2	3	4	5		
60. Facilitate problem-solving.	1	2	3	4	5		
61. Role model responsible behavior.	1	2	3	4	5		
62. Provide companionship.	1	2	3	4	5		
63. Provide crisis intervention.	1	2	3	4	5		
64. Review existing client data.	1	2	3	4	5		
65. Assess potential for clients to harm self/others.	1	2	3	4	5		
66. Clarify clients' support systems.	1	2	3	4	5		
67. Observe client behaviors.	1	2	3	4	5		
68. Assist with clients' evaluation of services.	1	2	3	4	5		
69. Self-evaluate effectiveness of services.	1	2	3	4	5		
70. Establish goals for services.	1	2	3	4	5		
71. Evaluate need for client referral.	1	2	3	4	5		
72. Evaluate clients' progress.	1	2	3	4	5		
73. Identify clients' interests.	1	2	3	4	5		

Do not mark outside this line
Volunteer Work Behavior Questionnaire pg. 2

	Never	1	2	3	4	Routinely
74. Engage in needs assessment.	1	2	3	4	5	
75. Establish goals and time limits.	1	2	3	4	5	
76. Identify concerns and establish priorities.	1	2	3	4	5	
77. Adapt intervention to meet specific client need.	1	2	3	4	5	
78. Obtain information by observing client or group.	1	2	3	4	5	
79. Obtain information by interviewing or other interaction.	1	2	3	4	5	
80. Seek information from related sources.	1	2	3	4	5	
81. Observe suicidal symptoms/risks.	1	2	3	4	5	
82. Maintain records.	1	2	3	4	5	
83. Determine resources available in the community.	1	2	3	4	5	
84. Facilitate developmental activities.	1	2	3	4	5	
85. Participate in case conferences.	1	2	3	4	5	
86. Participate in internal or external organizational activities.	1	2	3	4	5	
87. Participate in on-going educational and skill training.	1	2	3	4	5	
88. Review ethical standards.	1	2	3	4	5	
89. Read current organizational literature.	1	2	3	4	5	
90. Act as an advocate for clients.	1	2	3	4	5	
91. Participate in team activities.	1	2	3	4	5	
92. Keep current on social concerns/issues impacting clients.	1	2	3	4	5	
93. Communicate verbal and written reports to co-workers and supervisors.	1	2	3	4	5	
94. Assess impact of substance abuse on family and significant others.	1	2	3	4	5	
95. Provide physical assistance with daily tasks.	1	2	3	4	5	
96. Correspond orally with others to maintain communication.	1	2	3	4	5	
97. Organize and analyze information.	1	2	3	4	5	
98. Obtain required authorization or signatures.	1	2	3	4	5	
99. Communicate with clients regarding family changes.	1	2	3	4	5	

Response Section II: Importance

	Not important	1	2	3	4	Critical
1. Interact with clients on short-term basis (6 sessions or less).	1	2	3	4	5	
2. Interact with clients on long-term basis (more than 6 sessions).	1	2	3	4	5	
3. Interact with clients' significant others.	1	2	3	4	5	
4. Interact with child clients.	1	2	3	4	5	
5. Interact with adolescent clients.	1	2	3	4	5	
6. Interact with adult clients.	1	2	3	4	5	
7. Interact with older adult clients.	1	2	3	4	5	
8. Interact with disabled clients.	1	2	3	4	5	
9. Support clients in crisis.	1	2	3	4	5	
10. Communicate with clients regarding substance abuse.	1	2	3	4	5	
11. Communicate with clients regarding personal change.	1	2	3	4	5	
12. Communicate with clients regarding physical or emotional abuse.	1	2	3	4	5	
13. Communicate with clients regarding personality/behavior change.	1	2	3	4	5	
14. Communicate with clients regarding sexual abuse.	1	2	3	4	5	
15. Use "active listening" skills.	1	2	3	4	5	
16. Communicate with clients regarding human development.	1	2	3	4	5	
17. Inform clients about ethical or legal standards and practice.	1	2	3	4	5	
18. Clarify volunteer/client roles.	1	2	3	4	5	
19. Discuss client's moral/spiritual issues.	1	2	3	4	5	
20. Discuss problems and alternatives.	1	2	3	4	5	
21. Inform family of agency guidelines and goals.	1	2	3	4	5	
22. Support family conflict resolution strategies.	1	2	3	4	5	
23. Communicate with clients regarding marital issues.	1	2	3	4	5	
24. Communicate with clients regarding human sexuality issues.	1	2	3	4	5	
25. Support marriage enrichment strategies.	1	2	3	4	5	
26. Support clients' development of decision-making skills.	1	2	3	4	5	
27. Explore career issues with clients.	1	2	3	4	5	
28. Establish rapport with clients.	1	2	3	4	5	
29. Recognize and verify clients' agendas.	1	2	3	4	5	
30. Use skills that facilitate the communication process.	1	2	3	4	5	
31. Provide client autonomy throughout the relationship.	1	2	3	4	5	
32. Positively terminate relationships with clients.	1	2	3	4	5	
33. Acknowledge and support efforts/achievements of clients.	1	2	3	4	5	
34. Assist clients in becoming independent and self-directing.	1	2	3	4	5	
35. Prepare clients for termination.	1	2	3	4	5	
36. Explore feelings.	1	2	3	4	5	
37. Summarize progress relative to goals.	1	2	3	4	5	
38. Inform client of future availability of services.	1	2	3	4	5	
39. Describe ways of responding to extremes of behavior.	1	2	3	4	5	
40. Discuss significance of family history on family functioning.	1	2	3	4	5	
41. Discuss coping responses of families experiencing stress.	1	2	3	4	5	
42. Determine internal and external resources available to clients.	1	2	3	4	5	
43. Recognize and use appropriate language and terminology.	1	2	3	4	5	
44. Discuss how culture affects attitudes and behavior.	1	2	3	4	5	
45. Discuss forms of prejudice and discrimination.	1	2	3	4	5	
46. Interpret client information in a cultural context.	1	2	3	4	5	
47. Describe the effect of environment on client.	1	2	3	4	5	
48. Identify and acknowledge difficulty in communication.	1	2	3	4	5	

Do not mark outside this line
Volunteer Work Behavior Questionnaire pg. 3

	Not important	Critical
49. Explain rights and obligations of clients and volunteers.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
50. Recognize clients' defenses.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
51. Assist client in handling relapses.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
52. Model healthful behavior.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
53. Set boundaries with clients.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
54. Gather relevant information to determine need for services.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
55. Facilitate activities.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
56. Clarify expectations.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
57. Provide emotional support.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
58. Support the bereaved.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
59. Facilitate life review.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
60. Facilitate problem-solving.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
61. Role model responsible behavior.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
62. Provide companionship.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
63. Provide crisis intervention.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
64. Review existing client data.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
65. Assess potential for clients to harm self/others.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
66. Clarify clients' support systems.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
67. Observe client behaviors.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
68. Assist with clients' evaluation of services.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
69. Self-evaluate effectiveness of services.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
70. Establish goals for services.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
71. Evaluate need for client referral.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
72. Evaluate clients' progress.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
73. Identify clients' interests.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
74. Engage in needs assessment.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
75. Establish goals and time limits.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
76. Identify concerns and establish priorities.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
77. Adapt intervention to meet specific client need.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
78. Obtain information by observing client or group.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
79. Obtain information by interviewing or other interaction.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
80. Seek information from related sources.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
81. Observe suicidal symptoms/risks.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
82. Maintain records.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
83. Determine resources available in the community.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
84. Facilitate developmental activities.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
85. Participate in case conferences.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
86. Participate in internal or external organizational activities.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
87. Participate in on-going educational and skill training.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
88. Review ethical standards.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
89. Read current organizational literature.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
90. Act as an advocate for clients.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
91. Participate in team activities.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
92. Keep current on social concerns/issues impacting clients.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
93. Communicate verbal and written reports to co-workers and supervisors.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
94. Assess impact of substance abuse on family and significant others.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
95. Provide physical assistance with daily tasks.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
96. Correspond orally with others to maintain communication.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
97. Organize and analyze information.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
98. Obtain required authorization or signatures.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
99. Communicate with clients regarding family changes.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

Response Section III: Demographic and Background Information

1. Type of program volunteered in. hospice crisis family service
2. What is your gender? male female
3. What is your ethnicity? American Indian/Alaskan Native
 Asian/Pacific Islander
 Black/African American
 Hispanic/Latino(a)
 White/Caucasian
 Other Minority
4. What is your age? Under 18 18-25 26-40 41-55 56+
5. What is your educational level? high school associate bachelors graduate other
6. Do you have a graduate degree, license, and/or certificate in counseling, social work, psychology, marriage and family therapy, etc.? yes no
7. Number of hours volunteered weekly. 0-2 3-5 6-8 9-10 more than 10
8. Length of your pre-service (orientation) training (hours). 0 1-9 10-19 20-29 30-39 40 or more
9. How confident did you feel after your pre-service training?
 not at all not very moderately pretty confident very confident
10. How long have you volunteered in this program?
 0-6 months 6-12 months 1-2 years 2-4 years 5 or more years
11. How prepared do you feel to deal with client issues?
 not at all not very moderately pretty confident very confident

APPENDIX B

Letter to Volunteer Participants

May 10, 1994

Dear Volunteer,

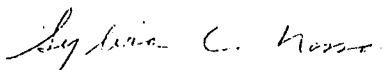
I am conducting a survey of great importance to the field of volunteerism and mental health in general, and to all who identify themselves as volunteers in mental health service programs in particular. The purpose of this survey is to develop a profile of the work behaviors of volunteers. Because such a survey has never before been undertaken on a national basis, the results will be critically important.

You have been selected as a respondent because of your volunteer involvement with an agency that is either a member of the National Hospice Organization, the American Association of Suicidology, or is accredited by the Council on Accreditation of Services for Families and Children. Only a relatively small number of volunteers are being requested to respond because of the large cost involved in conducting this project. Therefore, your participation is highly desired, critical to the success of the project, and will be greatly appreciated!

I fully realize that there are many important demands upon your time, but I sincerely hope that you will take the time to assist this project by completing the enclosed Volunteer Work Behaviors Questionnaire and returning it to your volunteer administrator. I cannot emphasize enough the importance of your participation in the study to the fields of volunteerism and mental health. Completing the questionnaire takes approximately a half hour. The questionnaires will be identifiable only by agency; individuals' confidentiality will be maintained.

Please complete the questionnaire by May 25, and return it to your volunteer administrator. S/he will send them to me. Thank you very much for your assistance in this important project.

Sincerely,



Sylvia C. Nassar
Doctoral Researcher
University of North Carolina at Greensboro

APPENDIX C

Letter to Volunteer Administrators

May 10, 1994

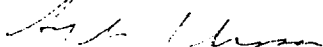
Dear Volunteer Administrator,

Your agency has been identified through the National Hospice Organization, the American Association of Suicidology, or the Accreditation of Services for Families and Children. Enclosed are 10 questionnaires to be completed by volunteers within your hospice/crisis/family services program.

The enclosed packets are a part of a national survey which will benefit the field of volunteerism a great deal. The time it takes to complete an instrument is approximately a half hour. Please distribute these packets to 10 volunteers involved in your hospice/crisis/family services program, and return them to me in the enclosed stamped, self-addressed envelope provided by June 1, 1994.

If you need additional information, or if this deadline will cause a problem, please call me at (910) 632-0703. Thank you for your assistance in this important project.

Sincerely,



Sylvia C. Nassar
Doctoral Researcher
University of North Carolina at Greensboro

P.S. Through my experiences in developing the Volunteer Work Behaviors Questionnaire, the instrument served as a useful discussion tool for both volunteer administrators and volunteers in helping to broaden their awareness of specific volunteer responsibilities. I hope it will be an informative experience for your volunteers also.