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**CHARACTERISTICS AND EXPERIENCES OF VOLUNTEERS
IN A PSYCHIATRIC HOSPITAL SETTING:
A QUALITATIVE CASE ANALYSIS**

A Thesis presented in partial fulfillment of
the requirements for the degree of
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ABSTRACT

The primary aim of the present research was to describe the characteristics and experiences of all of the volunteers in a psychiatric hospital setting. A second aim was to relate the findings to current theories and evidence on volunteers. A third aim was to explore practical implications of the findings from an organisational perspective.

A qualitative case approach was adopted which used an interview schedule formulated for the present research to address general issues of motivation, expectation, satisfaction, and involvement. Specific questions concerned volunteers' initial expectations, reasons for volunteering, what the volunteers actually do, good and bad experiences, changes in perceptions of volunteering, difficulties and how coped with, perceived need for help, support, and training, extent of involvement, and, reasons and intent to continue. In addition, the 'Perceived Rewards from Volunteering Scale' (Gidron, 1983) was used to provide a quantitative measure of job satisfaction. Information about respondents' gender, age, ethnic background, marital status and dependent children, socioeconomic status, religion, residence, regular commitments, other volunteer work, and time spent as a volunteer was also recorded.

The group consisted of 34 middle to late middle aged women, who were church based, and resident in a small rural community. Analysis of the results were made for the group as a whole but predominantly at the case level, using techniques of pattern matching and explanation building as described by Yin (1984).

The case approach makes difficult a satisfactory summary of the main findings, however, notable results included a sociodemographic profile of the present volunteers not atypical of the general population, that volunteers rated that they were satisfied with their work, similar good and bad experiences by all volunteers, different perceived roles of their work by individual volunteers, and evidence of volunteer participation as a changing phenomenon.

The utility of the present approach supports both the integrative model of Smith & Reddy (1972) and the need for further development of theories within an integrative framework. A number of practical implications were drawn, particularly concerning the need for training and information, monitoring the progress of volunteers, and for general hospital policy in the recruitment and utilisation of volunteers. Suggestions for future research were also made.

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CHAPTER 1

INTRODUCTION

The services offered by volunteers have always been a vital human resource. Despite this however, the literature concerning most aspects of volunteer participation has a short history. Recently, more attention has been paid to this literature because of an increased recognition and reliance on volunteers, without whom many social services would be greatly reduced or become unavailable altogether. The importance of this area has prompted an interest in information and policy formulation as evidenced by a growing number of publications, including several commissioned inquiries (eg. Social Advisory Council, 1987). The current literature available however, is characterised by a number of deficiencies: insufficient information particularly with regard to aspects of the volunteer experience; lack of integrated theory and 'rich' data; and, little applied research.

The aim of the present study is to describe the personal characteristics (sociodemographic factors, time spent as a volunteer, other commitments, and relevant experience) and experiences (eg. expectations, reasons for volunteering, what the volunteers actually do, good and bad experiences, changes in their perceptions of volunteering, perceived rewards and overall satisfaction, difficulties faced and how they are coped with, perceived need for help, support, and training, extent of involvement, reasons and intent to continue) of a specific volunteer group within a psychiatric hospital setting. There are two secondary aims. First, to examine the findings of the present research in view of how they fit with the current literature and the theoretical implications this may have. Second, to make explicit any practical considerations, mainly for the present situation of the volunteer group and their future management.

The current state of the literature is that there is generally insufficient information, and this is particularly with regard to the actual experiences of volunteers. Limited reference is made however, to a number of pertinent factors (motivation, expectation, satisfaction) which influence volunteer

participation. A smaller body of literature brings attention to these factors in relation to the volunteer work one does (eg. Dailey, 1986).

Although personal characteristics (especially sociodemographic factors) of volunteers are the most frequently documented area of the research this has focused on the problem of predicting volunteer participation (Smith & Reddy, 1972). Little is known however about the effects of these individual characteristics on the actual experiences of volunteers which would seem to be just as pertinent in terms of recruitment, selection, and identifying needs of volunteer groups.

Thus while research on volunteers has examined the effects of isolated factors or sets of factors on volunteer participation there is insufficient empirical evidence which considers an integrative approach. Smith & Reddy (1972) appear to be the only authors to emphasise an integrative model which considers the combined effects of: (1) personal factors; (2) contextual factors; and (3) the immediate volunteer situation. The present research is therefore noteworthy in that it does take an integrative view, considering interrelationships between volunteers' personal characteristics, their attitudes, feelings, and experiences, and the context of the situation (ie. the psychiatric hospital setting) in which they volunteer.

The lack of integration of all aspects of volunteering is also reflected by the research designs that have been used. Data collection has been focused solely at the group or nomothetic level, with few, if any, studies attempting to examine volunteering using naturalistic research designs and case studies. A strength of the present study is therefore its use of an individual case study approach which enables both common patterns and themes across cases, as well as exceptional examples, to be identified in the present volunteer group (Yin, 1985).

In conjunction with the traditional research approach taken in the literature, studies have concentrated on collecting quantitative data, even though there are difficulties with standardising the definition and measurement of aspects of volunteer participation. There is consequently a lack of rich descriptive data typical of qualitative research. With an emphasis on qualitative information the present descriptive approach captures the richness and

complexity of the subjective data which is the very essence of the overall volunteer experience (Miles & Huberman, 1985). Similar valuable insight would not be possible if the data were essentially quantitative.

A further deficiency in the existing literature is the lack of applied research. A number of recent authors (eg. Social Advisory Council, 1987; Vilkinas, 1986) point out the current necessity to conduct research for practical reasons. Since the majority of available studies neglect to examine the whole range of factors on the overall volunteer experience and to incorporate the organisational context in which they occur, there are consequently limitations on what practical implications can be drawn. For example, there are no complete case studies of particular types of volunteer groups or organisations (eg. hospital volunteers) that could enable specific practical recommendations regarding issues such as recruitment, job scope, training requirements, and general hospital policy. A further advantage of the present research therefore is the ability to make practical recommendations which can be directly and specifically applied to the situation of the volunteers at the present psychiatric hospital.

The introduction for the present thesis comprises this and the proceeding three chapters. Chapter 2 presents a definitional and contextual framework for the concept of volunteer. Chapters 3 and 4 review the two areas of research for which an integrative approach is taken in the present study. Thus Chapter 3 reviews the literature concerning personal characteristics of volunteers and Chapter 4 examines the literature on aspects of the volunteer experience including the volunteer-organisation relationship. Chapter 5 sets the present study in the context of current research in the volunteer area and outlines the specific aims of the present study. The method, including a background description of the present volunteer group sample, the research design, and analytical procedure are presented in Chapter 6. Chapters 7 and 8 present the results and discussion of group data and case data respectively. A concluding summary of the findings and discussion of the implications of the present research, including suggestions for future studies, is given in Chapter 9.

CHAPTER 2

THE VOLUNTEER CONCEPT

The aim of this chapter is to present a conceptual framework for the present study. This will be done by reviewing the literature in defining the central concept of volunteer and the broader notion of voluntary action, and with regard to a changing social and historical context.

Defining what is a volunteer.

A number of definitions of 'volunteer' have been proposed in the literature, all of which are characterised by one essential component: non remuneration. The most concise and widely accepted definition is found in the comprehensive review of Smith, Reddy & Baldwin (1972). On designating an individual as a volunteer, he or she is defined "broadly as a person engaging in voluntary action with little or no direct economic benefit being received as a result of this activity" (p.172).

Apart from the recognition of non-remuneration other definitions in the literature vary in terms of specificity. Some, such as Ellis & Noyes (1978), include components not universally accepted as essential to the concept of volunteer (eg. social responsibility, altruism), while others differentiate subcategories of volunteers (eg. Skeet & Crout (1977) classify 'visitors', 'prepared volunteers', and, 'trained volunteers'). The latter type of definition seems particularly relevant to undertaking research. Obviously with the diversity of roles or tasks a volunteer may engage in it is necessary to make at least some divisions which will enable systematic study, and more direct application of research findings.

Expanding on the definition of Smith et al. (1972), the Working Party on the discussion paper Working with Volunteers in Government Departments (Social Advisory Council, 1987) in New Zealand, offer a definition which is of immediate concern to the present study. This definition states that a volunteer is "a person who by choice provides a community or social service. Volunteers may receive expenses directly related to the service they provide

but do not receive remuneration. The volunteer usually provides his or her services through an identifiable scheme rather than through family or neighbourly arrangements" (p.2).

It is noteworthy that the Social Advisory Council (1987) divide their definition into two forms of volunteering - those providing a 'community service' (activities which are of value to the wider community and which are outside the personal support area) and those providing a 'social service' (which refers to personal caring areas of work that have a direct impact on the individual or family unit). The provision of a 'community service' is usually "based on the concept of mutuality in which the volunteer and the department provide a service of mutual value" (p.5). Here the volunteer is the recipient or a member of the recipient group as well as the provider of the service (eg. Search and Rescue). In contrast, the provision of a 'social service' is usually "based on the concept of altruism in which the volunteer is used by a department to provide a service to others" (p.5). In this case the individual may be part of a client group but this is not the key to involvement, rather the essential aspect is that of benefitting others (eg. hospital visiting). On this criterion the volunteers in the present research can therefore be differentiated as those providing a social service in that they befriend long term mentally ill patients who have no other family or social support networks. The nature of their task inevitably has different implications for involvement than those providing a community service.

The Social Advisory Council (1987) also identify four sub-categories of volunteers relevant to working within government departments. These are 'direct' volunteers who carry out department-defined and controlled tasks; 'indirect' volunteers who work within a voluntary agency assisting a government department to carry out its responsibilities; 'statutory' volunteers who carry out administrative tasks for government departments, and; 'independent' volunteers who carry out community-defined tasks for a voluntary agency which may relate to a departmental service such as health, welfare, or education. Accordingly, the services provided by the individuals in the present research places them in the category of 'independent' volunteers.

Aside from more detailed formal definitions used to discriminate the wide range of volunteer personnel it is surprising to find that very little attention has been paid to operational definitions in the literature. Few authors actually report specifically the tasks that the volunteers actually do, in their studies, whether the sample is drawn from a single organisation, or perhaps more importantly, when comparing samples from different organisations. It is noteworthy however, that even before the bulk of research on volunteering, the Aves Committee (Aves, 1969) stressed the importance for the participants in their study to produce specific definitions of their volunteer task. In support of this it would be thought that the value of the volunteers' own description of their work needs to be recognised in relation to their overall experience. For example, how much congruence is there between individual volunteers' and 'employing' organisations definitions, and how does this affect perceptions of what is required of the volunteers? On this basis, specific accounts of the actual tasks fulfilled by volunteers will be obtained by the present research.

The Concept of Voluntary Action.

The definition of 'volunteer' given by Smith et al. (1972) views the individual engaging in 'voluntary action' for which no remuneration is received. Voluntary action then, is the general concept which subsumes all research on volunteers and from which theoretical perspectives are emergent. A lack of consensus in defining the boundaries of 'voluntary action' coupled with the use of multifarious terminology contributed by more than one discipline however, reflects the state of the current literature in the area. At present no unified theory (or theories) exist which explain the processes, functioning, and impacts of the various forms of voluntary action.

The generally uncritical acceptance of a number of definitions in the literature (Bode, 1972), and thereby a diversity of groups or organisations meeting these definitions (Warner, 1972) has resulted in numerous studies being cited which illustrate the poorly standardised nature of voluntary action research (Amis & Stern, 1974). Inevitably, for the sake of future research it does seem necessary that a conventional definition, or set of definitions, will have to be accepted, particularly in order to standardise measurement techniques in the area.

For the purposes of the present study, the definition of voluntary action given by Smith et al. (1972) was adopted for two reasons: it is certainly the most comprehensive, and it is frequently used in more recent publications (eg. Brenton, 1985; Mellor, 1985; Smith, 1986; Vilkinas, 1986). The definition has a motivational basis and in summary states that voluntary action is defined as including "all behaviour (whether individual or collective) that is primarily a product of commitment to values other than sheer, direct economic benefit, self-preservation, physical force, physiological need, and psychic or social compulsion. Voluntary action may involve helping others, helping oneself, or both. In any event voluntary action tends to include all of those activities which most serve to give meaning and satisfaction to life from the standpoint of the individual" (Smith et al., 1972, pp.171-172).

Pertinent to this broad definition are three considerations. Firstly, that Smith et al. (1972) identify four major heuristic categories of motivational behaviour in man: bio-social; socio-political; economic; and that which is "essentially motivated by the desire for other kinds of psychic benefits of one kind or another" (Smith et al., 1972). Of these four, only the last refers to man as a 'voluntary being'. Smith et al. (1972) identify the relationship between this view and Maslow's (1954) classification of motivation in terms of the hierarchy of needs, arguing that the more basic needs in the hierarchy have to be satisfied before the individual is motivated by higher level needs. Voluntary action is seen as relating to the higher level needs - cognitions and self-actualisation.

A second consideration regarding Smith et al.'s (1972) definition is that voluntary action exists as a matter of degree. The authors contend that although actual behaviour of real individuals has a complex motivational pattern which varies greatly over time and across situational contexts this does not diminish the necessity for having a reasonably clear and operationalisable definition of voluntary action as an ideal type. Essentially though, voluntary action is viewed on a continuum. In this sense the volunteer, in terms of being non-remunerated, is conceptualised as a polar-ideal or as engaging in the 'purest' form of voluntary action.

Thirdly, Smith et al. (1972) acknowledge both individual and group components in their definition which is no doubt a reflection of a contribution from both psychological and sociological spheres. Unlike many other definitions in the literature the emphasis on the individual is foremost for Smith et al. (1972) who impress that "the nature of the term 'voluntary' makes sense directly and concretely only when referring to the behaviour of individuals" (p.173). In conjunction with this however, Smith et al. (1972) see the most important forms of voluntary action as collective. Further, these authors identify and define various levels of voluntary action (voluntary acts, voluntary roles, voluntary groups, voluntary organisations (formal and informal), voluntary community, voluntary sector, and voluntary society) primarily in terms of "the relative amount of activity engaged in by their members" (Smith et al., 1972; p.173).

All three of these considerations endorse the preference of the Smith et al. (1972) definition for the present study: (1) that motivation to volunteer can stem from a number of higher level needs, (2) that volunteering is differentiated from voluntary action (which is clearly not the case in other definitions) and, (3) that individual level analysis is necessary toward understanding whole group processes. When compared and contrasted with other definitions the issue is generally one of emphasis. For example, other authors define voluntary action only at a social systems level (Landsberger, 1972) and including an organised system for change (Theodore, 1972), or emphasise altruistic (Baker & Northman, 1981; Warriner, 1972) and leisure components (Bosserman & Gagan, 1972; Henderson, 1984).

For Smith et al. (1972) a social systems approach is not feasible without first examining motivations and benefits for the individual. In line with the bulk of current literature Smith et al. (1972) tend to see altruistic behaviour not as a crucial defining element but a variable of considerable interest once voluntary action has been defined. As for the emphasis on leisure, Smith et al. (1972) accept that voluntary action overlaps with a concept of leisure but cannot accept that there is a direct correspondence to all forms of voluntary action. Nevertheless, because Smith et al. (1972) do acknowledge the contribution of all of these variables then this causes their definition probably the most universally accepted.

From a critical viewpoint the major strengths of the Smith et al. (1972) definition can also be perceived as its major weaknesses. Through the ability to accommodate, to differing degrees, almost all of the components thought possible as pertaining to voluntary action by other definitions, it is inevitable that Smith et al.'s (1972) definition would be the most universally accepted. One could argue then, that Smith et al. (1972) do nothing but conglomerate existing definitional literature, which in a sense is true. However, it is also to be regarded as an important step toward developing any cohesive theory. Moreover, the generality of Smith et al.'s (1972) definition is also complemented by their specificity in differentiating different levels (eg. individual, group, organisation) and forms (ie. 'volunteer' as the purest form) of voluntary action.

A different definitional approach to voluntary action is found in a number of typologies including those reviewed by Bode (1972), Brenton (1985), Johnson (1981), Mellor (1985), Smith (1972a), and Warner (1972). Suggested characteristics or dimensions include, for example: sociability; productivity; formality; relationship of the association to individual interests; nature of the link to community or societal structure; closeness of the association to an institution; inducement to participate; coercive power; time span and activity commitment; social change; and, goals and aims (Amis & Stern, 1974; Bode, 1972; Smith et al., 1972; Warner, 1972). It is important however, to note that the majority of these typologies more specifically refer to voluntary action at an organisational level. Many of the dimensions are continua in terms of which voluntary organisations vary and therefore differentiates them into sub-types, while others qualify as defining characteristics, which differentiate voluntary organisations from other kinds of organisations.

The relative strength of the Smith et al. (1972) typology however, which is in line with these authors' earlier definition, is that it ventures to identify a limited number of dimensions from which voluntary action can be described or analysed at any, or across all, levels. Subsequently, six dimensions are identified ((1) control-separateness, (2) motivation-compliance, (3) social structuring, (4) time and activity dimensions, (5) goals and aims, and (6) economic inputs and outputs) which are further broken down into twenty one sub-dimensions. The importance of these dimensions is that they indicate a

number of important similarities and differences that stand out most among types of volunteer activity at the various levels of voluntary action. The present research is concerned with these dimensions on individual and social group volunteer levels. At this level the six dimensions translate loosely into:

- (1) aspects of the volunteer setting (eg. nature of the task, effects of the social and physical environment);
- (2) nature of motivation and impact on volunteer involvement;
- (3) social structuring, ie. degree of normative structure, (informal, formal, organised) and degree of sociability, (physical presence of other individuals);
- (4) time and activity dimensions (length of commitment, frequency of the volunteer activity, and intensity (demands of the volunteer situation));
- (5) goals and aims of the volunteer activity (eg. individual, group and institutional goals, and the degree to which goals focus on objective task accomplishment versus satisfaction, enjoyment, self expression, and interpersonal relations); and,
- (6) economic inputs and outputs (ie. in terms of individual volunteers), all of which provide a useful background frame-work for the present research questions.

The Volunteer within a Changing Social and Historical Context.

Apart from defining 'volunteer' and understanding the general framework of 'voluntary action' research, it is important to realise that the whole conceptual area is not a static one. Indeed, this is emphasised by the bulk of the literature in this area which suggests that the profile of the volunteer in society has certainly changed and is currently changing (Baker & Northman, 1981; Bode, 1972; Brenton, 1985; Jenner, 1982; Langton, 1981; Manser & Higgins-Cass, 1976; Mellor, 1985; Schindler-Rainman, 1982). Moreover, the fact that volunteering is in an interesting transitional state at this point in time brings about the need to be aware of the contributing contextual factors and the possible implications for current research.

Firstly, some authors (eg. Baker & Northman, 1981) emphasise changes in population and demographic characteristics which have implications both in

terms of the people who are available to volunteer and the types of problems they may be attempting to ameliorate in the future. The Report of the Wolfenden Committee (Wolfenden, 1978) makes reference to the rising proportion of the population in the older age bracket and the changing pattern of relationships between family, friends and neighbours, and the impending implications these have for the voluntary social services. Several authors give the example that the contemporary emphasis on self, coupled with the variety of social forces encouraging women to seek employment has generated the concern that upper middle-class women, who have long been a mainstay of the volunteer workforce will be increasingly less available (Edwards, Edwards & Watts, 1984; Jenner, 1982; Rubin, 1982). The Wolfenden Committee (Wolfenden, 1978) suggest that the availability of more young unemployed people for volunteer work is also an important consideration. They also make the point that although the growing number of organisations is strong evidence of increasing voluntary activity, it is less clear whether the actual number of people involved has been rising. In addition to the obvious changes in the demographic area, Baker & Northman (1981) list economic changes, technological innovations, and educational changes as major components responsible for new directions in the voluntary sector. These however, are beyond the scope of the present review.

The other fundamental area of change has been the specific developments made within the voluntary sector, including its role and its general relationship to other social sectors in meeting the demands of society. While some of the more traditional ideas, such as a means of fostering pluralism, providing vehicles for altruism, maintaining order and stability, encouraging opportunities for individual fulfillment and serving social and fellowship needs, are retained by the so-called 'new voluntarism' while others, such as a philanthropic ideal, the nature of giving and helping, and the domination by professionals of voluntary organisations as managers and professional helpers, are being questioned (Langton, 1981).

Subsequently as a result of 'new voluntarism' a number of changes have been identified. The most obvious of these seems to be increased autonomy, with volunteers' taking increased responsibility in decision-making processes and in the setting and implementing their own goals and policies (Baker &

Northman, 1981; Langton, 1981; Mellor, 1985; Parkum, 1984; Wolfenden, 1978). Such changes are essentially a response to the increased reliance (economic or otherwise) on volunteers to provide much needed social services in a situation where governmental agencies are taking on a more supportive role. Baker & Northman (1981) summarise these changing values simply in terms of increased social emphasis on deinstitutionalisation, citizen participation, and the blurring of professional roles, while Mellor (1985) considers the volunteers' contribution more in terms of extending the scope of existing provision, improving standards of statutory provision, and offering services where nothing is available through the state. Whatever the case, it is important to see that the scope of the voluntary sector is widening.

Contingent on the volatile state of this whole voluntary action area then, arise practical implications which need to be considered by research. Schindler-Rainman (1982) identifies two fundamental areas: recruitment of volunteers, and how and where certain volunteers may serve within a group or organisation (assuming the wider range of roles for volunteers including direct help, decision making, community liaison and monitoring).

As a consequence of changing population and demographic trends there is a need to continually monitor sociodemographic factors in relation to volunteering. In particular, one needs to be concerned with what types of people volunteer and the role sociodemographic factors play in the volunteer experience. In response to this need the distribution of sociodemographic factors within the present volunteer group is a central focus of this study.

Further as a result of social change affecting the voluntary sector it is necessary to be aware of possible consequences for existing groups. For instance, in the present research there may be implications for the most effective ways of utilising volunteer effort when considering the current emphasis on deinstitutionalisation and the transfer of patients out into the community. A clear indication of the role of the present volunteers (eg. including their expectations and extent of involvement) as sought by the present research questions, therefore, is a necessary step in considering these issues.

Furthermore, in terms of the present research, the volunteers, in befriending a patient within the constraints of a psychiatric hospital setting have been fulfilling a traditional volunteer role which is very much defined by the institution they visit. With the current emphasis on deinstitutionalisation and the transfer of patients out into the community however, there are implications for change, particularly towards the most effective ways of utilizing volunteer effort.

Summary.

Voluntary action is a theoretical term which embraces a range of roles and activities and is currently represented by a number of typologies. As a sub-category, the activities of volunteers are considered to be the polar ideal or the purest form of voluntary action in that they receive no remuneration for their work. The present research examines a group of volunteers who by definition, offer their services in the capacity of friendship to chronically mentally ill patients at a psychiatric hospital.

CHAPTER 3

PERSONAL CHARACTERISTICS OF VOLUNTEERS

The aim of this chapter is to review the literature on personal characteristics of volunteers to provide a background for the present study. In the voluntary action literature the question of what types of people become volunteers is frequently asked for both theoretical and practical reasons. In response to this question there is an abundance of research which examines sociodemographic factors, and a considerably smaller amount of data concerned personality factors.

Sociodemographic Factors.

Following in the tradition of past research, sociodemographic factors have a main focus in the present study, although this emphasis is not meant to imply that other factors are intrinsically less important. Rather, sociodemographic factors are highlighted for a number of reasons, not least because they are most often the more easily measurable characteristics of people who are able to volunteer.

More importantly, the description of volunteers according to these characteristics has a number of important practical implications. The ability to identify prospective volunteers in segments of the general population for instance, has implications for recruitment; (eg. likely individuals to contact or direct publicity towards, or as an indicator of potential resources in a community). Thus currently the focus on sociodemographics in the literature is on correlates as predicting volunteer participation. Once volunteers are recruited however, the composition of a volunteer group (eg. age education level) also has practical implications, for instance, in influencing both the type of training needed, if any, and the way in which volunteers may otherwise be incorporated into an organisation.

The extensive array of sociodemographic studies in the literature cannot be reviewed comprehensively in the present thesis, though, mention will be made

of all of the characteristics for which documentation has been found. Particular focus will be directed to the review of those sociodemographics directly relevant to the present research (gender, age, ethnicity, religion, marital status (including record of dependent children), residence, education, and own and partner's occupation). There are two reasons for choosing these particular characteristics. First, that research and emergent theoretical notions suggest they play an important, although as yet, not entirely clear role in determining volunteer participation. Second, that for the present research some factors are already pertinent to the sample (ie. a church based womens' group in a rural community) and this brings about several implications (eg. definition of the group) which will be addressed by the present thesis.

For the sake of clarity, the present review will first address each sociodemographic factor separately and in order of the apparent frequency of documentation in the literature. While some of the research cited are results of single factor studies, others use more comprehensive multivariate techniques and theory based analysis. The latter two approaches will be discussed in more detail after the description of individual sociodemographic factors, followed by discussion of issues of measurement and design.

Socioeconomic Status (SES). In the literature factors which indicate socioeconomic status have the most often documented and consistent positive correlation with volunteering (Lemon, Palisi & Jacobson, 1972; McPherson & Lockwood, 1980; Payne, Payne & Reddy, 1972; Tomeh, 1973). In particular, amount of income has been positively related to volunteering with this relationship generally being explained by greater access to volunteering by higher SES groups. Specifically, this greater access is seen as the exclusiveness or 'unspoken' selection criteria to join volunteer groups, and the availability of time and money (eg. a greater proportion of non-working wives in higher SES groups), as well as the additional 'status' elements volunteering may be seen to give (ie. of some individuals being seen to be doing good), (Payne et al., 1972; Schram & Dunsing, 1981). McPherson (1981) made the point also that high status persons tend to join greater numbers of volunteer organisations and to remain in them longer. McPherson (1980) claims that this phenomenon may contribute to disproportionate (in terms of

actual numbers of higher status persons involved) socioeconomic status differences.

Apart from the obvious connection with level of income, an individual's occupation is considered to be positively correlated with volunteering in other ways. Payne et al. (1972) proposed that there is a positive relationship between certain types of occupation (eg. social and helping and other volunteer-related professions) and volunteering. A plausible explanation given by these same authors is that the notion of social expectation and the provision of occupational and professional development opportunities encourages such people to volunteer. Whatever the case, one's occupation clearly has practical implications (eg. training, information, expertise, management) for volunteering. For this reason particularly, individuals' occupations were included in the present research.

The consistent positive correlation with SES and volunteering is also contributed to by the inclusion, more often than not, of education as an index of SES. (eg. Lemon et al., 1972). In light of likely important practical implications of education for volunteering (eg. training) independent from those of income and occupation, and the fact that educational qualifications or achievements do not always match SES, the present research will consider it as a separate category.

Education. Independent of or together with other SES. variables, one's level of education appears to be correlated with volunteering (Lemon et al., 1972). Payne et al. (1972) reported a strong correlation between higher levels of education and more extensive and intensive involvement in voluntary activities. Similarly, type of voluntary work was also correlated with educational achievement, with more complex tasks positively related to higher educational levels. Schram & Dunsing (1981) however, indicated the importance of educational level in terms of participation but not the extent of participation.

Overall, the chief explanation seems to be that those with greater educational abilities are either motivated or steered into positions of responsibility (eg. organising, liaising with organisations) because of their skills, including the ability to understand goals, more likely familiarity with

organisational operations and, greater self and social confidence (Payne et al., 1972). From practical and structural points of view an indication of the distribution of educational levels (as in the present research) would therefore seem an important part in studying both individuals and groups of volunteers.

Age. A second major sociodemographic feature which has received considerable attention in the literature on volunteer participation is age, relating particularly to an individual's stage in the life cycle. The literature reports however, some inconsistencies in the relationship between age and volunteering which may be due to a number of contributing factors. Some reviews (Lemon et al., 1972; Palisi & Palisi, 1984; Payne et al., 1972) indicate that a high proportion of studies have found greater numbers of middle-aged (35-55 years) people as volunteers, while a review by Tomeh (1972) found a positive linear relationship between age and volunteering. A number of other authors (Edwards & White, 1980; McPherson & Lockwood, 1980; Palisi & Palisi, 1984) maintain that when controls for other sociodemographic variables are used there is no consensus in the relationship between age and volunteering. Payne et al. (1972) also draw attention to the effects of population trends, especially the increasing number of voluntary organisations concerned with and participated in by the aged, reflecting in part the greater numbers, and a greater proportion of older and retired persons in the population.

What does seem especially important however, is that age seems to play more than just a chronological role with the findings in literature being more explicable in terms of life stages. Two relationships with age are seen as being particularly relevant by the literature. These are age and the type of voluntary organisation joined (Cutler, 1980; Jenner, 1983; Lemon et al., 1972; Payne et al., 1972; Schram & Dunsing, 1981), and age in relation to patterns of volunteer group membership (Edwards & White, 1980; McPherson & Lockwood, 1980). For example, an individual's age and stage in the life cycle is likely to determine whether one is inclined to volunteer as a member of a parents' group or school committee as opposed to a senior citizens' friendship group.

Similarly patterns of membership are likely to vary within the life cycle. McPherson & Lockwood (1980) identified one such pattern whereby older

persons are less likely to join new groups but also less likely to drop existing memberships. Edwards & White (1980) suggest a pattern of older persons subjective assessment of their health in relation to their age and continuing to volunteer. In addition, ones extent of involvement as a volunteer in relation to age has also been considered (Lemon et al., 1972; Schram & Dunsing, 1981) although no real conclusions as yet have been reached.

The important implications for current research, in terms of volunteers' age then, would seem to be to examine the distribution of ages within the group.

Gender. Often studied together with age and marital status, gender, as a variable has regularly been associated with volunteering. Edwards et al. (1984) and Tomeh (1973) review the literature in terms of differences in female and male sex roles and voluntary participation, notably the modes of participation in which the sexes take part. Results tend to indicate that the types of organisations joined by women differ, particularly toward more expressive and service orientations (except it appears, for women working full time and with higher occupational statuses who engage in more instrumental activities). In accordance with this service orientation, Payne et al., (1972) noted that women belonged to more religious or "do-goodism" organisations. Similarly McPherson & Smith-Lovin (1982) and Edwards et al. (1984) found differences between men and women in terms of the size of voluntary organisation they belonged to irrespective of their work status, age, education or marital status. Women were found to be located in peripheral organisations which are smaller and more focused on domestic and community affairs. Consequently although men and women shared the same number of memberships on average, dramatic differences in the sizes and types of the organisations belonged to saw men exposed to many more potential contacts and other resources than women volunteers (McPherson & Smith-Lovin, 1982).

Payne et al. (1972) point out that membership to some voluntary organisations is actually restricted by gender (eg. womens' groups such as Catholic Womens' League, Country Womens' Institute, League of Mothers, Zonta, and mens' groups such as Lions, Jaycees, and Rotary) with the mens'

groups tending to have more instrumental (eg. status) qualities in addition to any possible service orientation.

Further, other publications have also drawn attention to sex roles and possible underlying motivation to join certain types of voluntary organisations. With the changing trends in the status of women, particularly changing patterns in the workforce, a number of authors have viewed voluntary participation by some women as a stepping stone to paid employment in a range of occupational spheres (Dabrowski, 1984; Jenner, 1981, 1983; Rubin, 1982; Schram & Dunsing, 1981). For example, in an extension of her earlier study, Jenner's (1983) research supported her proposition that women change the role they assign to volunteer work according to their situation and needs. Consequently, when volunteer work was assigned primary, supplemental or career-instrumental roles it became apparent that women's participation was more a function of life stage than any other background characteristics. Thus in Jenner's (1983) study respondents made changes in the type of volunteer organisation they belonged to and subsequently to employment status, with this occurring significantly in the 30-40 age group.

Also in relation to gender, other studies have found a higher participation of men than women in voluntary organisations overall. The data of McPherson & Lockwood (1980) showed a trend of less participation by women, yet their measure of net change in voluntary membership by woman showed no difference, suggesting that women are more stable in their memberships than men, both adding fewer and dropping fewer affiliations. One criticism of this finding however, was that it was not checked whether this might be due to the characteristics of the organisations to which either sex tend to belong. In a further study however, Palisi & Palisi (1984) demonstrated that women were likely to have less affiliations than men, but were usually more active in their groups than males who were members.

Earlier studies have nevertheless raised the issue that the higher proportion of males in volunteering work could be due to other social and population factors including cultural variation and sex roles, as well as the types of voluntary organisation that have been predominantly chosen for study. Recent research by Christiansen-Ruffman (1985) also supports these

explanations and challenges a methodological sex-bias toward studying larger, and thus tending to be male dominated, organisations in the literature.

Overall then, the literature indicates that there is some complexity in the relationship of gender to voluntary participation. It does seem relatively clear however, that for whatever reason, there is some difference between male and female dominance of certain types of voluntary organisations. The present research examines a volunteer group composed of, although not specifically designated for, women. It is necessary then, for this phenomenon to be borne in mind in terms of all other characteristics (eg. sociodemographics, motivation, perceived role, extent of involvement, status within the institution they visit) that are examined in the present research.

Marital Status. Several authors have reported that married people are more likely to join voluntary organisations and to participate in them more (Lemon et al., 1972; Palisi & Palisi, 1984; Payne et al., 1972; Schram & Dunsing, 1981). However, with current increases in rates of separation and divorce for example, it is possible that earlier trends may be changing (Schram & Dunsing, 1981). Consequently a relationship between marital status and voluntary participation is not particularly clear although it is possible that financial support and more flexible time commitment could contribute to married women volunteering more.

Focusing specifically on married women, Schram & Dunsing (1981) conducted a multivariate study to determine participation in voluntary work. Results showed that overall, a married woman (in a homemaker role), was more likely to volunteer if she was: (1) highly educated; (2) younger; (3) lived in her present home for a longer period of time; (4) was more satisfied with her marriage; and, (5) had not lived in the community for all of her life. The results also suggested that variables influencing the extent of participation may not influence participation in voluntary work. Education and husband's attitude toward volunteering were variables that influenced participation but not extent of participation. Younger age was the most important factor in terms of extent of participation.

In relation to married womens' participation in voluntary work Payne et al. (1972) reported that the more children one has the greater the likelihood of

participation. Whether or not the ages of children (in terms of dependency) is significant has not been examined. Clearly, this is an area which requires further research.

In summary, although marital status is a potentially important factor in relation to volunteer participation the relationship needs to be explored further, particularly in light of changing sociodemographic trends.

Residence. In voluntary participation the relationship of both duration and location of residence has been studied with conflicting results (eg. Tomeh, 1973). In general, a relationship does seem to exist between length of residence in an area, with a pattern that people become more stable in their membership of voluntary organisations after a period of adjustment following a move. Length of residence is also correlated to changes in number of voluntary organisation memberships in that, while shorter residence implies fewer memberships, it also produces a higher rate of adding memberships (McPherson & Lockwood, 1980). Length of residence however, can also imply a greater likelihood of home ownership, which could confound this variable with other socioeconomic factors (Payne et al., 1972).

For the relationship between location of residence and voluntary participation Lemon et al. (1972) found that rates of affiliation were greater for urban over rural dwellers, although the size of the urban area seemed to be a contributing factor. Conversely, McPherson & Lockwood (1980) found that rural dwellers had higher membership rates. It could be expected however, that at least part of the reason for these inconsistent results would be the actual number of organisations available to join in the respective areas with some rural and urban areas having greater or lesser opportunities.

A multivariate study conducted by Palisi & Palisi (1984) over five metropolitan areas in Western countries (including Sydney, Australia) revealed some common patterns across countries (positive correlations between volunteering and education and no correlation with length of household residence) but also revealed some important variations in terms of residential area (age, type of residence, original country of birth, community in which one was raised and lived longest). Interpretation of these results

however, is difficult as findings could also be due to differences between respondents in each city (eg. the way in which status variables such as home ownership and type of residence are viewed by residents in different areas). Such studies then also illustrate the need for caution in generalising results and the need for local research. Further the study by Palisi & Palisi (1984) used an all male sample which places further limitations on the generalisability of these findings overall.

In terms of the present study, the fact that residence is a pertinent sociodemographic factor (in that subjects from a rural community volunteer their services to a psychiatric hospital also located in a rural setting) has important implications for the sample and demonstrates the necessity to document local examples.

Religion. An area of likely importance is the relationship between volunteering and religious affiliation. Only a few reviews (Lemon et al., 1972; Payne et al., 1972; Tomeh, 1973) however, have considered religion as a participatory factor even though church based groups probably account for the highest number of voluntary memberships. Payne et al. (1972) proposed that this neglect is probably due to difficulties in definition of where to draw the line between purely church affiliation and church related voluntary groups. In terms of religious preference however, the American study by Lemon et al. (1972) found that when social status variables were held constant, Protestants are more likely joiners to voluntary organisations than Catholics. Most other studies reviewed however, have failed to control for extraneous variables associated with religion (Payne et al., 1972; Tomeh, 1973) and religion has tended to be a factor ignored by more recent multivariate research.

Owing to the paucity of research concerning the relationship between religion and volunteering, Smith (1980) raised the important practical implication that religious institutions have not been able to utilise voluntary action research knowledge despite their high dependence on voluntary activities by their adherents. Similarly, the consequence for the voluntary action research has been that although churches and religious bodies are likely the most successful type of voluntary association in terms of total fund raising and contributions per capita from members, little is known

about the dynamics of these groups. That the present research is concerned with a church based voluntary group therefore has implications for other variables (eg. motivation) studied.

Other Sociodemographic Factors. Some additional background factors not already discussed in this thesis have been mentioned in previous studies. In particular, racial and cultural factors need to be considered in terms of a possible relationship with voluntary participation. Unfortunately however, race and culture as factors in voluntary participation have not been well researched in the literature. Payne et al. (1972) and Tomeh (1973) reported that the available data is inconsistent and fails to control for other variables such as socioeconomic status. It has been suggested however, that cultural and racial differences in voluntary participation exist in the type of voluntary organisation belonged to (eg. voluntary church groups). Thomson & Armer (1980) and Davis (1982) view any possible racial and cultural differences in terms of incongruence with the needs of people.

As additional sociodemographic factors Payne et al. (1972) suggest categories of formal organisational affiliations and roles (under which they include religion as well as occupational, political, and school affiliation), interpersonal roles and experiences (including "significant other" influences and informal relations with parents, neighbours, friends from various contexts, relatives, spouse, children, etc.). Edwards & White (1980) also include social-type interactions (number of friends, how often friends and relatives are contacted) as what they term "informal measures" in their study. Generally however, these factors have received very little attention in the literature and consequently the relationship with voluntary participation is not clear.

Lastly, Payne et al. (1972) hypothesise "other social relationships and quasi-solitary activities" (p.208), as being important in terms of voluntary participation. Inclusive in this category, mass media exposure has been examined and found to be significantly related to the number of formal voluntary organisation relationships an individual has (Payne et al., 1972).

Personality Factors.

Although not the focus of the present research, it is important to be aware that a small proportion of the literature on volunteers examines personality and trait factors. In terms of these factors the relevance of explaining what types of people are led to volunteer is directed more at selection processes than the issues of recruitment, training and retention (Mahoney & Pechura, 1980) addressed by the present research. Substantive reviews of the personality research are available elsewhere (Allen & Rushton, 1983; Mahoney & Pechura, 1980; Reddy & Smith, 1972), however the authors caution that most of the studies reported need to be put to a more vigorously sound test. Generally the literature identifies a number of traits synonymous with an 'altruistic personality' (Allen & Rushton, 1983; Mahoney & Pechura, 1980) but not mutually exclusive of self oriented motivations. Criticism is directed at a lack of detailed analysis, representativeness of the samples used (mainly taken from volunteers in student populations), and other confounding variables (eg. demand characteristics, at what stage in the volunteer process measures were taken, some volunteers having already gone through a selection process).

Methodological Issues.

Design. In considering the literature on voluntary participation and the relationship with sociodemographics one needs to be aware of the methodological designs used by the research. The reported studies are almost without exception based on survey data using a cross-sectional rather than longitudinal design (McPherson & Lockwood, 1980; Palisi & Palisi, 1984; Payne et al., 1972; Schram & Dunsing, 1981; Smith & Reddy, 1972). Although some sociodemographic variables clearly only require a cross-sectional or single measurement approach (eg. gender, ethnicity), there are limitations with using this approach with variables that would benefit from being studied over time and in the same individual (eg. age and patterns of volunteer work). McPherson & Lockwood (1980) cite a few early studies using longitudinal analysis but these are criticised on their choice of sample (only one volunteer organisation was used) and lack of multivariate

techniques. In the literature available to the present thesis, McPherson & Lockwood (1980) are the only authors to use a longitudinal design.

The other design feature which is of considerable importance is the choice of sample. Payne et al. (1972) note that most studies have used standard sampling procedures but that few studies have exceeded 1000 subjects. Samples may also be taken within voluntary organisations or across a number of organisations. Data from the latter may therefore be confounded by differences within the organisations themselves (unless the research is comparative), while samples taken from a single voluntary organisation have limitations with generalisation. Unfortunately many studies fail to specify the type or types of voluntary organisations from which their sample was drawn.

Measurement. The measurement of voluntary participation and the relationship with sociodemographic factors raises two pertinent methodological issues. Firstly, there is the difficulty in measuring actual voluntary participation and activities assumed to be voluntary work. In their review, Schram & Dunsing (1981) reported studies which varied on both of these counts. In terms of participation, the most common method of measurement appears to be an individual's number of volunteer memberships, although measures including participation over the past year, amount of hours spent in voluntary work on an average week, and Likert scales of amount of participation were also used. Schram & Dunsing (1981) remarked that none of the studies found actually compared measurement techniques, so consequently there are obvious implications for validity and reliability in comparing the results of these different measurement techniques. Further, the literature on the measurement of voluntary participation seems further complicated by different results pertaining to voluntary participation and extent of voluntary participation (eg. Schram & Dunsing, 1981). Encompassing all of these issues, the measurement of activities assumed to be voluntary work is complicated by definitional problems.

The second major measurement issue in terms of the relationship between voluntary participation and sociodemographics is the measurement of the sociodemographic factors themselves. While some sociodemographic factors are easily measured as discrete data points (eg. gender, age, religious

affiliation), other (eg. socioeconomic status, educational achievements and qualifications) are much more complex and require more detailed analysis. Consequently, standardisation of measurement techniques is also a problem when trying to compare studies.

Finally, in the measurement of sociodemographic factors in the volunteer Payne et al. (1972) emphasised the necessity for information on these same characteristics in the non-joiner, especially where correlates of membership are relatively high and consistent. As yet, comparative studies of this nature are virtually non-existent.

Analysis. It is noteworthy that there are inconsistencies in the literature which examines the relationship between sociodemographic factors and voluntary participation, and in part these inconsistencies may be due to the way in which the factors are studied. In particular, the findings of the single factor studies may vary with research using multivariate techniques, where a number of factors are looked at simultaneously as they occur in the individual. In the former, individual factors can be pulled out and otherwise distorted when there is no contextual framework in which to view the individual. Without a theoretical understanding from which to work however, the multivariate studies themselves can be problematic. Edwards & White (1980) for example, criticised their own study in that the sociodemographic factors measured had been arbitrarily categorised into sets for analysis, and additionally, the sample they used were similar in age and status due to the particular organisations they belonged to, hence contributing to a negligible amount of overall variance.

A step further in the research then, are multivariate studies, especially those which are analysed in terms of an apparent theoretical basis or research model. This is demonstrated by McPherson & Lockwood (1980) who proposed that apart from the multivariate analysis of social variables in voluntary participation there is a corollary need for information about 'the opportunity structure for voluntary association membership as well as the necessity to disentangle the effects of the opportunity structure from the possible reasons that predispose groups of individuals to seek out membership' (p.81). McPherson (1981) then proposed a dynamic model of voluntary affiliation which he claimed could interpret differences in affiliation which have been

reported in the literature. In his analysis it was implied that the system of voluntary organisation participation does not operate to the advantage of all individuals and/or organisations. In testing this model McPherson (1981) demonstrated empirical support from the literature concerning social class differences which supported a bias toward high status individuals participating in voluntary organisations.

Lemon et al. (1972) outline a different model for voluntary participation based on a principle of relativity: that the occurrence of various sociodemographic factors among individuals in a voluntary organisation will be dependent upon the dominant (in terms of social status) values of society (ie. white, male, middle class), or otherwise dependent upon the participants defined by the particular voluntary group (eg. Catholic Womens' League). Further it was proposed that the total number of dominant 'statuses' is a better predictor of participation overall. In testing this hypothesis, Lemon et al. (1972) found results were generally supportive, while failure to support hypotheses regarding some status variables (eg. gender, religion) were attributed to the student population sample they used.

In another model, Schram & Dunsing (1981) proposed that participation in voluntary work is influenced by those socioeconomic and social psychological variables that are indicative of the human capital returns associated with volunteering. The framework of volunteer participation was thus examined in relation to its associated costs (mainly time) and returns. Returns were viewed in terms of human capital investments which are those activities that influence future monetary and psychic income by increasing resources in people (ie. they improve skills, knowledge or health of individuals). The authors gave the specific example of the role of women who need to find human capital investments which will increase their productivity, for example, on job training, information about jobs and community, training in health and child care, organisatory skills, and satisfactions leading to improved health. The assumption was that women allocate their time to volunteer work so that the return is proportional to the cost of time spent and equal to other returns and costs. In their study testing this hypothesis the findings evidenced that human capital returns are associated with volunteering and are influential in the volunteering choice.

Overall, in terms of the relationship between sociodemographics and voluntary participation there is clearly a methodological concern regarding the way in which data has been analysed. It has been suggested (eg. McPherson, 1981) that the move toward dynamic formulations and detailed descriptions in the area of voluntary participation research is necessary, if the literature is to progress beyond its current state.

Summary.

The research concerned with participation in voluntary work is plentiful, particularly involving the relationship with sociodemographics, however, there is considerable variation with the consistency of some factors that have been studied in the literature. Despite a number of methodological issues these personal characteristics (eg. age, religion, education) are important indicators, both in a theoretical and practical sense, of people who volunteer.

The approach used in the present research is regarded as complementary to the multivariate and theoretical or model-based studies in the literature. In the present research the emphasis is on describing the sociodemographic characteristics of individuals both at a (group) nomothetic level using simple statistical description and at the (individual) case study level. While the studies reported in the literature all focus on sociodemographic factors as correlates and as predictors of volunteer participation, the present study is concerned with describing the sociodemographic features of the present sample and importantly, the role these factors play in the broader context of the volunteers' actual experiences. Practical implications for the nature of the group will also be discussed.

CHAPTER 4

THE VOLUNTEER EXPERIENCE

The aim of this chapter is to review the available research concerning attitudinal determinants of volunteering and the experiences of volunteers in the actual work setting. Compared with the vast amount of studies which look at types of people who volunteer, there are a considerably smaller number of studies which focus on the attitudes, feelings, and experiences of individuals in volunteer work. For the purpose of clarity and the intended direction of the present research, the literature reviewed is divided under the subheadings: motivation; expectations; satisfaction; and, involvement.

A general review in the area of attitude determinants is given by Mulford & Klanglan (1972) who claim that individuals' general and specific attitudes toward voluntary organisations often predict volunteer participation better than some sociodemographic and personality variables. General attitudes are thought to "apply across a broad range of voluntary action settings and related social situations; and they are distinguished from specific attitudes concerning and centering on a particular formal voluntary organisation" (p.264). Mulford & Klanglan (1972) report that the correlations between both types of attitudes and participation are highly consistent and range between .4 to .6. Positive correlations with voluntary participation have been found for obligation to participate, the perception of the instrumental value of voluntary organisations, formal group preference, a service orientation to leisure time, and friendly relations with people in the organisations. A weak relationship has also been demonstrated with favourable attitudes toward participation in voluntary organisations held by significant others.

In terms of specific attitudes, the research reviewed by Mulford & Klanglan (1972) indicates that obligation and commitment to the specific organisation, perceived efficacy of the organisation to achieve goals, attractiveness of the organisation, as well as outside significant other support, personal fit, friendly relations, and influence by others to join a specific formal voluntary organisation are all positively related to affiliation.

An integral part of the attitude research are individuals' motivation, expectations, and satisfaction. Along with general and specific attitudes regarding volunteer involvement, these factors need to be considered in the context of the volunteer setting, and involvement in volunteering. While different authors have placed different emphasis on the relative importance of each of the above factors (although most often studied independently), it seems more essential to have a general indication of their combined effect. Vilkinas (1986) supports this view in her comprehensive set of recommendations for the utilisation of volunteers, while Dailey (1986) goes further in bringing together both the literature on individual attitudinal differences and the characteristics of the volunteer job with the outcome measure of an individual's "organisational commitment" (p.19). Similarly, Weinir (1980) refers to an individual's "identification" (p.45) with a voluntary organisation in the same manner.

Whether the current research studies both individual and organisational aspects of volunteer participation and the relationship between them, or just single factors, there are nevertheless, practical implications for the recruitment, training, retention and management of volunteers. Clearly the long term consequences are those of effectiveness and efficiency in the utilisation of volunteer effort. A more comprehensive data base such as that provided by case studies however, is needed, so that the conclusions drawn can contribute to a sound empirical base. The current state of the literature however, has meant that the measurement of efficiency and effectiveness has tended to be highly subjective with the research focusing on what is 'effective' on several dimensions (Smith, 1986).

A number of studies in the literature examine effectiveness and efficiency on in terms of outcomes for clients (Carlson, Vito & Parks, 1980; Cook & Scioli, 1976; Du Villier, Holmes & Witten, 1985; Fagan, 1986; Parkum, 1985; Scioli & Cook, 1976), while only a few examine internal aspects (ie. qualities of an organisation) and the situation for volunteers (Pearce, 1980; Schindler-Rainman, 1981; Smith, 1986). A more complete perspective is that of Gamm & Kassab (1983) who view both dimensions as contributing to the productivity of volunteer programmes and draws attention to both qualitative and quantitative data in assessing inputs, outputs, administrative structure of the volunteer programme effectiveness.

Although it is essential to be aware of the problems faced and the variety of response to the evaluation of effectiveness and efficiency in the literature, their actual measurement is not the focus of the present research. Rather, as already stated, the scope of the present research is to consider the more immediate implications for the actual experiences, feelings, and attitudes of the volunteers, both as individuals and collectively as a group. Through examining motivations, expectations, satisfaction, and aspects of involvement however, there are obvious implications for the long term goals of effectiveness and efficiency be it in terms of volunteers, clients, and/or the whole organisation. Due to the current state of the literature each of these aspects will be discussed individually, including methodological issues.

Motivation.

An individuals' motivation to volunteer has been accounted as one of the most important factors when considering volunteers' relationships to an organisation or group (Miller, 1985; Pearce, 1983; Phillips, 1982; Smith, 1981; Social Advisory Council, 1987; Vilkinas, 1986; Wiehe & Isenhour, 1977). These authors emphasise that success of a programme using volunteers is very much dependent upon the programme's professional staff clearly understanding and supporting the motivations which lead people to volunteer.

Central to this understanding it must be recognised that individuals are motivated to volunteer for a number of different reasons. Wiehe & Isenhour (1977) conducted a survey of 490 individuals contacting a volunteer recruitment centre and asked the participants to identify their motivation for wanting to become volunteers. Results showed that motivational categories were rated by personal satisfaction, self-improvement, altruism, and demands from the outside as the order of importance. The study was an important one in that Weihe & Isenhour (1977) developed a 16-item Likert scale-type questionnaire to reflect major motivational categories. Only a 51% response rate was achieved however, and a number of possible demand characteristics in the style of questioning were not controlled for. In some respects, the categories from which respondents chose could be criticised as being limited and superficial.

A later study by Miller (1985) surveyed volunteers from social service agencies to test the hypothesis that some people are motivated to satisfy needs that are not satisfied through their other activities. Results suggest that some people, especially those with an internal loci of control, volunteer in order to obtain satisfactions not received from their regular employment while for others, motivation is in other areas such as enjoyment and personal interest.

In their Discussion Paper, the Social Advisory Council (1987) mention several points raised by volunteers in their workshops which give an indication of the range of responses as to why people become motivated to volunteer. Most frequent of these were: to meet people and make friends, family circumstances, an interest in the group's involvement, an expectation that is "born in people", personal growth (although maybe not in initial motivation), and, considered 'repayment' by those individuals' receiving social welfare benefits.

Phillips (1982) summarises all motivations for volunteering under either of two main categories: those which he sees as basically altruistic (eg. desire for involvement in 'in' activities, concern for others, opportunity for emotional association with others, service focus); and those which are essentially motivated by self-interest (eg. learning, self-actualisation, increased status). The relationship between these altruistic and egoistic aspects is made in terms of Phillips' (1982) application of social exchange theory: that all interactions are based on exchange of costs and rewards and these generally have to be balanced if the volunteer effort is to be sustained.

The wide variation in the types and categorisation of responses to the motivational aspects of volunteering as illustrated by these studies has led to criticism of the methodology used. The research is survey based and generally open-ended questions are asked (Weihe & Isenhour (1977) are an exception). Smith (1981) goes so far as to say that the literature consists of "simplistic, unsophisticated, and methodologically inadequate studies relying on only one or a few questions about the responses for, or motivation for volunteering (and) tend to find altruistic responses given" (p.25). Other authors (eg. Gamm & Kassab, 1983) argue that open-ended

questioning better reflects the individual nature of people's reason for volunteering and leaves the researcher more open to examine the complexity of the concept of motivation itself. One could conclude that because the literature is in the early exploratory stages and that no methodologically sound device for measurement of volunteer motivation seems to have been developed, then the use of open-ended questioning is a necessary preliminary in developing the area for research. In this respect the present study is concerned with asking individuals open-ended questions regarding why they chose to volunteer and this will be examined in the context of their overall experiences in volunteering.

In addition to the variation in motivational response, most authors also acknowledge that motivation does not remain static, but rather it may change over time and with varying situations. Quite obviously the first reasons why an individual becomes involved in a volunteer activity or role may be different from why he or she chooses to continue. Despite this, no substantial research seems to exist which systematically examines this issue, although Phillips (1982) notes that different 'stages' of motivation may be identifiable. It could be speculated that there are a range of influences of the types of experiences the volunteer has as incentives or disincentives to continue. For instance, satisfying and rewarding aspects, the volunteer's perception of him or herself in the context of an organisation, the ways in which negative experiences are dealt with, recognition given, and the sorts of goals and aims the volunteer has, could all affect an individual's motivation toward volunteering. Consequently, it would seem important for research not only to assess an individual's initial motivation to volunteer, but to be aware of possible motivational changes as the volunteering progresses. The present study emphasises this in seeking indications of change through questions which address changes in feelings, and reasons for continuing as a volunteer.

Expectation.

In close association with an individual's motivations to participate in volunteer work are the set of expectations he or she may have for the task or role which is undertaken. Although there is limited research in this area it is generally thought (Hargreaves, 1980; McAdam & Gies, 1985; Phillips,

1982; Vilkinas, 1986) that the more congruent the reality of the volunteer's experiences are with his or her initial expectations the greater the likelihood of a continuing and successful commitment. This assumption also holds true for the expectations that the organisation or group holds regarding the volunteers themselves, as McAdam & Gies (1985) state "expectations are one key component of the glue which holds an organisation together" (p.77). Undoubtedly then, if the expectations of both parties congruent and are effectively communicated then the quality of the individual-organisation relationship in terms of understanding and meeting each others needs must be improved.

Hargreaves (1980) emphasised the practical aspect in the need to arouse realistic expectations on both sides (ie. volunteer and organisation) before the commencement of any voluntary work. Therefore it is a necessary requirement that any organisation or agency receiving volunteers is clear on exactly what they want the volunteers to do.

For the individual, Phillips (1982) sees a cost-reward relationship in volunteering as modified particularly by the degree to which volunteers' expectations are met, not just in the initial stages but for the entire time spent as a volunteer. Regardless of the actual outcome, Phillips (1982) considers that expectations are an important dynamic in any organisation-volunteer relationship.

The absence of any formal policy on the hospital's expectations for volunteers makes an impracticable organisational perspective for the present study, however, individuals are asked to recall their initial expectations for volunteering and these will be matched with individuals operational definitions of what they actually do.

Satisfaction.

Central to a volunteer's organisational commitment there is the satisfaction- more often referred to as the 'satisfaction of needs' (Smith et al., 1972)- derived from volunteering. In line with previous definitions (refer Chapter 2) volunteer work is perceived as an exchange between the volunteer and his or her work situation whereby time and effort are exchanged for

satisfactions and psychic rewards to the individual (Qureshi, Davies, & Challis, 1979). It would be thought then that this emphasis on satisfaction would be reflected by a well documented pool of research findings, but unfortunately this is not the case. Some reliance has been placed on the wealth of literature on satisfaction in the paid workforce, but as Gidron (1983) points out, there are likely dangers in generalising such findings to a volunteer population. Further, the common perception of volunteer work creates methodological problems when studying volunteers. Gidron (1983) states that the usual bias against viewing volunteer work as a satisfying endeavour can cause volunteers to hesitate to discuss their true feelings freely and openly, and as a consequence the methodology used in studies of satisfaction from paid work may not be appropriate.

There is also the opinion that the satisfaction gained from voluntary work is not necessarily the same as in paid employment (Miller, 1985). Gidron (1983) notes that rewards for voluntary work are not uniformly expected (as contrasted with regular monetary reward in paid employment), but consistent with other reported descriptive volunteer studies he maintains a similarity to paid work in that if rewards are not received on a fairly regular basis, then it is unlikely that the work will be sustained.

Apart from this suggestion that volunteers should be satisfied in their job in order to persevere with it, little systematic knowledge existed of what actually constitutes job satisfaction from volunteer work until Gidron's (1983) study. From his analysis of the descriptive volunteer research and using Herzberg's theory from the literature on job satisfaction in paid work, Gidron (1983) makes the important distinction between content and context factors as contributing to job satisfaction for volunteers. Content factors relate to the actual work performed (eg. the relationship with client(s)/patient(s) in social service agencies, doing worthwhile work, use of abilities and skills, recognition) while context factors are those related to the work situation (eg. relationships with other volunteers, supervision, help from professional staff). According to Herzberg's Dual Factor theory, job satisfaction is seen as the fulfillment of higher level needs or 'motivators' (ie. intrinsic job components) and is a unipolar variable separate and distinct from sources of job dissatisfaction ('hygiene factors' relating to extrinsic job components). Gidron (1983) is critical of the insufficient explanation of this

relationship between sources of job satisfaction and dissatisfaction given by Herzberg's theory as well as his apparent neglect of the interaction of other independent variables (age, gender, occupational level). Gidron's (1983) own study therefore focuses only on the structure and sources of job satisfaction and uses aspects of Herzberg's theory (primarily the distinction between content and context factors) only to the extent of a framework for interpretation of results.

The subjects in Gidron's (1983) study were 67 volunteers from a range of volunteer agencies. Each participant was required to complete a 12-item questionnaire rating various work situation factors, with an additional measure of overall job satisfaction. A stepwise multiple regression analysis on the results showed that four work factors: work itself, and achievement (these are job content factors); convenience, and absence of stress (job context factors), were positively correlated (explaining 42% of the variance) with overall job satisfaction. The net effect of the other eight work situation factors (family support, professionals perceived attitude to volunteers, social acceptance of volunteers, client relationship, recognition, relationships with other volunteers, and, instrumental and expressive dimensions of supervision) was negligible.

Volunteers in Gidron's (1983) study thus found their work satisfying when they were able to perceive it as challenging, making use of their skills and knowledge, allowing independence, and requiring responsibility; as well as when their client showed progress, their job was convenient with regard to time and location, and if there were no perceived hassles (eg. within the organisation) in their workplace.

According to Gidron (1983) these results emphasise the personal individualistic aspects of work (relationship of the volunteer to his or her task) is similar to job satisfaction found in paid work. However, differences are also found which suggest job satisfaction takes on a somewhat different structure from that of paid workers, including emphasis on the conditions which enable a volunteer to perform their task in addition to the content factors. Gidron (1983) suggests that this is due to the limited time an individual may have to devote to volunteer work such that they do not want to waste time on activities not directly concerned with the major task.

Subsequently, these differences in results emphasise the need for further research into the sources of job satisfaction for volunteers and independent of the paid workforce.

Having given serious consideration, and owing to the fact that Gidron (1983) appears to be the only author to devise a measure sufficient for evaluating job satisfaction in volunteers, the 'Perceived Rewards from Volunteering Scale' (Gidron, 1983) was used as a measure in the present study. The utility that the scale has for the present research centres on the comprehensive range of theory-based component measures as well as an overall measure of satisfaction. Further, the 'Perceived Rewards from Volunteering Scale' provides a formal measure which complements the proposed schedule of open ended questions, particularly when satisfaction would seem to be an integral part of volunteers' overall experiences. The main disadvantage is that Gidron's (1983) scale appears not to be standardised to many volunteer populations, however, the exploratory nature of the use of the device in the present research takes this into consideration.

Finally, additional to the satisfaction literature, a number of other studies (Cutler, 1982; Miller, 1985; Monk & Cryns, 1974; Williams, 1986) have examined the act of volunteering in relation to measures of overall life satisfaction. While significant positive relationships between volunteering and overall life satisfaction have been found, some writers query the sensitivity of the data, for example, to variations across the life cycle and particularly within old age (Cutler, 1982). An examination of overall life satisfaction is beyond the scope of the present research, however, this is clearly an area needing future investigation.

Involvement.

For the present thesis the category of volunteer involvement broadly defines a range of issues in the literature concerning the individual's relationship with the volunteer group or organisation and/or the institution to which the volunteers offer their services.

Compared with the wealth of literature on paid staff-organisational relationships it is disappointing to find that there is very little attention paid to the parallel case of volunteers. Gamm & Kassab (1983) emphasise this very point in recognising that a "human services volunteer is less a pure volunteer than a gratuitous employee" (p.23). In fact, the relative importance of this idea to volunteers working in an organisation is such that while bad work environments may be tolerated by employees providing remuneration is sufficient, or if there are no better jobs elsewhere, volunteers have more freedom to come and go as they please. Thus when one considers the wide range of choice of workplace coupled with the current demand for voluntary labour, then it must be that the unprepared organisation suffers in the long term.

Schindler-Rainman (1981) and Smith (1986) also emphasise the importance of the volunteer-organisational relationship when they identify aspects of the interaction as being central to the internal functioning and long term effectiveness of a voluntary organisation. It is noteworthy that Smith (1986), in comparing a total of 96 organisations which were grouped either as 'average' or 'outstanding' by independent raters or judges, distinguished the ability of organisations to mobilise volunteer memberships and to generate positive attitudes among volunteers toward the organisation, its goals, and activities as the principal characteristics of the outstanding organisations. Smith (1986) summarised these results in terms of an individual's organisational commitment.

Subsumed under the category of volunteer involvement the present thesis will organise the literature into two separate, yet interrelated areas: (1) the role of volunteers and their subsequent management; (2) implications for the recruitment and training of volunteers. The reason for reviewing the literature in this way is that it best allows for an appreciation of the individuality of each volunteer setting and the different requirements for volunteers. Thus, it makes sense that the integration of volunteers into the workplace is dependent on what they actually do, and further, this affects who is recruited, how, and whether training is needed.

(1) The role of volunteers and their subsequent management.

The role of volunteers (ie. the tasks volunteers fulfill and their general involvement), and their relationships with professionals working in an organisation are the focus for most of the literature on volunteer-organisation relationships.

Of primary importance seems to be the delineation between the tasks and functions of volunteers versus professionals. Taggart (1982) highlights this point in stating that "when it really comes down to it, volunteers should be frosting on the cake" (p.16). Here the idea is that after all of the necessary paid personnel are trained and performing adequately, volunteers are available to provide the extra touches. Unfortunately however, this idea is too frequently complicated by society judging things by what they cost (with volunteers being used as cost savers) and genuine lack of funding and resources. Consequently volunteers are found to be providing very much more than the 'extra touches'. Issues are therefore raised regarding the roles for volunteers versus professionals, the realistic deployment of volunteer resources for maximum productivity and cost effectiveness, and ultimately consequences for the client. Taggart (1982) emphasised that although volunteers fulfill what is probably in many instances, the most important role, particularly for the client, dependency upon a volunteer by an organisation to meet those needs may weaken the very essence of that basic service.

Clearly then, if volunteers are to be properly integrated into a service or organisation it is essential that the roles of both volunteers and professionals are seen as separate yet complementary entities. In support of this, Vilkinas' (1986) paper on the integration of volunteers into the workplace states that it is important that the role of the volunteer is fully understood if they are to be used to their maximum benefit in an organisation. Further, Lowy (1982) stressed that mutual role expectations need to be clarified not only in the initial stages, but continuously throughout the volunteers' involvement.

The point of ensuring the specific role of volunteers is taken further in the literature through identifying a number of ethical considerations. In discussing the implications for utilising volunteers Mitchell (1986) emphasised

that as a tool for intervention, volunteers may also be a potential ethical risk for the organisation, client, and volunteer him/herself. He sees the potential for the volunteer becoming the person in the middle whose obligation is caught between the very humanistic approach of the layperson and the bind of institutional policy and expectations adopted by working professionals. Mitchell (1986) also acknowledges possible differences between volunteers and professional workers in terms of their conceptualisation of assistance and help with respect to the client and its associated ethical dilemmas.

In the consideration of ethics and the role of volunteers the question also arises - what are the rights of volunteers and of others who are involved with volunteers? Flathman (1981) takes a philosophical yet impractical view that because volunteers 'volunteer' they have no rights as such, qualified only to the extent that they do equally have the right to leave the organisation in which they are volunteers. Because we usually think of volunteering as a praiseworthy and admirable activity, Flathman (1981) contemplated that to accord rights would destroy the very act of the volunteer; rather he sees volunteering as being a condition of both serving and exercising rights as a member of society.

Other authors (Vilkinas, 1986; Vosburgh, 1981) take a more sensitive approach to the need for volunteers to have certain rights. Vilkinas (1986) accorded that volunteers are entitled to rights not unlike those of paid employers. Thus every volunteer has the right to (a) job satisfaction, (b) to be treated as a co-worker, (c) to be treated fairly: not to be taken advantage of because they are giving of themselves, (d) to receive adequate information and a clear job description, (e) to induction, training and development, (f) to protection, (g) to recognition for the job they are doing, (h) to get feedback on their performance, and (i) to say no - they have the right to refuse to do tasks outside of their agreed job description.

Vosburgh (1981) extends this further to raise a number of issues which affect the situation of volunteers in relation to the rights of others. In particular are those volunteers exposed to situations in which they may find themselves in a position to question professional judgement while acting as advocates for clients, and secondly is the question of responsibility when

volunteers may have within their capacity, knowledge of an organisation and its specific rules and procedures. To ensure the protection and rights of both parties Vosburgh (1981) proposed that volunteers be bound by a code of ethics, but at the same time raises the question as to how this could be enforced.

Aside from the ethical issues, one difficulty which does arise with the clarification of the volunteer versus professional roles is the possible perception of the volunteers themselves as feeling exploited or being under-rated for their work and this has been a concern expressed in the literature. Importantly, the Social Advisory Committee (1987) note that volunteers should be recognised and accepted as full members of a team or programme. Vilkinas (1986) indicated that the volunteer must be made to feel that they are unique, important individuals, while at the same time being adopted into the organisation. This same point was made by Hargreaves (1980) who questions whether professional staff need to be giving volunteers supervision or support in their role. Hargreaves (1980) opts for an emphasis on supervision in that it implies a more direct and clearer understanding of where the ultimate responsibility lies but warns that considerable skill on the part of the professional is needed in judging the frequency of supervision individual volunteers need. She thus clarifies the necessity to find a balance between giving the volunteers support and undermining their confidence with too frequent supervision in order to have an effective relationship. From the staff's point of view, Hargreaves (1980) assured that supervision of volunteers does take time but that time spent purposefully in supervision is never wasted because what is put into the volunteer-professional relationship is ultimately spent on clients in the organisation.

Exceptions to the usual involvement of volunteers in an organisational setting need also to be realised and consequently there are implications for how these people are appropriately managed. Examples come to mind of trained volunteers fulfilling professional tasks where there is no one else to meet the particular need. Under these circumstances, the Social Advisory Committee (1987) re-examines the question as to where the balance of power should lie, particularly when volunteers have expertise that is needed eg. cultural knowledge, personal experience of an issue, or an understanding of a community gained over a long period of time. These authors raise issues of

the threat such volunteers can have to the status of the paid workers and the consequent avoidance of staff who acknowledge the volunteers abilities. From the volunteers point of view, they also point out that the introduction of a paid worker into a programme previously operated entirely by volunteers can also have a similar adverse effect on the level of volunteer commitment.

One further aspect which has been considered in the literature is the situation of volunteers in leadership roles. Pearce (1980) makes the distinction between the value (cost-benefit) of leadership in paid versus voluntary labour, which is evidenced by the tendency for volunteers to avoid leadership roles, and questions the effects that this must have on the dynamics of the volunteer groups. While in theory employed persons actively pursue leadership positions for the rewards that are offered (higher salary, autonomy, less tedious work, status), leadership in the volunteer role is compensated by none of these perquisites nor does it appear to have a significant influence on higher level needs than fulfilling a regular volunteer role for most individuals. Pearce (1980) suggests that leadership roles, in being more tedious, time consuming (more meetings, less contact, responsibility for tasks themselves if nobody can be found to help), are not particularly rewarding and are too costly for most volunteers. Obviously, this must result in implications for the voluntary organisation (eg. it may affect leadership quality), and therefore Pearce (1980) suggests the viability of an organisation depends on ways to increase attractiveness of leadership positions, particularly toward reducing added "costs" of leadership roles and toward creating more explicit job descriptions and delegation of tasks volunteers do.

Vilkinas (1986) comes near to a solution for the broad spectrum of volunteer involvement when she portrays the need for professionals to identify what level of job scope the volunteers prefer to have present in their work and to determine what is available for them on this basis. This would include taking into account volunteers' preferences, past experience, skills, values and abilities when assigning volunteers their individual tasks.

In summary, there is a consensus in the literature that professional staff do need to be made more aware of the issues involved in working with volunteers (Hargreaves, 1980; Lowy, 1982; Mitchell, 1986; Smith, 1986; Social

Advisory Council, 1987; Vilkinas, 1986). While most authors stress the need for staff to be skilled in identifying problems that are endemic to volunteers, Vilkinas (1986) realistically sees the integration of volunteers into the workplace as a difficult task given that professionals generally have not received any training and often have a poor understanding of volunteerism (eg. why individuals want to work for other than monetary rewards). Nevertheless it is argued by Vilkinas (1986) that it is the responsibility of professionals to see that volunteers are successfully integrated and in order to do this she claims that the organisation's goals and objectives must be met, the needs of the volunteers must be satisfied, and paid employees must be able to work alongside the volunteers. Furthermore, it can be maintained that whatever the involvement of volunteers may be, their organisational commitment is dependent on having professional staff in the organisation who are able to facilitate their integration into the workplace, coupled with the appropriate recognition of the volunteers' role and the potential value of their contribution.

The review of the literature on the role of volunteers and their subsequent management brings to attention the practical importance of these aspects of the volunteer-organisation relationship. One major criticism however, is that although the literature discusses the relevant issues and postulates a number of practical implications, it seems that little applied research (eg. organisational case studies) has been done to demonstrate the predictions made. As a result there is no indication of the appropriate methodologies and measures that could be used. The only exception is Smith (1986) although this study was a comparative one between a number of organisations. In examining a specific group of volunteers working within a single institution it was necessary for the present researcher to develop a set of open ended questions to explore the nature of the volunteers' role and their relationship to the organisation.

As previously stated, the lack of any formal organisational policy regarding volunteers at the hospital led to an emphasis on the perspective of the volunteers themselves. With this focus individuals' descriptions of what they actually do and any retrospective changes in how they feel about volunteering is intended to give an indication of their role within the hospital. This is compared with any and earlier expectations the volunteers

may have had. An indication of the range of actual experiences is obtained via accounts of any particularly good and bad times for individual volunteers. Additionally questions are asked concerning aspects of the task which they find most difficult and ways they have found to cope with these. Implications for the overall volunteer-organisation relationship are drawn from indications of support and assistance given to volunteers: As well, the items on Gidron's (1983) 'Perceived Rewards from Volunteering Scale' measure instrumental and expressive dimensions of the volunteer-staff relationship.

(2) Implications for recruitment and training of volunteers.

Issues concerning recruitment (who is recruited and how?) and training (is it needed?) of volunteers have increasingly become recognised by the literature as having important implications for the volunteer-organisation relationship. Specifically, these implications are for selection, retention, extent of involvement, and ultimately, effectiveness and efficiency in the utilisation of volunteers.

The literature on recruitment issues has recently gained more attention as the competition for volunteers has got stronger. Accordingly, volunteers can be more selective in the choice of group or organisation they join, and with the many options available, volunteers are more able to expect positive appreciation and respect for their help (Hargreaves, 1980; Scheier, 1981). Thus there is an increased emphasis for those seeking to recruit volunteers to seek out ways which will portray them as more attractive. Examples include encouraging potential volunteers such as retired persons who have the time to volunteer but maybe not the out-of-pocket expenses by giving incentives for financial relief, for example, reduced rates for services and use of resources and travel allowances. (Scheier, 1981; Social Advisory Council, 1987).

The issue is also raised of differences in recruitment as a consequence of different functions of organisations. For instance, educational groups are more open to a supply of parents of whose children benefit, whereas a hospital visiting group serves a more transient population and draws from the wider community for its source of volunteers (Watts & Edwards, 1983). Lewis, Moores, Fox & Grant (1978) and Wahl, Briggs & Zastowny (1980) were

aware of this problem when they conducted a study to measure dimensions of public image of a psychiatric hospital and the possible effect on the recruitment of volunteers. Results showed little prejudice toward working in a psychiatric hospital but it was clearly illustrated that there are gaps in the public's mental health knowledge, and in particular their image of psychiatric hospital staff. The implications of these findings were that recruitment campaigns could be conducted to increase job awareness and favourable attitudes toward the hospital as a place of work.

In another study Watts & Edwards (1983) examined the relationship between four variables (agency function, size, sex ratio, and change in the number of total volunteers over time) and recruitment in 260 voluntary organisations. It was found that in addition to organisation function, recruitment was also influenced by the size of the organisation. This was largely attributed to larger organisations being usually able to afford more incentives to join. Gender differences were important in that organisations dominated by one gender were likely to recruit only same gender members, although this had a favourable effect for women who were more able to recruit and retain members. Turnover of volunteers was seen to influence the need for new recruitment and retention strategies. Of the recruiting methods recorded, Watts & Edwards (1983) saw most groups considering personal contact as the best method particularly since it was identified as one of the primary ways people became involved. Johnson (1981) identified the formulation of a select group from a limited resource pool as a major drawback of this method however.

In terms of an organisation's success in recruiting volunteers, Hargreaves (1980) lists a number of important factors. She maintains that "charged with the responsibility for involving volunteers in the work of their agencies, most people will see recruitment as their primary activity, in order of development if not of ultimate importance" (p.8). Although this is probably a common belief held for volunteers, it appears from the literature, that it is not often enough put into practice. Hargreaves (1980) emphasises the need for those taking on volunteers to plan ahead with a knowledge of what they are recruiting for and to have a basis for selection, while at the same time they should communicate to potential volunteers sufficient information and to arouse realistic expectations on both sides. According to Hargreaves

(1980) conditions said to discourage volunteers from offering their services were thought to be: lack of knowledge, experience and confidence; ignorance of the opportunities available; anxieties about whether or not expenses are paid; and, fears of rejection and for their own personal safety.

Further, Hargreaves (1980) recognises the importance of recruitment being a two-way process with as much care needed in finding the right persons for the job as in paid employment, irrespective of the level of skill required. Because volunteers work without pay and only because they want to, Hargreaves (1980) considers that even more care needs to be taken in matching volunteers to the appropriate tasks. She claims however, that in reality, the volunteer situation is often one where people are sought for less easily defined jobs. In addition, applicants will usually have a diverse range of skills, with the only common feature being their offering of time. As part of this process, Hargreaves (1980) maintains that a selection process is necessary to tactfully reject those individuals who would be regarded as unsuitable volunteers.

For those volunteers who are recruited there is evidence to suggest that some form of preparation or training will aid toward retention and a more successful volunteer-organisation relationship. Potter-Effron & Potter-Effron (1982) argue that the value of volunteer training is evident in their increased reliability, commitment and skills, and Vilkinas (1986) maintains that as a result of training volunteers become more valuable to the organisation.

Along with three attitudinal variables (attitude toward task achievement, relationship with other volunteers, and the work itself), Gidron (1985) identified preparation and training for the task as specific variables significant in predicting retention and turnover among social service volunteer workers. Well prepared volunteers were more likely to be 'stayers' than those who left through choice.

In terms of preparation and/or training however, careful consideration is needed of what is actually required so that maximum positive effect can be achieved. Vilkinas (1986) points out that any training needs to promote the organisations goals and objectives but at the same time it is also important

to gather input from both volunteers and employees as to what training they believe they need, and to integrate their suggestions into the training programmes.

Lee (1980) also supported the need to know specifically what is meant by training and addresses the question of whether or not volunteers should be trained at all, given that one of the aims of training would be to inherently change the volunteers in some way. Lee (1980) questions if this is taking away the 'spontaneity' of a volunteer, which she regards is one of their most important strengths. This argument is certainly a valid one in that a volunteer without any knowledge or learned skills of a particular handicap, disability, or problem may well be an advantage to a client or patient, especially when that individual may only have other contact with those who have some degree of expertise in the field (eg. an institutionalised patient).

In her discussion, Lee (1980) distinguishes between three different models or degrees of training and thus implies their suitability in the different situations in which volunteers become involved. Training can therefore comprise : that which provides knowledge (eg. basic information on the implications of a disorder or difficulty for a client); that which focuses on identifying the skills of volunteers (eg. in recognising their own skills or experience and using them to help others - whereby 'training' or preparation would aim to match volunteers and clients appropriately), and; general training combining both knowledge and skills (which enable the volunteer to work with a variety of people).

For the organisation intent on training volunteers, Lee (1980) suggests that in providing knowledge, material which is too technical can actually have an adverse effect, for example, a lengthy explanation of epilepsy could heighten anxiety whereas a simple description of how to cope with fits would be both useful and acceptable. Similarly she claims that volunteers value hearing from each other, including sometimes preferring to learn from 'grassroots' workers rather than highly experienced professionals. This latter point is also supported by Vilkinas (1986).

In the recent literature a few authors have put basic principles into practice in developing applied research on the training of volunteers. McLennan

(1985) constructed a 10-item Helping Benefits inventory as a brief screening device for volunteer applicants for non-professional training programmes. The inventory successfully discriminated between trainees of high and low skill and between 30 experienced counsellors and 230 non-counsellors with a test-retest coefficient of .74 (n=43). Indices did not necessarily imply that low rated trainees were poor prospects as volunteers but it could merely mean that they needed more training to develop the dimensions regarded as important for effective counselling performance (eg. flexibility, psychological mindedness).

Maquire (1985) developed a programme to teach church volunteers to interact with aged, ill, and handicapped persons. The training programme covered four broad areas (identifying individual needs and skills, and providing information on myths and truths regarding aging and illness, bio-psychological and social changes and, death and dying) within a church based orientation. At the time of writing however, it was too early to report the success of such a programme.

D'Augelli & Ehrlich (1982) studied a group (n=37) of rural 'natural helpers' involved in a community based programme of training to enhance their helping skills. Data was collected on a number of helping interactions (eg. number, length, relationship to helpee, types of helpee problems, kinds of helping behaviours used, helper perceived confidence and satisfaction). Comparisons of helpers reports on a Weekly Helping Activity Record prior to and after training showed changes to more confidence in helping, more interaction with helpees and increased interaction with the volunteers' own spouses and families! Comparisons of changes identified by the volunteers themselves in terms of those who believed they had acquired specific helping skills and those who did not however, gave indeterminate results. Further when evaluated by trained observers there was an incongruency between these ratings and the volunteers reports of their helping behaviour.

Conclusively, much more research concerning the practical aspects of engaging volunteers and the utility of training, particularly in developing appropriate methodologies for measurement and in assessing under what circumstances, and in what form, preparation or training would be beneficial, remains to be done.

For the present research, implications for the recruitment and training of volunteers are drawn from a number of open-ended questions asked of the volunteers in the present sample. As a clearly defined group of volunteers (all women, church-based, and from a rural community) there are clearly implications for who is recruited into the group and how this is done. In terms of training, questions are posed concerning volunteers own perceptions of assistance and training including whether they have experienced any, the level of need for training, and what it should consist of. Indications of the extent of involvement and intent to continue volunteering have implications for retention of volunteers within the group.

Summary.

A number of factors pertaining to individuals' attitudes, feelings, and experiences regarding voluntary work (ie. motivation to volunteer, expectations, satisfaction) have been considered by the literature. As Dailey (1986), Smith (1986), and Vilkinas (1986) point out, a disregard of the wider context of the voluntary organisation (type of involvement, volunteer-organisation relationships) to which an individual belongs however, makes the study of these factors lose much of their practical impact.

The purpose of the present research is therefore to explore these factors, both at individual and group levels, amongst a specific group of volunteers, who offer their services within a specific psychiatric hospital setting. The present findings will be discussed with reference to the current literature and to implications for the present future management of volunteers at the hospital.

CHAPTER 5

THE PRESENT RESEARCH

A number of recommendations have been made (eg. Ellis, 1985; Petersen, 1985; Smith, 1972b; Smith et al., 1972) in declaring volunteering as "a fertile field for research" (Ellis, 1985, p.14). Despite a large amount of existing information on volunteers, there is a particular need for applied research which focuses on the experiences of volunteers and a need for research to integrate existing areas of study so that progress can be made toward developing a theoretical foundation. As Smith et al. (1972) put it:

"We have a long way to go before we shall have a fully adequate set of analytical dimensions to permit high level theoretical and empirical analysis of the myriad kinds of voluntary action. Yet the codification process must be started and must be pursued vigorously, both theoretically and empirically, if the field of voluntary action research is to progress very far or very fast in its attempt to see as part of a whole a great many kinds of activities, collective and individual, that have for so long been seen as unrelated." (p.194).

So far, the only proposal to consider exploring volunteer participation from an integrative perspective is a tentative model proposed by Smith & Reddy (1972). These authors emphasise the need for drawing together what they see as disparate kinds of influences into some kind of coherent and testable, explanatory framework. Although it somewhat oversimplifies the complexity of the interconnections between the various independent variables involved, the sequential specificity model of Smith & Reddy (1972) orders a hierarchy of contextual, personal, and situational factors as having a direct effect (and often multifarious kinds of indirect effects) on the voluntary action of any given individual in any given group context.

Essentially in understanding the nature of volunteering the existing research has taken a traditional approach whereby various components (eg. sociodemographic factors, motivation, satisfaction) have been examined separately and at an aggregate level. An understanding of the volunteer process is then attempted, using statistical correlations. As Smith et al.

(1972) point out however, the current understanding in the area is inadequate.

Taking into account the integrative model proposed by Smith & Reddy (1972), it is the intention of the present research to adopt an alternative, yet complementary approach to that which has been traditionally employed by the research. The purpose is therefore to explore the same sorts of components as those already identified in the literature, yet to examine how they fit together, not statistically, but relative to individual case experiences of volunteering. At the group level it will be seen how these whole and coherent accounts of the volunteer experience covary. Centred around two basic research questions: who are the volunteers; and, what are the attitudes, feelings, and experiences of these people within the context of their volunteer setting, the present research therefore seeks to systematically discover patterns and themes within and between these personal and experiential variables under study. The key aspects of the present approach - qualitative and case level analysis although less used, are both becoming increasingly established and systematised as general and important research techniques (eg. Miles & Huberman, 1984; Yin, 1984).

The relevance of taking such an approach specifically in relation to volunteer research is also implied by Smith (1972b) who states:

"The usual approach to explaining individual voluntary action in terms of social background factors like age, sex, religion socioeconomic status, etc, needs to be supplemented by at least two kinds of alternative approaches if a complete understanding of the phenomena is to be achieved. First, there must be more attention given to the social psychological and the more strictly psychological factors affecting individual participation." and also, "There should be more attention to the interpersonal dynamics and exchanges, the interpersonal pressures and influences that affect individual participation in voluntary action." (p.200).

With the present research based on interview protocol the information gathered will be essentially qualitative. The exception is an adapted version of the 'Perceived Rewards from Volunteering Scale' (Gidron, 1983) which is one of the only quantitative measurements available to the present literature review. It is expected that this quantitative measure will complement the qualitative information. The propitiousness of the qualitative data however,

are that the questionnaire items generated are not inherently limited to a specific range of responses or to measuring prescribed events or experiences. This attractiveness of qualitative measurement is captured by Miles & Huberman (1984) as "a source of well-grounded, rich descriptions and explanations of processes occurring in local contexts." (p.15). Indeed, this is the very essence of the present research.

As a consequence of the exploratory nature of the present study there are no definite hypotheses or firm expectations. The primary aim is to describe the characteristics and experiences of a group of volunteers within a psychiatric hospital setting. Two secondary aims are: (1) to examine the findings of the present research in view of how they fit with the current literature and the theoretical implications this may have; and (2) to make explicit any practical considerations, mainly for the present situation of the volunteer group and their future management.

A number of research objectives have been formulated from the primary aim. Specifically, sociodemographic data will be collected, and questions will be addressed concerning volunteers' motivation, expectations, satisfaction, and involvement (including: significant experiences, difficult aspects of the job and how they are coped with; perceived need for help, support, and training; extent of involvement and intent to continue).

Although there are restraints on the current literature reviewed by the preceding chapters some general points can be made concerning the direction of the present research. Firstly, it is expected that there will be common features across members of the volunteer group (eg. Edwards & White, 1980; Edwards et al., 1984; McPherson, 1981; McPherson & Lockwood, 1980; Payne et al., 1972; Tomeh, 1973). This may be particularly so in terms of sociodemographic variables considering it is already known that there are some shared characteristics, namely the subjects are all female, they all live in the same rural community, and the volunteer group itself has a religious basis. It is also expected that there will be similarities in individual motivations to volunteer (given that the group has religious underpinnings) (eg. Gamm & Kassab, 1983; Mulford & Klanglan, 1972; Phillips, 1982), and in the range of dominant experiences available to the women within the specific psychiatric hospital setting (eg. Dailey, 1986; Smith et al., 1972). Most

volunteers, it is expected would also be generally satisfied with their work (Gidron, 1983; Smith et al, 1972) or otherwise they would be much less likely to continue as members of the volunteer group.

Conversely, it is also common sense that there will be some variation from the norm for a number of volunteers. Apart from obvious individual differences in characteristics (eg. age, length of time as a volunteer, previous experience) and in accounts of the situation (eg. in the perception of events) the fact that each woman is befriended with a different psychiatric patient could be predicted as a major contributing factor here. The importance of these differences should not be underestimated (Miles & Huberman, 1984; Yin, 1984).

In addition it is envisaged that there will be certain relationships within individual and group data sets (eg. Dailey, 1986; Smith & Reddy, 1972; Vilkinas, 1986; Weinir, 1982) in the present research. Clearly for instance, an individual's motivations and expectations and subsequent experiences as a volunteer must have considerable impact on her satisfaction in the job and consequently, her intent to continue. Similarly, education, occupation, and previous experience are likely to influence how an individual perceives herself, and indeed how she functions within the volunteer setting including whether or not she sees a need for training or other forms of support or assistance. Such relationships must nevertheless be inclusive of the context in which they occur.

CHAPTER 6

METHOD

Sample.

Subjects were a group of women volunteers who befriended individual psychiatric patients in an institutionalised setting. The institutional setting is a psychiatric hospital located in a rural setting between two cities (of moderate size by New Zealand standards), while the volunteers themselves come from a small rural community approximately 40 minutes travelling distance from the hospital. The hospital serves a relatively large demographic area and consists of approximately 400 beds accommodating a wide range of psychiatric patients.

The principal reason for the selection of the volunteer womens' group for the present study was that no other volunteer groups were considered to offer a comparable regular service of one to one contact with patients at the hospital. In view of the fact that the patients visited by these volunteers were chronically mentally ill and had no other visitors, the volunteers' contribution would appear to be a very important and necessary one. Further, the relationship formed between each woman and her individual 'patient' was intended to be relatively long term, indicating a considerable commitment on each volunteer's behalf. Apart from the clear definition of the sample as a volunteer group, the study of this particular group is especially warranted in that it could be expected that the fundamental structure of the group would not change dramatically over time, and hence any recommendations made as a result of the present research could likely be put to some practical use.

The present womens' volunteer group was an amalgamation of two groups, originally separate on the basis of religious denomination. Although members were now of mixed denomination, there were two sub-groups for convenience of visiting hours (one morning and one afternoon). These two sub-groups were approximately equal in size.

The names and addresses of the 36 members of the womens' volunteer group were acquired through a personal interview with the Recreation Officer at the hospital and these were subject to alteration and confirmation by the two respective sub-group leaders. Subsequently 34 of the 36 volunteers were contacted by mail. Of the remaining two, one had moved to another district and could not be contacted, and the other had died in the interim. In follow-up phone calls all 34 volunteers agreed to participate and arrangements were made for individual interviews with the author.

Since the characteristics of the volunteers were a focal point for study, further description of the sample is postponed until the following chapters.

Materials.

A letter of introduction outlined initial details of the study to subjects. This included a statement of who was conducting the research, the main aims of the study, and a request for participation. A copy of this letter is presented in Appendix A.

To explore a variety of facets of volunteering, the interview schedule was constructed on the basis of past research findings and recommendations (refer Chapters 2-4). The instrument contained both open-ended and structured sections (see Appendix B). Items were generated to cover time commitment, reasons for volunteering, expectations (of what the volunteers envisaged they would be doing), descriptions of the actual task, changes felt toward volunteering, significant (good and bad) experiences, difficult aspects and how they are dealt with, support and training, extent of involvement, intent to continue, and, planned changes, using an open-ended question format.

The structured section was a measure of aspects of volunteers' satisfaction using an adapted version of the 'Perceived Rewards from Volunteering Scale' (Gidron, 1983). The scale comprises 12 indices: work itself, task-achievement, task-convenience, family, client (patient), supervisor (staff)-expressive, and supervisor (staff)-instrumental, rated on a three point Likert scale (not at all/to some extent/a great deal); recognition, and stressors, rated on a three point Likert scale (never/sometimes/often); and

professionals, other volunteers, and social acceptance of volunteers, rated on a four point Likert scale (strongly agree/agree/disagree/strongly disagree).

These indices were constructed as summary measures of various factors in the work situation for volunteers. The factors were selected on the basis of face validity, whether items produced a reasonable distribution of responses, and item to item correlation. Available psychometric data for these indices indicates that the reliability coefficients fall within the range .56 to .80 (see Appendix C for individual reliability coefficients).

The present study differed from the methodology of Gidron (1983) in that the scale was administered verbally (with show cards from which the subject indicated her response) for reasons of clarity and understanding. Consequently the statements pertaining to the 12 indices of Gidron's (1983) scale required minor structural changes to fit this context. Also the words 'client' and 'supervisor/professional' on the original form were replaced with 'patient' and 'staff' respectively, in accordance with the familiar terminology used by the volunteers in the present study. Under the 'Recognition' index one item pertaining to reduced rates in the use of a community centre was omitted as in the present study there was no community centre associated with the hospital.

As Gidron (1983) did not report any instructions given to subjects before the administration of the 'Perceived Rewards from Volunteering Scale', a brief opening statement was developed for the present study.

Concerning demographic descriptions for the present study, data was collected on a number of factors where the object was to fully describe the research sample, and with the exploratory notion that such factors may be potentially important variables in volunteer participation (refer Chapter 3). Questions were asked about age, ethnic background, religious affiliation, marital status, numbers of dependent children, own and partner's occupation, education, relevant experience, and regular commitments. Relevant experience pertained to any previous education or training, occupation, practical experience, or volunteer work deemed useful by the subject. Regular commitments as a category comprised of other tasks, part-time work,

interests, clubs and sports activities engaged in on a regular basis. Full details of the questions asked are presented in Appendix B.

Pilot Study.

The instruments used were pretested in individual interviews with six of the volunteers chosen at random, two weeks prior to the main study. Interviews with these individuals ranged from 40 minutes to one and a quarter hours dependent on individual differences in response, feedback and discussion of the questionnaires, and the authors ease of administration.

After careful deliberation of the responses and feedback resulting from the pilot study it was decided to retain all of the questions and the order of presentation. Minor adjustments were made to tense and use of pronouns in the wording of two open-ended questions and four items of Gidron's (1983) 'Perceived Rewards from Volunteering' questionnaire. Instructions to volunteers for Gidron's (1983) questionnaire were also clarified as three subjects appeared to have difficulty in understanding or were unsure of the forced choice items.

Due to such minimal discrepancies it was decided that the pilot study data could be incorporated into the results given by the main study.

Procedure.

The present study made use of two distinct but complementary research approaches. A survey of components of the volunteer experience was conducted across all individuals in the present sample and this was complemented by the fact that the data was collected and viewed also within the context of whole cases. The advantages of combining these two modes can be supported in three ways. First, is the contrast of quantitative and qualitative precision. While placing numerical values on subjective constructs is meaningless without illustrative excerpts which capture the flavour and richness of the data, there are strengths in quantifying (ie. indicating frequencies and relative sample size) the qualitative descriptions made. Second, is the contrast between individual variables and whole people in context. The importance and detail of each individual component is

maintained, yet strengthened because one does not lose sight of the reality of the human context from which they were taken. Third, is the contrast between superficial summaries across people and in depth analysis within. The interpretation of normative data is clearly useful as a general overview but individual cases put such an overview into perspective and demonstrate exceptions to the rule. To summarise, simple statistical description (means, modes, frequency counts) of the collective data permits conclusions to be drawn about common themes and trends for the group as a whole (Keppel & Saufley, 1980). Conversely, individual description evokes an insight into "phenomenon within its real life context" (Yin, 1984, p.23).

The utility of both approaches can therefore be argued for the present research. Clearly, the validity of data is improved when it is subject to more than a single means of analysis. Further, in generating and testing theory there needs to be an emphasis on more than one methodological approach, with attention paid to the exception as well as the rule. While quantitative data is usually the underlying basis for theory, qualitative data are "more likely to lead to serendipitous findings and to new theoretical integrations; they help researchers go beyond initial preconceptions and frameworks" (Miles & Huberman, 1984, p.15).

Subjects were introduced to, and advised of the purpose of the present study by letter, which was followed up approximately one week later by a telephone call. With the telephone contact, subjects were given the opportunity to ask any questions concerning them. Upon agreement to take part, a one hour interview time was set for within two weeks.

All interviews took place at the volunteers' private homes. On arrival the details of the study were again explained and the subject given another chance to ask questions on any aspect of the research. Consent was also obtained for the interview to be tape-recorded and although a few subjects were a little anxious about this at first, all subjects agreed to the recording when it was explained that the author preferred to direct all her attention to really listening to everything the subject could contribute. It was also

pointed out that taping would be the most efficacious and accurate way of recording the data, and that once transcribed by the author all conversation would be wiped.

At each interview the order of presentation was standardised. Volunteers were asked short-answer questions about their volunteering first (eg. length of time as a volunteer, other volunteer activities), the more substantial open-ended questions second (eg. reasons for volunteering, good/bad experiences, coping), followed by the adapted questionnaire from Gidron (1983), and then the demographic data was sought. All questions were administered verbally by the author except for the demographic data which was on a separate document handed to subjects to complete.

As a consequence of the forced choice nature of Gidron's (1983) questionnaire items subjects were instructed at this point that:

"For this section it is important that we get your first impressions as to which of the choices on the card best fits (for you personally), the statements I will read out. If you have any other questions or comments to make, we will discuss these later"

Subjects were given large show cards from which they could indicate their chosen response to each statement.

Provision was made for subjects to give written feedback on any part of the interview following the demographic data. Each interview was of approximately 50 minutes duration. At the conclusion each subject was thanked for her participation. She was also reminded once again of the confidential treatment of her data, told what was going to happen to the overall anonymous data, and she was informed that she would receive some feedback of the overall results by mail at the conclusion of the study.

Ethical Considerations.

A number of ethical considerations were raised regarding subjects and the information sought in the present study.

Firstly, was the release of volunteers' names and addresses via the Recreation Officer at the hospital. This was raised with the Recreation Officer who realised the implications, and on the initial contact the volunteers themselves were informed of the acquisition of their names strictly for the purposes of the present study.

Secondly, was the confidential nature of the volunteers' responses. Of particular concern was the divulging of information that could be perceived as threatening or which could identify the individuals concerned. Volunteers were encouraged to be honest and were assured at several intervals throughout the study of the confidential nature of the research. In the letter volunteers received, it was emphasised that only the author and her supervisor would have access to the raw data. At the interview volunteers saw that their questionnaires were only identifiable by code numbers, and the commitment to confidentiality was reiterated by the author both before and after the interview and when permission for tape-recording was sought.

Thirdly, the ethical concern regarding the handling of information given by both volunteers and staff at the hospital was also considered. To both parties the emphasis on anonymity and the confidential treatment of data seemed the best possible precaution. A separate document outlining the implications and recommendations resulting from the study was prepared for the hospital. A relevant summary of the results was also honoured to the volunteers who participated.

Fourthly, although obviously not the least in order of importance, was the issue of the rights of the patients whom the volunteers visited. Care was taken to avoid all reference to particular patients spoken of by volunteers, in the final results.

Analytical Procedure.

The general aim of the present research was to explore and then systematically describe the characteristics, attitudes, feelings, and experiences of the women volunteers at the hospital. The nature of the research lent itself mainly to an emphasis on qualitative description both because such an approach has generally been neglected in the existing

literature, and importantly that the volunteers clearly felt it worthwhile to talk about their experiences.

In order to gain insight into the functioning of the group at both individual and group levels, to match the results with existing research and tentative theory and, to provide practical considerations for the present volunteer group, two methodological approaches were proposed. Subsequently the analysis of the results needs also to take two forms: a technique that is advocated by Miles & Huberman (1984).

Firstly, analysis occurs at the nomothetic or group level, summarising individual items or questions. Simple statistical analyses of the sociodemographic data and other easily quantified data, namely, length of time involved as a volunteer, and results from the adapted 'Perceived Rewards from Volunteering Scale' (Gidron, 1983) are presented. Analysis of the open-ended questions is essentially concerned with qualitative information although the emphasis on certain outcomes is supported by the frequency of which certain responses occurred. Description of these questions is therefore led by those responses centred around main or common themes and ideas conveyed by the group data, and these are highlighted by examples of actual comments made by the volunteers. In particular, where on some questions very similar sentiments were expressed over and over again, the results have drawn attention to this. However, on other instances the range of responses is much more varied and here the results have tried to convey a representative sample of comments. Sometimes an atypical example has been selected for inclusion in the results to illustrate the exception and this is also noted.

The second approach to data analysis then is complementary to the first. Where the weakness of the first approach is the loss of any sense of the individual due to the emphasis on coding separate units (questions) of analysis the second approach takes into consideration the individual as the unit of analysis. The focus is therefore on examining possible trends within the data which may characterise the whole case level of persons engaged as volunteers.

For these two approaches, data analysis makes use of the two forms of pattern matching technique outlined by Yin (1984). For the first approach (individual factors at the group level) broad comparisons of the findings are made with empirically based relationships. Secondly for the case approach, where integrative empirical data is not available, patterns within the present data are matched across cases. From a theoretical perspective the pattern matching process, and consequent explanations made to account for relationships found, have implications for the testing and development of theory. Termed 'explanation building' this technique is also advocated by Yin (1984) and is used in the present analysis.

Common with both approaches however, the emphasis on qualitative information surpasses the inclination to only report main trends or relationships in the data. Rather it is important also to convey the variability of individuals' responses. Consequently six individual case descriptions are incorporated in the results. The selection criteria for the particular cases presented are examples of 'typical' cases in terms of frequent patterns of response, as well as particular cases which demonstrate unusual or remarkable features deemed worthy of discussion. The importance of recording both types of cases is evidenced by the need to convey an unbiased treatment of the data and to present obverse examples of the pattern matching process to test and thereby strengthen any explanations made (Yin, 1984). This then ultimately leads to challenging and fostering further development of tenable theoretical perspectives (Miles & Huberman, 1984).

In terms of the research aim therefore, strategies of pattern-matching within the data and explanation-building are used both to convey specifically the situation of the present volunteer group (and subsequently make any practical recommendations), and to examine the findings in light of existing literature and theory.

CHAPTER 7

GROUP RESULTS AND DISCUSSION

The results and discussion of the group data are presented here. With the emphasis on individual factors or components the questionnaire data will be discussed mostly under the subheadings outlined in preceding chapters. In order to set the scene for the results, a descriptive summary defining what the volunteers actually do at the hospital will be presented first.

As members of the volunteer group that visited the hospital the women are divided as either morning and afternoon visitors. They travel out to the hospital in pooled private cars and meet with the male patients in the social hall (more recently, it appears there is a new, more comfortable lounge area provided for these meetings). Each volunteer sees the same patient on every visit. At the meetings the women sit (in a formal seating arrangement) and generally chat with the patient they are regularly assigned. The criteria for assigning the patients to the volunteers is that the patients have no other visitors.

On a few visits there has been some musical entertainment both by the women volunteers (church organ and singing) and by patients at the hospital. The women volunteers supply a plate for morning or afternoon tea and also many will take individual gifts (sweets, cigarettes, books, clothing) for their particular patient. The visits last between two to four hours and occur four times per year.

Some volunteers keep contact with their patients by letter and send cards and gifts on birthdays and special occasions. Few women (about six) visit additionally on an individual basis aside from the group visit. Special trips have occasionally been arranged in the past, both by the hospital (eg. a bus trip to a local reserve) and by the volunteers themselves (eg. a Christmas party at one of the group leader's farm). There is also an annual Christmas

concert night at the hospital which is attended by patients, volunteers, and the general public.

Until recently, volunteers and patients together visited the occupational therapy unit where the women were able to purchase the goods which had been made there. This no longer occurs much to the disappointment of many of the women volunteers. Some of the volunteers are also aware of other changes that are occurring within the hospital (eg. the changeover to Area Hospital Boards), and a few expressed uncertainty and doubt as to whether their service was to continue (or was wanted) now that attempts to rehabilitate more able patients into the community are being made.

Sociodemographic Factors.

As an integral part in the case study of the womens' volunteer group the present research aimed to describe specifically 'who are the volunteers?' The results of the group sociodemographic data are thus summarised and discussed. The order of presentation of the sociodemographic factors differs from that in Chapter 2 owing to the relevant contribution to the present study, of some of the results.

Gender. For the present study female gender was not a prerequisite to membership, however a number of factors seemed to contribute to the fact that the group comprised all women. In particular the existing social contact and involvement of the women through church committees, including some which were actually restricted by gender (eg. Catholic Womens' League) was an important feature in the composition of the group. This suggestion is consistent with the findings of Payne et al. (1972) who noted that women tend to join more religion based organisations.

Further, the 'domestic' nature of the present volunteer task (ie. a social morning or afternoon tea) is consistent with the findings of McPherson & Smith-Lovin (1982) and Edwards et al. (1984) who suggest that more women than men belong to smaller peripheral domestic or community focused groups.

From a practical point of view, the all female composition of the group implies that it would likely be much more difficult to recruit male members.

Additionally the task may not be as attractive to men unless recruiting campaigns were to change the connotations associated with it (eg. emphasising the friendship nature of the group, rather than 'tea and a chat').

For both the volunteers and patients there are practical implications in relation to gender. That all of the volunteers are female and the majority of patients at the hospital are male implies that all of the relationships formed are opposite gender. Some volunteers have reported additional discomfort because the patients are male and it is possible that the reverse is also true.

Religion. The fact that the present volunteer group had religious connotations emphasised the importance of this sociodemographic factor to the present study. Of the whole group, 33 of the 34 subjects classed themselves as regular church attenders. Denomination of the volunteers varied in that 14 were Catholic, nine were Anglican, eight were Lutheran, one was Presbyterian, and two belonged to other Christian religions (not specified). This representation was indicative of the three founding churches of the volunteer group (ie. Catholic, Anglican, and Lutheran).

Although the literature is scarce concerning religious based volunteer groups (Smith et al., 1972) the connection between religion and motivation to volunteer and other factors such as satisfaction seem particularly important as are indicated by other questions in the present results chapter. There are also practical implications for recruiting from church groups given that there is usually an existing social network or support structure, and for the type of emphasis church-based volunteer work may have. In accordance with the latter point, implications for the client population, particularly in exposing patients to evangelism, needs to be considered by the hospital. Additionally, if patients are aware they are being visited by a religious group then this may have implications for how they view their friendly relationships (eg. are the volunteers there because they pity them).

Residence. As a group of volunteers from a rural community who worked within a psychiatric hospital also located in a nearby rural setting, the residence was an important sociodemographic characteristic in the present study. In particular there are implications for the apparent close social network already occurring in the community and the subsequent available support this may bring the volunteers. This point is illustrated by the comment of one of the volunteers that "what amazes me is that every time I go to something - if there is something on in the churches of _____ and there is an open invitation, you will see the same women at every single thing you go to and these are the ladies which go to (the hospital) as well. It is always so lovely to be greeted with "I knew I would see you here today.".

Thus, although the literature is unclear about the relationship between residence and volunteering (eg. Tomeh, 1978) there are nevertheless important considerations to be made concerning where one lives and the implications this may have. If for example, the volunteers came from a larger city there may not be able to be the same contact with other volunteers, nor the sense of doing a community service. Since however, the psychiatric hospital is a very evident part of their small rural community the need for volunteers is a very close concern and their contribution likely to be recognisable. From the patients point of view some outside acceptance by the surrounding community may be a distinct advantage especially given that the isolation of psychiatric hospitals was historically a reflection of an 'out of sight, out of mind' notion by society.

Age. In the present sample the ages of the women volunteers ranged from 30 to 78 years. Only two subjects were under the age of 40 and a further four subjects were over the age of 70. The mean age in years was 59.2 with a standard deviation of 12.1.

The present results were in accordance with some of the general trends reported in the literature. That the present sample reflects a middle to late middle-aged group is consistent with the literature which has generally found greater numbers of volunteers of this age (Lemon et al., 1972; Palisi & Palisi, 1984; Payne et al., 1972). Taking age as synonymous with life stage the present study is then concerned with a group of individuals who are

likely to have less full time family commitments and who may even be retired. Further, the type of voluntary organisation joined (through church or social contact) is typical of that which several authors maintain would characterise the age and life stage of the group found in the present sample (eg. Cutler, 1980; Jenner, 1983; Lemon et al., 1972; Payne et al., 1972; Schram & Dunsing, 1981).

As a consequence of the age of the volunteers there are a number of practical considerations. For the volunteers, the type of involvement they have (ie. morning and afternoon tea visits) or may be willing to have, presents limitations (Schram & Dunsing, 1981). The use of these volunteers in fostering patients out into the community for instance, may not be plausible. Further, with the increasing age of the volunteer sample there are implications for the composition and future 'life' of the group. Already for instance, some volunteers expressed concern that within the next few years they may not be able to drive out to the hospital.

Importantly there are also implications for the relationships between volunteers and patients. Although most volunteers visit patients within a similar age range, the type of relationship that could be offered to younger patients may be limited due to generational differences. Matching the age of patients to volunteers would therefore seem an important consideration.

Marital Status. The results of the present study indicated that 19 of the subjects were currently married, two were divorced, and 10 had been widowed. Three of the subjects were single, of these two were religious sisters.

That the majority of women in the present sample were married is consistent with previous findings (Lemon et al., 1972; Palisi & Palisi, 1984; Payne et al., 1972; Schram & Dunsing, 1981). This pattern of results regarding marital status however, reflects trends consistent with age and gender in the general population (Department of Statistics, 1986) and therefore is not a determinant of volunteer participation. A slightly higher percentage of single persons recorded by the present results can be attributed to the number of religious sisters in the present sample. Overall, the present results are consistent with the findings of Lemon et al. (1972) who also

concluded a trend proportionate to dominant statuses on the general population.

In relation to married womens' participation in voluntary work the suggestion of the number of children she has was made by Payne et al. (1972) as a contributing factor. Interpreting this to mean numbers of dependent children (generally for reasons of available time commitment) this question was addressed by the present study. Results yielded however, were not consistent between subjects due to different individual interpretations of 'dependent children'. Some subjects took this question to mean all children an individual may have, while others included only those children who were living in the household, who were financially dependent, or who were young enough to require constant adult care. In total, 12 women indicated that they had 'dependent' children, with ages of the dependents ranging from eight months to 27 years. Five of these women had children under the age of 16 years.

For the purposes of the present study therefore, children under the age of 16 seemed to be the most accurate and useful definition of 'dependent' children given the data that was available and since the criteria required was an indication of those subjects having a designated amount of parental commitment. All but two women reported having less than three dependent children. According to this criteria of dependent children the present results are also consistent, given the age of the women, with trends in the general population (Department of Statistics, 1986).

In conclusion, the importance of marital status alone is negligible. Similarly, this also applies for numbers of dependent children in the present results, however, there were practical implications (eg. extent of involvement) for subjects with young children.

Socioeconomic Status. The present study asked both volunteer's occupation (or previous occupation) and partner's occupation (if relevant) as possible indicators of socioeconomic status. For the volunteers however, it was anticipated that occupation may otherwise be related to volunteering, especially in terms of relevant experience (Payne et al., 1972).

Results for the present study indicated that the majority of volunteers (25) were no longer involved in the paid workforce, and seven had never entered it. Previous work experience was predominantly nursing (six), clerical work (six), shop work (three), and teaching (two). One woman had been a factory worker and another a hairdresser.

Of those still working (seven), two were involved in religious teaching, one was a home help, one a personnel officer, and three had part-time jobs (geriatric nurse, clerk, counsellor/real estate salesperson). Two women classed their full time occupations as volunteers.

Several speculations can be made from these results. First, the range and types of occupations (or for most, previous occupations) indicates a spread of SES levels in the present sample. On this measure therefore the present results do not support findings in the literature of the relationship between higher SES levels and participation in volunteer work (Lemon et al., 1972; McPherson & Lockwood, 1980; Payne et al., 1972; Tomeh, 1973).

Second, although there is a relatively high proportion of nurses in the sample no other occupations (with the exception of the part-time counsellor) would appear to be particularly relevant (ie. tied to the helping professions) to the service type volunteering the women actually do. One other exception however, is the teacher who specialises in teaching deaf children because she has contact with deaf patients at the hospital.

Third, the observed predominance of certain occupations (nursing, clerical work) does not necessarily indicate a relationship with volunteering. Rather, given the ages of the subjects, these occupations may simply be a reflection of the career opportunities available to women at that time.

Fourthly, in the present sample, the majority of women (27) are no longer employed. Given the age span of the group however, this result is not an unexpected one. Rather, the availability of time with non-commitment to a full time job is more likely to enable an individual to volunteer.

Overall the present results imply that the status level of the group members occupations are not an important factor in participation. Further, there is

not a clear relationship between type of occupation and participation for the present group. The latter has practical implications for the tasks the volunteers fulfill and training given the spread of skills and relevant experience within the group.

A measure of the women's partner's (if relevant) occupation was also taken as an indication of SES in the present study. Results showed that of the 19 women who were married, six had partners whose occupation was farming and four whose partner's had agricultural related jobs. Other occupations were Minister, Policeman, Chartered Accountant, and Supervisor. The remaining four partners were retired.

The majority of the partner's occupations are associated with high income levels. It is important to note however, they also reflect the nature of the rural community from which the volunteers come. Thus although partners occupation is an indicator of the economic support given the women (and may therefore be a better indication of socioeconomic status than the womens' own and mostly previous occupations) no firm conclusions can be drawn as to relationship of SES to volunteer participation. The high income levels of the partners may instead reflect the high SES bias in the community. Whatever the case, there are nevertheless practical implications for matching volunteers with an over-representation of low SES patients.

Education. Due to the age range of the subjects in the present sample there was considerable variation in the range of educational levels and qualifications reported. This in itself therefore raised some issues regarding the interpretation of the results (eg. the change in emphasis of educational qualifications with time). To obtain at least some sort of parity of these, broad categories were created to encompass those educated to primary level, to secondary level, having achieved a secondary educational qualification, and those with tertiary education or qualifications. Subsequently, six of the women volunteers had been educated at primary level, and 19 had some form of secondary schooling. Seven subjects had achieved secondary school qualifications and two had tertiary degrees.

The literature has generally found a positive correlation between educational level and volunteering (Lemon et al., 1972; Payne et al., 1972; Schram &

Dunsing, 1981). In terms of the present study however, these results do not appear to be supported. Rather, the present results are similar to the distribution of educational levels by age (no figures were available for gender) indicated in the general population (Department of Statistics, 1985).

Schram & Dunsing (1981) also made the point that more complex volunteer tasks are positively correlated to higher educational levels. In this sense, it could be said that the present volunteers engage in a relatively simple task, not requiring any specific educational abilities.

With the range of educational levels indicated by the present results however, there are practical implications if for instance, training is to be instituted. Additionally, there are likely to be different levels of knowledge concerning mental health and the functions of the psychiatric hospital. With a bias toward patients with low educational levels at the hospital, volunteers may need to be aware of the limitations this may have for their level of communication with patients.

Ethnic Background. Race and culture as factors in voluntary participation have been given little attention in the literature, with inconsistent results (Payne et al., 1972; Tomeh, 1973). That all of the volunteers in the present sample were of European descent however, may have some underlying practical implications for cultural mismatch considering the over-representation of Maori and Pacific Island patients at the hospital. Generally it appears however, that the patients visited by the present volunteers are European. Either these patients have been selected on the basis of a cultural match then, or alternatively the close family affiliation of Maoris and Pacific Islanders ensures that these patients do get visitors and therefore would not meet the selection criteria of patients who have no visitors. If the former explanation is true, then there are implications for recruiting Maori and Pacific Island volunteers into the programme. Additionally then, there would be implications for the Maori concept of volunteering (Social Advisory Council, 1987).

Relevant Experience. Although it has not been addressed specifically by the literature (but indirectly through occupational and educational measures) subject's perceptions of their own relevant experience for volunteering was measured in the present study. Results could overall, be categorised into five groups. Thus 17 women reported they had previous experience as volunteers, nine had different degrees of nursing experience, and two had had counselling training. Four of the volunteers perceived their life experiences as being relevant. Nine subjects considered they had no relevant experience before becoming volunteers at the hospital.

As a consequence of measuring relevant experience a number of interesting points can be made. Firstly, it does seem important to examine this factor separate from occupation and education because some experiences were reported which could not be accounted for by these categories. For instance, occupation as a category usually refers to one's present or most dominant occupation and does not take into account occupational history.

The second point of interest is that there is considerable variation in individual's perceptions of relevant experience as evidenced by the contrast between those subjects who considered 'life' as relevant experience versus those who reported they had no relevant experience. Further clarification of what was meant by relevant 'life experience' (eg. personal experience with psychiatric patients during one's life versus life in general) would therefore have been advisable.

Overall, the majority of volunteers considered that they had had at least some kind of relevant experience for their work. How this compares with perceptions of relevant experience for other types of volunteer work would be a useful point for further study. In terms of practical implications for the present research however, would be matching experience to a wider range of volunteer tasks and to the extent of training (if any) needed.

Regular Commitments. An indication of subjects' other regular commitments was sought for the present study as a possible relevant factor in describing the sample. Schram & Dunsing (1981) in their model, proposed that participation in voluntary work could be examined in relation to its associated costs (mainly time) and returns. Subsequently, if an individual

has a large number of other regular commitments then it is likely that the cost of volunteering would be higher, thus proportionate to the amount of available time one has to spend.

In the present study subjects' involvement with regular commitments fell into six main categories. Other volunteer commitments aside from visiting the hospital were reported by 20 subjects and 13 subjects said that they were heavily committed with other church activities. Outside interests (sporting, craft groups, antique club) involved six of the women volunteers, while four women had full time jobs and three had part-time work. Four of the women volunteers were occupied with young families. Five subjects reported they had no other regular commitments.

From the results, the majority of subjects have a considerable amount of time (with the general exception of those working or with young families) available for volunteering. This is particularly illustrated by the fact that many subjects denote their time to other volunteer activities in addition to visiting the hospital. It could thus be concluded that for the present sample the availability of time plays a seemingly important role in determining whether one becomes a volunteer and may therefore have obvious consequences for recruitment. It needs to be seen however, how prevalent this characteristic is in non-volunteers, and, to compare other sorts of activities individuals engage in proportionate to the amount of 'available' time they have.

Other Volunteer Work. In describing the present sample one question concerned whether subjects were involved in other types of volunteer work. Results indicated that 29 out of the 34 subjects engaged in other volunteer activities apart from visiting the hospital. The number of other volunteer activities per subject ranged from one to six, with a mean of 2.60 and a standard deviation of 1.30. Only five subjects reported no other volunteer work.

A wide range of other volunteer activities were reported although there appeared to be several common ones. By far the greatest involvement (20 subjects) was with other church related volunteer work including participating on church committees. The second most popular activity was

involvement with the 'meals on wheels' service by 13 subjects. Visiting and care of the elderly, sick, and one's neighbours (six subjects) and work for community social services (seven subjects) were also popular. Other volunteer activities reported tended to be associated with more specific groups relevant to subject's areas of interest or current life situation (eg. SPUC., Unemployment Centre, Parentline, school committees, Scouts and Guides, Save the Children, crisis counselling).

Results clearly suggest that volunteering plays an important part in the lives of the subjects in the present sample with most subjects involved in more than one volunteer activity. This extent of involvement is likely an interaction with a number of sociodemographic features already mentioned, however, this conclusion will be more fully discussed in the following chapter. One point of interest is that the types of other volunteer activities engaged in by the subjects are consistent with findings which suggest a relationship between type of voluntary organisations joined and age or life stage (Cutler, 1980; Jenner, 1983; Lemon et al., 1972; Payne et al., 1972; Schram & Dunsing, 1981). This further supports implications for recruitment for different volunteer activities.

Time Spent as a Volunteer. Time spent as a volunteer both at the hospital and overall were taken as measures in the present study because of their relevance to almost all other variables.

The results show that the total number of years the subjects had spent as volunteers at the hospital ranged from three to 27. Table 1 shows the mean number of years at the hospital was 11.0 with a standard deviation of 8.1. The median number of years was 10.

The total number of years the subjects had spent as volunteers overall, that is, including volunteering at other organisations ranged from three to 36 years. Table 1 shows the mean number of years spent as a volunteer overall was 13.9 with a standard deviation of 9.4. The median was 15 years.

The longest continuous period spent with any one particular organisation fell within the range of three to 28 years, with a mean of 12.0 and a standard

deviation of 7.9. The median for the longest continuous period was 14.5 years (see Table 1).

Overall, the results suggest that the subjects in the present sample are relatively stable in their memberships as volunteers. In the literature McPherson & Lockwood (1980) found that stability in memberships was positively correlated with gender. No firm conclusions can be drawn however, since this trend may be due in fact to the types of voluntary organisations joined. It is apparent that for the present research, subject's commitment as volunteers is a relatively long term commitment, particularly when they take on the responsibility to befriend a psychiatric patient in a personal one to one relationship.

The time factor also has a number of other implications for the research, including the practical ones of recruitment (ie. how long individuals are prepared to remain in an organisation as volunteers) and training (eg. the value of training in relation to retention of volunteers). Further, a number of measures taken (eg. satisfaction) surely bear some relationship with the length of time a person has been a volunteer.

TABLE 1: MEAN AND MEDIAN NUMBER OF YEARS
SPENT IN VOLUNTEER ACTIVITY (n = 34)

	X	S.D.	MEDIAN
Total Years as a Volunteer at the Hospital :	11.0	8.1	10
Total Years as a Volunteer Overall:	13.9	9.4	15
Total Years Spent with Any One Volunteer Organisation:	12.0	7.9	14.5

Motivation.

An indication of their initial motivation to volunteer was obtained by asking subjects "why did you become a volunteer?." To this question over half of the group indicated that volunteering had been a religious response and which came about as part of their general church involvement. Typical responses included:

"a calling to serve our Lord.";

"through service because of my faith acting it out being a witness."; and,

"because the gospel says "go to those who are in prison" and the people out there (the hospital) are imprisoned in their own minds."

Not all respondents however, felt the same about their church based reasoning to volunteer. One subject said she "was asked as a challenge through the church", while another claimed that "the church pressurised me into it really but I think it is interesting seeing the different men and the different types out there."

The next most common reason for volunteering was given by seven subjects as contact with friends or other family members who were volunteers (eg. "I had a friend who was going out there and she asked me to join her"). For some volunteers this response was not mutually exclusive of involvement through their church given that the church was an important social network (eg. "a friend from the church asked me").

The remaining nine responses to the question of "why did you become a volunteer"? were either concerned with personal interest and willingness to become involved or subjects believing they were fulfilling a community need. Examples varied such as "because of my personal interest with deaf patients", and, "because I like doing community service - I like to think I am giving something back after having family."

The emphasis in the literature on motivation as an important consideration in volunteers' relationship to an organisation or group raises some important issues for the present study. As expected with the present volunteer group

having a church basis the dominant motivation to volunteer was a religious response. With this emphasis however, the overall results are relatively consistent with previous findings. Weihe & Isenhour (1977) ranked personal satisfaction and self improvement as the most important 'motivators' in their study, while Miller (1985) considered motivation to volunteer as satisfying needs not being met through other activities. In this sense a religious response ultimately has underlying implications for personal satisfaction and improvement according to a Christian ethic (spiritual reward for secular activities). Consequently volunteering to benefit others is a way of satisfying these very needs. This idea is also synonymous with the Social Advisory Council's (1987) finding that volunteering (through helping others) is an expectation that is 'born' in people. Even more clearly, Phillip's (1982) application of the social exchange theory based on the balance of costs (giving freely one's time to benefit others and/or religious commitment) and rewards (personal and "spiritual" satisfaction) is able to accommodate motivation as a religious response.

In order of importance, the second motivational category (contact with friends or other family members who were volunteers) for the present study is consistent with prominent responses found by the Mulford & Klanglan (1972) and the Social Advisory Council (1987). Apart from outside pressure from friends and relatives (Weihe & Isenhour, 1977) to volunteer, the social contacts can be a considerable reward (Phillips, 1982) for the costs involved.

As the third motivational category in the present results, personal interest as a reason for volunteering has also been documented in the literature (Miller, 1985; Phillips, 1982; Social Advisory Council, 1987). Ultimately satisfaction resulting from the personal interest is assumed to underlie this motivation, that is, in the balance of cost and reward (Phillips, 1982).

Fourthly, fulfilling a community need as a reason for volunteering in the present study can be interpreted in a number of ways. The example given ("I like to think I am giving something back after having a family"), is consistent with the Social Advisory Council's (1987) finding that some people volunteer as a considered 'repayment' to society, and is in effect a reversal of the cost-reward relationship (Phillips, 1982). Additionally however,

fulfilling a community need could be viewed as an altruistic or a religious response.

With the literature emphasising the successful utilisation of volunteers as dependent upon professional staffs' understanding and support of the motivations which lead people to volunteer (Miller, 1985; Pearce, 1983; Phillips, 1982; Smith, 1981; Social Advisory Council, 1987; Vilkinas, 1986; Wiehe & Isenhour, 1977), there are obvious practical implications for the present study.

Clearly, the variation of motivational response could be expected to contribute, at least in the early stages, to differences in individuals' perceptions of, and work at, specific volunteer tasks and also consequently their satisfaction in the job. Staff members therefore need to be sympathetic to individuals' motivations to volunteer in terms of the tasks they assign volunteers and the expectations they have for them (Hargreaves, 1980). For instance, in the broadest sense it could be expected that an individual who volunteers out of a commitment to her church may envisage doing something quite different to what an individual who volunteered out of personal interest and concern for the patients would be prepared to do. Although too few subjects were motivated out of personal interest to indicate such a trend in the present results there did appear to be more differences in the extent of involvement of these subjects (ie. they either were, or wished to become involved more).

In addition to initial motivation to volunteer, the present study was concerned about possible motivational changes in volunteering over time. These were addressed by the broader question "Have you noticed any changes in your views or how do you feel about being a volunteer since you began working here"? Although, as the results show, all of the responses did not reflect solely motivational changes, 22 subjects responded affirmatively to this question. The range of changes that had been noted were varied, but most pertained to familiarity with aspects of the situation. Most common were feelings of being more relaxed with the situation of the hospital environment and becoming more involved through the forming of close relationships with the patient each volunteer was assigned to visit. For

example: "I feel I know a lot more about the hospital and I am more relaxed about mental health.";

"I am much more relaxed now and so I enjoy it. The one to one relationship is marvelous.";

"I get more addicted to it because it is a personal relationship."

Some comments referred specifically to changes in attitudes toward psychiatric patients which had grown out of familiarity, such as:

"it has made me feel very much and don't think this can happen to your own family I mean, a lot of people turn a blind eye to these things and I have asked a lot of people to come out here and they've said no they couldn't. They have said, "I couldn't have coped with that", but I reply that I don't think I could have either but you don't know what you can do until you try. It has changed my outlook on a lot of things. It has made me a lot more aware of what the person out there is really like - that they are human beings like the rest of us."

Aside from this, a few comments indicated the volunteers' increased awareness of the needs and problems of individual patients and a feeling of being able to contribute to the general well-being of one's patient. Five volunteers reported changes in that they had since become unsure as to "whether we are doing any good", and that the whole visiting process had become routine or even tiresome. One subject made the comment that she "hated to feel like a 'do-gooder'".

An indication of motivational changes was also sought in the question, "what makes you keep going as a volunteer"? Results indicated considerable variation in responses for this question. The most common responses were nine subjects who reported that they enjoyed volunteering, nine subjects who perceived that their volunteering benefitted the patient they visited, and six subjects who reported a commitment to continue. A range of these responses includes:

"I enjoy it and I think they look forward to our visit. They must get terribly bored there.";

"It is something I want to do - I have become so involved I wouldn't like to miss going. It has now become more than a sense of duty. It can also be boring sometimes but I still do it.";

"Knowing my patient as well as I do he is sort of part of my family really. I wouldn't want to disappoint him. I usually try and work it so I can be there - they so look forward to you going.";

"I'd feel terribly guilty if I didn't go I would feel awful if I didn't go and he (patient) was still there while he's there, I'd like to go on.";

"Those people have a right to as much as we can give them - who are we to stand in judgement in the end. After all, it does bring happiness for those couple of hours once in three months. I feel we are doing something very worthwhile to society. God's work."

Other reasons for continuing to volunteer included feeling satisfied from doing good, supporting other women in the group, fulfilling a need in the community, and something to do with one's time.

Results from the present study have supported the proposal in the literature that motivation to volunteer is not a static concept (eg. Phillips, 1982). Although there are limitations for the present results in that the focus is on the motivation of a group of volunteers who have chosen to continue (by the very fact that they still belong to the group) the findings are quite explicit. It is apparent that almost all of the initial motivations (except for the responses of commitment and fulfilling a need) have undergone a transition to motivators (or rewards) within the volunteer task itself (ie. enjoyment, personal relationships, satisfaction from helping others). It could be argued that actually some responses of commitment also actually now refer to the task than an ulterior religious response. Further, disillusionment with the task reported by some volunteers would suggest that the rewards are not appropriate or sufficient for some individuals (Phillips, 1982). Nevertheless, that this focus has shifted to the actual volunteer task would seem to have practical implications for the retention of the volunteers. A comparative study of individuals who had stopped volunteering would therefore be useful in determining this.

From the present results it would be plausible that there is a relationship between the transition to task-oriented motivation and volunteers' familiarity with aspects of the work environment. Obviously, the rewards of the task itself would coincide with a volunteer's feeling comfortable in the situation. Thus, there are practical implications for ensuring that familiarity (eg.

through information or training) with aspects of the environment occurs in the earliest possible stages of the volunteers involvement.

Expectations.

In the present research, subjects were asked to recall their initial expectations for volunteering, and these were subsequently matched with subject's operational definitions ("what is it that you actually do as a volunteer at the hospital"?) of the task.

Results indicated that when asked "before you actually went to the hospital what did you expect that you would be doing as a volunteer"?, more than half (eighteen) of the subjects did not know what they would be doing. Comments also conveyed that this had actually been a concern for most subjects, for example:

"It was a bit scary as I had never been out there and what you hear is not always that good, so I didn't have a clue what to expect.";

"It worried me, I'll be honest about that. I did wonder how I was going to cope and what it would be like.";

"I went with mixed feelings. I was scared really.";

"I had absolutely no idea what to expect and it turned out on the first day that I was meant to be picked up to go out there - the women forgot and so I went out there on my own which certainly wasn't the best way to be introduced to the hospital."

The remaining subjects all had some expectations about what they would be doing as volunteers, most of whom had been informed (to varying degrees) by others already in the group (eg. "the others described it well so I knew exactly what to expect"). Two subjects reported they had been given trial periods before deciding whether they wanted to be committed as volunteers.

Given that the volunteers' visits to the hospital were pre-arranged and comprised the whole group, all subjects gave similar accounts of what they actually did. These were in accordance with the description given at the beginning of the present chapter. Some variations in emphasis on different aspects of the job are nevertheless worth noting:

"We sit and talk one long table setting was not very group oriented though it is exhausting work, especially for some of us.";

"We visit and talk sometimes they (the patients) provide entertainment for us.";

"We talk, show we care, and be a friend for them let them feel we are part of their life.";

"We sit and talk write letters send presents on their birthdays just treat them like members of our own families.";

"We are given a man and we spend a few hours with him and then we have afternoon tea. I feel it is most rewarding. We had a Christmas party and the men gave us all gifts.";

"We go for afternoon tea all joined up along one long table.";

"When its with the group it is a social visit. When I go by myself I just call on them anytime and we have a little bit of conversation.".

In the literature, those studies which encompass individuals' expectations for volunteering have maintained a positive relationship between congruence of a volunteer's actual experiences with his or her initial expectations and the likelihood of a successful commitment to volunteer work (Hargreaves, 1980; McAdam & Gies, 1985; Phillips, 1982; Vilkinas, 1986). The fact that more than half of the volunteers in the present study did not know what to expect is a particularly interesting result. Due to the close association of an individual's initial motivation to participate in, with one's expectations for, volunteer work (Phillips, 1982) however, the most likely explanation for the absence of expectations in the present results is those volunteers' motivation out of a purely religious response and maybe also coercion through social contact. Thus it seems the actual volunteer task is initially of less importance than the individuals reasons for becoming involved.

For those volunteers who did have some expectations about what they would be doing most had been informed by existing group members and therefore their expectations were relatively congruent with the actual task.

From the present situation some practical implications arise. Hargreaves (1980) emphasised the importance of informing prospective volunteers so that they have realistic expectations of what they would be doing. Thereby the risk of dissatisfaction and high drop-out rates are reduced. The use of

existing group members to integrate new volunteers has been reported as a useful method in the literature (Hargreaves, 1980). It is also important however, that the organisation's expectations for the volunteers is also clearly communicated (McAdam & Gies, 1985). Vilkinas (1986) considered an ethical obligation for the organisation that volunteers should have the right to know what is expected of them.

Satisfaction.

The results from the present study using an adapted version of the 'Perceived Rewards from Volunteering Scale' (Gidron, 1983) are presented on Table 2. Frequency counts were chosen to summarise the results for each item as the use of percentages would have tended to distort the results of the small sample size.

As Table 2 shows definite trends in the data are shown on a number of individual items. Of particular interest are indices (Patient, Staff, Staff-Expressive, Staff-Instrumental) for which definite trends are shown on all corresponding items.

For the 'Patient' index the majority of volunteers considered that for a great deal of the time their patient came to the arranged meetings (visits), cooperated, and was happy that they volunteered.

On the 'Staff' index volunteers agreed or even strongly agreed on all items (consider volunteers as part of a team, are not suspicious of volunteers, do not consider volunteers a nuisance, are aware of the presence of volunteers) which generally indicated the acceptance of the volunteers by the hospital.

TABLE 2: PERCEIVED REWARDS FROM VOLUNTEER WORK
(FREQUENCIES)

CATEGORY:	ITEM:	NOT AT ALL:	TO SOME EXTENT:	A GREAT DEAL:
1. WORK ITSELF:				
	Job is Challenging	5	23	6
	Job is Interesting	0	15	18
	Makes use of my Skills and Knowledge	7	19	7
	Allows for Independence	12	16	6
	Requires Responsibility	7	14	12
2. TASK ACHEIVEMENT:				
	Patient makes Progress	7	14	12
3. TASK CONVENIENCE:				
	Convenient Hours	0	11	23
	Convenient Location	0	11	23
4. FAMILY:				
	Encourages my Volunteer Activity	5	12	15
5. CLIENT:				
	Comes to Scheduled Meetings	1	7	26
	Cooperates	1	7	26
	Happy that I Volunteer	1	6	27
6. STAFF: EXPRESSIVE				
	Encourages and Supports	1	6	27
	Willing to Listen and consider my Opinion	1	8	25
	Happy that I Volunteer	0	5	29
	Considers me as a Colleague	2	12	19

TABLE 2: (Continued)

7. STAFF: INSTRUMENTAL				
	Explains exactly what to do	1	7	24
	Can learn new things from him / her	3	6	23
	Shows how to improve work	4	5	23

CATEGORY:	ITEM:	NEVER:	SOMETIMES:	OFTEN:
8. RECOGNITION:				
	Special Events, Trips for Volunteers	1	31	2
	"Thank You" later	0	2	32
	Publication of names of Volunteers	29	4	0
9. STRESSORS:				
	Insufficient Knowledge and Experience	16	14	4
	Unclear about what to do	9	22	3
	Lack of Planning and Organisation	26	6	2
	Disagree with Staff Re: Goals and Ways to meet them	29	2	2

TABLE 2: (Continued)

CATEGORY:	ITEM:	STRONGLY AGREE:	AGREE:	DISAGREE:	STRONGLY DISAGREE:
10. STAFF:					
	Consider Volunteers as Part of a Team	5	28	1	0
	Are Not Suspicious of Volunteers	10	23	0	0
	Do Not Consider Volunteers a Nuisance	13	20	0	0
	Are Aware of the Presence of Volunteers	18	15	0	0
11. OTHER VOLUNTEERS:					
	Work as a Team	15	15	4	0
	Are My Good Friends	21	12	1	0
	Try to Solve Problems Together	13	20	1	0
12. PERCEIVED SOCIAL ACCEPTANCE OF VOLUNTEER WORK:					
	Most People think that Work without Pay isn't Worth Much	6	6	8	10
	Where I Live, People Value Wage Earners more than Volunteers	5	9	12	5
	Where I Volunteer, People value Wage Earners more than Volunteers	4	6	15	3
		VERY SATISFIED	SATISFIED:	DISSATISFIED:	VERY DISSATISFIED:
OVERALL SATISFACTION:		11	18	5	0

Further, the 'Staff-Expressive' index indicated that volunteers found staff members a great deal encouraging and supportive, willing to listen and consider their opinion, happy that they volunteer, and generally considered them as colleagues. For the 'Staff-Instrumental' index the majority of volunteers felt that staff were a great deal available to explain exactly what to do, for learning from, and for indicating how they might improve their work.

The present results also indicate a general agreement (agree or strongly agree) for the index of 'Other Volunteers' as working as a team, being good friends and trying to solve problems together.

Among other indices results for some individual items were also prominent as demonstrated by Table 2. For 'Work Itself' the majority of volunteers found that it was to some extent challenging. The majority of volunteers also never felt that there was a lack of planning and organisation, nor did they disagree with staff re goals and ways to meet them, as indicated under the 'Stressors' index. In terms of 'Recognition' there was agreement that special events and trips were sometimes arranged for the volunteers, that they were often thanked for their work, and that there was rarely publication of the names of volunteers.

Table 2 shows an interesting spread of results particularly for the index 'Work Itself'. Responses for individual items (job is interesting, makes use of my skills and knowledge, allows for independence, requires responsibility) are recorded over all three points of each scale. Importantly, this finding supports other qualitative data for the present study that individual volunteers appear to have different perceptions of their actual role.

It is noteworthy from the present results that the indices that do reveal overall trends are all those which indicate job context factors (with the exception of the 'Patient' index) related to the actual work situation. Conversely those indices which represent a greater spread of scores (eg. work itself, achievement) are concerned with job content. Again, this is consistent with volunteers different perceived roles indicated by measures of job content, while context factors are more stable in that all volunteers are exposed to a similar work situation.

In relation to the research by Gidron (1983) the present results are consistent with his findings in terms of the main trends found (ie. for job context) while there are some differences on individual items measuring content factors. Mostly these differences are in a greater spread of scores rather than any failure to support general findings. The implications for these results are also in comparing different volunteer activities. Gidron (1983) did not specify the nature of the volunteer tasks in his study except that the work was service oriented. It could be expected therefore, that there would be more likely differences between measures of job content.

In addition, subjects in the present study found some difficulty in interpreting some of the individual items as a result of the volunteer work they do. Subsequently some items were more relevant to their situation than others. In particular the item 'patient makes progress' was difficult to define in the context of their volunteer task.

One further interesting result which was not particularly consistent with Gidron (1983) was the index 'Social Acceptance of Volunteers'. Gidron (1983) found that subjects generally thought that work without pay was valued by society and that volunteers were valued as much or more than wage earners both in the community and the organisation they worked for. In contrast the present results were divided on the issue of whether work without pay was worth much, and there was a much weaker trend toward thinking that volunteers were valued as much as paid workers. Clearly, although this result may reflect different societies in which the research was conducted there are practical implications for how the volunteers feel about themselves and the work they are doing. It may be also that as a religion based group, the present volunteers got the feeling that they are regarded by others as 'do-gooders' and that they only want recognition for their work.

In terms of overall satisfaction the present results were consistent with the findings of Gidron (1983). Only five volunteers were dissatisfied and the remaining 29 volunteers reported being either satisfied (18) or very satisfied (11) with their work. In his discussion, Gidron (1983) stated that it is not uncommon for people to express satisfaction with their work. Particularly

that the present subjects engaged in volunteer work (and therefore did not rely on monetary remuneration to remain in the work) it was expected that they would mostly be satisfied. Social desirability in responding however, must also be considered in volunteers' reporting satisfaction. Being aware of this limitation, Gidron (1983) argued that respondents who reported they were very satisfied indeed found their work to be particularly rewarding.

Overall, a number of important practical implications from the present results are evident. The findings suggest that satisfaction is related to a number of factors in the work situation. In particular, a satisfying relationship in terms of feeling wanted and accepted by one's patient are important and obviously specific to the actual volunteer task. Further feeling accepted by staff and recognised for the contributions the volunteers make would seem to be important. Consequently for the hospital to be aware of the rewarding aspects of the volunteer work and to aim to facilitate these as much as possible is a necessary practical implication. Already special occasions and outings arranged for the volunteers and the personal thanks given them are indicated by the volunteer as rewarding.

It is interesting to note that the present findings indicate that the majority of volunteers feel staff members would readily give help, teach them new skills, and show them how to improve their work if necessary. Given that the interview findings identify that at least half the volunteers feel the need for assistance and training then, there is an inconsistency in terms of volunteers actually receiving what they need and what they perceive is available. There are therefore practical implications concerning the approachability of staff by the volunteers and avenues by which the necessary skills may be required.

A further practical implication is for the apparent support structure which seems to exist between most subjects in regarding other volunteers as good friends, working as a team and willing to give support. Generally, this may be utilised positively within the group as will be discussed further on in the present chapter.

Lastly, there are also important practical implications stemming from the range of responses given by the volunteers on the 'Work Itself' index.

Given that volunteers perceive their roles differently despite doing a similar task raises a number of practical considerations which are also discussed later in the present results chapters.

Involvement.

The majority of questions asked of subjects in the present study concerned aspects of their involvement as volunteers. It has already been outlined what the volunteers actually do (according to their perceived role) at the hospital, and any retrospective changes in how they viewed, or felt about, their volunteering. As well, this can be matched with the volunteers' initial expectations for their perceived role.

The following results give an indication of the finer details which have considerable practical implications including recruitment and training, for the role of volunteers in the present sample.

Good and Bad Experiences as a Volunteer. An indication of the range of actual experiences of the volunteers was obtained through subjects' accounts of any particularly good or bad experiences they may have had.

Pertaining to good experiences results for the present study were generally quite similar with common themes being identified in the responses made. Most common were 18 responses which related to volunteers' own feeling good about themselves and/or feeling accepted and appreciated as volunteers. The following is a selection of these typical responses:

"I would say the nicest experience I have out there every time we go is the fact that we are accepted. They are just so pleased to see you they get such pleasure out of seeing us out there.";

"The satisfaction of knowing that you go and that you are interested in somebody who has nobody else.";

"Lots - every time you go it's a good experience I feel humble when I come home and glad that I went. It is very rewarding on a one to one basis.";

" the experience of him (patient) waiting for me in the rain with an umbrella, that was a lovely warm feeling.".

One other response was a slight variation on this theme:

"As a church group we like to bring Christianity into it and when I saw the tears in (patient's) eyes I knew that we are very looked for. The people we visit don't have visitors and we are the only connection they have with the outside world. Whether they show it or not it means a lot to them. Whether I get anything out of it or not doesn't matter. It's no great sacrifice going out there - it is quite a nice drive and it gives you joy when you know they get something out of it - satisfaction, I suppose."

Ten subjects gave the next most common response of the good experience of having established a relationship with a patient after a length of time. Included were considered 'break-throughs' especially in communicating with one's patient. For example:

"The man that I visit at the moment seems to be responding to my visits. He loves to tell me all the things he has been doing and doesn't let you get a word in. He wasn't like this when I first started visiting him.";

"It was all good, but there was always an extra special time once you had got to know the person there was always a bad time before, you had to wait a while and give them time so you could size each other up."

Three subjects included in their responses that special or different activities (eg. singing, concerts, Christmas parties, picnics) arranged either by the hospital or the volunteers themselves had been particularly good experiences:

"A couple of years running they arranged for us to go on a bus trip and they put on a lovely morning tea - that was a real experience. It was really good because you got to see your man outside of that hospital atmosphere. After that they all entertained us there is terrific talent out there really, it just needs the chance to come to the fore.";

"Usually it is the same visiting thing over and over, but one day I noticed there was an electric organ so I asked if I could play it. I was sitting up on stage and all these voices half of them couldn't sing they tried and started to sing the hymns and one man just cried and cried I felt so terrible so I went down and said I was sorry, but the nurse told me it was the best thing for that particular man, and that was a good experience."

A further three subjects reported that seeing their patient through to discharge from the hospital was a particularly good experience. For instance:

"The man I had before the patient I've got now, I had him about 11 years and he went out - he went out to live with his sister. Every year he would send me cards - to me he was a man who could go out. I was so happy for him."

Overall, only two subjects reported they had had no particularly good experiences. One of these subjects then continued

"I went to a Christmas party and I didn't enjoy that either. I didn't expect to enjoy it but I thought they would respond more to what you try and talk to them about."

In contrast to good experiences, when subjects were asked about particularly bad experiences as a volunteer, 18 subjects reported that they had had none. Of those subjects who did report bad experiences these tended to be one of three things: feeling uncomfortable or vulnerable in the psychiatric hospital setting (five subjects); the initial visit (four subjects); or, changes, for the worst, in their patients behaviour (four subjects). Responses included:

"I was scared at first. With so many of them (patients) around you, you feel vulnerable - not unsafe - but not comfortable.";

"Quite a few of us feel edgy about the whole situation.";

"Very early in the piece, the second person I had was really 'off his head' and that was frightening.";

"Perhaps not bad, but uncertain times - just in that 'getting to know you' time and the other thing I was upset about was that the guy I was talking to said some pretty filthy things and that was upsetting.";

"There was one day when the man opposite me took a fit. It was terrible for all of us who were around.";

"Last time I went out my patient was very withdrawn. It was awful."

It is particularly interesting to note from the results a differentiation in responses regarding bad experiences specific to the actual patients the volunteers visit versus those the volunteers generally see wandering around the hospital. One subject commented that she had had no bad experiences

because "we only see the ones suitable for visitors." A few other subjects' bad experiences were a consequence of these 'other' patients. For example:

"Some men around the quadrangle when we get there are a bit you know like there is man who has a lot of saliva and he is wiping his face and then he shakes your hand things like that are off-putting.";

"There was one time when I thought I would never go back there were patients walking with a couple of nurses and one man came up to me and poked his head in the car window and I started just talking politely back to him and he stuck something in my hand - it was a 'french letter'. I nearly had a fit. The nurse realised what he had done and came and took it off me and said sorry I felt so sick I was never going back. I don't think he understood though he wasn't one that we visited - he was just one in the grounds. But I thought - that's it, I'm never going back, but then you are forced to forget about those things and you do go on."

Other types of particularly bad experiences reported by the volunteers were varied. Two subjects reported feeling that they did not know enough about their patients' conditions and how to respond, and one subject was very frustrated that she could not communicate with her patient. One other subject found the psychiatric patients extremely sad and depressing. Two subjects reported that their worst experiences had been the death of earlier patients they had visited. Two very different accounts were given:

"My sister and I went to the funeral of one of my men and we were the only people there. It was the saddest thing that somebody could live their whole life and have an end like that. We were pleased they (the hospital) had let us know he had gone, but we didn't expect that.";

" the saddest part about all this is that you have a patient for all these years and then one day you go out there and you are told he is dead. I've always thought it is a pity that the authorities knowing perhaps the people that actually visit them that they don't just drop them a little note because it has happened twice to me and talking to several of the other ladies out there it has happened to them too you just arrive and are told that they are dead it is quite a shock because you have gone out there with their smokes and sweets and they bring somebody else in to see and if that chappie likes you then he will come back next time but if he doesn't, or doesn't like the visiting

type of thing he doesn't come again and you've got to wait a while to get another patient."

Overall, volunteers' accounts of their good and bad experiences have shown that they are a valuable insight into the situation of the volunteers' at the hospital. Vilkinas (1986) points out that if volunteers are to be utilised to their maximum benefit then it is necessary that their role is fully understood. In understanding that role intrinsically, consideration must be made of the actual experiences of the volunteers.

The present results therefore, have a number of practical implications. Firstly, it can be assumed that the ability to recall particularly good and bad experiences implies that these incidents make a significant contribution to an individual's overall impression of volunteering. Secondly, these experiences can give at least an indication of how an individual is functioning in the role of a volunteer. As a consequence of these two points it could be expected that particularly good experiences may reflect aspects of the work which volunteers have found rewarding, satisfying or achieving whereas particularly bad experiences may indicate areas of difficulty, dissatisfaction, distress, or inability to cope. Where similar reports of good and/or bad experiences occur frequently then these form a useful data base from which the hospital may see the need to intervene and make positive changes.

For the present study, it has been indicated that the majority of subjects reported that particularly good experiences were ones that made them feel good about volunteering, appreciated, and accepted, followed by memorable activities or outings arranged by the volunteers themselves or the hospital. Thus in terms of practical aspects such as the retention of volunteers, it would be important for the institution to ensure that volunteers are regularly acknowledged and made to feel worthy (eg. recognition from significant professionals, progress reports) as well as bolstering the programme (both for volunteers and patients) with occasional variation in activities and special events (Miller, 1985).

Additionally volunteers' positive experiences may be used as a tool in advertising for and recruiting new group members. Types of bad experiences (if reported) given by volunteers in the present study (generally, feeling

uncomfortable/vulnerable, the initial visit, and changes in patients' behaviour) also suggest practical implications for the institution. Considered together, all of the bad experiences can be seen to reflect a common characteristic of a lack of information. Thus given appropriate and timely information about the hospital and what to expect of patients then the incidence of these experiences would probably be reduced (Lewis et al., 1978). Support can therefore be given for the necessity of some sort of basic training or introductory session as a basic right for volunteers (Vilkinas, 1986).

Difficult Aspects of being a Volunteer. This question sought to identify the most difficult aspects of being a volunteer and to find out how the subjects coped with these, including suggestions they might make to other volunteers in the same situation.

Results for this question showed that responses fell clearly into three major categories: those volunteers who had no difficulties; difficulties with communicating to patients; and, the initial meeting with one's patient. Nine volunteers reported that they found nothing difficult. One of these subjects reported that difficulties however, depended "so much on the people themselves - the patient and the visitor."

By far the most common responses were difficulties with communication. This was reported by 24 subjects. Most comments reflected problems making conversation, understanding what the patient says, or both:

"Communication is very difficult - it is by far the worst thing.";

"Communication. I don't find it hard talking to most people but when a patient has been in hospital for so long there isn't much to talk about. I sometimes thought he was under too much medication.";

"Just communication full stop with (patient) but that's only (patient) - it is easy to talk to a lot of other men. But (patient) is probably drugged a bit and I would like to know a way of improving communication with him.";

"It is so difficult to communicate. I find my man is very difficult to understand at times but you make a stab of it and most times you can get what he means. An hour's visit might not seem long to be there but

I come away feeling exhausted because I am trying to listen so hard and trying to understand and to give them some sort of reply.";

"The hardest thing is to keep up a conversation or to make conversation."

The other difficulty faced concerned the initial introduction to, or meeting with, one's patient. This was reported by four subjects. These four responses were quite similar, for example:

"The hardest thing is when you are given a new patient, getting to know them and what they are interested in.";

"The initial meeting of your patient for the first time. You have to start asking him questions and gradually work around finding out why he is there and that is what I find is the most difficult process you go through."

Of those subjects who did report difficulties the majority suggested ways which they had found to help them cope with the situation. Several subjects however, reported that they felt they did not cope. Mostly coping responses conveyed ideas for making conversation including finding things in common, taking things out such as books and photos to talk about, and, talking about themselves and their families. One subject said she encouraged communication by supplying her patient with stationery to write letters between visits. Another technique used by some volunteers was to join in on conversations with other volunteers although this was usually difficult given the long seating arrangement (with volunteers facing patients) which had been used. Other volunteers found one to one conversation difficult with this type of seating arrangement also.

The general feeling of the group is reflected in the advice they would give to other volunteers:

"I'd say to them they've got to be prepared that it is not going to be easy - that you have to talk to them and that they are not going to try and make conversation. What I find is good is if you talk to the others too I find I make conversation with other patients and that is important. Some of them are like little comedians. They like to entertain you.";

"They're all different - the only way you can cope is to watch them closely and listen to them.";

"There are some people you know straight away who couldn't do it. It's all very well being noble and saying I'll go out there and then deciding you don't really like people like that. You need to be interested - it's like taking in an orphan in a way.";

"Take a sense of humour.";

"I would suggest and warn people that it is not easy and that it is not a nice bright social afternoon but I wouldn't try and put them off - just let them know what to expect. Be yourself - take your children out if you've got them. Some people I've talked to have said they couldn't do it - I say to them, well, you can't catch anything.

"Make suggestions to a new person ? I wouldn't!".

One subject felt the need for a different form of advice:

"What I think one of the things that would really be helpful for volunteers would be if they had somebody like the guy who organises the visits so that they would be able to find out what to expect and to be told that it is alright to sit in silence and that they are not responsible to mutter one hundred thousand words of conversation! To tell them they can just sit with their patient and be told it is o.k. - I think those sorts of things - you get comments from some of the ladies like "I don't know what good I was because he didn't say anything", but if only she knew. Some people need permission by someone in authority just to say its o.k. just to be there.".

That common themes have emerged in identifying volunteers' perceived difficulties within their defined role at the hospital raises some important issues for the present study. In terms of the literature, most authors (eg. Hargreaves, 1980; Vilkinas, 1986; Smith, 1986) consider that assistance in overcoming difficulties faced by volunteers is an integral part of an organisation's successful management of volunteer effort. Nevertheless, as already stated there is a lack of applied research in the volunteer-organisation relationship area, and consequently, there is little information regarding the practical difficulties actually faced by volunteers.

Specific to the volunteer work of the present sample the regularity of which the basic difficulty of communication with patients was reported by the subjects certainly has practical implications. Although most subjects proceeded to offer a variety of ways in which they tried to cope with this difficulty, many still perceived communication as a problem or were unsure whether they coped with it adequately, and others reported that they did not cope at all. It would therefore appear then that the implementation of some sort of intervention by the institution to deal with communication difficulties would be justified. A number of suggestions were given by the volunteers themselves in response to the need for assistance and/or training. Additionally, however consideration would need to be given to the relative value of training with the frequency of contact the volunteers themselves have with the patients they visit.

Help and/or Organised Support for Volunteers. Subjects were asked whether they felt a need to have help available (eg. contact with other volunteers, organised support groups, regular meetings) and what they would suggest that help would be.

Results indicated that 12 subjects agreed that it would be a good idea to have some form of help or support while a further nine subjects were satisfied with what already occurs within the volunteer group. Seven subjects did not feel the need for help or support. The remaining six subjects were undecided or felt that it depended on the individuals involved. Those subjects that did agree with the need for some kind of help generally agreed that a regular meeting would be useful to deal with problems and as a way to introduce new volunteers into the group:

"A meeting would be a good idea especially for those of us who don't see each other between times.";

"Because some people develop a long term relationship with their men, I think it would be useful for them. It must be helpful to share and be given information if you are doing a task. I don't care how simple it is.";

"I think this whole idea needs looking into. I certainly would make the effort to go if something like that was set up. We don't exactly see our patients very often though.";

"Informal meetings would be good - I do feel though that I can approach (the Recreation Officer) as a support person. I'd say many of the ladies had not had experience before and it would be good to have a small session to familiarise people as well. Some women really mean well but are not quite sure what to do."

Those who were satisfied with the current situation all made reference to existing support systems within the group in their comments:

"We do talk things out in the cars on the way home and I think that is enough really.";

"We get support already - I don't know that we really need more. If there was a support group I don't think it would accomplish anything it's support without a group really."

Two main reasons were conveyed in the responses of subjects who did not feel a need for help and/or support: that they did not visit often enough; and, the task they did as volunteers did not require the effort. For example:

"I don't think so when we only visit every three months it would probably stop some people from going.";

"No, I think we can cope for what we are doing. It seems that the ladies and the institution have it well organised."

The literature suggests that friendly and supportive relationships amongst volunteers and with a larger organisation or institution are important factors in voluntary group participation (eg. Mulford & Klanglan, 1972). Concurrently these factors have been tied to motivation and volunteers reports of positive aspects of their work (Phillips, 1982; Social Advisory Council, 1987; Gidron, 1983).

In the utilisation of volunteers the literature views it the responsibility of an organisation or institution to provide the necessary support and assistance needed as an integral part of the volunteer-organisation relationship (Hargreaves, 1980; Social Advisory Council, 1987; Vilkinas, 1980). Further, the Social Advisory Council consider that assistance and support are central to an organisation's acceptance of volunteers as full members of a working team. Hargreaves (1980) nevertheless pointed out that it is important to

find the balance between providing support and whatever help is needed, and undermining the confidence of volunteers in their role.

In light of the present study therefore it is important to ensure that the volunteers feel they are getting the necessary help and support they need. The considerable variation in the present results suggests that there are differences in individual volunteer's perceptions of what help and support they actually consider is necessary. The volunteers' comments themselves also indicate some of the many possible reasons for these differences. Firstly, in being an exceptional volunteer group in that close-knit social networks were already formed through being members of existing church based groups and living in a small rural community some volunteers would sufficiently rely on this as a means of support and assistance whether or not they actually recognised it. Conversely, the volunteers' whose comments reflected an absence of the support of the existing peripheral social network (ie. they did not see other group members between visits) were in favour of more help and support.

Secondly, differences in the perception of the necessity for help and support also appeared to reflect individual motivational differences, perceived rewards, and competencies or levels of experience. A number of comments for instance, reflected a need for help or organisational support that had grown out of particular bad experiences or uncertain times. In contrast, those subjects who did not see a need for help or support because they felt that the volunteer work did not warrant it and they did not visit frequently enough, were likely able to cope and did not feel the cost of attending meetings for example, was worth the benefits they would reap.

From a practical point of view, the present results raise one obvious problem. Clearly it is imperative to satisfy those individuals who feel their needs for help and support are not being met, but on the other hand it is equally important not to bring additional requirements (eg. meetings) on those who do not want them. Although organisational help and support could be clearly made available for when it is needed (eg. contact persons, information) it would be more difficult to foster within the volunteer group based on some of the existing social structure. This also brings about implications for recruiting and introducing new volunteers into the group.

Consequently it needs to be stressed to volunteers that there are different levels of needs within the group and maybe the existing social structure could be utilised to accommodate these (eg. more experienced volunteers being assigned to assist new recruits).

Training for Volunteers. Several questions were asked of the volunteers regarding training. First, was whether there is any existing assistance or training for volunteers who work at the hospital. None of the volunteers reported that there was any.

Second, subjects were asked "what assistance or training have you personally had as a volunteer?" Only four of the 34 volunteers reported that they had had any form of assistance or training. Each of these responses however, were very different:

"I have been to many church group meetings dealing with communication with people which I feel has helped a great deal.";

"Counselling and listening skills.";

"i read about things and i've been to grief support things. I am very interested to know how to handle these types of situations.";

"The only training I've ever had was when I joined Samaritans and I had to learn to listen that's the only little bit of training I've had. I've never had any training as such specifically for this work.".

Thirdly, the question was posed "in your opinion, should there be some form of general training for volunteers?" In response to this question subjects were equally divided. 16 subjects agreed that there should be training, 15 said no, and two subjects were undecided.

The subjects who agreed that there should be training were then asked what it should constitute of. Most volunteers suggested some form of introductory orientation session but others were also keen to have some basic knowledge about the patients and training in communication and listening skills. Examples of these responses included :

"There should be training but not that you'd have a great course, but just so you're not thrown in the deep end. I think some people really mean well but are not quite sure what to do. Maybe in time, say six

monthly or yearly we could re-talk about what has happened as a group, how people feel, and get refreshed ideas.";

"I really believe there should be at least a one day seminar or workshop to help us understand things like when my patient had his so called breakdown nobody ever really told me what happened to him - it was only because of some information that I probably shouldn't have got from some of the workmen down there that I actually knew. When he did come back for a couple of visits, there was a marked difference in his physical appearance and if I hadn't understood where he had been or what had happened to him well, imagine it. So if they had a workshop to help us understand why our guys are there - not specifically individual cases but information, especially because people have lots of harmful or bad information about what happens out there. Some people find it really scary. In terms of content of training I would say an overall picture of the care they get - what actually happens to the men-

I mean if you develop a relationship with anybody else you usually find out what happens in their day don't you? I am very aware of the kind of confidentiality that must develop when people are housed in institutions like this but I feel that a little information would be so useful anything that helps someone to understand the person they are dealing with I mean, how can you gauge their needs if they don't speak to you? How can you be helpful? A volunteer needs to feel that at least they are being helpful in some way?";

"Yes definitely, although not a great deal of training but a) from a professional person talking about the categories of illness and the nature of the condition to help us understand, but also, b) from a non-professional person who is experienced - just to give the scheme of things from the other side like other volunteers, ex-patients, or family members of patients.";

"You need a varied training programme to suit individual needs.";

"Certainly I think there needs to be some form of introduction when you are about to begin as a volunteer - to prepare you for what it is all about. I was quite scared when I first went out there. I have had people say to me that they would love to go but 'what do you do ? - I would be a bit scared'. So I think you need to tell them what its like out there even little things like when you get out of the car and there are always patients wandering around all that takes getting

used to. Like when a patient came up to the car once when I had a friend with me he put his arm around us and took us over to see the new canteen. I had to laugh to myself because my friend was quite petrified I mean I knew he was harmless. I also therefore think it would be a good idea to take someone out a few times and see if they like it before they take on the commitment.";

"I think maybe listening skills - you need to be an interested listener."

Conversely, the volunteers who were opposed to any form of training gave a number of reasons, mainly these emphasised that visits were not frequent enough to warrant it, the task did not require it, natural ability (ie. you either have the necessary or you don't do it), and the positive aspects of being a layperson. For example:

"No, but I would say it depends on the regularity of the volunteer visiting.";

"You don't need training to meet people and talk to people do you?";

"No, it is a matter of common sense - I've been through life and I wouldn't be going out there if I couldn't handle the situation.";

"It can become too stereotyped in some ways. I mean there are people who are naturally drawn to that work and others that with no matter how much training they got they couldn't do it. You need to be naturally gifted.";

"I think a little knowledge of this thing is better than a lot of knowledge otherwise you would expect too much - your ignorance is much better to the patient.";

"No, we need to go out and accept them (patients) as they are. It is a different sort of relationship altogether. You have different feelings from someone who is trained - they look for results while we just go out and have a chat with them and listen."

In the literature, Vilkinas (1986) stated that if needed, all volunteers have the right to induction and training similar to that of paid employees. There is also a consensus in the literature that the value of preparing volunteers for their role is indicated by higher rates of retention (Gidron, 1985; Potter-Effron & Potter-Effron, 1982; Vilkinas, 1986).

Therefore, that no training or preparation was available to the volunteers in the present study raises a number of issues. In particular, is the necessity for those taking on volunteers to be aware of the real and potential difficulties faced. Without an insight into the perspective of the volunteers undertaking the present task for instance, it could easily be conceived that spending the few hours, four times yearly, over morning or afternoon tea with an assigned psychiatric patient, would not require any initial training or assistance on the part of the institution concerned. The present results outline the responsibility of an organisation to maintain a close contact with the activities of its volunteers regardless of the nature of their task.

Overall, the present results indicated that opinion within the volunteer group was split regarding whether or not individuals saw a need for some kind of assistance or training. In interpreting these results several speculations can therefore be made. Firstly, on the evidence of the individual differences already reported (eg. motivation, expectations, background relevant experience, experience in the job) there seems to be a considerable range in individuals' perceived roles as volunteers. This is despite the fact that all volunteers operationally defined their task within quite tightly defined limits. As a consequence of these differences in perceived role then, it is logical that volunteers have made different assumptions as to whether or not training is needed.

Secondly, interpretation of the present results is also subject to the apparent differences in translation taken by subjects as to what training and assistance actually means. Lee (1980) emphasised this point in referring that organisations themselves need to clearly define what is meant by training in relation to different volunteer programmes.

From a practical viewpoint the range of interpretations of the volunteers' role indicated by the present results suggests that a wider scope of opportunity could be made available to suit and take advantage of individual volunteers' needs and skills. The importance of an organisation identifying the level of job scope volunteers prefer to have present in work and to determine what is available for them on this basis is in fact recommended by Vilkinas (1986).

In terms of the practicalities of training it would seem necessary to find a balance between the suggestions of those who feel that assistance or training is required. Lee (1980) actually pointed out three different levels of training and from these it becomes evident that the 'provision of knowledge' category basically fits with what is being asked of by the volunteers in the present study. Clearly the provision of information, including what is expected of the volunteers and suggestions as to how they might behave (eg. communication with patients) is probably all that is actually required in the present case.

Lee (1980) also argued (as do some of the volunteers in the present study) that training can take away the spontaneity of the volunteer that is so very much valued by the clients they are dealing with. Provision of training along the lines of that which is explained above (the 'mildest' form by Lee's (1980) standards) however, is really not likely to have this sort of effect.

In addition, consideration needs also be made of the actual cost of training in relation to the benefits received (Phillips, 1982; Pearce, 1983). Indeed some individuals actually appear to disagree with the need for training because of the extra 'commitment' (both for the volunteer and the organisation) it might entail. This is further reason to suggest that any training or assistance occurs only in terms of what is necessary and when, and that volunteers be asked to regularly evaluate training to ensure that it is meeting their actual needs.

Lastly, considering the inconsistency between some volunteers wanting training and yet also feeling that staff are available to give it, as evidenced by the results on Gidron's (1983) scale, careful attention also needs to be given to how training is made available to volunteers. Volunteers may need to be made to feel they can approach staff when necessary and staff may need to make themselves more open to this. Additionally training or assistance from others (eg. experienced volunteers) may be a useful tool if volunteers feel they are distanced from staff in a professional sense.

Extent of Involvement. Relative to subjects indications of extent of involvement in the present study , the group commitment was four visits to the hospital per year. Six subjects made private visits outside of this group commitment.

Subjects were asked whether they were involved as volunteers as much/more/or not as much as they would like to be, and whether they planned to continue volunteering or make and changes in the extent of involvement in the future.

Results showed that 21 of the 34 volunteers were involved as much as they would like to be. Mostly these responses were followed by a justification of other commitments, distance from the hospital, costs involved, increasing age, or inability to cope with more.

Seven volunteers reported that they were not involved as much as they would like to be, and would be able to commit more time to visiting if it were possible. One subject commented that "probably out there I wouldn't mind if it was once in every one and a half months but then again if there were too many other sessions you'd not want to become too committed especially if you are visiting someone who is hard to communicate with, because it is hard on you too."

Three volunteers indicated that they were involved more than they wanted to be and all three reported that they would give up if anything happened to the patient they were visiting. A further three subjects had recently stopped volunteering, two through reasons of full time employment and one because of family circumstances.

Looking ahead, all but four subjects saw themselves as continuing to volunteer in the future. Of these four subjects, three had already stopped and the fourth was intending to finish because she had a young baby. Most comments reflected in attitude of "anytime, anywhere. I am needed" as long as it was possible for them to continue volunteering.

In response to the question, "do you plan to make any changes in your extent of involvement", seven volunteers indicated that they did plan to

make changes. Apart from the subject who intended to stop volunteering, three subjects wanted to reduce the number of visits they made to the hospital because they felt they were getting too old. A further three subjects intended to increase their extent of involvement as volunteers. For one subject this would occur as her children grew older. The other two subjects had recently formed relationships with new patients and intended to become more involved (ie. visits outside of the group commitment) as they got to know their patients more.

Extent of involvement was measured in the present study partly for the practical implication of whether the volunteers were being utilised to their maximum availability. Evidence in the literature also suggests that extent of involvement is a useful indicator of an individual's organisational commitment (as defined by Dailey, 1986; Smith, 1986; Weinir, 1982). Further, Phillips (1982), Pearce (1983) and Schram & Dunsing (1981) maintained that extent of involvement is usually a reflection of the balance between an individual's costs and rewards in volunteering.

In terms of extent of involvement the results of the present study indicate that most volunteers are committed as much as they want to be. Those who did want to become involved more usually found means to visit outside of the group commitment. In general however, the majority of volunteers appeared wary of taking on too much responsibility for their patient on too much of a regular basis. Consequently, there are practical implications for example, if the hospital required volunteers to become involved in more regular visiting of patients being rehabilitated out into the community. Thus the resources of the volunteers are available to the extent to which they are willingly given and this needs to be appreciated by the organisations concerned (Vilkinas, 1986).

That the majority of subjects in the present study intended to continue volunteering has some positive implications. Clearly whatever the volunteers are gaining (eg. personal satisfaction) is currently sufficient to maintain their volunteering behaviour. In terms of planned changes for the future, responses indicating that there would be change reflected some authors would see as components in the cost-reward relationship (Phillips, 1982; Pearce, 1983; Schram & Dunsing, 1981). Thus availability of (less or more)

time to spend volunteering either increases or decreases cost involved, the enrichment of a personal relationship both increases costs and rewards, and the real or perceived effects of old age add to the costs involved. The latter result also supports Smith et al.'s (1972) proposition that there may be a relationship between an individual's subjective assessment of health (ie. with increasing age) and volunteer participation.

Overall however, it appears that the present volunteer sample is relatively stable in terms of their extent of involvement and intent to continue in their current manner.

CHAPTER 8

CASE RESULTS AND DISCUSSION

The results and discussion of case data are presented here. Common patterns and themes across individual profiles will be highlighted as will unusual or interesting variants on these general themes. Both will be demonstrated using individual case descriptions.

A number of typical or modal themes across individual case data are indicated by the present results. Firstly the sociodemographic data reveal a typical volunteer profile for the present sample. According to this profile the volunteer is a European, late middle-aged, married woman with no dependent children. She has close association with a Christian church group and lives in close proximity to a small rural town. Although she may have worked or had a career (eg. nursing) in the past, she is now no longer working but devotes a considerable proportion of her available time to volunteer activities, particularly associated with her church. She has been a volunteer for close to 14 years, of which 11 years have been spent at the hospital.

From a psychological viewpoint, the typical volunteer in the present study became motivated to volunteer through the church. Unless she was one of the 16 women informed by other volunteers in the group she had no expectations about what she would be doing. Since she began as a volunteer there would have been some generally positive motivational changes in her views or how she felt about being a volunteer mostly grown out of familiarity with the psychiatric hospital environment and a greater understanding of the patients therein. The 'typical' volunteer is satisfied with her work and she continues to offer her services as a result of the good feelings (especially enjoyment and a committed and beneficial patient relationship) that volunteering gives.

in her relationship with the hospital the typical volunteer would have had some particularly good experiences, being ones when she has felt especially

appreciated, accepted, or successful as a volunteer. She has generally not had any bad experiences unless she felt initially uncomfortable or vulnerable, or thought she did not know sufficient about her patient's condition. The typical volunteer is nevertheless likely to have had difficulties in communicating with her patient which she has tried to cope within a number of ways. Despite this she does not feel a need for help or support, mostly because it already occurs in the volunteer group. Additionally she will not have had any volunteer training and she may or may not feel there is a need for this, depending on a number of factors. Lastly, the typical volunteer is involved as much as she would like to be and intends to continue volunteering in the future.

As an integral part of the general profile for the typical volunteer there are a number of common patterns or apparent relationships between factors in the data. The common recurrence of the sociodemographic factors of gender, religion, and residence in many ways defines the present volunteer group. This definition of the sample as a local womens' church group is also demonstrated by the fact that most (18) of the sample were initially motivated to volunteer as a commitment to their church. Group members who were not primarily motivated to join as a religious response mostly joined through social contact with friends or relatives in the community who were already volunteers. These results are consistent with Jenner's (1981, 1983) findings that the composition of a volunteer group and the work they do is generally reflected in the role they assign to volunteering and the situation and needs of the group. In the present case the personal need to act out one's faith or religious commitment and/or the need for friendship and involvement in the small community was shown by group members. The differences in individuals' perceived roles as volunteers appeared to vary accordingly with these needs.

A second important relationship identified between factors in the present results was the interrelation of age with other sociodemographic features. With the majority of the present sample of a middle to late middle-age cohort it could be expected that there would be associated patterns with other sociodemographic characteristics. Thus where it was demonstrated that marital status and number of dependent children, education level, occupation, and present occupational status could not be regarded as predictors of

volunteer participation in the present study, these reflected trends that were proportionate to age in the general population. As a consequence of many of these age-related effects the typical volunteer in the present study would however, seem to have greater opportunity to offer her services to volunteering than other age groups in the general population. This is illustrated by the fact that the present typical volunteer is supported financially by her husband, she no longer works nor has a young family to care for, and therefore presumably has more available time. These findings are consistent with proposal McPherson & Lockwood (1980) that participation in voluntary work is dependent on the opportunity structure (eg. fewer commitments, available time, social contact, financial support) for group membership as well as the personal reasons which predispose individuals to volunteer. It could be argued that there is also increased opportunity in that the present subjects generally have membership to church groups which has given them easy access to become involved in many volunteer activities, as well as the support of one's immediate social network. With regard to the present results it would seem that a later model proposed by McPherson (1981) where 'opportunity structure' was then defined only in terms of socioeconomic opportunity would be less plausible given that the present sample did not appear to be characterised by high SES level members.

As well as the increased opportunity for individuals in the middle to late middle-age groups to volunteer, McPherson & Lockwood (1980) also reported that these individuals have more stable memberships to volunteer groups. This finding could be supported by the present results in that the majority of volunteers had been involved for a number of years (the mean was 11 years) and all but four intended to continue. Nevertheless the nature of the present task (a commitment to friendship) implies a long term relationship and may therefore have a confounding effect on these results. It is noteworthy that almost all of the older subjects' responses with regard to the intent to continue were made dependent on the notion 'for as long as I am able', implying the relationship between age and decline in health and ability. This is consistent with Edwards & White (1980) who found a positive correlation between volunteering and subjective assessment of health.

A number of practical implications arise from the interrelationships between sociodemographic factors in the data. The nature of the group, including the ages of its members, has implications for recruitment. If the group is to remain with its current features this reflects a limited pool from which prospective new members can be drawn. Conversely, recruitment into the group with the intention of altering the current structure (eg. drawing in male members or a younger sample) may be difficult given the 'stereotype' of the present typical member.

Further, for the existing group there are practical implications concerning the type of work they are willing to do and implications for matching patients with group members. An example would be several volunteers' comments that they felt that they could not take their patients on outings or to their homes because they were too old and subsequently lived alone or lacked transportation. Many volunteers expressed that the afternoon or morning tea task was enough for them to manage. In matching volunteers to patients it may therefore be preferable to assign patients of similar age. Overall there are implications for the group as a whole given that they are becoming increasingly older, with for example, increasingly smaller numbers of volunteers considering themselves capable of driving out to the hospital.

A third pattern of interrelationships apparent in the present results involves the interrelation of length of time spent as a volunteer with a number of other factors. One example is that subjects who had volunteered at the hospital for longer periods (ie. more than 15 years) tended to have no expectations about what they would be doing. In contrast those involved for a shorter period (less than 15 years) were more divided. This could be explained on the basis that the group was essentially established when more recent volunteers were recruited, hence a better chance that they could be informed of their prospective role. Alternatively it could be argued that those subjects who have been involved longer simply do not remember their early expectations.

A second example is that the length of time spent volunteering appears to be related to an individual's feeling that she is able to cope and whether training is needed. Thus all volunteers who reported that they did not cope had been involved for five years or less. Likewise most of these subjects

felt that there is a need for training. Volunteers for longer than this however, were more divided on the issue of training. More than one possible explanation can be given for these results. First, it could be that individuals who are not coping or who do not get the assistance they require drop out through attrition. Second, with the passage of time it may be that individuals adapt or learn how to cope in their own way.

Further, length of time involved as a volunteer appears from the present data to have a similar relation with overall satisfaction. That is, those volunteers who have been involved for longer periods are more likely to be satisfied with their work. This may be due to the fact that satisfaction is an important factor in terms of retention, that only those who are satisfied will remain in an organisation, or alternatively, individuals may become more satisfied with volunteering over time. The latter may be exemplified by an individual's acceptance of a situation and consequent relative satisfaction, or it may be that emergence of satisfaction is more long term, such as a volunteer feeling that she had contributed to a patient's improvement which could only become evident over time.

Overall, these examples of the relationship with time of other factors in the present study emphasise the importance of viewing the volunteer experience as a constantly changing phenomenon. In contrast to the relationship of these factors (eg. expectations, coping, the need for training, satisfaction) with time, other relationships where time is not included as a factor, are much more difficult to elucidate. This can be illustrated by a vague pattern of responses between the aforementioned perceived ability to cope, need for training, and overall satisfaction. That is, there is no clear indication of a relationship between inability to cope and satisfaction, regardless of non coping subjects and dissatisfied subjects both agreeing with the need for training.

Despite the importance of the effects of time, few authors in the available literature directly acknowledge that the volunteer experience is not a fixed phenomenon. Only Phillips (1982) for example, proposes that motivation is not a static concept and indeed changes in relation to the length of time involved as a volunteer. Importantly for the research, the changing nature of one's volunteer experience does however, need to be taken into account

when measuring any of the factors associated with it. Clearly for example, in assessing the need for training of new recruits it may be misleading to make the evaluation solely on the opinion of long term volunteers. Instead, it may be appropriate to place more emphasis on the opinions of more recent members.

From a practical point of view there are subsequently implications that volunteers in an organisation would need to be treated differently with regard to the length of time they have been involved (eg. amount of supervision, designated responsibility). Further, it may be that critical periods in terms of retention for example, can be identified on the basis of time involved.

Fourthly, in the present results there appears to be a relationship between an individual's education/occupation and the perception of a need for training. Thus, 13 of the 15 individuals who disagreed with the need for training had primary or minimum secondary education while eight of the ten subjects with higher educational levels and qualifications maintained that there should be training. Similarly, individuals who had never worked or who have had low skilled jobs compared with those with more professional or social service type occupations (usually, but not always related to higher educational levels) disagreed and agreed respectively, as to whether training was necessary.

These results could suggest that there are differences in perceived role by these two 'types' of volunteer, despite the fact that there is agreement they all fulfill a similar task (morning or afternoon tea with their patient). For example, there may be those who believe they are fulfilling the simple role of friendship as opposed to those who believe they need to inherently offer more, thus requiring special skills and a more detailed knowledge of their patient's condition.

Alternatively, in discriminating between the two identified groups there may also be differences in their interpretation of what is meant by training. In conjunction, more educated individuals may have come to value education and training as a solution to problems, and/or lesser educated individuals may not feel they have the ability to undergo what training could entail. In this

respect Lee (1980) emphasised the need for an organisation to define exactly what is meant by training.

Whatever the reasons for the apparent relationship in the present study between education/occupation and whether training is needed, there are several practical implications. Obviously, both the role expectations of the organisation and the volunteers need to be made clear (Lowy, 1982; Vilkinas, 1986). Subsequently there may need to be some flexibility from both sides in accommodating what is required. As Vilkinas (1986) states ideally the opportunity should therefore exist for individual volunteers to contribute at a potential level that is appropriate for them (which would also of course, encompass other factors already mentioned, eg. life stage, time available, motivation). This recommendation is also supported by findings which demonstrate that type of voluntary work undertaken is positively correlated with levels of education (Payne et al., 1972; Schram & Dunsing, 1981).

Finally, there are also implications that if training programmes are implemented (given that half of the present sample endorse a need for training), these should be clearly defined at the initial stages of a volunteer's involvement and they need to be sensitive to the variation in individuals needs.

A fifth interrelationship can be identified in the present results between individuals' expectations, problems, and perceived need for training. All but one of the 18 individuals who had no expectations as to what they would be doing as volunteers reported they had difficulties (especially communication) with their work as volunteers. One third of these subjects also felt that they did not cope with these problems. Two thirds also wanted help or training in the form of an introductory session. It is interesting however, that there appeared to be no clear relationship between having no expectations and subsequent overall satisfaction as a volunteer. Overall, for these volunteers in particular, it appeared that lack of information, which Vilkinas (1986) considers to be a basic right of all volunteers, was a major problem. Clearly there are practical implications for being able to identify these individuals at the earliest stage of their volunteer involvement as a group which would seem to require particular attention. Intervention with appropriate information may therefore prevent later difficulties (such as not

coping) from arising and could be expected to contribute to the retention of these identified individuals.

Other issues arise however, which do need to be considered in the context of volunteers who have no expectations about what they will be doing. If one has no expectations then motivation to volunteer would appear to be an overriding factor. In the present results 14 of the 18 subjects who had no expectations had volunteered out of a religious commitment. Thus it could be suggested that this commitment was more important at least in the early stages (as already outlined, motivational changes did occur as individuals became more involved), than the volunteer work itself. As a consequence there are practical implications for ensuring that the volunteer work is actually suitable for the individual, perhaps by enabling a trial period before becoming fully committed. Additionally, consideration of whether it is appropriate to engage in a selection process for suitable volunteers, as suggested by Hargreaves (1980), may need to be given.

Case Descriptions.

The forthcoming case descriptions were chosen to illustrate both common themes and patterns (identified in the present chapter), and some interesting and noteworthy exceptions, within the present data. The criteria used to select these individual cases were typicalness, variation in perceived role, the least positive view, and length of time involved as a volunteer.

Mrs. A. is a case example who personifies the typical volunteer in the present sample. Similarly, Mrs. B. also exhibits these typical patterns of responding although she does not represent the modal sociodemographic profile for the group and this is relevant when considering many of the comments she makes. The main point to be illustrated in presenting these two cases is that although both portray typical responses, the general tone or feeling of the volunteer experience conveyed by each is quite different.

The case of Mrs. C. exemplifies the interrelationship within the group data that individuals with higher educational levels and skilled occupations (Mrs. C. has relevant background training) generally endorse the need for training. Moreover, this trend is an integral part of Mrs. C.'s general attitude to

volunteering which is quite different from the majority of subjects in the present sample. Her extent of involvement with her patient was consequently much more than any of the other volunteers.

A number of similarities and differences to the previous case (Mrs. C.) are illustrated by Mrs. D.. This subject emphasises the important aspects a layperson, who volunteers, can provide. Her perceived role as a volunteer is solely one of being a friend to her patient; a role which she regards as very important and special to institutionalised patients.

Mrs. E. is a case example of exception which conveys one subject's feeling of almost indifference toward being a volunteer. She is the only subject who reported no good or bad experiences and she also has doubts about the value of her contribution. Mrs. E. is also one of five subjects who reported being dissatisfied with her work.

The case example of Mrs. F. portrays an historical perspective of a subjects who has had the longest involvement (27 years) with the volunteer group at the hospital. Consequently, her account exemplifies the relationship between length of time spent as a volunteer and expectations and overall satisfaction. As a point of interest, Mrs. F. was the most verbose subject. Her interview lasted a total of one and a half hours.

Mrs. A.

Mrs. A., is a 55 year old widow with no dependent children. She has a primary school education and spent her working life as a shop assistant.

Mrs. A. reported she had had no relevant experience before engaging as a volunteer although she currently volunteered for meals on wheels and served in a second-hand shop as part of Community Social Services as well as visiting at the hospital. She had been involved in all three of these volunteer activities for nine years.

Mrs. A.'s motivation to volunteer was church based (Lutheran) and she became involved because other church women whom she has known had also volunteered. Like many of the women she had no real expectation as to

what she would be doing as a volunteer at the hospital. Subsequently, her initial reaction was "it was a bit scary as I had never been out there and what you hear is not always that good, so I didn't have a clue what to expect."

When asked if she had had any particularly good experiences as a volunteer at the hospital, Mrs. A. responded that the patients she had visited over the years all had "their own special little points" and that she also really enjoyed the annual Christmas concerts arranged for the patients and volunteers.

Mrs. A. reported no bad experiences as such, but commented that "a few of us feel edgy about the whole thing." To some extent this anxiety had decreased over time with Mrs. A. reporting the most significant change in how she felt about being a volunteer was that "it doesn't worry me so much now, not even the Christmas concerts, because I know that they (the patients) are not going to come at me or something, and that's what I always had fears of."

At the hospital the most difficult aspect of volunteering for this subject was trying to communicate with the patient she visited. Her solution to coping with this difficulty was that "if they're not talkative and won't talk then you sort of go on with someone who is sitting next to you."

Mrs. A. agreed that there was a need for some sort of help or support available for the womens' group, particularly since she did not have contact with other volunteers between the visits (four times yearly) to the hospital. However, with regard to the need for some form of general training for volunteers she reported that this would not be necessary "because there is nothing sort of to do - we are only sitting talking to patients." Mrs. A. was nevertheless concerned that "it is a bit iffy the first time you go out as a volunteer though," and thought that this anxiety could be alleviated somewhat if there was some form of "introductory session" for prospective volunteers. No training of any sort had been offered Mrs. A.

An overall measure indicated that Mrs. A. is satisfied with her work at the hospital, although she wished that visits to the occupational therapy

department could be reinstated. Specifically, she found the work interesting but with little emphasis on her skills and knowledge nor any sense of responsibility. Mrs. A. was uncommitted as to whether or not the patient she visited consequently made progress and felt only to some extent did her patient come to scheduled meetings (visits), cooperate, or feel happy that she volunteered. All aspects (support, encouragement, guidance) of Mrs. A.'s relationship with staff members at the hospital were however, highly rated. Similarly high regard was shown for the support and friendship offered by the other volunteers. In general, Mrs. A. thought that the contribution of volunteers (both at the hospital and in the community) was not valued as much as wage earners.

Every intention to continue volunteering was expressed by Mrs. A.. She said that she kept going for no specific reason except that it was enjoyable, however, she reported she was involved as much as she would like to be.

In summary Mrs. A. represent the typical volunteer in the present sample both in terms of her sociodemographic profile and the attitudes, feelings, and experiences she has. In particular, patterns can be seen in her responding which can be attributed to her initial lack of information regarding the hospital setting and her knowledge of psychiatric patients. These are shown to change as she became more familiar with the setting and tried to adapt to the problems she encountered (eg. she would talk to other women when she found difficulties communicating with her patient). Further Mrs. A.'s main reasons for volunteering are shown to change from an initial commitment to her church to her enjoyment of the visits.

The case of Mrs. A. also illustrates the trend in the group data that individuals with lower educational qualifications do not consider the need for any form of training. This can be attributed to both her perception of the volunteer role ("we are only sitting, talking to patients") as well her interpretation of training, given that she did endorse an introductory session for the provision of necessary background information.

Mrs. B.

Mrs. B., is aged 34, is married to a local Lutheran pastor, and has three young children. She has a secondary school qualification and worked in a tertiary institute before her marriage. She is involved in, and has experience with, numerous volunteer activities and currently considers her primary occupation as "a volunteer". She has been involved as a volunteer for just four years and has been a visitor to the hospital throughout this period.

Church activities associated with her husband had motivated this subject to become a volunteer. She virtually had no expectations as to what she would be doing as a volunteer before she went to the hospital and said that she "didn't know what it (the hospital) was, nor what sort of patients would be there, although (she) thought they would probably be old folks."

For Mrs. B., the good experiences she had had were "the rewarding parts of the job." She gave examples of one patient making her gifts and genuinely taking an interest in her husband and children. Mrs. B. explained the situation as one where she "was giving to him (the patient) but he was also giving to us as a family." In particular, the affection this patient showed for her children, who "looked upon him as part of the family" was appreciated as Mrs. B. had no family members who lived close by. Mrs. B. considered that she had had no bad experiences.

Significant changes also occurred for this subject as she became familiar with her job. She reported that the first time she visited she didn't know how to react but that her patients had helped her "to understand he needed love and caring and not to be laughed at," and that it was important to realise "they're people too, and in simple ways they have problems and feelings just like everyone else."

Communication problems were also a difficulty for Mrs. B. who considered it was "something you have to work at although you feel exhausted by the time you have finished - especially in working out what to say." Mrs. B. appeared to cope well with this difficulty though and made a special effort to talk with her patient, believing that "even though his conversation is

probably not interesting to us, it is something he is feeling and to show your interest is important." Taking her children to the hospital "to help break th barriers" and engaging in group conversations that specifically included her patient were also offered as solutions to difficult communication.

The need for support-type assistance as well as some form of training was endorsed by Mrs. B.. Although she perceived the Recreation Officer as an important ongoing support person, the necessity to have a meeting to familiarise new volunteers was emphasised. Mrs. B. had the general impression that "some volunteers really mean well but are not quite sure what to do." She suggested that training in terms of informal "get togethers" to talk about experiences and gain refreshed ideas should occur at least annually.

Overall, Mrs. B. maintains that she is satisfied with her work at the hospital. In particular, the challenging aspects of the job were important, as were encouragement and support from others (including family, other volunteers, and hospital staff). Friendship and teamwork of the other volunteers and a sense of comraderie and support from certain members of the hospital staff was also emphasised. Additionally, perceived patient happiness and cooperativeness as a result of Mrs. B.'s visiting was rated highly. In general, Mrs. B. was of the opinion that the contribution of the womens' group was valued by the hospital, but that society mostly did not consider volunteers with such esteem.

A sense of duty as a pastor's wife initially was the reason that this subject continued to volunteer, however, now she keeps going "out of enjoyment", stating that she found it "so rewarding - although you work hard mentally, you feel the rewards too." Mrs. B. felt that she could perhaps become involved more if there was the opportunity for support and training but that her commitment was limited with a young family. When asked if she planned to make any changes to the extent of involvement, Mrs. B. said that she would again like a regular patient (she had recently had several changes), whom she would involve outside of the usual group visiting period. This had been the case with the first patient she visited at the hospital.

In conclusion, apart from her sociodemographic profile, Mrs. B. also represents a typical volunteer in the present sample. When compared with the typical case of Mrs. A. however, Mrs. B. comes across in a different manner, particularly in her unconditional acceptance of her patient and her way of coping with difficulties. Despite this, both volunteers responses can be categorised in the same way (eg. both subjects believed that they coped with the communication problem). These small but important differences in the responses of these two subjects illustrate the importance of the qualitative nature of the data which could not be captured by quantitative measures. There are practical implications for instance that Mrs. A. may need to be introduced to different ways of coping that would be of more benefit to her patient relationship than her diverting her attention to other volunteers in the group when she found her patient difficult to talk to. In contrast, Mrs. B.'s way of coping with communication difficulties by involving her patient could be regarded as a more effective solution.

Characteristic of the changing nature of the volunteer experience the case of Mrs. B. demonstrates the typical pattern of an initial motivation to volunteer through her church which seems to become less important the more she is satisfied with her patient relationship. Similarly, her initial lack of expectation and information became less of a problem as she became accustomed to the hospital environment.

Consistent with the case of Mrs. A., Mrs. B. also agreed that an introductory session to provide volunteers with appropriate background information would be a good idea. In contrast, Mrs. B. defined such a session as 'training' while Mrs. A. did not. Thus apart from ensuring that volunteers get this information they require, there is also the implication discussed earlier in the previous chapter, of how volunteers have defined what is meant by training in the present study.

Mrs. C.

Aged 30, Mrs. C. is the youngest woman in the present sample. She is married with two young school aged children and her husband works in an agricultural-related job. Although she spent most of her working life with voluntary agencies, Mrs. C. is on the verge of becoming fully employed as a

real estate agent. This subject has a secondary school qualification and extensive volunteer experience (crisis counselling, service coordinator, support worker) including a Certificate in Counselling from a tertiary institute. Numerous regular volunteer commitments (eg. Parentline, Social Service Centre) and part-time real estate work also featured. Mrs. C. had been involved as a volunteer for a total of nine years, eight of these being spent at the hospital.

Unlike other womens' group members from the present study, Mrs. C. actually emphasised that her motivation to volunteer was not a religious commitment, but that ever since she was a child she had admired (and on occasions accompanied) a woman friend who was a volunteer at the hospital and consequently had wished to become involved herself. Mrs. C.'s expectations about what she would be doing at the hospital were therefore clear.

When asked if she had had any particularly good experiences as a the hospital volunteer, Mrs. C. replied that the whole experience had been wonderful but that it was "so very hard to describe, in just a few words, the totalness of that experience." Mrs. C. reported she had had no bad experiences but she endorsed this by saying it was because she had learnt "to understand the patients and their way of dealing with things." She gave the example of a Christmas concert where "peer pressure meant that (patient) would rather be with his mates than sit with me because that was the cool thing."

Mrs. C. noted that there had been a number of changes in how she felt about being a volunteer when she decided to become more involved with her patient - "I found with (patient) coming out, we kind of grew together through that experience." Mrs. C. was the main support person for her patient during his rehabilitation into the community.

The major difficulties faced by Mrs. C. centred around communication. She observed that "it is very hard to communicate. Some of the patients have been there a long time and it is difficult to sit and talk to them but I don't think there is a lot one can do about it. I think that whatever level they are operating on, it is surely that the women (volunteers) bother to come

that matters. It is not for the volunteers to dictate what a patient should or should not be doing - they (patients) don't live in a society like we do - its a community on its own out there and it is a different lifestyle - that is what it boils down to. There are values and certain ways that people go about out there (the hospital) and I also think that a lot of the patients are very shy of us."

Mrs. C. stressed the importance of having a "realistic understanding" of what being a volunteer is all about and felt that she herself was fortunate in that as a volunteer, she could develop the helping skills she had already learnt. She commented that some volunteers needed help to learn the appropriate skills while others naturally seemed to acquire them with experience. Basic listening skills ("which should be standard procedure in schools"), and self awareness-type exercises were recommended by Mrs. C. as necessary initial training procedures for volunteers.

Mrs. C. interestingly expressed some concern for other women volunteers in the group. In particular she referred to comments made to her that reflected their worry over her 'outside' contact when her patient was released. Mrs. C. maintained that there were differences in her attitude versus those of the other women and that "their attitude was really quite naive about how far you go." She thought that it was important that volunteers realised why they actually went to the hospital and who they were trying to satisfy and what they were trying to fulfil. Her opinion was that some of the volunteers only visited for "some attention that they do good and that they really didn't know what to expect from the patients. I think perhaps they thought they were going to be entertained or to have a fulfilling afternoon. Some of them are older women who are doing it for their church and they're doing it as a kind of ritual thing."

In total Mrs. C. said she was satisfied with her work as a volunteer. She found the job particularly interesting although she felt that her independence was limited. Happiness and cooperativeness of the patient she visited were ranked highly. Unlike most other volunteers, the opinion that hospital staff were encouraging, supportive and treated volunteers as colleagues was not expressed by Mrs. C., nor did she feel that staff would be available, if needed, to perform a teaching role. Only to some extent did

Mrs. C. think that hospital staff were appreciative of volunteers or attentive of what they may have to say. However, Mrs. C. never felt that there was a lack of planning or organisation for each volunteer visit, nor that she disagreed with the way things were done. Feeling that she had insufficient knowledge and experience or being unclear about what to do were also never problems. In working with other volunteers friendship and teamwork were rated highly. In general, Mrs. C. was of the opinion that volunteers are not valued as much as wage earners at the hospital nor in the wider community.

Due to taking on full time employment and the other volunteer activities she was involved in, Mrs. C. had decided not to continue as a volunteer at the hospital. That her patient was now no longer in need of hospital care was also a contributing factor in her decision. She reported that "the way it was with (patient) was very special and satisfying. I did have some other chaps out there but the continuity wasn't the same. My experience was quite rare." While she was visiting her patient, Mrs. C.'s motivation to continue had been one of commitment - "a patient looks forward to your visit and if you don't come it really matters. The unfortunate thing is when you just can't be there and they can't understand - some of them don't reason it out because of the way they are. They are very proud of us, our visiting gives them status."

In summary, Mrs. C. was an atypical volunteer in the present sample. The main differences were that she was much younger than other volunteers, she had previous relevant volunteer training and work experience, her extent of involvement was considerably more than other group members, and she had a different attitude to volunteering in general. The different nature of her volunteer experiences was also accentuated by the patient she was assigned and who was subsequently discharged. Mrs. C.'s role as a volunteer included her extensive involvement as a support person for her patient's rehabilitation into the community (eg. arranging accommodation, collecting him on discharge, daily visiting, counselling).

It is noteworthy that Mrs. C.'s initial motivation to volunteer was not typical of the pattern of other volunteers. She knew exactly what she would be doing as a volunteer, having already visited the hospital, and she was motivated to volunteer because it was the type of work she wanted to

do. From the beginning it was therefore clear that Mrs. C. had different intentions from the rest of the group. As a consequence of Mrs. C.'s willing involvement with her patient through to rehabilitation into the community there are implications that the hospital may need to selectively recruit different types of volunteers for different tasks.

Despite the unusual situation of Mrs. C., some general patterns are consistent with other subjects. In particular, Mrs. C. reported increased satisfaction with her work over time and noted other changes in how she felt about being a volunteer. Also, Mrs. C.'s tertiary educational attainments and relevant occupational experience corresponded with her emphasis on the need for training, which was a consistent trend among subjects with higher qualifications. Nevertheless, the greater extent of training Mrs. C. suggested was not comparable with the rest of the group. The recommendations she did make reflected the more 'professional' role Mrs. C. assigned to volunteering.

Mrs. D.

Mrs. D. is a 58 year old married woman with two adolescent children. As well as being a farmer's wife, she works part-time as a home help. Mrs. D. had been involved as a volunteer for 36 years, however she had only been visiting the hospital in the last four years. Other volunteer activities included looking after the elderly, school committees, Scouts, Girls Brigade and Bible in Schools. Mrs. D. had had two years secondary school education and at one time had started polytechnic nursing training.

Mrs. D. had been motivated to volunteer through her Church (Presbyterian) and had become involved the same time as a friend. She believed that the "Gospel says go to those who are in prison and the people out there (the hospital) are imprisoned in their own minds." Mrs. D. had no idea what the volunteers at the hospital did before she joined the womens' group and thus had no expectations on her first visit.

Changes in how she felt about being a volunteer occurred when Mrs. D. "realised we must be doing some good because the patients would look forward to us coming out, and they would recognise us, before that she

often wondered if the volunteers were doing any good at all." The first time her patient remembered her from the previous visit was a particularly good experience for Mrs. D., and she reported no particularly bad experiences.

Mrs. D. agreed that there can be difficulties associated with being a volunteer at the hospital especially when "some men don't know what to say or how to say it." She saw this problem being minimised by the volunteers visiting in groups and stressed that if each volunteer visited on separate occasions "it would be exceedingly difficult at times but because of the arrangement we have now you can speak to one of the ladies who are there with another patient and you can get going a group conversation." Individual patient levels of communication seemed to be a major difficulty, with Mrs. D. remarking that if she thought about her patient "on the same level as my grandson, it made it so much easier to relate" and it was "now a joy" for her to visit him.

This subject's view on help or assistance needing to be available for volunteers was mixed. She thought that it would be appropriate for some volunteers but not for herself as she had managed to work out ways which enabled her to cope (ie. "with the art of talking"). In response to whether volunteers needed training she replied that "it could be good if people thought they wanted it, but personally I don't know, I think it might spoil it - most of us are more mature and we go as we are to talk to ordinary people about ordinary things. If we got training, we would be trying too hard to remember what we had learnt and we would lose that spontaneous love for people that most of us have."

In general, Mrs. D. is satisfied with her work at the hospital although she did suggest that she would like to see volunteer visits to the occupational therapy department reinstated as well as having the possibility of recompense for transport costs for volunteers looked into. Mrs. D. also did not find the work she did to be particularly challenging, allowing for independence nor requiring a great deal of responsibility. She did feel however, that the patient she visited made a great deal of progress and he was happy that she volunteered, despite his not always attending the scheduled visits nor being especially cooperative. Mrs. D. considered that hospital staff were to some

extent encouraging and supportive and willing to listen to the volunteers but she felt that it was not applicable for them to fulfil a teaching or advisory role. Consequently she never felt that she lacked experience, knowledge, nor clarity about what to do as a volunteer at the hospital. Mrs. D. also never felt a lack of planning nor organisation by the hospital in accommodating volunteers. High ratings were also given to the friendship and teamwork amongst the volunteers themselves. Overall, Mrs. D. considered that volunteer work is highly valued by most people.

Mrs. D. intended to continue volunteering at the hospital despite the fact that travelling costs were a considerable financial concern heeding her from visiting as often as she wished. Her motivation to keep going as a volunteer was that she felt that the volunteer womens' group was "an oasis in a big ocean of loneliness." In addition she found that she was really enjoying volunteering "the second time around", having just acquired another patient to visit. Mrs. D.'s final comment summarised her feeling for her work- "perhaps you might remember this - not just part of us visiting psychiatric patients at (the hospital) but for the elderly and others too - they can all be put down by professionals in a way that really hurts, but us, we are just ordinary folk trying to help. We have a little something that transcends the medical and other professional people."

Overall, Mrs. D. has a typical sociodemographic profile and her volunteer experience illustrates a number of typical trends. Changes in her motivation with time, and her increased satisfaction with time once again exemplify the transitory nature of individuals' experiences.

The identified trend of subjects with lower educational achievements not to agree with the need for training is also illustrated by the case example of Mrs. D.. Importantly it is clear that Mrs. D.'s perceived role as a friend to her patient is not compatible with her perception of what training would entail. This subject then provides an interesting contrast with the case of Mrs. C. who perceived that training and the consequent supportive friendship one could offer the patient were an integral part of being a volunteer. From a practical viewpoint a number of implications therefore arise from these two perspectives. With volunteers' different perceptions of what is required from their role it seems important that the expectations (eg. goals,

aims, training) of the hospital for the volunteers are clearly outlined. Further, if individual expectations and skills are identified there is the potential for each volunteer to be utilised to their maximum benefit by the hospital, such as in matching the needs of patients according to the abilities of individual volunteers.

Mrs. E.

Mrs. E. is a 73 year old widow. She has had a long career in nursing (30 years) and has secondary school qualifications. For five years she has been a church visitor and a volunteer at the hospital.

Mrs. E. first became a volunteer because she said she thought it would be "a useful thing to do". Her initial expectations about volunteering at the hospital were that she "would be assigned a patient to visit."

No experiences stood out as being particularly good or bad for Mrs. E. although she was disappointed that the patients she had visited did not seem to respond to her. She also disliked the atmosphere of the Christmas concerts held for patients and volunteers at the hospital.

When questioned whether she thought there had been any changes in how she felt about being a volunteer at the hospital, Mrs. E. responded that she had mostly "often started to wonder if we're doing much good for the patients - we only see them four times a year and I don't even think some of them remember us from one time to the next, but I guess there are those who do remember you and that's really something."

Like many other volunteers, this subject had most difficulty in communicating with the patient she visited. She commented that "some of them (patients) aren't very well, they can't talk very well, and communicating with someone is a big effort for them." Mrs. E. tried to overcome this difficulty with her patient by talking about things which were familiar with him, such as "finding out where he came from and what he had done."

Mrs. E. had had no training or assistance in becoming a volunteer but she did not feel there was a real necessity for this. She could not imagine what any form of training could constitute except for maybe teaching people listening skills as she thought the most important thing was "to be an interested listener."

On the whole Mrs. E. considers she is dissatisfied with being a volunteer at the hospital. In particular her work did not allow for independence and was only to some extent challenging or interesting. Although Mrs. E. thought that her patient was happy that she volunteered and he always attended meetings and cooperated, Mrs. E. did not think that he made any progress contingent on her visiting. Mrs. E. found hospital staff encouraging and supportive of volunteers but not willing to listen or consider any opinions she might have. If needed, Mrs. E. did not think staff would adopt a teaching or advisory role despite being aware of the presence of volunteers at the hospital. Insufficient knowledge and experience or being unclear about what to do as a volunteer were not rated as problems by this subject. She also agreed that the volunteer visits were always well organised and planned for. In relation to other volunteers, this subject always found that they were good friends and worked together as a supportive team. In general Mrs. E. believed that volunteer work was strongly valued in society but that specifically wage earners were actually valued more than the volunteers at the hospital.

Despite her dissatisfaction, Mrs. E. intended to continue as a volunteer because "being retired, it was something to do with one's time." In fact, Mrs. E. reported that she would like to become more involved in future although she was unsure of what additional work she could do. In particular, she stressed she would like more freedom to do what she liked as a volunteer.

To summarise, Mrs. E. is an atypical subject in that her case is the least positive in the present sample. Overall, her dissatisfaction seems to be related to a pattern of circumstances with her patient despite that she appreciates, to some extent, the limitations of his psychiatric condition. It is particularly noteworthy that despite her reported dissatisfaction Mrs. E. is

not intending to stop volunteering but indicated that would even consider increasing her contribution.

Most importantly, a number of practical implications therefore arise from this case. For the individual volunteer, a range of sources of the dissatisfaction and types of experiences she has needs to be considered, for instance, ascertaining whether these are a function of the individual (eg. suitability for the work), the immediate situation (eg. the patient visited or the hospital environment) or a combination of both (eg. a mismatch or misunderstanding of the expectations of the volunteer and the organisation. For the organisation, there are potential issues regarding whether assistance can (and therefore should be) offered in any way, but also issues concerning the responsibility of the organisation toward the value the volunteer-patient relationship may have. Consequently the matching of patients to volunteers and the monitoring of satisfaction of the relationship from both sides would be an important consideration.

Overall, the hospital needs to be aware exceptional cases such as Mrs. E. with the obligation that certain difficulties be understood, both with the intention to recruit new volunteers and the retention of existing members, particularly when Mrs. E. does intend to continue.

Mrs. F.

In the present sample, Mrs. F. has had the longest involvement as a volunteer at the hospital. Mrs. F. is aged 68 and is married with a grown family. Her husband is an administrator and a farmer while she has spent most of her working life studying toward a tertiary degree (B.A. (Humanities)). Mrs. F. considered that every stage of her life had provided relevant experience for her role as a volunteer. Numerous other commitments (although not always regular) including community and charity work, as well as church involvement, occupied much of this subject's time. Nevertheless she also visited her patient at the hospital out of the volunteers' regular group visits.

Mrs. F. reported that she had become a volunteer at the hospital "because of a long experience of hospital visiting and realising the total need of people

for visitors even when the institution didn't see the need." According to Mrs. F. this had also been the inspiration of the founding member of the womens' volunteer group when it was realised that some patients had no visitors at all. Joining the volunteer group in the early stages of its inception meant that Mrs. F. had formed few expectations about what she would be doing. She knew "only so much as we had been gathering up magazines and we had been told little about it except that we were warned that not everybody would like it. I think we were overwarned."

Mrs. F. reported that she had had "dozens" of good experiences as a volunteer at the hospital. Her examples included, "moments when there was (patient's) immense pleasure at something, moments when like the other day he didn't know I was coming on that day and he met me with such a hearty grin and was so smug." Mrs. F. also considered that she had had some bad experiences but which were inevitable in her visiting psychiatric hospitals. These 'experiences' did not concern the patient Mrs. F. visited but other patients around the hospital. For instance, "there are one or two patients where you see the essential niceness of the person - cases which don't stem from an original handicap but an absolute breakdown that had never been recovered from and that I found heartbreaking to see glimmers, a very nice man he'd been all sorts of things, an accountant, a highly esteemed everything, and to see his face was very touching and there was a man who had been the Head of _____ , I found him in his dereliction extraordinarily moving and one or two others whose manners proclaimed them to be gentle people and all of them at the end of their lives."

Over the years Mrs. F. had noted the biggest change in how she felt about being a volunteer was that she "got more addicted to it - addicted because it (was) a personal relationship." Changes had also occurred within the hospital itself which Mrs. F. reported had helped a great deal in overcoming difficulties faced by the women in communicating with the patients. These changes included the introduction of female nursing staff, television (a useful talking point), and better facilities (ie. the building of a social hall) in which to meet patients. Consequently, Mrs. F. viewed how she felt about being a volunteer having developed "as a two way thing - our attitudes have improved but the conditions have improved also."

In addition to difficulties with communication, which Mrs. F. said "were exceptionally hard despite my ability to communicate because I talk enough for two," there had been other problems to overcome. Mrs. F. commented that "it wasn't easy at first and there was an element of screwing up ones courage to face what was a depressing environment, but then I examined myself and found that I wasn't really depressed because there was satisfaction in what I did." Coming to terms with her patients limitations also proved difficult - "I used to work out things to take him and feel quite despairing, but the probable turning point was when I simply accepted that it was unrealistic to expect that there would be an improvement there could be an improvement in his relationship to mine but there could be no improvement in his mental capacity I had to accept that one could never feel disappointed by what could never be but to be grateful for what, against all odds, could be."

When asked whether she felt there was a need for some kind of help or support for volunteers at the hospital, Mrs. F. was unsure, but believed that the volunteers as a group were "not asked to full more than the capacity of well motivated ordinary women who in fact, within her own family situation, had not had to extend forgiveness and love and understanding to some member or another." With regard to any form of training for volunteers however, this subject expressed that it would be a good idea. Very definite ideas of what training would consist of were also expressed. She saw the need for information to be passed to prospective recruits both from the professional viewpoint (addressing the general nature of problems faced by patients and the types of illnesses they suffered from) and from existing volunteers or non-professionals who have had relevant experience in dealing with such patients. Mrs. F. reported that she herself had attended a seminar on mental health accompanied by a tour of the hospital, both of which were invaluable.

Overall, Mrs. F. is very satisfied with her work as a volunteer at the hospital. She found her work a great deal interesting and a challenge. She also found that volunteering required a great deal of responsibility as well as allowing for independence and making use of her skills and knowledge.

Mrs. F. perceived her patient as definitely making progress and he always attended the scheduled visits and was cooperative and happy to see her. Encouragement and support from family, other volunteers and hospital staff also featured strongly for Mrs. F.. Although she did not agree that volunteers and staff worked together as a team Mrs. F. felt that she was treated as a colleague by staff and who would always be willing to listen to her and give advice or instruction where necessary. She also felt the volunteer visits were well organised and planned for by hospital staff. Mrs. F. never felt that she had insufficient knowledge or experience or was unclear about what to do. In general, Mrs. F. was of the attitude that most people think that work without pay isn't work much and that wage earners are valued more than volunteers in society.

Mrs. F. continued to volunteer out of the relationship she had developed with the patient she visited at the hospital and reported feeling that she was giving her "humble undisputed good to the most needy." This subject was involved as a volunteer as much as she would like to be and reported the intention to continue volunteering in the future and could foresee no changes from what she was doing now.

In summary, the case example of Mrs. F. illustrates the effects of time in relation to her volunteer experiences, including changes in motivation, knowledge of the psychiatric hospital setting, and overall satisfaction. Importantly, the considerable length of her involvement highlights changes not just as a consequence of her actual experiences, but also dependent on changes within the hospital environment itself.

The case of Mrs. F. also exemplifies typical trends identified in the present results of higher educational qualifications being consistent with the perceived need for training and also the relationship between having no initial expectations and the perceived need for training. Mrs. F. reported that her lack of initial expectations could be attributed to her joining the group in its early stages.

The practical implications which can be drawn from this case are particularly for the hospital in utilising and learning from Mrs. F.'s lengthy involvement with the group. Her comments are a worthy indication of the direction the

group has taken since its inception and consequently these may bring about useful suggestions for the management of the group in future.

The present results demonstrate that at the case level a number of patterns and trends emerge which otherwise cannot be identified when various components or factors are studied independently. The typical cases of Mrs. A. and Mrs. B. for example, draw attention to the interrelations between having few expectations about what they would be doing, the unfamiliarity of the psychiatric hospital setting, their subsequent experiences (eg. difficulties faced), and their own personal influences (eg. ways of coping, relevant experience, education) on the situation. Another example is where the importance of examining aspects of individuals' experiences (eg. motivation, satisfaction) in relation to the length of time involved as a volunteer was stressed, given that the volunteer experience is a constantly changing phenomenon. The case of Mrs. F. is an illustration of the types of changes (both individual and contextual) which can occur over time.

In the literature few authors emphasise the necessity of taking an integrative approach as adopted and supported by the present research. Vilkinas (1986) spoke of the importance of obtaining a general indication of the combined effect of factors pertaining to the volunteer experience. Dailey (1986) was also referring to the same phenomenon when he proposed the term 'organisational commitment' as a theoretical outcome measure of an individual's attitudes toward, coupled with the characteristics of, the volunteer work he or she does. Both of these authors however, neglect to consider particularly individual sociodemographic characteristics as relevant to the volunteer experience.

The results of the present study indicate that sociodemographic factors (eg. age, education, length of time involved as a volunteer, relevant experience) are in fact important not just as predictors of volunteer participation, as the literature suggests, but as directly relevant to volunteers' actual experiences. This was demonstrated for example, in the relationship of subjects' educational level and occupation with the perception of the need for training. The results of the present study therefore support the model

proposed by Smith & Reddy (1972); the only authors to appear to include sociodemographic factors as part of an integrative approach to explaining volunteer participation.

The overall findings of the present study are also supported by the model of Smith & Reddy (1972). As previously stated these authors suggest that there is a complex web of interconnections between contextual factors (including cultural, physical environmental (ie. community size and locality), social structural, and temporal factors), personal factors (individual characteristics and attitudes), and situational factors (characteristics of the immediate situation (eg. the volunteer task and associated range of possible experiences)). The model is one of increasing specificity from contextual to personal and then situational factors. Clearly this interconnections between all three factors are evidenced by the whole case analysis of individuals.

The importance of the interpretation of the present results at the case level is also illustrated by the sorts of practical implications that were drawn. Indeed the case analysis of the data makes clearer the sources of difficulties and problems faced by volunteers and consequently their practical needs. Without considering the preconceived ideas illustrative of the general public's image of psychiatric hospitals that Mrs. A. had for example, coupled with her having no experience with mentally ill patients, it would be difficult to understand her general discomfort and her difficulty in knowing how to communicate with her patient. When these problems are viewed in her wider case context however, it becomes clear that her request for information would need to include increasing her awareness in dealing with psychiatric patients, exploding existing myths, and familiarisation with the hospital environment.

Similarly, the practical attention which needs to be given to cases such as Mrs. E., who reports she is dissatisfied with volunteering, becomes clearer when the context of her patient relationship is considered. The fact that her case illustrates a lack of the types of good experiences reported by other volunteers as being particularly satisfying also assist in understanding the types of practical problems she has.

In summary the present research indicates the need to adopt a whole case approach in examining individuals' volunteering. As the present results demonstrate, such an approach is warranted, methodologically and practically, for the greater insight it allows into explaining numerous complex interrelationships which are an integral part of the volunteer experience.

CHAPTER 9

SUMMARY AND CONCLUSIONSSummary.

In summarising the findings of the present research the following general points can be made.

Initially, it was already established that the present volunteer group constituted church women from a rural community. The present results confirmed that most of these women became volunteers because of their commitment to one of several churches. The other main reason for volunteering was the social contact of women within the small community. Both of these are consistent with reasons offered for volunteering in the literature (Miller, 1985; Mulford & Klanglan, 1972; Phillips, 1982; Social Advisory Council, 1987; Wiehe & Isenhour, 1977).

Sociodemographically the present sample was characterised by middle to late middle-age subjects. Taking age into consideration, distributions of other sociodemographic factors in the group (eg. marital status, socioeconomic status, education) were similar to the general population. These results are notable in that they do not support findings in the literature which have indicated that some sociodemographic factors, particularly high socioeconomic status (Lemon et al., 1972; McPherson & Lockwood, 1980; Payne et al., 1972; Tomeh, 1973) and education (Lemon et al., 1972; Payne et al., 1972; Schram & Dunsing, 1981), have been correlated with volunteering.

A characteristic of the present sample is that all of the women were involved in other volunteer activities. Subjects reported varying degrees of perceived relevant experience, although none were familiar with working with psychiatric patients. Initially many of the volunteers found that the psychiatric hospital setting made them feel vulnerable and uncomfortable.

uninformed than informed subjects had subsequent problems and difficulty in coping with these (Phillips, 1982). Overall however, three quarters of all volunteers reported that they had difficulties with communicating with the patient they were assigned. Mainly these difficulties stemmed from unfamiliarity and a lack of information about appropriate things to say and the level at which to talk to the patient. Similarly, for the half of the sample who reported bad experiences, these could be attributed to a lack of information in general, including having stereotyped preconceived ideas about psychiatric patients, and the hospital not keeping the volunteers informed about their specific patients.

Volunteers' accounts of good experiences reflected satisfying aspects of the work, particularly occasions when they felt good about themselves and felt accepted and appreciated for their work. That almost all subjects reported some degree of satisfaction (satisfied or very satisfied) as a result of their volunteering was as expected (Gidron, 1983; Miller, 1985; Qureshi et al., 1979; Smith et al., 1972).

Concerning the perceived need for some form of assistance, support, and/or training the present results were divided. Some degree of social support already existed in the group as a consequence of members knowing each other through church or community. The half of the volunteers who expressed the need for training made a range of suggestions as to what this should be, but the most frequent request was for basic background information (eg. about the functions of the hospital, what to expect from one's patient, suggestions to overcome communication problems) in the form of an introductory session.

The results regarding training were complicated by individual differences in perceived role as a volunteer and what was meant by training. A notable trend was identified whereby higher educational and occupational achievements were related to volunteers' endorsing the need for training, while disagreement with the need for training was related to low educational and occupational levels.

An important feature overall of the present results was the support given to the notion that the volunteer experience as a constantly changing

phenomenon. Thus many of the subject's responses to the factors measured reflected the length of time involved as a volunteer (eg. satisfaction, motivation, perceived need for training). These changes were evidenced both across and retrospectively within, individual cases. It is noteworthy that little attention in the research (with the exception of Phillips (1982) and Smith & Reddy (1972)) has been given to this phenomenon in relation to measuring other aspects of the volunteer experience.

Finally, the present results established that membership to the present volunteer group was relatively stable, with most volunteers reporting that they were involved as much as they would like to be, and that they intended to continue volunteering in the future.

Methodological Limitations.

There are several issues in considering the methodological limitations of the present research. First, is the question of the ability to generalise from the present results. Indeed, Williams (1986) raised this methodological concern for all voluntary action research, given the individual nature of volunteer groups and the wide range of activities in which they engage.

The present study only involved a total of 34 subjects. At the time of interview however, this number represented the entire womens' volunteer group at the hospital.

Apart from the small sample size, a number of characteristics were peculiar to the present volunteer group. Members were all females, they all lived in the same small rural community, and the group was church based. The volunteers' specific task was to offer a service of friendship, on a one to one basis, to institutionalised psychiatric patients who had no other visitors.

Inevitably then, there are limitations (ie. type and size of the group, and specific characteristics and experiences) in generalising from the present results. Generalisation in terms of making universal statements about volunteers is obviously not feasible, but what is important is that the present results can be, and are, compared - by noting similarities and differences - with existing studies and theory. It was clearly not the

intention of the present research to test hypotheses about all volunteers as a group, but rather the aim was to systematically describe and draw implications for the situation of the present volunteer group. In doing so, the generality of the present study is sacrificed to achieve the depth and complexity of the individual cases. High external validity for the present research is achieved in the move from case to group level analysis because of the intensive description of the whole group of volunteers.

The second issue of methodological concern is in the measurement of volunteer characteristics and experiences. Firstly, there are problems in measuring some sociodemographic characteristics of the volunteers as outlined in Chapter 3. In particular for the present research, were socioeconomic status and education. It is unclear how valid the measure of socioeconomic status (own and/or partner's occupation) was for the present study given that most of the women volunteers no longer work (and therefore gave an indication of previous occupation) and that not all were supported by the income of a partner. The sensitivity of the issue had already precluded a measure of amount of income from being taken.

Although education has often been included as a measure of socioeconomic status in the literature it was treated separately (on the basis of importance) by the present research. Obtaining a measure of education was however complicated by the age of the subjects and the corresponding types of educational qualifications and levels reported. The subdivisions for levels of education made in the analysis however, were comparable to those provided by statistical documents.

Secondly, there are problems in measuring individual attitudes and aspects of the volunteer experience. Smith & Reddy (1972) point out the wide variation in the kinds of measures used to denote an individual's volunteer participation in the literature (from the total number of memberships to more detailed accounts of belonging to volunteer groups) and subsequent inconsistencies in definition, as well as the lack of focus on more in-depth measures of the actual volunteer experience. The current state of the literature is thus that although it is realised a number of factors are important (ie. expectations, motivation, satisfaction, type and extent of

involvement, and subsequent experiences) there is little indication of how they might be 'measured'.

Given this lack of precedent therefore, there were problems for the present research in developing appropriate probes to elicit information about the phenomena (eg. expectations, motivation) of interest. One particular example was the question, "Have you noticed any changes in your views or how you feel about being a volunteer since you began working here?" which was intended to elicit information regarding volunteers changing motivation to volunteer. The range of responses obtained however was much broader and provided insight into other important areas of change and volunteer experience, some of which could be interpreted as underlying motivational change. In particular, were changes in volunteers becoming more relaxed and familiar with the hospital environment and hence allowing volunteers to feel increasingly satisfied, which served as a motivator for them to continue.

In addition, different respondents' interpretation of what was meant by some of the probes used, which was effectively highlighted by individual cases, caused some difficulty for analysis at the group level. An example of this was the variation in interpretation of the concept of training and whether subjects perceived a need for this. Most importantly, the implication was that this variation needs to be considered when making practical recommendations for the group, and also that it is important for the organisation to make clear a definition of what is meant by training.

In the present research there are also methodological issues concerning design. Firstly, the indication of some factors do pose problems in relation to the passage of time. In particular, subjects retrospective reports of reasons for volunteering, of changes that have occurred, and of good and bad experiences may be clouded by human memory, including a bias to selective remembering. The fact that subjects who had been involved longer tended not to report initial expectations, bad experiences, or the need for training, for example, may be because they have forgotten the early stages of their volunteering, when these were more likely to have occurred. Alternatively, that fewer subjects reported negative experiences overall could be that they had simply chosen to forget them in relation to the majority of times they had found volunteering a generally satisfying endeavour. A case

for longitudinal research can therefore be justified on the limitations of the present cross-sectional approach. However that the present research attempted to examine changes over time, even retrospectively, is important in relation to the neglect of existing studies to consider change. Given the available time for the present thesis, a longitudinal approach would not have been feasible.

A second design issue in the present study are limitations emphasised as a result of an interview schedule for collecting data. With subjects responding to questions about themselves (including their abilities, problems and weaknesses) by a stranger conducting research, there is likely to be a certain amount of response bias. Even more so this is likely to be accentuated by the value-laden nature of volunteer work which is being discussed. For example, it may be a problem for a volunteer to admit that her altruistic investment did not live up to her expectations and is not satisfying. There may also be issues as to whether she feels guilty or within her rights to report unsatisfactory work conditions, considering that she is not actually being paid and she is there under her own free will. Thus, subjects' desire to report socially acceptable opinions may be a problem interpreting the results from the present study. Examples of socially acceptable responding may have affected subjects' tendency to: report fewer bad experiences than good experiences; report they have no difficulties and are coping with their work; report they are satisfied; and, make favourable comments regarding help and support from peers and professionals.

Despite an emphasis on socially acceptable opinions being conveyed in an interview situation other research methods (eg. personal rating forms) are nevertheless also prone to participants' response bias. In the present study a number of steps were taken to counter the likelihood of biased responding by subjects. In particular, confidentiality was assured at all times and subjects were able to see that their names were not recorded on the interview forms. Interviews were conducted in the subjects' own homes which also added to confidentiality and subjects' ease. The researcher's familiarity with the psychiatric hospital and shared gender with the volunteers also added to subjects' feeling comfortable with the interview situation. Additionally, the phrasing of the interview questions were

intended to reduce subjects' feeling that they needed to respond favourably, for instance, it was made clear that there are difficult aspects of volunteering and so it was not unusual to have problems.

One other possible source of error in the single interview data is the momentary response set of the subject. It is thus unclear for example, what effects the experiences of the most recent volunteer visit (and including how recent it actually was) may have, nor what may be the effects of momentary mood or feeling, on the reliability and validity of the interview data. This however, is a problem of all single measure designs.

There are also methodological issues concerning the analysis of the interview data. The open-ended nature of the questions asked posed problems as to how sets of responses may be grouped so as to indicate common trends and patterns. The richness and complexity of the qualitative data however, outweighs difficulties in trying to quantify responses. The complementary analysis of both group and case data also ensures that the meaning of individual comments are not lost. Additionally, the quantifiable measures taken from Gidron's (1983) scale are used both to support and check identified trends in the qualitative data (eg. good experiences and aspects of satisfaction).

Overall, given the descriptive approach to the factors in the present study it must be acknowledged that this is not the only method of measurement, but rather it was the best suited for the present research. This is especially so considering the exploratory stages of the literature, particularly in terms of measurement of factors contributing to an integrative perspective on volunteer experience. Other complementary approaches using more accurate, reliable, and more statistical analytic methods also need to be developed, but in parallel with the extensive groundwork that can be provided by descriptive studies.

Theoretical Implications.

The present results and discussion make clear the general importance of an integrative approach in understanding volunteer participation and the need for further development of theories within an integrative framework.

Apart from the tentative framework proposed by Smith & Reddy (1972), current relevant theory is lacking that can accommodate the whole range of empirical data that is available. Thus researchers have generally looked at a number of major types of factors in explaining volunteer participation but these have been kept separate (eg. sociodemographic characteristics, personality factors, attitudes, the volunteer-organisation relationship). A further contribution to this generally unintegrated state of the literature has been that the majority of studies of individual characteristics have focused only on their relationship to volunteer participation. Research concerning contextual and situational factors (eg. characteristics of the organisation) seems to be mainly speculative and not applied (eg. there are no organisational case studies). Overall then, little attempt has been made to weave together any form of coherent theory which would explain interrelationships among the various factors.

Unless studies do go beyond looking at individual factors simply as predictors, as well to consider the context for volunteer participation then it is unlikely that research will advance much further beyond its current state. Empirical evidence is therefore needed to test as a whole, models such as that proposed by Smith & Reddy (1972). From this development of mid-range theories concerning various aspects of the volunteer process can occur.

Consequently, although there were difficulties with measurement and interpretation of the present data this was outweighed by the relative importance of the integrative approach which was used. As the model of Smith & Reddy (1972) and the present results suggest volunteer participation is participation by an individual embedded in a wider historical, social, and situational context. That particularly little attention within this integrative framework seems to have been paid specifically to the situational context in past research is an important issue. For instance, more needs to be understood about the effects of different types of volunteer tasks, the types

of roles volunteers fulfil, and extent of involvement on participation. Clearly the wide variation of volunteer activities available and little indication of what constitutes a typical activity is a difficulty in building theoretical explanations in this area. It is therefore fundamental in the development of theory at the situational level that consideration be first made to the meaning, demands, and type of membership across volunteer situations.

Overall, there are distinct advantages in taking an integrative perspective on volunteer participation. As the present results demonstrate, the study of single factors can show particular effects, however, when these same factors are examined at the case level a number of interrelationships can be seen which would not have otherwise been predicted by a single factor approach. For example, it was shown in the present study that there was a relationship between education and occupational level and the perceived need for training.

An integrative model therefore allows that the effects of some factors on volunteer participation may be more complex than the single factor studies assume. Indeed, the present results indicate that many aspects of the volunteer experience are complicated by a whole range of individual influences. For example, although all subjects in the present study carried out a very similar task there was considerable variation in how individuals actually perceived and responded to their role as volunteers. From the results it appears that this variation was due to a number of personal factors including expectations, motivation, education, relevant and previous experience, and extent of involvement.

In summary, the viability and utility of taking an integrative approach is that it enables the study of common patterns and themes in indicating what range of effects any factor could have on volunteer participation overall. Within general integrative framework however, there is scope for the further development and refinement of theories or models which explain in more detail, the relevance of different situational and contextual factors in relation to volunteering.

Practical Implications.

Although the results of this study have various practical implications forthcoming recommendations are complicated by a wide range of individual experiences within the group. This raises two general issues. First, of particular practical concern must be those situations where volunteers have expressed difficulty, dissatisfaction, disillusionment, or disappointment with their work. Given the variation expected within any group the problem is however, at what point should recommendations be made on behalf of the whole group. Generally there needs to be some consensus (ie. identified patterns of responding) before recommendations can be made. Nevertheless, there is also concern for exceptional cases such as the example of Mrs. E. where obviously some form of intervention is needed. Second, is the issue of whether all volunteers, given the opportunity available to them, are being utilised to their maximum potential benefit. Thus the amount of commitment volunteers are prepared to give and the job scope which is offered them need to be considered when practical recommendations are made.

The following implications are those which would seem generally important in relation to the findings of the present volunteer group. First, it is clear from the results that half of the present sample had no expectations about what they would be doing before they began as volunteers at the hospital. Given the positive relationship between having expectations congruent with the actual volunteer task and factors such as satisfaction, identified in the literature (Hargreaves, 1980; McAdam & Gies, 1985; Phillips, 1982; Viikinas, 1986) there are ramifications that all prospective volunteers should be informed what they will be doing. This was also supported by the present results where volunteers who had no expectations or unclear expectations were more likely to have difficulties with the task. Clear expectations on both sides of the volunteer-organisation relationship are essentially a basic right of volunteers (Viikinas, 1986) therefore, in that they aid in clarifying the volunteer role. For the organisation there are consequences for retention in that volunteers are more likely to remain if they are sure of their task and can therefore more likely be satisfied from it (Hargreaves, 1980). Thus recommendations can be made that the hospital inform all volunteers of what they are expected to do.

Second, the present results indicated that the majority of volunteers claimed that communication problems were a major difficulty in their work. Mostly, volunteers had difficulty starting and maintaining conversation and/or their patient rarely spoke or was difficult to understand. As a result, half of the volunteers saw the need for communication skills or some direction as to what to say to patients. Some subjects who did not feel uncomfortable with the communication problem felt that other volunteers needed to be assured that they did not always have to be talking to their patient and that just their physical presence was important. Overall, there are implications that volunteers need to be informed of what is appropriate behaviour in their role given the nature of the task and the type of patient they are dealing with. A recommendation for guidelines to be given (eg. useful starting points for conversation, topics of interest to patients, appropriate level of communication, reassurance of the importance of the volunteers' physical presence) is supported by the fact that volunteers' reports of good experiences mostly pertained to times when they felt able, accepted, and appreciated in their role.

A third related issue is that half of the volunteers in the present sample expressed the need for varying degrees of support, assistance, and training. The present results indicated that this need was mainly perceived as general information regarding the psychiatric setting and specifically regarding their own patient's condition (eg. what behaviour to expect of him, limitations on his ability). This general lack of introductory information was also evidenced by many of the volunteers reporting that they felt initially uneasy or vulnerable. Further, the majority of volunteers' reported bad experiences could also be attributed to lack of information or unfamiliarity with aspects concerning the hospital.

Overall, there are a number of implications for the hospital in the provision of information. As already outlined, the problem in ascertaining whether volunteers actually thought training was required was not that they did not want training (as most did) but that they had different ideas of what training meant. Thus as the literature points out, if an organisation is to offer 'training' then it must at least inform volunteers so that they have clear expectations as to what training will constitute (Lee, 1980; Vilkinas, 1986). Nevertheless whether the term used is 'training', an 'introductory

session' or whatever, it is clear from the present results that the hospital has an obligation to provide some initial information to volunteers.

A second implication is therefore what, and how much, information should be supplied to volunteers. Some subjects requested that they would like more personal information regarding their patient and his condition, partly because they felt it was inappropriate to ask the patient himself as to why he was in hospital. Clearly there are ethical issues involved here and it is the responsibility of the hospital to respect the rights of the patient. More appropriate information to volunteers would those suggestions for information regarding the function of the hospital in general, including a simple overview of the types of patients treated and those visited by the volunteer group. The provision of such information, partly to dispel misinformation and the poor public image of psychiatric hospitals, is consistent with the recommendations of Lewis et al. (1978) and Wahl et al. (1980).

A third implication in the provision of information concerns the way in which it is made available to volunteers. As the present results show, the majority of volunteers did feel that staff members were supportive, willing to help and to teach them necessary skills. However, that the volunteers seem not to have talked to staff concerning the need for information implies that there may be inherent difficulty in approaching staff. As a result, staff may need to make clear that they are available if the volunteers need them. Additionally, it would seem important to have formal provision of information, particularly an introductory meeting. Consideration could also be given to having information given by people other than staff, such as experienced volunteers and semi-professionals (Hargreaves, 1980). Additionally, there is the viable option of providing written information in a format similar to the booklets given to patients and relatives on arrival at the hospital. Further the use of film or video (eg. taking volunteers on a televised 'tour' of the hospital) would be a useful way of conveying basic information about the psychiatric setting but with due respect to the patients at the hospital.

Taking all the aforementioned issues into consideration, it would seem there is a general implication from the present results. That is, the need for closer contact in the relationship between volunteers and the organisation.

Primarily, the hospital needs to define exactly what it expects volunteers to do and needs to communicate this. Further, the hospital must recognise the need of volunteers to be given information which will enable them to perform their task capably and with confidence. Regular monitoring and evaluation of the progress of volunteers should also be an integral part of the volunteer-organisation relationship. In this respect, the hospital has a responsibility to both the well-being of volunteers and the patients they visit. Finally, it is important that volunteers are made to feel useful, accepted and appreciated for the tasks they do.

Having made these points however, one also needs to be aware of possible limitations as a consequence of the situation of the volunteer group itself. Specifically, one needs to remember that the volunteers only have four organised visits to the hospital per year. The amount of time the hospital could afford in assisting the volunteers in proportion to the benefits reaped may therefore be limited. Additionally it may be that some of the problems volunteers are having (eg. communication problems) are actually a consequence of the irregular visiting and may not be able to be facilitated by acquiring skills that training could provide.

Further, although the results showed that almost all group members planned to continue volunteering, the majority also reported that they were involved as much as they would like to be. This would therefore be an important consideration for the amount of time that the volunteers themselves would be willing to spend on additional requirements such as teaching sessions or regular meetings.

From a positive angle however, the hospital also needs to weigh up the balance that the majority of volunteer-patient relationships are long term (as indicated by the length of time most group members have been involved) and thus the benefits information and training could provide would seem to be a worthwhile investment.

Beyond the current situation of the existing volunteer group the present results also bring about implications for the future use of volunteers at the hospital. In particular it must be borne in mind that individual volunteers appear to want different degrees of involvement in their voluntary work. It

would seem preferable therefore that the opportunity for a wider scope of volunteer activity is made available for volunteers. At the same time, the hospital would necessarily need to evaluate the emphasis on the type of work volunteers do. With the changing emphasis toward increased community orientation for patients for example, it may be feasible that volunteers be involved in community based programmes (eg. visiting half-way houses, helping patients re-adjust with basic living skills). In this respect, further consideration does need to be made as to whether it would be appropriate to accept any volunteer for any task or whether there are implications (as the present results indicate) for selection and matching (ie. for age, race) volunteers with patients. Further, there are implications for the amount of responsibility volunteers are given and the skills that are needed. As a consequence it could be suggested that attention is paid to which volunteers are recruited and how. Clearly this means that the hospital would need to define what types of volunteers (eg. in terms of relevant experience, qualifications, personal qualities) are needed for specific tasks.

Future Research.

With reference to the present methodological, theoretical, and practical implications, a number of indications for future research can be made.

First, is the need for more applied research, primarily group and organisational case studies, to test existing theoretical assertions in situ and thereby contribute to developing and refining theory within an integrative framework. Clearly, the more emergent theoretical notions are tested with empirical data the more valid and reliable they become.

Additionally, as indicated by the implications for theory and the important practical recommendations made by the present study, the extent of future research must be such that volunteers' actual experiences are examined not just predictors of participation.

As the present results indicate, the beneficial value of qualitative data in indicating the experiences of volunteers is demonstrated in the complexity and richness of the data which is collected. Importantly future research

needs to make use of the complementarity of both qualitative and the more popular quantitative research designs.

Apart from the theoretical importance of taking an integrative perspective there is a considerable need for the practical application of case findings. In the presently documented research there have been few practical recommendations made, particularly for specific types of groups or organisations. Despite the current lack of a current theoretical base it must be argued that such recommendations would be especially important given the individual nature of many volunteer groups and tasks.

In general, the present results thus imply a need for applied research to address a number of practical points in the future. In particular, there is the need to examine more closely what should constitute organisational policy in utilising volunteers. There also needs to be an emphasis on developing ways in which the volunteer-organisation relationship can be monitored, especially with regard to the ongoing needs of volunteers. Additionally, research needs to be conducted on the functional value of different types of recruiting, selecting, and training volunteers.

Another major area relevant to future research concerns the need for more work in clarifying fundamental conceptual issues and subsequently measurement techniques. This need was illustrated in the present research by the few guidelines available in the literature for measuring major attitudinal factors and aspects of the volunteer experience. So that empirical data can be successfully compared in terms of an overall theory base, definitions of important factors (including volunteer participation itself) need to be agreed upon and attention needs to be given to standardising measurement techniques. Such development would include the empirical testing of scales such as the 'Perceived Rewards from Volunteering Scale' (Gidron, 1983) which has some grounding in terms of existing theory on paid workers. Consequently, this would provide a useful comparative data source.

Further from a methodological perspective, the need is not just for more replication but also for longitudinal studies and rigorous sampling of a wide variety of volunteer groups. With the type of group studied clearly being an obvious condition affecting the apparent importance of other factors (eg.

whether there is a need to match volunteers' personal characteristics with clients, training needs, need for supervision) it is implied that not only general, representative volunteer groups samples are relevant. Rather, it should be stressed that conclusions need to be drawn from every piece of research, taking into account the conditions under which it was studied. It is thus important to recognise that many types of volunteer groups (eg. church groups) which have an equally important practical and theoretical role, as yet have not even been studied by researchers.

In addition to the need for studying volunteer groups and organisations at the case level however, it should be stressed for future research that analysis also takes into account individual cases within the wider context of the group approach. As the present results indicate, pattern matching and explanation building across individual cases within a group provides a necessary insight into relationships between individual variables and the nature of common patterns and themes. Importantly also, exceptional cases can be examined which can strengthen or contend theoretical notions in a similar way to comparisons made between different types of volunteer groups.

In conclusion, there is a call for more extensive and intensive research concerning the phenomenon of volunteer participation. The very essential and valuable contribution of volunteers to society make this a worthy area for future research.

REFERENCES

- Allen, N. J., & Rushton, J. P. (1983). Personality characteristics of community mental health volunteers: A review. Journal of Voluntary Action Research, 12, 36-49.
- Amis, W. D., & Stern, S. E. (1974). A critical examination of theory and functions of voluntary associations. Journal of Voluntary Action Research, 3, 91-99.
- Aves, G. M. (1969). The voluntary worker in the social services. London: George, Allen, & Unwin.
- Baker, F., & Northman, J. E. (1981). Human services for the '80's. St. Louis: C. V. Mosby.
- Bode, J. G. (1972). The voluntary association concept in twentieth century American sociology. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.51-70). Lexington: D. C. Heath & Co.
- Bosserman, P., & Gagan, R. (1972). Leisure behaviour and voluntary action. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.109-126). Lexington: D. C. Heath & Co.
- Brenton, M. (1985) The voluntary sector in British social services. London: Longman.

- Carlson, E. W., Vito, G. F., & Parks, E. C. (1980). Effectiveness of volunteer assistance to parolees. Evaluation Review. 4, 323-338.
- Christiansen-Ruffman, L. (1985). Participation theory and the methodological construction of invisible women: Feminism's call for appropriate methodology. Journal of Voluntary Action Research. 14, 94-111.
- Cook, T. J., & Scioli, F. P. (1976). Volunteer programme effectiveness: The reduction of recidivism. Criminal Justice Review. 1, 73-80.
- Cutler, N. E. (1980). Toward an appropriate typology for the study of the participation of older persons in voluntary associations. Journal of Voluntary Action Research. 9, 9-19.
- Cutler, N. E. (1982). Voluntary association participation and life satisfaction: Replication, revision, and extension. International Journal of Aging and Human Development. 14, 127-137.
- Dabrowski, I. (1984). The social integration of working class women: A review of employment, voluntary organisation, and related sex role literature. Social Sciences Journal. 21, 59-73.
- D'Augelli, A. R., & Ehrlich, R. P. (1982). Evaluation of a community-based system for training natural helpers. II. Effects on informal helping activities. American Journal of Community Psychology. 10, 447-456.
- Dailey, R. C. (1986). Understanding organisational commitment for volunteers: Empirical and managerial implications. Journal of Voluntary Action Research. 15, 19-31.

- Davis, K. E. (1982). An alternative theoretical perspective on race and voluntary participation. Journal of Voluntary Action Research, 11, 126-142.
- Department of Statistics. (1985). The official New Zealand yearbook. Wellington: Government Press.
- Department of Statistics. (1986). New Zealand census of population and dwellings, Series C, Report 3. Wellington: Government Press.
- Du Villier, P., Holmes, H., & Witten, K. (1985). Befrienders versus barefoot therapists: The effects of type of visitor on elderly in the community. Community Mental Health in New Zealand, 1, 76-83.
- Edwards, J. N., & White, R. P. (1980). Predictors of social participation: Apparent or real? Journal of Voluntary Action Research, 9, 60-73.
- Edwards, P. K., Edwards, J. N., & Watts, A. D. (1984). Women, work, and social participation. Journal of Voluntary Action Research, 13, 7-22.
- Ellis, S. J. (1985). Research on volunteerism: What needs to be done. Journal of Voluntary Action Research, 14, 11-14.
- Ellis, S. J., & Noyes, K. (1978). By the people: A history of Americans as volunteers. Philadelphia: Energize.
- Fagan, R. W. (1986). The use of volunteer sponsors in the rehabilitation of skid-row alcoholics. The Journal of Drug Issues, 16, 321-337.

- Flathman, R. E. (1981). The rights of volunteers. Journal of Voluntary Action Research. 10, 51-61.
- Gamm, L., & Kassab, C. (1983). Productivity assessment of volunteer programs in not-for-profit human services organisations. Journal of Voluntary Action Research. 12, 23-38.
- Gidron, B. (1983). Sources of job satisfaction among service volunteers. Journal of Voluntary Action Research. 12, 20-85.
- Gidron, B. (1985). Predictors of retention and turnover among service volunteer workers. Megamot. 29, 180-189. (From Psychological Abstracts, 1986, 73, Abstract no. 12151).
- Hargreaves, J. (1980). The recruitment of volunteers. In T. Churchill, J. Hargreaves, C. Lee, T. McCarthy, & Z. Turbett (Eds.), Working with volunteers (pp.8-12). Essex: Barnado's Social Work Papers.
- Hargreaves, J. (1980). Selection of volunteers. In T. Churchill, J. Hargreaves, C. Lee, T. McCarthy, & Z. Turbett (Eds.), Working with volunteers (pp.13-21). Essex: Barnado's Social Work Papers.
- Henderson, K. (1984). Volunteerism as leisure. Journal of Voluntary Action Research. 13, 55-63.
- Jenner, J. R. (1981). Volunteerism as an aspect of women's work lives. Journal of Vocational Behaviour. 19, 302-314.

- Jenner, J. R. (1982). Participation, leadership & the role of volunteerism among selected women volunteers. Journal of Voluntary Action Research. 11, 27-38.
- Jenner, J. R. (1983). Correlates of career choices of women volunteers. Psychological Reports. 53, 1135-1142.
- Johnson, N. (1981). Voluntary social services. Oxford: Blackwell & Robertson.
- Keppel, G., & Saufley, W. H. (1980). Introduction to design and analysis: A students handbook. San Francisco: W. H. Freeman & Co.
- Landsburger, H. (1972). Trade unions, peasant movements, and social movements as voluntary action. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.135-158). Lexington: D. C. Heath & Co.
- Langton, S. (1981). The new voluntarism. Journal of Voluntary Action Research. 10, 7-19.
- Lee, C. (1980). Training programmes for volunteers. In T. Churchill, J. Hargreaves, C. Lee, T. McCarthy, & Z. Turbett. (1980). Working with volunteers. (pp.22-25). Essex: Barnado's Social Work Papers.
- Lemon, M., Palisi, B. J., & Jacobson, P. E. (1972). Dominant statuses and involvement in formal voluntary associations. Journal of Voluntary Action Research. 1, 30-41.

- Lewis, B. R., Moores, B., Fox, R., & Grant, G., (1978). Measuring the public image of psychiatric hospital: Is it a significant cause of recruitment problems? Comprehensive Psychiatry, 19, 257-265.
- Lowy, L. (1982). Cooperation of volunteers & professionals in social services. Journal of Voluntary Action Research, 11, 32-37.
- Maguire, G. H. (1985). A course to train church volunteers to interact with the aged, ill and handicapped. Physical & Occupational Therapy in Geriatrics, 4, 45-51.
- Mahoney, J., & Pechura, C. (1980). Values and volunteers: axiology of altruism in a crisis centre. Psychological Reports, 47, 1007-1012.
- Manser, G., & Higgins-Cass, R. (1976). Voluntarism at the crossroads. New York: Family Service Association of America.
- Maslow, A. H. (1954). Motivation & personality. New York: Harper & Row.
- McAdam, T. W., & Gies, D. L. (1985). Managing expectations: What effective board members ought to expect from non-profit organisations. Journal of Voluntary Action Research, 14, 77-88.
- McLennan, J. P. (1985). Helping beliefs inventory: Brief screening measure for training volunteer applicants in counselling. Psychological Reports, 56, 843-846.

- McPherson, J. M., & Lockwood, W. G. (1980). The longitudinal study of voluntary association memberships: A multivariable analysis. Journal of Voluntary Action Research. 9, 74-84.
- McPherson, J. M. (1981). A dynamic model of voluntary affiliation. Social Forces. 59, 705-728.
- McPherson, J. M., & Smith-Lovin, L. (1982). Women and weak ties: Differences by sex in the size of voluntary organisations. American Journal of Sociology. 87, 883-904.
- Mellor, D. (1985). The role of voluntary organisations in social welfare. London: Croom Helm.
- Miles, M. B., & Huberman, A. M. (1984). Qualitative data analysis: A sourcebook of new methods. Beverley Hills: Sage Publications.
- Miller, L. E. (1985). Understanding the motivation of volunteers: An examination of personality differences and characteristics of volunteers' paid employment. Journal of Voluntary Action Research. 14, 112-122.
- Mitchell, M. (1986). Utilizing volunteers to enhance informal social networks. Social Casework. May, 290-298.
- Monk, A., & Cryns, A. (1974). Predictors of voluntaristic intent among the aged. Gerontologist. 14, 423-429.

- Mulford, C. E., & Klonglan, G. E. (1972). Attitude determinants of individual participation in organized voluntary action. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.251-276). Lexington: D. C. Heath & Co.
- Palisi, B. J., & Palisi, R. J. (1984). Status and voluntary associations: A cross-cultural study of males in three metropolitan areas. Journal of Voluntary Action Research. 13, 32-43.
- Parkum, K. H. (1984). Dominance and activity trends of consumer & provider volunteers in health planning organisations. Journal of Voluntary Action Research. 13, 24-36.
- Parkum, K. H. (1985). Instrumental and expressive dimensions of the impact of volunteers on hospital patients. Journal of Voluntary Action Research. 14, 123-132.
- Payne, R. P., Payne, B. P., & Reddy, R. D. (1972). Social background & role determinants of individual participation in organised voluntary action. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.207-250). Lexington: D. C. Heath & Co.
- Pearce, J. L. (1980). Apathy or self-interest? The volunteers avoidance of leadership roles. Journal of Voluntary Action Research. 9, 85-94.
- Pearce, J. L. (1983). Job attitude and motivation differences between volunteers and employees from comparable organisations. Journal of Applied Psychology. 68, 646-652.

- Petersen, J. C. (1985). One does what one can. Symposium: Unresearched areas in volunteerism, voluntary associations, and non-profit organisations. Journal of Voluntary Action Research. 14, 7-9.
- Phillips, M. (1982). Motivation and expectation in successful volunteerism. Journal of Voluntary Action Research. 11, 118-125.
- Potter-Effron, P., & Potter-Effron, R. (1982). Volunteer training for non-bureaucratic agencies: Utilising social work roles to increase volunteer skills. Journal of Voluntary Action Research. 11, 143-156.
- Qureshi, H., Davis, B., & Challis, D. (1979). Motivations and rewards of volunteers and informal care givers. Journal of Voluntary Action Research. 8, 47-55.
- Reddy, R. D., & Smith, D. H. (1972). Personality and capacity determinants of individual participation in organised voluntary action. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.277-298). Lexington: D. C. Heath & Co.
- Rubin, S. G. (1982). The dialogue between voluntarism and feminism: Implications for higher education. New Directions for Experiential Learning. 18, 35-46.
- Scheier, I. H. (1981). Positive staff attitude can ease volunteer recruiting pinch. Hospitals. February, 61-63.
- Schindler-Rainman, E. (1981). Toward collaboration - risks we need to take. Journal of Voluntary Action Research. 10, 120-127.

- Schindler-Rainman, E. (1982). Trends and changes in the volunteer world. Journal of Voluntary Action Research. 11, 157-163.
- Schram, V. R., & Dunsing, M. M. (1981). Influences on married women's volunteer work participation. Journal of Consumer Research. 7, 372-379.
- Scioli, F. P., & Cook, T. J. (1976). How effective are volunteers? Public participation in the criminal justice system. Crime and Delinquency. April, 192-200.
- Skeet, M., & Crout, E. (1977). Health needs help: Results of a study into the role and preparation of volunteers working within the recognised National Health Service. Oxford: Blackwell Scientific Publications.
- Smith, D. H. (1972a). Definitional, conceptual, and typological issues in voluntary action. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.21-24). Lexington: D. C. Heath & Co.
- Smith, D. H. (1972b). Introduction to part two. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.199-205). Lexington: D. C. Heath & Co.
- Smith, D. H. (1981). Altruism, volunteers, and volunteerism. Journal of Voluntary Action Research. 10, 21-36.
- Smith, D. H. (1984). Churches are generally ignored in contemporary voluntary action research: Causes and consequences. Journal of Voluntary Action Research. 13, 11-18.

- Smith, D. H. (1986). Outstanding local voluntary organisations in the 1960's: Their distinguishing characteristics. Journal of Voluntary Action Research. 15, 24-35.
- Smith, D. H., & Reddy, R. D. (1972). An overview of the determinants of individual participation in organised voluntary action. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.321-340). Lexington: D. C. Heath & Co.
- Smith, D. H., Reddy, R. D., & Baldwin, B. R. (1972). Types of voluntary action: A Definitional essay. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.159-195). Lexington: D. C. Heath & Co.
- Social Advisory Council. (1987, January). Working party on a discussion paper: Working with volunteers in Government Departments. Wellington: Government Press.
- Taggart, J. W. (1982). Volunteers may cost more than we can afford. The Pointer. 26, 13-16.
- Theodore, A. (1972). Social change in voluntary action. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.127-134). Lexington: D. C. Heath & Co.
- Thomson, R. J., & Armer, M. (1980). Respecifying the effects of voluntary association on individuals in a traditional society. International Journal of Comparative Sociology. 21, 288-301.

- Tomeh, A. K. (1973). Formal voluntary organisations: Participation, correlates, and interrelationships. Sociological Inquiry. 43, 89-122.
- Vilkinas, T. (1986, October). Integration of volunteers into the work place. Paper presented at "Towards 2,000" Personnel Management Conference for Asian-Pacific Region, Auckland, N.Z.
- Vosburgh, W. W. (1981). Clients rights, advocacy, and volunteerism. Journal of Voluntary Action Research. 10, 37-49.
- Wahl, O. F., Briggs, D., & Zastowny, T. (1980). Mental health attitudes and volunteering. Psychological Reports. 46, 966.
- Warner, W. K. (1972). Major conceptual elements of voluntary associations. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.71-80). Lexington: D. C. Heath & Co.
- Warriner, C. K. (1972). The altruistic impulse and the good society. In D. H. Smith, R. D. Reddy, & B. R. Baldwin (Eds.), Voluntary action research: 1972 (pp.343-356). Lexington: D. C. Heath & Co.
- Watts, A. D., & Edwards, P. K. (1983). Recruiting and retaining human service volunteers: An empirical analysis. Journal of Voluntary Action Research. 12, 9-22.
- Wiehe, V. R., & Isenhour, L. (1977). Motivation of volunteers. Journal of Social Welfare. 4, 73-79.

- Wienir, P. L. (1980). Sex-linked inconsistency, disturbing interaction and voluntary participation: A re-examination of the social participation hypothesis. Journal of Voluntary Action Research. 9, 45-59.
- Williams, R. F. (1986). The value of volunteer benefactors. Mental Retardation. 24, 163-168.
- Wolfenden, J. (1978). The future of voluntary organisations. London: Croom Helm.
- Yin, R. K. (1984). Case study research: Design and methods. Applied Social Research Methods Series: Vol. 5. California: Sage Publications.

APPENDIX A

Massey University

Department of Psychology.

PALMERSTON NORTH, NEW ZEALAND

TELEPHONES: 69-079, 69-089, 69-099
DATEX: NZ 30974, Mas Uni

In reply please quote:

Dear _____

I am Karen Wood, a post-graduate student working under the supervision of Dr. John Spicer at the Psychology Department at Massey University.

We are conducting a survey of all of the people who voluntarily offer their services to assist patients at [REDACTED]. The aim is to try to increase our understanding of the benefits gained and the problems faced by volunteers. We intend to suggest ways in which the hospital, as an organisation, can be of assistance in maintaining their existing volunteer service as well as in planning toward the most effective ways of using volunteers in the future.

As part of this survey, I would like to interview you. It is important that we contact all of the volunteers concerned and listen to everyone's point of view. You will be asked a number of questions about your experiences and views of being a volunteer in an interview that will last approximately one hour. Anything that you say during the interview will be totally confidential to the researchers and there will be no way of identifying individual's opinions in the final results.

We hope that your participation in this study will be an interesting and informative experience. In appreciation of your contribution, we will inform you of our findings at a later date.

I will be telephoning you soon to discuss any questions you may like answered regarding the survey and to allot an interview time for when this is convenient.

Thanking you in anticipation.

Karen J. Wood.

Dr. John Spicer.

APPENDIX B

Note: For the sake of anonymity the name of the psychiatric hospital concerned has been replaced with the pseudonym " Hospital X".

SURVEY OF VOLUNTEERS AT HOSPITAL X.

- ** How long have you been a volunteer at Hospital X?
- ** Have you worked as a volunteer for other agencies or services?
(if so, where?).
- ** How long have you spent as a volunteer in total?
(to the nearest five years?).
- ** What is the longest continuous period you have spent working as a volunteer? (if the above question has been intermittent periods).
- ** How much time do you spend as a volunteer at Hospital X?

- ** Why did you become a volunteer at Hospital X?
- ** Before you actually went to Hospital X what did you expect that you would be doing as a volunteer?
- ** What is it that you actually do as a volunteer when you visit Hospital X?
(what are the differences from above?).
- ** Can you tell me if there have been any particularly good experiences for you as a volunteer? What are they?
- ** Can you tell me if there have been any particularly bad experiences for you as a volunteer? What are they?
- ** Have you noticed any changes in your views or how you feel about being a volunteer since you began working here? (if so, what are these changes?).
- ** One of the things this study aims to do is to improve the situation of volunteers and obviously there are some more difficult aspects of the job (eg. communicating with patients, knowing what to do in certain situations) - What do you find most difficult? How do you cope with this? What sorts of things would you suggest to others that they might do in the same situation?

- ** Do you feel there is a need for you and / or other volunteers to have help available (eg. contact with other volunteers, organised support group, regular meetings) at the Hospital? What kind of help would you suggest? To your knowledge is there anything like this available?
- ** Is there any existing assistance or training for volunteers who work at Hospital X? If so, can you describe it?
- ** What assistance or training have you personally had as a volunteer? What did you think of it?
- ** In your opinion, should there be some form of training for volunteers? If so, what sorts of things should be dealt with ? What should training consist of? (If not training,what else?).

- ** What makes you keep going as a volunteer? What sorts of things would encourage you to continue as a volunteer?
- ** Would you say that you are involved as a volunteer as much / more / or not as much as you would like to be? Explain.....
- ** Looking ahead, do you see yourself as continuing to volunteer in the future?
- ** Do you plan to make any changes (eg. in your extent of involvement)? What do you think these may be?

** For this section it is important that we get your first impressions as to which of the choices on the card best fits (for you personally). the statements I will read out. If you have any other questions or comments to make , we will discuss these later....

	<u>NOT AT ALL</u>	<u>TO SOME EXTENT</u>	<u>A GREAT DEAL</u>
1. Volunteer work itself -			
Job is challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job is interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes use of my skills and knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allows for independence (being able to do what you want with the person you visit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In your opinion you find that -			
The person you visit makes progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. As a volunteer you find that -			
The hours are convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your location to XXXXXXXXXX is convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. As a volunteer you find that -			
Your family encourages your volunteer activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you find that the person you currently visit -			
Comes to scheduled meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is happy that you volunteer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>NOT AT ALL:</u>	<u>TO SOME EXTENT:</u>	<u>A GREAT DEAL:</u>
6. Do you find that staff members -			
Are encouraging and supportive.	□	□	□
Are willing to listen and consider your opinion.	□	□	□
Are happy that you volunteer	□	□	□
Consider you as a colleague	□	□	□
7. If needed, that staff would -			
Explain exactly what you do.	□	□	□
Learn new things from them.	□	□	□
Show you how to improve your skills.	□	□	□
	<u>NEVER:</u>	<u>SOMETIMES:</u>	<u>OFTEN:</u>
8. As a volunteer, you are recognised by -			
Special events, trips for volunteers.	□	□	□
"Thank you" later.	□	□	□
Publication of names of volunteers.	□	□	□
9. Do you feel -			
You have insufficient knowledge and experience.	□	□	□
You are unclear about what to do.	□	□	□
That there is a lack of planning and organisation.	□	□	□
You disagree with staff re: goals and ways to meet them.	□	□	□

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
10. Do you think staff members -				
Consider volunteers as part of a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are not suspicious of volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not consider volunteers a nuisance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are aware of the presence of volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you think other volunteers -				
Work as a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your good friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try to solve problems together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you think -				
Most people think that work without pay isn't worth much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where I live, people value wage earners more than volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where I volunteer, people value wage earners more than volunteer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Taking all things into consideration, how satisfied are you with your work at Hospital X ?

VERY SATISFIED	SATISFIED	DISSATISFIED	VERY DISSATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments : _____

No.

Now we would like to ask you for some information which will help us understand and interpret the data from this study .

* In what year were you born ?

* Are you male or female ?

M	F

* To what ethnic group do you belong ?

European	
Maori	
Polynesian	
Other	Please Specify _____

* What is your religious preference ? _____

* Are you presently married, widowed, divorced, separated, or single ?

Married (includes de-facto)	
Widowed	
Divorced	
Separated	
Single	

* Do you have any dependent children ? _____

Number Ages _____

* What is your partner's occupation ? (if applicable) _____

* What was your last job / or the one you spent most of your working life doing ? _____

* What was your highest educational qualification or / at what level did you leave school ?

* Do you have any other relevant experience (eg. previous volunteer, previous psychiatric work, nursing training, etc) ?

* Do you have any other regular commitments (eg. child-care, part-time work, other voluntary work, sports and club activities etc.) ?
(Please list these and indicate approximately how much time you spend on each per week).

* Thank you very much for helping us with this project. We appreciate you giving us your time, and hope that you have found the experience interesting. If you have any comments to make about this questionnaire, please do so here ...

APPENDIX CTable 3:

Reliability coefficients (alpha) of Job Factors from the 'Perceived Rewards from Volunteering Scale' (Gidron, 1983).

Source	Reliability Coefficient (alpha)
1. Work itself	.625
2. Task - achievement	* -
3. Task - convenience	* -
4. Stressors	.696
5. Family	* -
6. Supervisor - instrumental	.802
7. Professionals	.571
8. Social acceptance of volunteers	.676
9. Client	.556
10. Recognition	.623
11. Supervisor - expressive	.742
12. Other volunteers	.695

* These correlation coefficients were not available in Gidron's (1983) article.