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The Characteristics of Volunteers in Crisis Intervention Centers

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AN INTEGRAL PART of community health care is the increasingly common use of non-professional volunteer workers in a variety of organizations. For years, agencies such as the Planned Parenthood Federation of America, Inc., have staffed local clinics with volunteers who serve as intake counselors or lecturers on family planning in the community. Many nonprofessional volunteers staff the street clinics and the crisis intervention telephone and drop-in centers that have sprung up recently to aid youths who are reluctant to take their increased problems related to venereal disease, unwanted pregnancies, and contraceptives to "establishment" agencies (1-3). Many crisis intervention services, originally established to deal with suicide prevention or emotional crises, receive requests for help or referral concerning health areas that have traditionally been regarded as the realm of public clinics and private practitioners (2-4).

The special usefulness of the crisis intervention service is its ability to provide emotional support and factual information across a broad range of human problems. The flexibility of these agencies, enabling them to adapt from day to day in response to social changes, and their independence from the rules and regulations, governing boards,

and funding agencies, which so greatly restrict the issuance of immediate help in many establishment clinics, place the crisis intervention services in the unique position they occupy in our society. Thus their staffs, whether professionals or volunteers, must continually be aware of and well informed about the diverse problems people in their communities are facing.

According to Toffler in "Future Shock" (5), as our society becomes more complex, many institutions in our communities will depend more on voluntary assistance. Very little, however, is known about the volunteers, particularly those working for organizations dealing with mental health and general health care crises. It has been found that volunteers for community agencies tend to be white, upper middle-class, and more socially

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oriented than nonvolunteers (6). College students who volunteered to be companions for the mentally ill were found to be more morally concerned, introverted, nurturing, and less economic-minded than nonvolunteers (7). Another study revealed that college students were volunteering primarily to help someone or to gain experience (8). Hersch and co-workers (9) reported that male college students volunteering to work with the mentally ill were less socially oriented, had more self-control, were more intent on giving a good impression, had a need for achievement through independence, and were more flexible and nurturing than nonvolunteers. Female volunteers in the same study had significantly more self-control, tolerance, and flexibility, and were more psychologically minded than nonvolunteers.

The majority of people staffing these centers were found to be nonprofessionals (in the fields related to health or the helping professions), are in their early twenties, and usually indicate they are volunteering to help other people. They are recruited by word-of-mouth, through the mass media, or from notices on bulletin boards at churches, colleges, and industries.

Screening procedures usually involve inquiries as to current and past emotional and physical health, reason for volunteering, and attitudes toward youth and its problems. Sometimes psychological tests, such as the Minnesota Multiphasic Personality Test, are used. Personal interviews with the director or the clinic psychologist are commonly part of the screening procedure. The training programs for these volunteers usually consist of about 30 hours of role playing, lectures on health problems by community members, group discussions, and on-the-job training (2).

If volunteers continue to be an important cog in community health care, especially in crisis intervention functions in which they often disperse health information as well as provide emotional support for troubled persons, some further questions need to be answered. First, why do people volunteer for this type of community service and do their reasons for volunteering have any bearing upon their length of service to the agency? How adequate is the general level of health knowledge of nonprofessional volunteers compared with the volunteer with a background in the helping or health professions? Is there a difference between the personality characteristics of professional and nonprofessional volunteers?

It is essential to determine these factors so that training and screening procedures can be better planned and administered.

The purpose of this investigation was to determine the personality characteristics and health knowledge of volunteers working in crisis intervention services to determine some possible answers to these questions.

Procedures

To carry out this investigation, all crisis intervention centers manned by volunteers in the State of Tennessee were contacted. Of seven existing centers, five agreed to participate in the study. All volunteers who had worked for at least a month were asked to complete the California Psychological Inventory (CPI) and the Kilander-Leach Health Knowledge Test (KLHKT) (10, 11). They were asked their reasons for volunteering, sex, age, months of volunteer service, and occupation. Seventy-four volunteers completed all questionnaires. The directors of the agencies were asked about the type and length of procedures for training and screening. Standard procedures for administration of both the CPI and the KLHKT were used. Statistical analysis of the data involved percentage computation, *t* tests, analysis of variance, and the Duncan Multiple Range Test to determine where differences occurred in the analysis of variance. The 0.05 level of confidence was selected as the level of significance upon which to base interpretations.

Findings

The demographic information indicated that 55 percent of all volunteers were females and 45 percent were males. The percentages of volunteers seemed to peak at two age groups—the 20- to 24-year group had 24.3 percent and the 40 and over group had 36.5 percent, with the mean age being 34.7. Seventy-two percent of all volunteers gave “to help others” as their reason for volunteering, while the remaining 28 percent indicated “self-growth,” “experience,” or “course credit” as reasons. It was found that 14.9 percent of the volunteers were professionals (practicing physicians, nurses, clergy, social workers, psychologists, and students in these disciplines, while 85.1 percent were nonprofessionals.

The 74 volunteers served a mean of 19.51 months. Those indicating they were volunteering to help others had a mean of 22.13 months of

service, while those volunteering for reasons of self-growth, experience, or course credit had a mean of 13.14 months. Volunteers with professional backgrounds had volunteered for a mean of 20.55 months and nonprofessionals, for 19.14 months.

Agency directors indicated that they used role playing, lectures from community experts, and large and small group discussions for both their pre- and inservice training programs. The mean hours per month of preservice training for all agencies was 28 and for inservice training, 5. The screening procedures for all five agencies consisted of completion of a personal data form, a statement of the reason for volunteering, and a personal interview with the agency director or a committee consisting of both professionals and volunteers associated with the organization.

The mean score for all volunteers on the total health knowledge test was 73.55. The national norms for college students on this test was 70. There was a significant difference between professionals and nonprofessionals in total health knowledge (table 1) but no significant difference between volunteers by reason for volunteering, although volunteers who worked to help others scored significantly lower than those who volunteered for other reasons in the content area of drugs (table 2). Table 3 shows there were few significant differences on CPI scores among women by reason for volunteering; this was also true for the men. There was little significant difference in CPI scores of male and female professional and nonprofessional volunteers (table 4) (12).

Table 1. Mean scores on the Kilander-Leach Health Knowledge Test of professional and nonprofessional volunteers

Content area	Professional		Nonprofessional		t-value	Probability
	Mean	S. D.	Mean	S. D.		
Nutrition.....	10.36	1.69	9.32	2.05	1.60	.11
Personal health.....	28.00	6.34	25.78	6.12	1.11	.27
Consumer health.....	8.09	1.76	7.44	3.30	.63	.53
Safety and first aid.....	6.55	.82	6.19	1.59	.72	.47
Family life.....	5.36	.92	5.94	1.27	1.07	.29
Community health.....	11.82	1.08	9.16	2.35	6.05	1.001
Mental health.....	3.91	1.04	3.56	1.43	.78	.44
Drugs.....	6.55	1.21	5.95	1.60	1.17	.25
Total health score.....	80.64	9.03	72.34	11.81	2.22	1.03

¹ Significant at $P < .05$.

NOTE: S. D.—standard deviation.

Table 2. Volunteers' mean scores on the Kilander-Leach Health Knowledge Test, by reason for volunteering

Content area	To help others		Other reasons		t-value	Probability
	Mean	S. D.	Mean	S. D.		
Nutrition.....	9.51	2.09	9.38	1.88	.24	.81
Personal health.....	26.17	6.67	25.95	4.78	.14	.89
Consumer health.....	7.74	3.51	7.05	1.75	.85	.40
Safety and first aid.....	6.17	1.59	6.43	1.25	-.67	.51
Family life.....	5.04	1.28	4.90	1.09	.42	.68
Community health.....	9.59	2.44	9.52	2.36	.07	.95
Mental health.....	3.62	1.48	3.57	1.12	.14	.89
Drugs.....	5.72	1.64	6.81	.98	-3.45	1.001
Total health score.....	73.56	12.91	73.61	8.49	-0.03	.98

¹ Significant at $P < .001$.

NOTE: S. D.—standard deviation

Discussion and Recommendations

The results of this investigation corroborated some findings of other studies. The majority of volunteers were youthful female nonprofessionals who were volunteering to help other people. The volunteers were screened through personal data sheets and interviews. Their training consisted of lectures, role playing, and discussion.

The results indicate that there were more similarities than differences between the professional and the nonprofessional volunteer. However, since the nonprofessional volunteers greatly outnumbered the professionals, the statistical tests of difference must be viewed with caution.

Both professional and nonprofessional volunteers had worked almost the same amount of time. Professionals had significantly higher health knowledge than nonprofessionals. The CPI scores were very similar for both groups with the exception of the flexibility score, which consistently yields a trend. Both male and female professionals were significantly higher on this scale than nonprofessionals. Females indicating they were volunteering to help others were significantly higher on the flexibility scale. However, men who volunteered for this purpose were significantly lower on this scale than men who volunteered for self-growth, course credit, or experience. This difference might be explained by the fact that virtually

Table 3. Volunteers' mean scores on the California Psychological Inventory (CPI), by reason for volunteering

CPI scales	To help others		Other reasons		t-value	Prob ability
	Mean	S. D.	Mean	S. D.		
<i>Men</i>						
Dominance.....	29.32	4.88	29.17	4.61	.09	.93
Capacity for status.....	20.05	4.77	20.75	3.25	-.46	.65
Sociability.....	25.45	4.18	24.58	5.25	.53	.60
Social presence.....	36.27	6.48	37.00	8.01	-.29	.77
Self-acceptance.....	22.18	3.00	23.00	3.74	-.70	.49
Sense of well-being.....	36.18	4.77	36.58	4.94	-.23	.82
Responsibility.....	31.41	4.95	28.08	5.53	1.80	.08
Socialization.....	33.05	5.08	31.33	5.20	.66	.51
Self-control.....	28.27	7.92	29.58	6.27	-.49	.62
Tolerance.....	22.41	5.84	22.75	4.43	-.18	.86
Good impression.....	17.32	5.71	18.00	4.07	-.37	.72
Communality.....	24.82	4.19	25.08	2.06	-.20	.84
Achievement via conformance.....	27.77	5.01	27.00	4.04	.46	.65
Achievement via independence.....	21.18	4.67	22.25	3.79	-.68	.50
Intellectual efficiency.....	38.32	4.49	38.92	5.87	.33	.74
Psychological mindedness.....	12.05	2.72	12.17	2.41	-.13	.90
Flexibility.....	10.14	3.14	13.50	4.34	-2.61	¹ .01
Femininity.....	18.00	2.62	17.75	2.86	.26	.80
<i>Women</i>						
Dominance.....	28.81	6.71	32.11	4.88	-1.37	.18
Capacity for status.....	21.26	2.84	20.78	2.86	.43	.67
Sociability.....	24.65	4.96	26.22	3.35	-.89	.38
Social presence.....	34.87	5.94	40.44	4.25	-2.62	¹ .01
Self-acceptance.....	21.32	3.51	24.89	3.55	-2.68	¹ .01
Sense of well-being.....	35.45	5.95	35.89	3.10	-.21	.83
Responsibility.....	33.55	4.44	29.44	3.74	2.52	¹ .02
Socialization.....	35.03	6.57	34.11	4.31	.39	.69
Self-control.....	30.42	8.83	25.11	6.21	1.68	.10
Tolerance.....	24.10	4.90	23.89	3.98	.12	.9
Good impression.....	17.29	5.83	13.56	3.13	1.83	.07
Communality.....	24.90	4.96	26.44	1.01	-.92	.36
Achievement via conformance.....	27.55	5.00	28.56	5.43	-.52	.60
Achievement via independence.....	21.68	3.55	23.11	4.46	-1.01	.32
Intellectual efficiency.....	38.58	5.10	41.78	4.74	-1.68	.10
Psychological mindedness.....	12.61	2.19	14.11	3.37	-1.59	.12
Flexibility.....	19.81	3.90	14.00	3.97	-2.93	¹ .01
Femininity.....	23.45	3.34	21.56	3.13	1.52	.14

¹ Significant at $P < .05$.

NOTE: S. D.—Standard deviation.

all of the men working for self-growth and experience were university students in the helping professions and may be exhibiting a personal profile similar to that of the professionals. Many of the women working for self-growth or experience were students, but not in the helping professions.

In view of the results, it is recommended that nonprofessional volunteers be afforded more intensive training in health knowledge so they can be more knowledgeable in answering general questions pertaining to health. Since the nonprofessionals were significantly lower on the CPI's flexibility scale, it is recommended that more intensive training be afforded nonprofessional volunteers to help them gain more insight and

become more adaptable to a variety of client situations.

The results indicated that volunteers working to help others worked almost twice as many months as volunteers working for course credit, self-growth, or experience. It would appear that the group volunteering to help others was more dedicated to the organization and more enthusiastic than volunteers attempting to meet their own needs. It is recommended that, to help prevent staff attrition, persons volunteering for self-growth, credit, or training experience be interviewed in depth as to the possible length of their commitment to the organization before they begin their service.

Table 4. Mean scores on the California Psychological Inventory (CPI) of professional and nonprofessional volunteers

CPI scales	Professional		Nonprofessional		t-value	Probability
	Mean	S. D.	Mean	S. D.		
<i>Men</i>						
Dominance.....	32.00	4.36	28.79	4.69	1.43	.16
Capacity for status.....	22.00	2.00	20.00	4.49	.97	.34
Sociability.....	25.80	3.83	25.03	4.69	.34	.73
Social presence.....	38.60	5.37	36.17	7.20	.72	.48
Self-acceptance.....	23.80	2.28	22.24	3.37	.99	.33
Sense of well-being.....	38.40	.89	35.97	5.07	2.36	1.02
Responsibility.....	31.80	5.97	29.97	5.28	.71	.49
Socialization.....	32.60	6.11	32.62	5.01	-.01	.99
Self-control.....	34.60	4.61	27.72	7.26	2.03	1.50
Tolerance.....	25.20	4.21	22.07	5.41	1.23	.23
Good impression.....	20.00	4.80	17.14	5.15	1.16	.26
Communality.....	26.00	1.23	24.72	3.80	.74	.47
Achievement via conformance.....	31.20	3.96	26.86	4.51	2.02	1.05
Achievement via independence.....	24.60	2.79	21.03	5.39	1.74	.09
Intellectual efficiency.....	41.20	4.15	38.07	4.98	1.32	.11
Psychological mindedness.....	13.80	2.39	11.79	2.53	1.65	.11
Flexibility.....	14.20	1.30	10.83	3.99	3.58	1.002
Femininity.....	19.20	2.39	17.69	2.69	1.19	.25
<i>Women</i>						
Dominance.....	29.83	5.04	29.50	6.72	.12	.91
Capacity for status.....	22.00	2.76	21.00	2.93	.78	.44
Sociability.....	25.67	3.39	24.88	4.88	.38	.71
Social presence.....	39.33	5.99	35.56	5.94	1.43	.16
Self-acceptance.....	23.33	4.72	21.91	3.64	.85	.40
Sense of well-being.....	35.17	3.92	35.62	5.67	-.19	.85
Responsibility.....	29.50	5.58	33.18	4.25	-1.87	.07
Socialization.....	34.50	5.39	34.88	6.28	-.14	.89
Self-control.....	25.50	6.56	29.88	8.76	-1.16	.25
Tolerance.....	24.33	2.81	24.00	4.95	.16	.87
Good impression.....	14.00	2.45	16.88	5.83	-1.18	.24
Communality.....	25.67	1.51	25.18	4.76	.25	.81
Achievement via conformance.....	28.50	2.43	27.65	5.39	.38	.71
Achievement via independence.....	24.33	2.87	21.59	3.78	1.69	.10
Intellectual efficiency.....	42.67	3.27	38.71	5.22	1.79	.08
Psychological mindedness.....	15.17	2.64	12.56	2.34	2.47	1.02
Flexibility.....	13.83	5.60	10.21	3.82	2.04	1.05
Femininity.....	21.83	3.97	23.99	3.26	-.94	.35

1 Significant at $P < .05$.

NOTE: S. D.—standard deviation.

Conclusions

For this sample of crisis intervention volunteers in the State of Tennessee, it was concluded that there were more similarities than differences between volunteers with backgrounds in the helping professions and nonprofessionals. Both groups had similar personality traits as measured by the CPI. Both appeared equally dedicated, as measured by the amount of time they had volunteered at their respective agencies. The professional volunteers, however, had greater general health knowledge than nonprofessional volunteers.

It was found that most volunteers in this sample worked to help others and that these volunteers had worked about twice as long as those working for course credit, self-growth, or experience. There was little difference in the health knowledge or personality characteristics between these two groups.

It was concluded that training and screening procedures of the five participating agencies were similar to those employed by crisis intervention agencies in other areas.

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ENGS, RUTH C. (Indiana University), and KIRK, ROBERT H.: *The characteristics of volunteers in crisis intervention centers. Public Health Reports, Vol. 89, September-October 1974, pp. 459-464.*

Nonprofessional volunteers staffing community health agencies have become more prevalent. However, little is known about these persons. Volunteers staffing five crisis intervention agencies in the State of Tennessee were surveyed in the winter of 1972-73.

Of 74 volunteers, 55 percent were female. About 15 percent had had professional training in the health or helping professions. Seventy-two percent gave "to help others" as their reason for volunteering. The mean age of the volunteers was 34.7 years, with the majority being between the ages of 20 and 24 or over 40.

The mean score (73.6) for all volunteers on the Kilander-Leach Health Knowledge Test was slightly higher than the national norm (70.0) for college students.

The volunteers with professional backgrounds scored significantly higher than the nonprofessionals on the total health knowledge test. However, in general, there were more similarities than differences between these types of volunteers, as indicated by such factors as personality characteristics, measured by the California Psychological Inventory, and length of service to their

agency. Volunteers working to help others had worked about twice as long for their agency compared with volunteers working for self-growth or experience. However, there was little difference in personality traits or health knowledge according to reason for volunteering.

It is recommended that prospective volunteers be asked the reason for volunteering to help eliminate volunteer attrition and that volunteers without backgrounds in the helping professions be afforded more intensive training in general health knowledge.