A work behavior analysis of volunteers in social service agencies

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Abstract:

The Volunteer Work Behavior Questionnaire was developed and administered to volunteers in social 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 separately to determine major dimensions of work behaviors. Analyses of variance were used to test for differences in factor "subscale scores" and type of agency, followed by Tukey's Studentized Range tests as appropriate. Results suggested a consistent factor structure of work behaviors. Volunteer work behaviors were characterized by three factors of (a) issue-specific interactions, (b) structured and administrative tasks, and (c) communication-specific interactions.

Keywords: volunteer work | work behaviors | social services

Article:

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.

Many of these volunteers are found in social service agencies (Hodgkinson & Weitzman, 1992), fulfilling a variety of roles. Some perform direct service or direct practice activities (Cnaan & Goldberg-Glen, 1990), such as creating social relationships with patients, facilitating recreational or religious activities, lecturing or teaching patients about financial issues or other concerns, and providing emotional support during crises.

These direct service roles often involve 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 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, including juvenile delinquency, resettlement, and family planning. A description of one typical program providing low-cost mental health counseling even indicated that volunteers are assigned to "individual, family, and group counseling" tasks (Cowne, 1970).

There is some empirical evidence that social service volunteers are quite effective in their work with clients. In a review of volunteer training programs, Carkhuff (1968) indicated that volunteers' clients reportedly experienced rates of recovery at least equal to their professional counterparts'. Recent studies of other programs also have supported the effectiveness of volunteers in direct service roles (e.g., Barth, Hacking, & Ash, 1988; Crose, Duffy, Warren, & Franklin, 1987; Davidson, Redner, Blakely, Emshoff, & Mitchell, 1987; Most & Guerney, 1983).

Despite the vast numbers of volunteers providing critical and effective services in social service programs, however, no systematic analysis of actual duties has been conducted. As a result, no information exists regarding what they do and for what tasks or activities they need to be trained. Thus, the purpose of this study was to analyze the work behaviors of volunteers in a representative set of social service programs. The ultimate goal was to provide information which could be used to develop comprehensive volunteer training programs.

The primary research questions guiding this study entailed identifying the major dimensions (that is, the underlying factor structures) of volunteer work behaviors which represent the data set of work behaviors as measured by frequency, importance, and combined ratings on the Volunteer Work Behavior Questionnaire (VWBQ). Importance and frequency have been used in other work behavior analyses in the helping professions (e.g., Fitzgerald & Osipow, 1986; Loesch & Vacc, 1993). Combined ratings represent overall importance of tasks, or work behaviors (Kane, Kingsbury, Cotton, & Estes, 1989). A secondary focus was to determine whether volunteers' work differs in these major dimensions as a function of agency type (crisis, hospice, or family service).

METHOD

Participants

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

Agencies were selected from national directories of the identified organizations: The National Hospice Organization (NHO) and the American Association of Suicidology (MS), whose 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 (First Author, 1995).

Random cluster sampling in each stratum (i.e., type of agency) was conducted. Thirty-five agencies (clusters) in each stratum were randomly selected, for a total of 105 agencies. The volunteer coordinator at each cluster, or agency, was sent a packet of 10 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.

Of the 105 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. 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.

Female participants (76%) 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 ("25 and under" = 11.5%; "56 and over" = 40.5%). Educational levels were also diverse. 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.

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 providing 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 & Yacc, 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 descriptions of volunteer roles in mental health service programs located in the literature.

Item refinement. The initial list of 389 items was reviewed by the principal researcher and a representative from a local agency which serves as a clearinghouse of volunteer opportunities. Items deemed clearly inappropriate to the target populations (e.g., administer intelligence tests) and duplicate items were deleted. 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. Three groups comprised of volunteers and volunteer administrators were conducted, with members representing the areas of hospice, crisis, and family services. The discussion groups were facilitated by the principal researcher.

The group agenda was highly structured, with the goal of refining and editing the 225 remaining items on the list. Participants 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 suggestions, and evaluated overall group responses to the items as "yes," "no," and "yes-with revisions." A final list comprised of 130 items was generated based on these responses.

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. 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 this 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 five and 10 "yes" responses were scrutinized closely by strongly considering respondents' comments. Special consideration was given to volunteer coordinators' ratings, as were written comments given by all participants.

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, 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 were included. Volunteers were instructed to indicate the relative frequency with which they engage in each behavior on a 5-point scale (l = never, 2 = rarely, 3 = occasionally, 4 = frequently, *5* = routinely). Volunteers then indicated, on a separate list of the 99 items, the relative importance of each work behavior (1 = of no importance, 2 = of little importance, 3 = moderately important, 4 = very important, 5 = critically important).

The final instrument also included a demographic question regarding the type of agency. This question was included to examine whether volunteers' type of agency had any 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 a letter of introduction and explanation addressed to the volunteer coordinator, a stamped, self-addressed envelope for the return of the instruments, and 10 Volunteer Work Behavior Questionnaires with a brief letter of instruction attached. The letter to the volunteer coordinator included a request to administer the questionnaire packets to 10 volunteers who provided direct service to agency clients, collect the completed questionnaires, 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 three-week period, the researcher attempted to call the volunteer coordinator to request that they be completed and returned.

Data Analyses

To determine the underlying dimensions along which frequency, importance, and combined ratings vary, 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. To address the question of whether volunteers differ in these major dimensions as a function of their demographic and background variables, 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 "type of agency" variable; an experiment-wise error rate of .05 was employed.

RESULTS

Factor Analyses of Work Behaviors

The principal axis factor analysis of the frequency ratings resulted in 20 factors containing eigenvalues greater than 1.0. Of these factors, the first three accounted for 48.24% of the variance, with eigenvalues of 32.34, 10.95, and 4.96 respectively. The factors represented issue-focused interactions, structured and administrative functions, and communication-oriented tasks, respectively. Items loading .5 or higher on Factors 1, 2, and 3 resulting from the orthogonal transformation using a varimax rotation are listed by factor in Table 1.

The principal axis factor analysis of the level of importance ratings revealed 21 factors with eigenvalues greater than 1.0. 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. These factors represented structured and administrative functions, issue-focused interactions, and communication-specific tasks, respectively. Items loading .5 or higher on Factors 1, 2, and 3 resulting from the orthogonal transformation using a varimax rotation are listed in Table 2.

Combined ratings of overall importance of tasks were calculated by employing a formula (Kane, Kingsbury, Cotton, & 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. Of these factors, the first three represented 46.16% of the variance, and had eigenvalues of 33.17, 13.26, and 5.19, respectively. These factors represented issue-focused interactions, structured and administrative functions, and communication-specific tasks, respectively. Items loading .5 or higher on Factors 1, 2, and 3 resulting from an orthogonal transformation using a varimax rotation are listed by factor in Table 3.

ANOVAs for Background Variables

Three series of 3-way ANOVAs (factor x agency type) were conducted to test for any differences in subscale (factor) scores across the three types of agencies. In the analyses of variance for Frequency Factor 1, means for type of agency were significantly different, $F(2) = 139.36$, $p < .0001$). Means and standard deviations are reported in Table 4. Tukey's test indicated significant mean differences between crisis and both hospice and family service agencies, with crisis respondents scoring highest on this frequency factor. The analysis of variance for Frequency Factor 2 identified means for type of agency as significantly different, $F(2) = 5.77$, $p< .0044$. Tukey's test indicated significant differences between hospice (highest mean) and both crisis agencies and family service (lowest mean) agencies. For Factor 3 type of agency, means were significant, $F(2) = 20.03$, $p < .0001$. Tukey's test indicated significant differences between means for all agency types, with the mean for crisis being significantly higher than the other two.

For analyses of variance utilizing Importance score data, Factor 1 analyses yielded significantly different means for type of agency, $F(2) = 5.49$, $p < .0061$. Tukey's test indicated significant

differences between means of hospice (higher mean) and family service (lowest mean) groups. The analysis of variance for Frequency Factor 2 indicated type of agency means to be significantly different, $F(2) = 52.17$, $p < .0001$. Tukey's test indicated significant differences between means of crisis (highest mean) and the two other agency groups. For Factor 3 type of agency, means also were significantly different, $F(2) = 22.00$, $p < .0001$. For this factor, Tukey's test indicated significant mean differences between all agency types, with the crisis group yielding the highest mean.

For analyses of variance utilizing combined weighted frequency and importance score data, the analyses for Factor l indicated that type of agency means were significantly different, $F(2) = 113.05$, $p < .0001$). Tukey's test indicated significant mean differences between crisis (highest mean) and both other agency types. The analyses of variance for Factor 2 did not yield significant differences for agency type. The analyses of variance for Factor 3 revealed significant mean differences for type of agency, $F(2) = 24.03$, $p < .0001$). Tukey's test revealed significant mean differences between family service agencies and both other agency types (crisis= highest mean; family service = lowest mean).

DISCUSSION

The main purpose of this study was to ascertain whether or not the work behaviors of volunteers fall into certain categories, and to identify those dimensions. This goal was accomplished, as was determining how the dimensions potentially differ as a function of agency type. 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, labeled issue interactions (e.g., "Communicate with clients regarding sexual abuse"), represents 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 abusers, children). Factor 2, labeled structured and administrative interactions (e.g., "Participate in case conferences"), represents tasks which are central to agency functions, 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, labeled communication-specific tasks (e.g., "Use 'active listening' skills"), represents interactions which are consistent across clients regardless of presenting issues, such as basic helping skills (e.g., listening, validating, reflecting).

Although these three factors emerged across the three data sets, type of rating (i.e., frequency, importance, combined) did affect the results somewhat. The issue-focused interaction factor accounted for the greatest amount of variance (yielded the highest eigenvalue) for overall frequency of performance and combined items. In contrast, the structured and administrative interactions factor accounted for the greatest variance in the importance factors. 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 seen as most important. The combined, or overall importance score, however, indicates that despite this discrepancy, issue-focused interactions are weighted overall as accounting for the greatest variance in terms of volunteer work behaviors in all three agency settings.

There also, however, were fairly consistent differences, in terms of frequency, importance, and combined ratings, in volunteers' work behaviors by setting. Based on the series of ANOVAs, volunteers in crisis agencies gave the highest ratings to items in the issue-focused and the communications factors. Hospice volunteers, in contrast, gave the highest ratings of both frequency and importance, to the structured and administrative factor items. 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 seem to parallel the nature of crisis and hospice agencies. Crisis work often involves clients needing immediate attention, and the work is 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.

To give some perspective of the "professional" level of the volunteers' work behaviors, results were compared with items and factors identified in a work behavior analysis of professional counselors (Loesch & Vacc, 1993). That study identified five factors characterizing the work of professional counselors: fundamental counseling practices (e.g., assess potential for client to harm self/others), professional practice (e.g., serve as liaison with other agencies), counseling for career development (e.g., evaluate client's occupational skills), counseling families (e.g., counsel clients concerning sexual abuse), and counseling groups (e.g., identify harmful group member behavior). 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 who work with volunteers and mental health service agencies, to be discussed below.

Limitations of the Study

Several limitations affected the study, and these 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 social service. agencies. Although these strata do represent diverse services within the overall realm of social 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 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, (i.e., the most active volunteers may be predominant respondents). In addition, volunteer workers' participation in the study was voluntary. It is unknown how their responses may have differed from those of non-volunteers.

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 or magnitude to which they were performed. 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."

SUMMARY AND IMPLICATIONS

The emergent factor structure of volunteer work behaviors poses many implications for social service which potentially could affect and enhance volunteer as well as overall agency services. If the findings of this study are to be integrated into current practice, it appears that training programs need to focus on three primary dimensions in training their volunteers: 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 social service professionals. Knowledge of the major dimensions of volunteer work behaviors could potentially set the stage for these professionals to develop 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 social service agencies is supervision of volunteers. Whereas some social service 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.

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TABLE 1. Factor Analysis with Varimax Rotation and Three Factor-Solution for Frequency Ratings with ≥ .5 Factor Loadings

Item Number	Item	Ratings		
		Factor[1]	Factor[2]	Factor[3]
1.	Interact with clients on short-term basis (6 sessions or less).			
2.	Interact with clients on long-term basis (more than 6 sessions).			
3.	Interact with client's significant others.			
4.	Interact with child clients.	.50		
5.	Interact with adolescent clients.	.54		
6.	Interact with adult clients.			.71
7.	Interact with older adult clients.			.52
8.	Interact with disabled clients.			
9.	Support clients in crisis.			
10.	Communicate with clients regarding substance abuse.	.91		
11.	Communicate with clients regarding personal change.	.73		
12.	Communicate with clients regarding physical or emotional abuse.	.88		
13.	Communicate with clients regarding personality/behavior change.	.78		
14.	Communicate with clients regarding sexual abuse.	.85		
15.	Use "active listening" skills.			.70
16.	Communicate with clients regarding human development.	.60		
17.	Inform clients about ethical or legal standards and practice.		.62	
18.	Clarify volunteer/client roles.			
19.	Discuss clients' moral/spiritual issues.		.61	
20.	Discuss problems and alternatives.	.67		.70
21.	Inform family of agency guidelines and goals.		.62	
22.	Support family conflict resolution strategies.	.59	.56	
23.	Communicate with clients regarding marital issues.	.79		
24.	Communicate with clients regarding human sexuality issues.	.86		
25.	Support marriage enrichment strategies.	.63		
26.	Support clients' development of decision-making skills.	.65		
27.	Explore issues with clients.	.75		
28.	Establish rapport with clients.			
29.	Recognize and verify client's agenda.			
30.	Use skills that facilitate the communication process.			.74
31.	Provide client autonomy throughout relationship.			.67
32.	Positively terminate relationships with clients.			
33.	Acknowledge and support efforts/achievements of clients.			.70
34.	Assist clients in becoming independent and self-directing.	.54		
35.	Prepare clients for termination.			
36.	Explore feelings.			.70
37.	Summarize progress relative to goals.	.61		
38.	Inform client of future availability of services.	.60		
39.	Describe ways of responding to extremes of behavior.	.64		
40.	Discuss significance of family history on family functioning.		.52	
41.	Discuss coping responses of families experiencing stress.		.56	
42.	Determine internal and external resources available to client.	.68		
43.	Recognize and use appropriate language and terminology.			.61
44.	Discuss how culture affects attitudes and behavior.			
45.	Discuss forms of prejudice and discrimination.		.51	
46.	Interpret client information in a cultural context.			
47.	Describe the effect of environment on client.			
48.	Identify and acknowledge difficulty in communication.			
49.	Explain rights and obligations of clients and volunteers.			
50.	Recognize clients' defenses.			
51.	Assist client in handling relapses.			

52.	Model healthful behavior.			
53.	Set boundaries with clients.			
54.	Gather relevant information to determine need for services.			.55
55.	Facilitate activities.		.66	
56.	Clarify expectations.			
57.	Provide emotional support.			.56
58.	Support the bereaved.		.52	
59.	Facilitate life review.		.59	
60.	Facilitate problem-solving.			
61.	Role model responsible behavior.	.54		
62.	Provide companionship.		.54	
63.	Provide crisis intervention.	.69		
64.	Review existing client data.			
65.	Assess potential for clients to harm self/others.	.68		
66.	Clarify clients' support systems.			.61
67.	Observe client behaviors.		.53	
68.	Assist with clients' evaluation of services.		.52	
69.	Self-evaluate effectiveness of services.		.52	
70.	Establish goals for services.		.53	
71.	Evaluate need for client referral.	.79		
72.	Evaluate clients' progress.		.55	
73.	Identify clients' interests.			.68
74.	Engage in needs assessment.			
75.	Establish goals and time limits.	.57		
76.	Identify concerns and establish priorities.			
77.	Adapt intervention to meet specific client need.			
78.	Obtain information by observing client or group.			
79.	Obtain information by interviewing or other interaction.			
80.	Seek information from related sources.		.60	
81.	Observe suicidal symptoms/risks.			
82.	Maintain records.			
83.	Determine resources available in the community.	.67		
84.	Facilitate developmental activities.		.70	
85.	Participate in case conferences.		.71	
86.	Participate in internal or external organization activities.			
87.	Participate in ongoing educational and skill training.			
88.	Review ethical standards.		.67	
89.	Read current organization literature.		.58	
90.	Act as an advocate for clients.		.53	
91.	Participate in team activities.			
92.	Keep current on social concerns/issues impacting clients.			
93.	Communicate verbal and written reports to co-workers and supervisors.			.67
94.	Assess impact of substance abuse on family and significant others.	.61		
95.	Provide physical assistance with daily tasks.		.63	
96.	Correspond orally with others to maintain communication.			
97.	Organize and analyze information.		.57	
98.	Obtain required authorization or signatures.			
99.	Communicate with client regarding family changes.			

[1]Frequency Factor 1 = Issue-focused Interactions
[2]Frequency Factor 2 = Structured and Administrative Interactions
[3]Frequency Factor 3 = Communication-Specific Tasks

TABLE 2. Factor Analysis with Varimax Rotation and Three Factor-Solution for Importance Ratings with ≥ .5 Factor Loadings

Item Number	Item	Ratings		
		Factor[1]	Factor[2]	Factor[3]
1.	Interact with clients on short-term basis (6 sessions or less).			.51
2.	Interact with clients on long-term basis (more than 6 sessions).	.51		
3.	Interact with client's significant others.	.52		
4.	Interact with child clients.			
5.	Interact with adolescent clients.		.57	
6.	Interact with adult clients.			.77
7.	Interact with older adult clients.			.75
8.	Interact with disabled clients.			.53
9.	Support clients in crisis.			.69
10.	Communicate with clients regarding substance abuse.		.84	
11.	Communicate with clients regarding personal change.		.66	
12.	Communicate with clients regarding physical or emotional abuse.		.86	
13.	Communicate with clients regarding personality/behavior change.		.78	
14.	Communicate with clients regarding sexual abuse.		.88	
15.	Use "active listening" skills.			
16.	Communicate with clients regarding human development.		.54	
17.	Inform clients about ethical or legal standards and practice.	.66		
18.	Clarify volunteer/client roles.	.70		
19.	Discuss clients' moral/spiritual issues.	.55		
20.	Discuss problems and alternatives.			.59
21.	Inform family of agency guidelines and goals.	.63		
22.	Support family conflict resolution strategies.			
23.	Communicate with clients regarding marital issues.		.77	
24.	Communicate with clients regarding human sexuality issues.		.83	
25.	Support marriage enrichment strategies.			
26.	Support clients' development of decision-making skills.		.60	
27.	Explore issues with clients.		.75	
28.	Establish rapport with clients.			
29.	Recognize and verify client's agenda.			
30.	Use skills that facilitate the communication process.			
31.	Provide client autonomy throughout relationship.			
32.	Positively terminate relationships with clients.			
33.	Acknowledge and support efforts/achievements of clients.			.50
34.	Assist clients in becoming independent and self-directing.		.61	
35.	Prepare clients for termination.	.54		
36.	Explore feelings.			.65
37.	Summarize progress relative to goals.		.56	
38.	Inform client of future availability of services.			
39.	Describe ways of responding to extremes of behavior.		.65	
40.	Discuss significance of family history on family functioning.	.53		
41.	Discuss coping responses of families experiencing stress.			
42.	Determine internal and external resources available to client.		.63	
43.	Recognize and use appropriate language and terminology.			
44.	Discuss how culture affects attitudes and behavior.	.59		
45.	Discuss forms of prejudice and discrimination.			
46.	Interpret client information in a cultural context.			
47.	Describe the effect of environment on client.	.58		
48.	Identify and acknowledge difficulty in communication.			
49.	Explain rights and obligations of clients and volunteers.	.70		
50.	Recognize clients' defenses.	.52		
51.	Assist client in handling relapses.			

52.	Model healthful behavior.	.50		
53.	Set boundaries with clients.			
54.	Gather relevant information to determine need for services.		.53	
55.	Facilitate activities.	.65		
56.	Clarify expectations.			
57.	Provide emotional support.			.65
58.	Support the bereaved.	.52		
59.	Facilitate life review.			
60.	Facilitate problem-solving.		.58	
61.	Role model responsible behavior.	.62		
62.	Provide companionship.	.57		
63.	Provide crisis intervention.		.72	
64.	Review existing client data.	.54		
65.	Assess potential for clients to harm self/others.		.78	
66.	Clarify clients' support systems.			.58
67.	Observe client behaviors.	.52		
68.	Assist with clients' evaluation of services.	.51		
69.	Self-evaluate effectiveness of services.	.62		
70.	Establish goals for services.	.59		
71.	Evaluate need for client referral.		.73	
72.	Evaluate clients' progress.	.63		
73.	Identify clients' interests.			
74.	Engage in needs assessment.	.56		
75.	Establish goals and time limits.		.57	
76.	Identify concerns and establish priorities.		.53	.50
77.	Adapt intervention to meet specific client need.			.56
78.	Obtain information by observing client or group.	.67		
79.	Obtain information by interviewing or other interaction.			.50
80.	Seek information from related sources.	.61		
81.	Observe suicidal symptoms/risks.		.66	
82.	Maintain records.			
83.	Determine resources available in the community.		.73	
84.	Facilitate developmental activities.	.60		
85.	Participate in case conferences.	.65		
86.	Participate in internal or external organization activities.	.72		
87.	Participate in ongoing educational and skill training.			
88.	Review ethical standards.	.71		
89.	Read current organization literature.	.73		
90.	Act as an advocate for clients.	.60		
91.	Participate in team activities.	.82		
92.	Keep current on social concerns/issues impacting clients.	.63		
93.	Communicate verbal and written reports to co-workers and supervisors.	.66		
94.	Assess impact of substance abuse on family and significant others.		.58	
95.	Provide physical assistance with daily tasks.	.62		
96.	Correspond orally with others to maintain communication.	.54		
97.	Organize and analyze information.	.61		
98.	Obtain required authorization or signatures.	.59		
99.	Communicate with client regarding family changes.			

[1]Frequency Factor 1 = Issue-focused Interactions
[2]Frequency Factor 2 = Structured and Administrative Interactions
[3]Frequency Factor 3 = Communication-Specific Tasks

TABLE 3. Factor Analysis with Varimax Rotation and Three Factor-Solution for Combined Ratings with ≥ .5 Factor Loadings

Item Number	Item	Ratings		
		Factor[1]	Factor[2]	Factor[3]
1.	Interact with clients on short-term basis (6 sessions or less).			.53
2.	Interact with clients on long-term basis (more than 6 sessions).			
3.	Interact with client's significant others.			.56
4.	Interact with child clients.	.68		
5.	Interact with adolescent clients.	.61		
6.	Interact with adult clients.			.66
7.	Interact with older adult clients.			.71
8.	Interact with disabled clients.			.50
9.	Support clients in crisis.	.53		.56
10.	Communicate with clients regarding substance abuse.	.92		
11.	Communicate with clients regarding personal change.	.73		
12.	Communicate with clients regarding physical or emotional abuse.	.93		
13.	Communicate with clients regarding personality/behavior change.	.76		
14.	Communicate with clients regarding sexual abuse.	.89		
15.	Use "active listening" skills.			.64
16.	Communicate with clients regarding human development.	.59		
17.	Inform clients about ethical or legal standards and practice.		.73	
18.	Clarify volunteer/client roles.		.53	
19.	Discuss clients' moral/spiritual issues.		.55	
20.	Discuss problems and alternatives.	.73		
21.	Inform family of agency guidelines and goals.		.63	
22.	Support family conflict resolution strategies.		.55	
23.	Communicate with clients regarding marital issues.	.81		
24.	Communicate with clients regarding human sexuality issues.	.88		
25.	Support marriage enrichment strategies.	.56		
26.	Support clients' development of decision-making skills.	.66		
27.	Explore issues with clients.	.66		
28.	Establish rapport with clients.			.68
29.	Recognize and verify client's agenda.			.55
30.	Use skills that facilitate the communication process.			.58
31.	Provide client autonomy throughout relationship.			
32.	Positively terminate relationships with clients.			
33.	Acknowledge and support efforts/achievements of clients.			.60
34.	Assist clients in becoming independent and self-directing.		.61	
35.	Prepare clients for termination.			.68
36.	Explore feelings.			
37.	Summarize progress relative to goals.	.52		
38.	Inform client of future availability of services.	.70		
39.	Describe ways of responding to extremes of behavior.	.72		
40.	Discuss significance of family history on family functioning.		.76	
41.	Discuss coping responses of families experiencing stress.		.55	
42.	Determine internal and external resources available to client.	.83		
43.	Recognize and use appropriate language and terminology.			
44.	Discuss how culture affects attitudes and behavior.			
45.	Discuss forms of prejudice and discrimination.		.64	
46.	Interpret client information in a cultural context.		.68	
47.	Describe the effect of environment on client.		.55	
48.	Identify and acknowledge difficulty in communication.			
49.	Explain rights and obligations of clients and volunteers.		.57	
50.	Recognize clients' defenses.			
51.	Assist client in handling relapses.			

52.	Model healthful behavior.			
53.	Set boundaries with clients.			
54.	Gather relevant information to determine need for services.	.52		
55.	Facilitate activities.		.72	
56.	Clarify expectations.		.59	
57.	Provide emotional support.			.73
58.	Support the bereaved.			.70
59.	Facilitate life review.			
60.	Facilitate problem-solving.	.66		
61.	Role model responsible behavior.		.55	
62.	Provide companionship.			
63.	Provide crisis intervention.	.75		
64.	Review existing client data.		.58	
65.	Assess potential for clients to harm self/others.	.81		
66.	Clarify clients' support systems.	.61		
67.	Observe client behaviors.		.63	
68.	Assist with clients' evaluation of services.		.58	
69.	Self-evaluate effectiveness of services.		.61	
70.	Establish goals for services.		.57	
71.	Evaluate need for client referral.	.90		
72.	Evaluate clients' progress.		.66	
73.	Identify clients' interests.		.52	
74.	Engage in needs assessment.		.54	
75.	Establish goals and time limits.		.51	
76.	Identify concerns and establish priorities.	.53		
77.	Adapt intervention to meet specific client need.			
78.	Obtain information by observing client or group.		.58	
79.	Obtain information by interviewing or other interaction.			.50
80.	Seek information from related sources.		.60	
81.	Observe suicidal symptoms/risks.	.63		
82.	Maintain records.			
83.	Determine resources available in the community.	.78		
84.	Facilitate developmental activities.		.67	
85.	Participate in case conferences.		.64	
86.	Participate in internal or external organization activities.	.72		
87.	Participate in ongoing educational and skill training.			.53
88.	Review ethical standards.		.65	
89.	Read current organization literature.		.60	
90.	Act as an advocate for clients.			.57
91.	Participate in team activities.		.57	
92.	Keep current on social concerns/issues impacting clients.		.54	
93.	Communicate verbal and written reports to co-workers and supervisors.			
94.	Assess impact of substance abuse on family and significant others.	.54		.56
95.	Provide physical assistance with daily tasks.			
96.	Correspond orally with others to maintain communication.			
97.	Organize and analyze information.		.69	
98.	Obtain required authorization or signatures.			
99.	Communicate with client regarding family changes.		.51	

[1]Frequency Factor 1 = Issue-focused Interactions
[2]Frequency Factor 2 = Structured and Administrative Interactions
[3]Frequency Factor 3 = Communication-Specific Tasks

TABLE 4. Means and Standard Deviations for Agency Types

	Crisis		Hospice		Family	
	M	(SD)	M	(SD)	M	(SD)
Frequency						
1	103.76	14.52	60.73	16.51	65.63	27.53
2	66.70	17.01	75.00	19.30	57.14	20.68
3	61.91	6.90	57.55	9.11	45.63	16.72
Importance						
1	125.33	32.34	138.16	25.61	105.17	29.92
2	105.98	11.40	75.55	17.69	76.50	30.68
3	58.12	6.53	53.97	7.70	42.25	16.18
Combined						
1	516.86	92.12	261.79	84.38	265.63	149.93
2	369.89	149.18	373.00	145.25	215.20	117.11
3	581.82	78.56	579.02	102.25	380.25	158.79