

Rapid Review Response – Voluntary Workers in AIDS Service Organizations (ASOs)

Question

What are the factors that motivate individuals to volunteer for administrative roles, prevention programs and/or “buddy” support roles at AIDS Service Organizations (ASOs) and what factors affect retention, burnout and dropout?

The Issue and Why It’s Important

Voluntary Workers play a key role in the HIV/AIDS service sector filling many gaps that exist in health, support, prevention and community services. In the early nineties, it was estimated that the use of volunteers reduced the health care costs for a person with AIDS from \$150,000 to \$40,000 per year (1;2), (Omoto & Snyder, 1990) costs that would otherwise fall on the person with HIV. As AIDS services have continued to sophisticate and formalize, volunteers are also contributing to administrative duties, sharing expertise with people with HIV (e.g. employment workshops) and offering prevention services such as outreach and community education (3).

Volunteer turnover leads to extensive recruitment and training costs for these organizations. *“Burnout among HIV/AIDS volunteers contributes to the loss of dedicated personnel resulting in strain on the HIV/AIDS care system.”*(1, p.724). In order to fully understand the factors that motivate people to volunteer in the HIV sector and how to best retain current volunteers, a Toronto-based ASO requested a review of the research literature to contextualize the findings from a satisfaction survey administered to their volunteers. While a large number of volunteers contribute to hospice and personal attendant care of people with HIV, these are not the roles filled at this agency and thus are not addressed in this review.

What We Found

We located 14 articles from North America and England that address motivations for volunteering at ASOs and investigating burnout, dropout, rewards and challenges among voluntary workers. We focused our search on literature from the post HAART era due to the radical shift that accompanied HAART’s introduction. All studies reviewed noted the vital role volunteers play in the HIV/AIDS service field and the importance of understanding motivations, emotional impact and longevity of service to maximize agency resources and to simultaneously fulfill the needs of organizations, volunteers and people with HIV.

“Individuals enter into a relationship with an ASO with certain needs, expectations and characteristics” (4). Research has documented a wide range of motivators to volunteer, but they were most succinctly summarized by Omoto & Snyder (1995) to include:

- General Values (e.g., “I enjoy helping other people”)
- Understanding (e.g., “I want to learn how to prevent the spread of HIV”)
- Personal Development (e.g., “I want to meet new people”)
- Community Concern (e.g., “I worry about my community”)
- and Esteem Enhancement (e.g. “I want to feel needed”) (5).

Other motivating factors include belief system-based values and sociopolitical values (4), experience with human suffering (6), a connection to the communities affected by HIV/AIDS (4), previous contact with a person living with HIV, a sense of altruism and influences from faith-communities (7). Influence from faith community was only identified as a key motivator in studies completed within Christian-faith-based organizations and their volunteers.

Motivation to volunteer appears to be affected by the type of agency one volunteers with (8) and by social location (9). Among a sample of African American prevention volunteers, community concern and a desire for understanding were found to be the strongest motivators and were the best predictor of their continued engagement in volunteer activities (9). A study completed with a faith-based South Carolina ASO found the prime motivating factor to be previous contact with a person with HIV (7).

A key, oft-cited study from the early 1990's found two key constructs that sustain volunteerism: satisfaction with the volunteer activities and integration into the organization (5). Motivations to continue volunteering have been found to also include an effective support system, the expression of faith, support from a faith community and coping with the death of a person with HIV with whom the volunteer worked (7). Again, faith surfaced as a key motivator only among Christian-specific studies and sample populations.

Factors that most often lead to dropout or burnout are the lack of feeling effective and organizational level challenges. Dissatisfaction with training leads to higher levels of burnout and satisfaction with support provided by the organization (emotional and functional) decreases burnout (1;10). One study noted:

“A successful retention strategy might benefit from continuous communication between volunteer and leader to ensure that the role is meeting current and emerging needs. This communication loop could be designed around both formal role reviews and informal discussions. To nurture the relationship and sustain its health, it seems fruitful to ensure that the organization is able to adapt to changing needs and at the same time provide individuals with feedback, relevant training or education, recognition, appreciation, meaning, and equity.”(4, p. 44)

It is vital that, at placement, organizations are clear about the volunteer's role and a discussion occurs around how such a role may or may not meet the volunteer's needs.

Different studies have approached different phenomena and their relationship to burnout. Claxton, et al, (1998) investigated emotional exhaustion and psychological distress (10). While emotional exhaustion may lead to burnout, it is also positively correlated with factors that increase feelings of effectiveness. For example, buddies who feel close to their partnered person with HIV often report higher levels of personal accomplishment and effectiveness while simultaneously showing higher levels of emotional exhaustion. Ross et al (1999) identified three key factors related to stress that lead to volunteer burnout: role ambiguity or problems relating to the client, emotional overload and organizational factors (1). The fourth

key factor noted by Ross et al is that of depersonalization intensity, or the process of “becoming more callous toward people” through the volunteering process (1). Organizations are encouraged to limit and reduce the stresses placed on volunteers, from initial engagement onward (1;11;12). Nesbitt et al, focused on grief and its relationship to burnout, grief associated with the passing of people with HIV and internalized grief associated with one’s own health (13). No significant relationship was found between grief and burnout but it is worth noting that higher levels of grief, which could be interpreted as emotional distress, were found among those who had volunteered longer and those who did not feel emotionally supported by organizations or personal support systems (13).

The benefits of volunteering are substantial. Hall has worked to identify a substantive theory of volunteerism among those infected or affected by HIV (6;14). Labeled ‘Bearing Witness to Suffering in AIDS’, this theory states that volunteering for ASOs can serve as a transformational act in which one’s own suffering is diminished through supporting others who are suffering. His qualitative investigations reported a “therapeutic effect and value in that it not only helped others but served to enrich their own lives as well” (6, p. 51).

Interestingly, studies show that the rewards of volunteering do not usually prevent dropout and burnout or increase satisfaction with volunteer experiences (Claxton; Maslanka). The only reward that was documented to decrease burnout was a sense of efficacy in the volunteer role. (Maslanka, Bennett, Ferrari) “It appears that efforts to produce a happier volunteer should be directed towards the volunteer work that individuals do rather than towards the volunteer’s needs.” (Maslanka)

Effective management of volunteers has been advocated by Chateaufort in Quebec, who created a practical volunteer management guide, *Guide du Benevolat*, which explicates volunteer recruitment, selection, training, definition of roles, elements of motivation recognition, follow-up, assessment, job description, responsibilities and duties, and the role of salaried employees (15). A study assessing the value of the *Guide du Benevolat* found that post-implementation there was a 216% increase in volunteer hours and a 64% increase in clients served using only 12% more volunteers than pre-implementation (15). In addition to clarifying roles and offering institutional supports, time-limited volunteer contracts are advocated over open-ended, long-term volunteering.

Key Take-Home Messages

- Motivation to volunteer for an ASO can be potentially attributed to many diverse factors and can be different based on the types of services offered by the agency and by identity factors such as race/ethnicity, cultural tradition, gender, sexual orientation and spirituality. Some key motivating factors include a general sense of altruism, a desire to better understand the epidemic, personal development, concern for the community and, sometimes, faith-based values.
- Key to retaining effective volunteers is the organization’s ability to recognize and understand the needs of their volunteers. Particularly salient are the need to feel effective and the need to be engaged with the agency and consulted in decision making.
- Burnout and dropout are often traced back to ineffective/insufficient training, ambiguity in role, emotional stress and organizational level factors such as lack of support.

- Paying particular attention to the stresses placed on a volunteer is advocated in numerous studies, from the initial engagement through placement to termination.

Factors that May Affect Local Applicability

The studies reviewed here present a number of limitations. Perhaps most significant is the limitation of simplifying concepts in the interest of studying them. "...[A] more important implication of these findings is that nomothetic measures are simply too crude to elucidate the complex psychological processes that are associated with a complex outcome like burnout" (10, p. 189). Additionally, seven of the studies included were completed in the Southern region of the United States, representing a distinct cultural community. Four of these seven studies were specific to Christian-faith-based ASO's. With the exception of the study by Reeder et al. (2001), which focused on African American volunteers, White respondents were vastly overrepresented. As the field continues to see primarily gay male and heterosexual female volunteers, these are the most represented groups among these papers.

Finally, while volunteer roles were not always explicit, a majority of these studies seemed to focus on volunteer 'buddies' who provide practical assistance and casual support to people with HIV, although two also included advocacy volunteer roles (8;16) and one was specific to prevention volunteers (9). Volunteers offering administrative support or services may or may not follow similar patterns as those raised in this review.

What We Did

We searched Medline and Embase for published research about voluntary workers in the HIV/AIDS sector. We searched both databases from 1988-2009 (week 34) using MeSH terms in the following combination: (HIV OR Acquired Immunodeficiency Syndrome) AND Voluntary Workers. The search provided 138 potentially relevant articles, which we screened for relevance and then scanned the reference lists of relevant articles that we identified. In addition, we performed a Related Articles search in PubMed using three key articles (4;5;16) that we found to be most relevant.

Reference List

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