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Strategies to Recruit Age-Diverse Volunteers for a Nonprofit Behavioral Health Organization

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Karen Peters

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the review committee have been made.

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Walden University
2021

Abstract

Strategies to Recruit Age-Diverse Volunteers for a Nonprofit Behavioral Health

Organization

by

Karen A. Peters

MS, Troy University, 2003

BS, University of Central Florida, 2000

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

May 2021

Abstract

Volunteers are a crucial resource for behavioral health organizations, especially those that rely predominantly on a volunteer workforce for delivery of services. In such instances, the inability to maintain an adequate and age-diverse volunteer workforce threatens organizational sustainability and interrupts valued services to the community. A case study was completed to identify volunteer recruitment and retention challenges for a behavioral health nonprofit organization in the southwestern United States. The Baldrige Excellence Framework was used to guide the study, with emphasis placed on the assessment of the organization's leadership, strategy, and workforce. Data sources included interviews with organizational leaders, organizational records, and academic and professional literature. Thematic content analysis was used to identify themes and patterns across data sources. Findings revealed themes related to recruitment strategies, knowledge management, and volunteer program structure. The implications for these results include the need for organizations to recognize the importance of age and population specific recruitment strategies and the value of continuous volunteer program improvement. Recommendations offered include incorporation of volunteer recruitment in strategic planning, formalization of volunteer program operations and policies, and standardization of knowledge management practices specific to volunteer recruitment and retention strategies. This study has implications for professional practice and positive social change as improved recruitment and retention of volunteers will support operations and sustainability for behavioral health organizations, enabling uninterrupted delivery of behavioral health services to populations in need.

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Dedication

This study is dedicated to my two daughters, Maya and Ella. They were my motivation to continue even when I doubted myself. They are my reason to rise up during the most challenging times. May they always understand the depth of my love for them, the value of learning, and their capability to achieve anything they choose.

Acknowledgments

I would like to thank my children, for patiently and graciously sharing their time with my academic endeavor. Their understanding of the impact of this achievement will grow over time, and someday they will know that this was all for them. They are my biggest fans, and I will always be theirs.

I would also like to thank my friends for being there through these most adventurous four years of my life. A debt of gratitude is due to Diane and Allison: I cannot express enough gratitude to both of you. Your unconditional love, support, and encouragement were appreciated more than you know. You helped me achieve my dream. Thank you.

Acknowledgement of my family is also important. To my aunt, for inspiring me to focus on my education to construct my own path, and for always believing in me. To my mom, for demonstrating perseverance despite adversity.

I would like to extend a heartfelt thank you to my committee at Walden University. Dr. Hendricks-Noble, I have admired you as a professor throughout the program, and I am grateful to have you as my second chair. My Committee Chair, Dr. Eugene Meyer has been a tremendous source of knowledge, wisdom, and grace throughout this process. Engaging in this process has been an adventure that I could not have imagined. Dr. Meyer, you have been patient, professional, and kind, which helped me focus on this goal even when it felt impossible. For this, I will be forever grateful.

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Section 1a: The Behavioral Health Organization

Introduction

Behavioral Health Organization Z (BHOZ) is a nonprofit BHO located in the western United States that serves the senior population within a single metro area of the state (BHOZ's website, 2020). While BHOZ is not a religious-based organization, it does serve an interfaith population of congregational nurses through its Congregational Health program (BHOZ's website, 2020). Adults that are homebound and/or are grandparents raising grandchildren are provided with a variety of assistive and respite services (BHOZ's website, 2020). Family caregivers are provided with educational and supportive services as well (BHOZ's website, 2020).

According to the BHOZ's website (2020), their mission is focused on enhancing the well-being of the aging population and their caregivers. Their vision is focused on delivering services with kindness and respect from members of the community to the elderly and other individuals in need. To work toward their vision, BHOZ provides services to the aging population via four programs (BHOZ's website, 2020):

- Homebound Adults Program: helps with grocery shopping and paperwork, friendly visits and phone calls, minor handyman services, and technical assistance.
- Family Caregivers Program: provides support groups, information, guided assistance, workshops, and other activities for family caregivers.
- Congregational Health Program: networking, training, mentoring, information sessions, and data tracking are provided to various faith-based organizations.

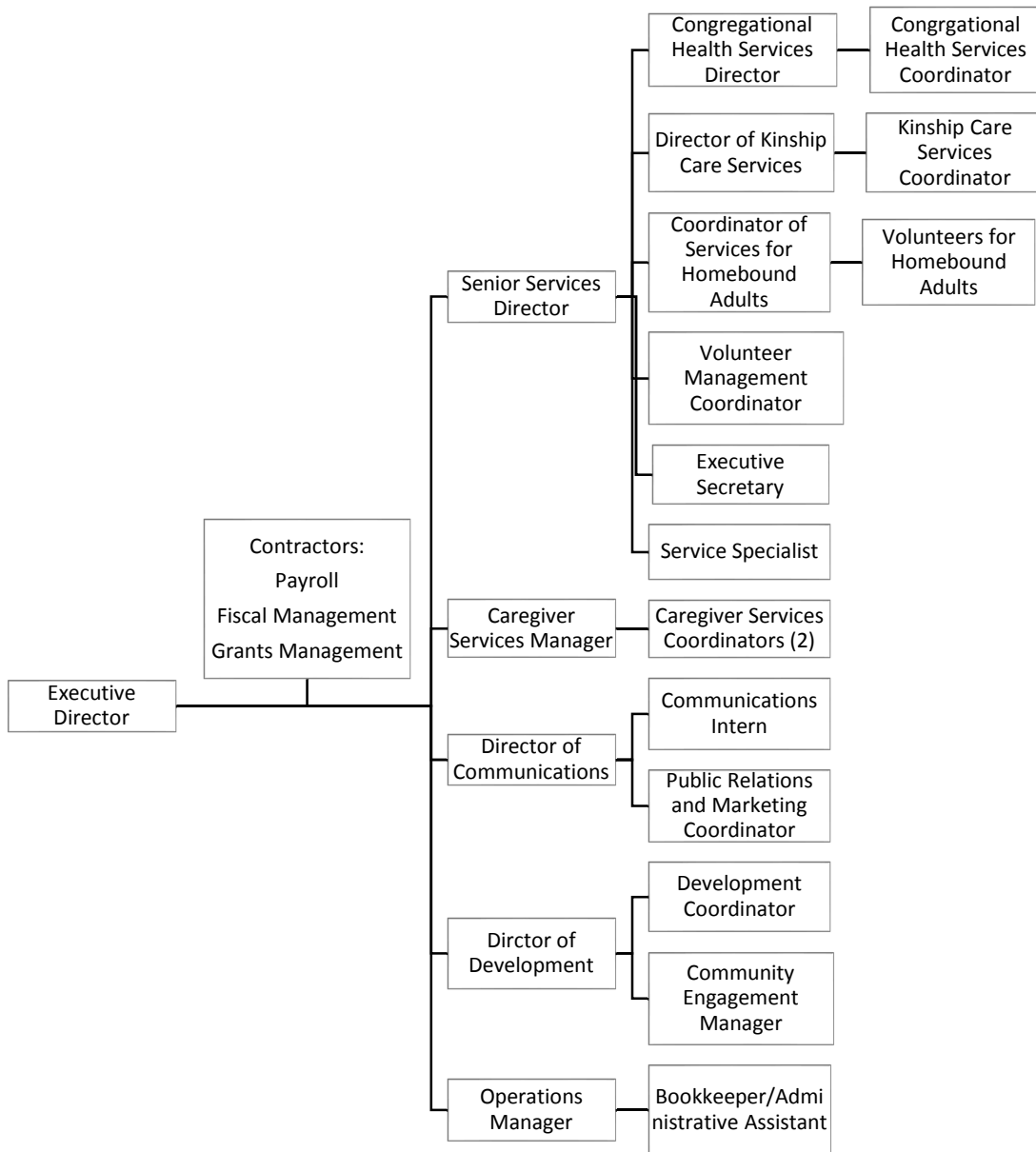
- Grandparents Raising Grandchildren Program: offers legal assistance, support groups, workshops, group outings, information, and guided assistance.

Per BHOZ's website (2020), the values of the organization involve quality, respect, and responsibility. The organization's guiding principles describe behavioral expectations for pursuing their mission, vision, and values (BHOZ website, 2020).

The organization's leadership consists of seven directors, one of which is the executive director (BHOZ's Organizational Chart, 2020; see Figure 1). There is a total of 25 employees, and most of the workforce consists of volunteers (BHOZ's Organizational Chart, 2020; BHOZ's Marketing Coordinator, personal communication, December 30, 2019). Based on information in the 2018 Form 990 (BHOZ's website, 2020), the organization had an approximate ratio of one employee for every 25-30 volunteers in 2018. Therefore, maintaining a consistent volunteer pool is critical to BHOZ's operational success.

Figure 1

BHOZ's Organizational Chart, 2020



Note: Adapted from information provided by BHOZ

Practice Problem

The United States Census Bureau (2019) estimated that 77.4 million volunteers completed 6.9 billion volunteer hours in 2018. Adults of the baby boomer generation provide the highest numbers of volunteers with 36.4% of this group volunteering annually. The second most active age group for volunteerism is seniors, with an estimated 24.8% overall volunteer rate. Although fewer seniors volunteer than adults of the baby boomer generation, seniors provide the most volunteer hours per person (U. S. Census Bureau, 2019; National & Community Service, 2018). The Census Bureau (2019) also indicated that teenage volunteer rates are growing, but still lags adult and senior rates.

While parents generally volunteer more than non-parents, working mothers provide the highest rate of volunteerism of all demographics, with 46.7% of working mothers reporting volunteerism (National & Community Service, 2018). Despite these statistics that indicate high levels of volunteerism in the United States, there is a shortage of volunteers that continues to be a challenge for many nonprofit organizations (Son & Wilson, 2012). A variety of factors influence the shortage of volunteers for some organizations, including location, population served, scope of work, and psychological impact of the work (Son & Wilson 2012). Additionally, with seniors providing the most volunteer hours per person, the age-limited longevity of the volunteer relationship is a contributing factor to the shortage of volunteers. Warburton et al. (2018) said that many organizations that serve aging populations are facing issues involving demand for services as they grow, while supply of available volunteers was limited.

BHOZ is a nonprofit behavioral health organization that relies heavily on volunteers to deliver services. Located in the southwestern United States, the organization serves an elderly population in a large metro area by providing support, training, and resources for caregivers of the elderly and the elderly themselves (BHOZ's website, 2020). Without a sufficiently large and age-diverse pool of volunteers to support service delivery, the sustainability of the organization is at risk. BHOZ's leaders have identified a lack of effective volunteer recruitment strategies as a significant problem for the organization (BHOZ's Marketing Coordinator, personal communication, December 30, 2019). This case study seeks to address the following question: What strategies can a metro-based nonprofit behavioral health organization use to recruit a large and diverse pool of volunteers?

Purpose

The purpose of this study is to develop an understanding of BHOZ's current volunteer recruitment practices and identify applicable recruitment best practices noted in the academic and professional literature. Understanding the gap between current recruitment practices and recognized recruitment best practices will allow BHOZ to develop more effective volunteer recruitment strategies, resulting in a stable and age-diverse volunteer pool. Strengthening BHOZ's volunteer pool will support leadership's efforts to meet operational goals and provide timely services for their clients.

This study will involve using the Baldrige Excellence Framework. The Baldrige Excellence Framework is an evidence-based system of leadership and management practice (National Institute of Standards and Technology [NIST], 2017). The framework consists of seven categories: leadership, strategy, customers, measurement, analysis, and

knowledge management, workforce, operations, and results (NIST, 2017). For this study, the leadership, strategy, and workforce categories of the framework were the most relevant. The leadership category involves on the role of leaders and the organization's mission during the recruitment of volunteers. The strategy category involves the role of strategic planning in recruitment activities as well as planning for how volunteers may eventually become recipients of BHOZ's services. Finally, the workforce category involves the impact of the work environment and volunteer engagement as factors of effective recruitment.

Data sources for this study include interviews with organizational leaders regarding their perspectives and experiences pertaining to volunteer recruitment strengths and limitations within the organization. Secondary data sources were also used and included organizational records, such as strategic plans, annual reports, previously collected survey data, volunteer management policies, and other human resources data. A review of the academic and professional literature was the third major source of data for this study, which included statistics from government sources.

Significance

Contribution to the Organization's Success and Behavioral Health Leadership Practice

This study will be of value to behavioral health leaders. Many behavioral health organizations rely on volunteers and could benefit from increased volunteer recruitment. Cassidy et al. (2019) said pairing behavioral health patients with non-professional, unpaid volunteers enhances the mental health of patients. However, volunteer recruitment can be a significant challenge for behavioral health organizations (Hamerman & Schneider

2018; Son & Wilson 2012; Warburton et al, 2018). For example, Hamerman and Schneider (2018) highlighted the general perception of the population in need as being a barrier to volunteer recruitment. In addition, recruiting a diverse population to ensure service continuity is imperative for the sustainability of volunteer programs. Perceptions that the elderly may be difficult to work with might be a barrier for some potential volunteers. Identifying effective methods of diverse recruitment is beneficial to healthcare organizations across the country and various health care specialties.

Specific to BHOZ, the organization operates with a significant number of volunteers and currently has a waitlist for services due to difficulty recruiting enough volunteers to serve the aging population. One of the challenges faced by the organization is that many of the volunteers are elderly and often become service recipients. The potential value of this study to the organization is that an improved ability to recruit a diverse and stable population of volunteers will ensure service continuity and support organizational sustainability. Additionally, improving BHOZ's volunteer recruitment strategy may have a positive effect on the organization's emergency preparedness. Maintaining a large and stable pool of volunteers will provide the organization with flexibility if a local or regional emergency affects the availability of volunteers, thereby unexpectedly reducing their workforce capacity.

Potential Contribution to Positive Social Change

By identifying best-practice volunteer recruitment strategies suitable to BHOZ, this research may serve as an example for improving volunteer recruitment among other non-profit organizations throughout the country. Increased volunteer recruitment expands the provision of services, which can lead to more people receiving needed help and

improving quality of life for clients served (Cassidy et al., 2019). In addition to the expansion of services, befriending between volunteers and clients improves quality of life by creating the feeling of being valued for both the volunteers and the clients (Cassidy et al., 2019).

BHOZ's Congregational Health program provides support to the inter-faith community within their metro area through education, support, resources, and networking among faith-based nursing programs. Nurses provide support and promote health, healing, and disease prevention within their respective faith communities. BHOZ's Congregational Health program provides interfaith engagement and collaboration between these programs, which also support clients served by BHOZ's other programs.

Summary

BHOZ is a nonprofit behavioral health organization that serves an elderly population in a large metro area by providing support, training, and resources for caregivers of the elderly and the elderly themselves. They provide these services through volunteer-driven programs for homebound adults, family caregivers, grandparents raising grandchildren, and congregational health services. BHOZ's leaders have identified a lack of effective volunteer recruitment strategies as a significant problem for the organization, which could adversely impact service delivery and sustainability of the organization (BHOZ's Marketing Coordinator, personal communication, December 30, 2019). The goal of this study is to identify effective volunteer recruitment strategies for a non-profit organization that will result in a stable and diverse volunteer pool to enable the organization to meet operational goals.

The Baldrige Excellence Framework was used to guide the study, with emphasis placed on the leadership, strategy, and workforce categories (NIST, 2017). Data sources include interviews with organizational leaders, organizational records and data, and a review of relevant academic and professional literature. Identifying effective methods of diverse recruitment will be beneficial to healthcare organizations across the country across various health care specialties that use or seek to use volunteers for service delivery. Specific to BHOZ, the value of this project is the potential to recruit a diverse population of volunteers to support service continuity and organizational sustainability. The implications for social change include the organization potentially serving as an example for improving volunteer recruitment among other non-profit organizations throughout the country, as well as potentially expanding their services with greater volunteer resources. This can lead to an increase in the number of people receiving needed volunteer support services.

Section 1b includes an organizational profile of BHOZ, the partner organization for this study. The section includes a profile of the organization and key factors that are of strategic importance to the organization. A review of BHOZ's organizational background related to volunteer recruitment includes a foundation for understanding the context of volunteer recruitment challenges faced. Key terms and processes that are specific to the organization or study are defined to better understand BHOZ's culture.

Section 1b: Organizational Profile

Introduction

Section 1a introduced the goal of this study, which is to identify effective volunteer recruitment strategies for a non-profit behavioral health organization that will result in a stable and diverse volunteer pool to enable the organization to meet operational goals. Section 1b includes a profile of the partner organization, BHOZ. This profile includes information regarding service offerings, mission, vision, values and guiding principles, workforce composition, assets, and regulatory requirements. Organizational background and context are reviewed, including target markets, stakeholders, suppliers, and collaborative partnerships.

Organizational Profile and Key Factors

BHOZ is a 501 (c)(3) non-profit organization that was established in the 1980s with a focus on promoting health and well-being among the elderly population within a large metropolitan area. BHOZ provides four service lines to support the elderly population: Homebound Adults, Family Caregivers, Grandparents Raising Grandchildren, and Congregational Health (BHOZ's website, 2020). Direct services are primarily provided through a large pool of volunteers and occur in the client's home and community, as well as through trainings and workshops provided in-office. Indirect services, including management and administrative functions, are provided by full and part-time staff (BHOZ's website, 2020). BHOZ is required to adhere to local, state, and federal regulatory requirements for the operation of non-profit organizations but does not provide clinical healthcare services and therefore is not governed by a more specific set of regulatory guidelines.

Mission and vision statements provide overviews of an organization's goals (Nonprofit Communications Report, 2018). These statements, along with values statements, communicate a shared purpose, and attract others with similar values (Nonprofit Communications Report, 2018). BHOZ's mission is focused on the well-being of the aging population and their caregivers, and their vision is focused on delivering kindness and respect from the organization's community to individuals in need (BHOZ's website, 2020). BHOZ's values demonstrate a commitment to providing meaningful and quality services to support elderly members of the organization's community who choose to live independently (BHOZ's website, 2020).

BHOZ's organizational leadership structure consists of seven directors, one of whom is the Executive Director. The other directors cover volunteer services, operations, communication, congregational health, development, and kinship services. Organizational leaders each have more than 20 years of experience in local and social service communities. Many current leaders have also served in a volunteer capacity within the organization (BHOZ's website, 2020).

There is a governing board that consists of 20 members, including the Executive Director. Members of the board reflect a wide range of community representation, including retired persons, professionals, spiritual leaders, and medical professionals. Board members also represent diverse professional specializations, including legal, financial planning, nursing, real estate, philanthropy, nonprofit consulting, and operations management (BHOZ's website, 2020).

There are approximately 25 employees at BHOZ, including directors who are responsible for all aspects of organizational leadership and operations (BHOZ's

Organizational Chart, 2020, see Figure 1). Many employees are part-time employees. In addition to the team of paid employees, BHOZ maintains a large pool of volunteers who deliver most of the services. These volunteers are recruited, trained, and managed by the team of paid employees within BHOZ (BHOZ's Organizational Chart, 2020).

Requirements to become a volunteer include completing a background clearance and attending a volunteer orientation session. The volunteer pays the cost of their background clearance, which is approximately \$73 (BHOZ's website, 2020).

Organizational Background and Context

BHOZ's primary clients are elderly residents residing within the metro area of the organization (BHOZ's website, 2020). These individuals are often homebound, in need of a wide range of supports, and may be grandparents who are raising their grandchildren (BHOZ's website, 2020). BHOZ also supports family caregivers and congregational health nurses through networking, training, and linkage to resources (BHOZ's website, 2020). Many of the approximately 25 employees in the organization are part-time employees. A significantly sized pool of volunteers delivers most of the services provided by the organization (BHOZ's website, 2020). Without a large and consistent pool of volunteers, BHOZ will not be able to sustain their programs. Secondary clients of the organization include families of caregivers and interfaith congregations that provide congregational health programs. Stakeholders of organizations include primary and secondary clients, volunteers, employees, board members, donors, funders, suppliers, and community partners (BHOZ's website, 2020).

BHOZ operates within a small office environment. (BHOZ's leadership staff interviews, August 2020). Per 2018 audited financial statements found on their website, it

appears that BHOZ relies on suppliers for office supplies and utility services, insurance, and information technology equipment (BHOZ's website, 2020). Their largest supplier could be considered their volunteer pool as this is a supplier of labor for the organization. Volunteers may also be considered unpaid suppliers of human resources.

Employees and volunteers of the organization can be divided into key workforce groups based on each of the four service lines that are offered (BHOZ's Organizational Chart, 2020). The Homebound Adults program provides elderly members of the community assistance with grocery shopping, paperwork, rides to medical appointments, neighborly phone calls and home visits, minor handyman services, and technical assistance. The Family Caregivers program provides support groups, information, guided assistance, workshops, and other activities for family members who are serving as caregivers for their loved ones. The Congregational Health program serves as a resource to the local inter-faith community's health programs. This program offers activities including networking, training, mentoring, information sessions, and data tracking. These services are provided to various faith-based organizations. The Grandparents Raising Grandchildren program offers legal assistance, support groups, workshops, group outings, networking, information, and guided assistance to grandfamilies within the community (BHOZ's website, 2020).

While most employees may serve more than one service line, most volunteers appear to provide services within the Homebound Adult program (BHOZ's website, 2020). Other volunteer opportunities may include administrative work, outreach, and special events. With a significantly sized group of volunteers, communication is an important component of the organization's operations. BHOZ offers email news briefs to

subscribers to maintain communication about their programs, services, donation and volunteer needs, and emergency change management initiatives (BHOZ website, 2020). According to the organization's 990 Form, there is approximately one paid employee for every 25-30 volunteers (GuideStar, 2020). All BHOZ paid employees appear to have a role in volunteer support and oversight. Relationships, support and communication are important to volunteers and should be considered in volunteer recruitment and retention (Devaney et al., 2015). Therefore, BHOZ's volunteer oversight practices are to be considered in relation to the identified practice problem.

Management of fiscal resources of BHOZ appears to be shared among directors of the organization (BHOZ's Organizational Chart, 2020). The Executive Director and the Director of Operations provide oversight for budgeting and resource planning. As a nonprofit organization, BHOZ does obtain external audits of their financials annually (BHOZ's website, 2020; BHOZ's Strategic Plan, 2020). The leadership team also provide an annual report to the board that is made publicly available on the organization's website (BHOZ's website, 2020).

BHOZ is a large provider of services to homebound adults, family caregivers, faith communities, and grandfamilies (BHOZ's website, 2020). It is not uncommon for there to be a level of competition for limited grant funding for these services, particularly with local grants (BHOZ's leadership staff interviews, August 2020). However, while BHOZ may share community stakeholders with other local organizations, the organization's collaborative partnerships within the community appear to reduce competitiveness for business (BHOZ's website, 2020; BHOZ's Annual Report, 2018; BHOZ's Community Impact Report, 2019). Tong et al. (2018) identified that

collaborative work between non-profits is an effective way to address an aging population with decreasing budgets. Collaborative environment is a key strategic advantage in terms of societal responsibility to the aging population as well as increasing referral base from collaborative partners.

Another key strategic advantage of partnerships within the community is that they are integral funding resources for BHOZ. According to financials listed on the website, the organization maintains diverse funding streams, including federal and local grants as well as private donors (BHOZ's website, 2020). They identify levels of donors based on repeated donations as a means of donor recognition.

One key strategic challenge for BHOZ is establishing and maintaining a large pool of age-diverse volunteers to meet operational demands. An area to explore as a potential strategic challenge is quality and performance improvement. Limited information regarding BHOZ's approach to improving processes and outcomes was available through public documents. The ability of leadership to monitor, measure, and manage the need for change within the organization helps to achieve strategic goals (Griffith, 2015).

Summary

BHOZ is an established organization that delivers social services directly and indirectly to the elderly population in alignment with their vision for people to age with dignity, compassion, and hope. Their operational structure is based on a collaborative approach between BHOZ, their clients, and other community organizations. BHOZ's workforce is comprised primarily of volunteers. As mentioned in Section 1a, this case

study seeks to determine strategies to recruit a large and diverse pool of volunteers to maintain operational effectiveness.

Section 2 of this study includes an in-depth review of the background and approach for the study. A review of scholarly literature includes several key aspects of volunteer recruitment, including the social importance and benefits of volunteering, motivating factors of volunteers, volunteer recruitment and retention challenges, and identified best practices for volunteer recruitment and retention. Sources of information and data are also identified. Section 2 also expands upon BHOZ's leadership strategy and assessment, population served, and analytical strategy. Section 2 includes an exploration of BHOZ's workforce and operations as well as differences in leadership practices toward employees and volunteers.

Section 2: Background and Approach–Leadership Strategy and Assessment

Introduction

BHOZ is a nonprofit behavioral health organization that serves an elderly population through volunteer-driven programs for homebound adults, family caregivers, grandparents raising grandchildren, and congregational health services (BHOZ’s website, 2020). A lack of effective volunteer recruitment strategies has been identified by leadership as a significant problem for the organization, which could adversely impact service delivery and sustainability of programs (BHOZ’s Marketing Coordinator, personal communication, December 30, 2019). The goal of this study is to identify effective volunteer recruitment strategies for a non-profit behavioral health organization that may result in a stable and diverse volunteer pool. Identifying effective methods of diverse recruitment will be beneficial to healthcare organizations regardless of their area of specialty (Nesbit et al. 2018).

The following section includes a review of supporting literature regarding factors and challenges that influence volunteer recruitment and retention. Sources of evidence to support BHOZ’s organizational specific challenges were identified. Leadership has been identified as a core component of volunteer inclusion and retention (Devaney et al., 2015; Quevillon et al., 2016; Warburton et al., 2018;). As such, BHOZ’s leadership strategy was assessed, and the analytical strategy of this project was explained.

Supporting Literature

This review of existing literature involved all aspects of volunteerism in behavioral health, including recruitment, retention, motivation, and benefits. Multiple databases were accessed including ProQuest and EBSCOHost to find current and peer-

reviewed journal articles. Additional public resources were also used, such as the US Census. The most prevalent Boolean operator used was *and*. Search terms were *volunteers, importance, behavioral health, recruitment, age, youth, motivation, mental health, volunteerism, and volunteering*.

This study involves volunteer recruitment challenges for BHOZ, as volunteers provide most of their services. The organization's leadership has identified that most current volunteers are elderly, and aging volunteers often have brief periods of volunteer service before becoming recipients of the organization's services themselves (BHOZ's Marketing Coordinator, personal communication, December 30, 2019). Diversity in the volunteer pool for BHOZ is defined as recruitment and active volunteerism by individuals of all ages, from adolescents to the elderly. Such age diversification can result in a more stable and active pool of volunteers to support BHOZ's programs. Nesbit and Brudney (2013) identified that the overall growth rate in the United States for the elderly population also indicates a need for age diversity in volunteer pools for elderly service programs.

Social Importance and Benefits of Volunteering

Volunteer services are important for numerous reasons. Volunteerism is impactful at the individual level for both the recipient and the volunteer, at the organizational level, and within the community (Johnson et al., 2014; Corporate Philanthropy Report, 2017; Omoto et al., 2010; Furco & Root, 2010). The following subsections expand on the impact and benefits at each of these levels.

Individual Impact and Benefits

The individual benefits of volunteerism (for the volunteer) vary among age groups. Adolescents demonstrate developmental benefits from volunteerism, including academic benefits and work value, as well as increased emphasis on the importance of community involvement (Johnson et al., 2014; Hardy et al., 2015). Seventy-four percent of adults identify an increase in sense of purpose when engaged in volunteerism (Corporate Philanthropy Report, 2017). The United States Census Bureau (2019) also reported that older adults in the baby boomer generation provide the largest number of volunteer hours, though the specific data linked to the article was not able to be located at the time of the study. Benefits of volunteerism specific to older adults are increased physical activity and social interaction (Wong et al., 2019).

Social, physical, and cognitive activities have a favorable impact on all individuals. Anderson et al. (2014) conducted research to identify activities for aging adults that reduce functional decline and reduce dementia risk. This study said that volunteering may provide social, physical, and cognitive benefits, depending on the role. The researchers concluded that volunteering is correlated with a reduction in functional limitation, reduced symptoms of depression, and overall better self-reported health (Anderson et al., 2014).

Personal development is another benefit of volunteerism. Individuals are internally motivated to volunteer based on interest in personal development (Omoto et al., 2010). Adults are likely to initiate volunteering when they identify that there is a personal benefit, such as sense of purpose or social reciprocity (Omoto et al., 2010). Research on extraversion, agreeableness, and conscientiousness provides insight into the types of

personal benefit most sought through volunteerism. Extroverts are likely to volunteer to help others, and they may benefit from resulting social interactions. Volunteering may help individuals be more conscientious and strive to be contributing members of their community. Volunteerism is also associated with agreeableness (Omoto et al., 2010). Agreeableness is one of the five dimensions of personality and is defined as an individual being kind, friendly, polite, and cooperative. Individuals high in agreeableness are generally motivated to maintain positive relationships linked to job performance and volunteerism (Crowe et al., 2018).

Individuals may continue to volunteer over time because of the perceived challenge, the enjoyment found in fulfilling a different role, and other positive feelings elicited through volunteering (Quevillon et al., 2016). Hyde et al. (2014) identified individual benefits to adults in helping others to include social interaction and personal growth. These benefits were consistent whether the volunteering was ongoing or intermittent.

Individual benefits of volunteering through an academic program may provide insight into recruitment strategies for younger volunteers. When volunteering occurs through an academic program, it is referred to as service learning. Service learning is a benefit to both the students and the communities and is prevalent in the United States (Celio, et al., 2011). Service learning in a university setting is different than basic volunteering in that learning objectives are connected to the service activities (McDonald & Dominguez, 2015). The benefits of service-learning for students include enhanced citizenship, motivation toward school, social skills, leadership skills, and engagement in

learning (Furco & Root, 2010). Many college programs offer service learning opportunities and promote the value of civic engagement (Celio, et al., 2011).

Organizational Impact and Benefits

Volunteers provide the majority of services to clients within BHOZ. Currently, the Homebound Adults program uses the largest number of volunteers, with 621 clients served in this program in 2018 (BHOZ's website, 2020, BHOZ's Annual Report, 2018). Volunteers provide meaningful services, such as transportation to medical appointments, grocery shopping, and friendly visits and calls. Volunteer-based services provide significant financial benefits to the organization. For example, the 38,522 hours of volunteerism provided to 621 clients in 2018 (BHOZ's website, 2020) would have cost the organization a significant amount for paid labor were it not for volunteers. Additionally, administrative cost and oversight of paid employees are higher than those of volunteers. BHOZ's volunteer pool supports leadership's efforts to meet operational goals to provide needed services for their clients.

A large pool of reliable, active, and age-diverse volunteers allows the organization to provide more services to more individuals within the community, or to expand the geographic scope of service delivery. The potential increase in service operations also potentially increases visibility in the community in terms of marketing the program to potential donors, partners, and funding sources. The work completed by volunteers can be communicated to stakeholders and potential donors via the website, annual report, and other marketing efforts to support the expansion goals of BHOZ's Strategic Plan (2020).

Community Impact and Benefits

While BHOZ volunteers primarily provide social services to the community's elderly population, the community benefits of the service extend beyond the recipients. Jun and Choi (2020) identified that independence, integration, and social support were significant factors in the recovery of mental health patients. Their research suggested that pairing volunteers with mental health patients reinforced a sense of community integration for the patients. Likewise, individuals with mental health conditions may experience a sense of achievement and community belongingness from serving as volunteers themselves. When behavioral health patients were paired with non-professional, unpaid volunteers, the relationship enhanced the mental health of the patients (Cassidy et al., 2019). Hence, any individual that receives BHOZ's volunteer services and that has behavioral health needs may receive added quality of life benefits from working with a volunteer.

Wang et al. (2019) has noted the general mental health benefits of social reciprocity on older adults, as volunteers and as service recipients. The benefits of social reciprocity through volunteerism include the feeling of being valued and improvement in quality of life for both the volunteer and the recipient of services (Cassidy et al., 2019). Volunteerism may influence change within the individual to become more involved in particular social issues (Omoto et al., 2010). This indicates that volunteerism, in general, may influence social change.

Another way that volunteerism influences social change is the impact of volunteerism on adolescents and young adults. A 2019 study by Ballard et al. focused on the long-term impact of volunteerism. The study revealed that for individuals that had volunteered early in their lives, there was a significant correlation in adulthood of higher

personal and household income, higher education, lower risky health behaviors, and lower rates of depression symptoms (Ballard et al., 2019).

Factors Affecting an Individual's Choice to Volunteer

Many individual factors affect an individual's choice to volunteer. Some of these factors include age, motivation, mental health, and social reciprocity (Cassidy et al., 2019; Omota et. al, 2010;). The following subsections will expand on these factors.

Age

There are similarities and differences in motivation and barriers to volunteerism among age groups. Volunteerism in teens and young adults has fluctuated over the past five years, with various contributing factors identified within the research. The United States Bureau of Labor Statistics (2016) reported a decline in volunteer rates of teenagers and younger adults ages 16-24, from 22.5% in 2011 to 21.8% in 2015. The United States Census Bureau reported that teenage volunteer rates have recently been increasing, but the rates were not specified in the article nor located elsewhere for comparison (United States Census Bureau 2019).

Shields (2009) reiterated the importance of recruiting young adult volunteers for the sustainability of non-profit organizations due to ongoing decreases in financial and human resources. Shields (2009) research further explored the differences in recruiting and retaining younger volunteers. Effective recruitment of younger volunteers may include more service options for volunteers to choose from, goal-oriented activities, measurable outcomes, and various methods of service delivery. Effective retention of younger volunteers may include greater recognition opportunities, linkage to trendy social issues, and interesting work activities (Shields 2009).

Service-learning programs may be a factor in increasing volunteer rates among teenagers and young adults. These programs recruit high-school and college-age students for participation in volunteerism within the community. Service-learning programs demonstrate benefits to the community, to the service recipients, and the students (Furco & Root, 2010; McDonald & Dominguez, 2015). The opportunity to engage in a service-learning program may provide opportunity to recruit a volunteer that may not have been recruited through other methods such as social networking or marketing. The ability to see a difference in the local community as well as obtain personal benefit are strong recruitment factors for younger adults (Shields 2009).

Numerous studies identified professional development as a significant motivational factor for volunteerism (Stefanick et al., 2020). This also is most prevalent in younger workers to middle-aged workers. Professional development may include exploring the work as a potential career path, learning new skills, and networking (Williamson et al., 2018). Marta et al. (2014) reiterated the important of professional and social networking among younger volunteers, as building relationships helps with retention of younger volunteers.

According to Stefanick et al. (2020), younger workers are more likely to be engaged in precarious work, which creates time and financial constraints that impact younger volunteers. While this most significantly impacts younger workers, it does impact all age groups: older workers, immigrants, individuals with disabilities, and single parents are also impacted (Stefanick et al., 2020).

Family structure is a factor for middle-aged volunteers. Parents generally volunteered more than non-parents. Working mothers provided the highest rate of

volunteerism of all demographics, with 46.7% of working mothers reporting volunteerism (National & Community Service, 2018). Additionally, religious involvement was identified a factor that was correlated with increased volunteerism for middle-aged women (Gutierrez & Mattis, 2014). Additionally, during mid-life many women find that their parenting responsibilities have decreased, allowing them focus more on personal growth and fulfillment outside of their families (Kulik, 2010)

According to the United States Census Bureau (2019), adults of the baby boomer generation provide the highest numbers of volunteers at 36.4%. This represents an increase from 24.3% in 2015 (United States Bureau of Labor Statistics, 2016). Older women are more empowered volunteers, defined as individuals with an enhanced sense of competence, that were able to provide significant impact in their volunteer roles (Kulik, 2010). Kulik (2010) identified that seniors demonstrated stronger perception of their contribution to the community, which may be related to maturity or life experience.

While 24.8% of seniors volunteer, they provide the most volunteer hours per person (U. S. Census Bureau, 2019; National and Community Service, 2019). With an increase in focus on wellness and protective factors in the adults over fifty, volunteerism may be a meaningful way to stay active (Anderson et al., 2014). The benefits of volunteerism specific to older adults are increased physical activity, cognitive activity, and social interaction (Wong et al., 2019; Anderson et al., 2014). Particularly within the senior population, negative attitudes toward volunteering are a prohibitive factor. Perceived negatives may be related to the activity itself, the functional skills required, misinformation regarding the scope, concern regarding the impact of the commitment on other responsibilities, and lack of self-confidence (Jongenelis et al., 2020).

Motivation

Motivation plays a significant role in an individual's choice to volunteer, and the research identifies several motivating factors to volunteerism. Yamashita et al. (2019) identified that volunteering as an activity that can be gratifying among all ages. Community service, career development, and personal benefit were consistent motivations among all age groups. Younger volunteers reported greater focus on personal and career development, while older adults were more focused on emotionally meaningful activity (Yamashita et al., 2019).

Omoto et al. (2010) found that compassionate love and universal orientation are two motivating factors found to be common in volunteers across all age groups. Compassionate love is described as love that presents with components of tenderness, concern, supporting, helping, caring, and understanding (Fehr et al., 2017). Compassionate love is the result of free choice, emotional engagement, valuing the other, and truly understanding the others' needs and feelings (Fehr et al., 2017). Universal orientation is a belief in equality and similarity among humans, and the importance of all humans (Omoto et al., 2010). Omoto et al. (2010) said a higher likelihood of volunteering in people with relatively higher universal orientation.

Stefanick et al. (2020) said three quarters of participants indicated that giving back to the community was a primary factor in volunteering. One quarter of participants also noted enjoyment. This study recommended targeted recruitment to individuals with social networks, values, and goals that are aligned with the organization's goals and values (Stefanick et al., 2020).

Another notable recommendation in this study pertained to the participants that were motivated by career-related experience, which was also approximately a quarter of the participants. Stefanick et al. (2020) said that professional development opportunities could be an incentive for career-focused volunteers. Such opportunities could help entry level workers develop transferable skills to include on their resumes, as well as help more seasoned workers broaden their skillset or scope.

Mental Health and Social Reciprocity

Mental health and social reciprocity are also factors affecting an individual's choice to volunteer. The Autism Society of Baltimore-Chesapeake (2020) defines social reciprocity as social interaction in which the positive behavior of one individual influences the positive behavior of another individual. Wang et al. (2019) identified neighborhood social reciprocity and volunteerism as being related to improvement in mental health. There can be an improvement in psychosocial outcomes for individuals that volunteer greater than 100 hours per year (Kim et al., 2020). The psychosocial outcomes included a decrease in loneliness, hopelessness, and isolation with an increase in optimism, sense of purpose, and effect.

Personal factors that can impact mental health may also impact volunteer recruitment and retention. Stefanick et al. (2020) lists psychosocial variables including life stage, legal status, disability, family structure, family support, education level, and race that impact volunteerism. The psychosocial variables influence work engagement and outcomes, which then influences time available to volunteer (Stefanick et al. 2020). While the psychosocial outcomes of the act of volunteerism are favorable, the vulnerability in psychosocial factors may be a barrier to engagement in volunteerism.

Volunteering was linked to improved quality of life with sustained or intermittent volunteering in volunteer cohorts (Jenkinson et al., 2013). Higher levels of physical activity and improvement in activities of daily living were also identified. In four of six cohorts, a reduction in depression symptoms was also noted (Jenkinson et al., 2013). This study validated prior research regarding mental health benefits of volunteering, and recommended further research into the amount, frequency, and duration required for specific health benefits.

Volunteer Recruitment and Retention Challenges

Commitment

Despite the importance of volunteers in behavioral health and the favorable impact of volunteerism on individuals, recruitment of volunteers continues to be a challenge for behavioral health organizations. Volunteer recruitment may be challenged by volunteers' limited willingness to commit, community perception of the clients served, and the organization's volunteer management style (Hamerman & Schneider, 2018; Son & Wilson, 2012; Warburton et al., 2018). Nemțeanu and Tarzca (2016) studied the lack of commitment of volunteers that leads to turnover, resulting in the need for increased recruitment effort. The nature of unpaid work leads to a lack of commitment, but alignment between personal values and organizational values leads to higher commitment (Nemțeanu & Tarzca, 2016). Son and Wilson (2012) also identified time commitment as a factor that influences volunteer recruitment. There is a growing trend toward short-term intervals of volunteering rather than consistent, long-term volunteering, primarily due to ease of scheduling for short, sporadic episodes of volunteering (Son & Wilson, 2012). Hyde et al. (2014) explored this trend toward

episodic volunteering and found that motivations for episodic volunteering were similar to motivations of long-term volunteers. These motivations included social connection, helping, and sense of purpose.

An additional factor related to commitment is the cost of the commitment. Cordery and Tan (2010) studied the financial costs absorbed by volunteers, and the impact this had on commitment. Volunteer-imposed costs may include a variety of things, including travel, telephone and postage expense, training, and materials (Cordery & Tan, 2010). The study identified that the unreimbursed costs absorbed by the volunteer commitment did not impact overall commitment to the role, but it did impact the level of commitment, such as amount, frequency, and scope of services. For example, 17% of volunteers surveyed identified the expenses as a barrier to volunteering more often (Cordery & Tan, 2010).

Beyond the direct costs associated with volunteering comes the indirect expense of time spent. Stefanick et al. (2020) noted that volunteers whose outside employment was unstable, or whose schedule consisted of varied shifts, were less likely to be retained as volunteers. This study identified insufficient time as the most significant barrier to volunteer commitment. This issue was most prevalent in younger volunteers with lower wage and/or inconsistent schedules (Stefanick et al., 2020). The issue of time constraint is also linked to the shift toward shorter-term, episodic volunteerism.

Perception of Clients

Hamerman and Schneider (2018) highlighted the perception of the population served as being a barrier to volunteer recruitment. For example, perceptions that the elderly may be difficult to work with might be a barrier for some potential volunteers.

Some research demonstrates that empathy-building activities, such as psychodrama, were effective in improving empathy in medical professionals (Sevrain-Goideau et al., 2020). Similar strategies of engaging potential volunteer recruits in empathy-building activities may have a favorable impact on the improvement of perceptions of challenging elderly clients.

Organizational Identity

Some nonprofit organizations have challenges recruiting volunteers due to inconsistent organizational identity and inconsistent demonstration of the value and inclusion of volunteers as stakeholders (Warburton et al., 2018). Warburton et al. (2018) identified that a large non-profit organization was not demonstrating the value of their volunteers nor the inclusion of volunteers in their organizational identity. This study further recommended the importance of balancing volunteerism and operations in developing an inclusive organizational identity. Kulik (2010) also supported the importance of organizational identity on volunteer recruitment by noting that perceptions of difficulty with an organization or its' clients can be a barrier to recruitment of volunteers. The perceptions of difficulty with the organization noted in that study were related to volunteer management as well as ideological differences and conflicting responsibilities (Kulik, 2010).

Leadership

Leadership factors related to relationships, inclusion, support, and communication are important to volunteer recruitment and retention (Devaney et al., 2015; Warburton et al., 2018). Including volunteers in organizational communication, decision-making, and demonstrating the value of the volunteers leads volunteers to feel more connected to the

organization. The role of organizational leaders in contributing to these factors is imperative to demonstrate the support and inclusion of volunteers (Quevillon et al., 2016). Nesbit et al. (2018) identified that organizations need to be attentive to volunteer management practices and capacity. Increased volunteer satisfaction can be achieved through inclusion by recruiting volunteers to participate with different levels of leadership (Ellis, 2018). Volunteer retention can also be impacted by the methods of support offered by the leadership. Quevillon et al. (2016) recommended individualized and culturally appropriate organizational support and self-care support as best practices to care for volunteers.

Volunteer Recruitment and Retention Best Practices

A review of the existing literature identified effective ways to recruit and retain an age- diverse pool of volunteers. With the challenges identified above in mind, several best practices to volunteer recruitment and retention were identified and divided into two main categories: alignment of values and interests, and engagement of volunteers.

Alignment of Values and Interests

Based on the literature review, organizational identity impacts the ability to recruit volunteers. For successful recruitment, it is important that the values of the organization are aligned with the interests of the volunteer or potential volunteer, and that this information is clearly communicated during recruitment efforts. Information regarding the benefits of volunteering, learning management, volunteer testimonials, the role of the volunteer, and work environment or culture may be helpful in recruitment activities. Claxton-Oldfield et al. (2018) reiterated that a personal story or testimonial from a volunteer would be an effective recruitment tool.

Omoto et al. (2010) reported that the willingness of the volunteer to be retained and then to recruit others is based on the combination of attitudes and behaviors of both the volunteer and the service recipients. Individuals are often drawn to volunteer by others in their social network, community, family, or other direct requests for help (Omoto et al., 2010; Stefanick et al., 2020). Claxton-Oldfield et al. (2018) noted that, particularly with males, directly requesting volunteer help is most effective. With social network via word of mouth being the most significant method of recruitment, volunteer testimonials may be an effective way to communicate this information (Luzurier et al., 2015). Alignment of interests and values can be accomplished by recruiting in places where alignment can be anticipated, such as other non-profits, professional and service organizations, educational programs, and faith-based organizations.

Service-learning programs recruit students and demonstrate benefits to the community the service recipients, and the students (McDonald & Dominguez, 2015; Furco & Root, 2010). Social service focused educational programs would be a potential source of volunteers. Teenage volunteer rates are growing (United States Census Bureau, 2019). It appears that service-learning programs may be an effective way to recruit young adults as well as adolescents. This supports the diversification of age in recruitment, which would assist with the problem identified by BHOZ with an aging pool of volunteers.

Potential for professional development, also addressed in the engagement subsection, is an important recruitment tool for students. Students may be motivated to volunteer for various reasons related to professional development. These may include skill acquisition, exploring potential career paths, and networking for future career

opportunities (Williamson et al., 2018). The networking aspect was also supported by a 2014 study, which concluded that focusing on building relationships impacts the retention of younger volunteers (Marta et al., 2014). Further, volunteerism may signal to potential employer that the individual possesses pro-social values (Stefanick et al., 2020)

Engagement of Volunteers

The literature review identified personal development and social interaction as primary motivators in volunteers. Social interaction with clients is achieved through the nature of the role of the volunteer within BHOZ. Increased social interaction with other volunteers and organizational staff enhances the engagement of volunteers. Stefanick et al. (2020) recommended modifying existing models for these opportunities to include electronic means of communication to increase overall engagement, and to offer options for volunteers with time constraints.

Nesbit et al. (2018) identified that organizations need to be attentive to volunteer management practices and capacity. Including volunteers in organizational communication and decision-making was identified as important to volunteer engagement (Devaney et al., 2015). Increased volunteer satisfaction can be achieved through inclusion by recruiting volunteers to participate with different levels of leadership (Ellis, 2018). Volunteer retention can also be impacted by the methods of support offered by the leadership. Quevillon et al. (2016) recommended individualized and culturally appropriate organizational support and self-care support as best practices to care for volunteers.

For an engaged volunteer, the role will become increasingly linked with the volunteer's identity. Role identity is a significant factor in the retention of volunteers.

When a role becomes part of the volunteer's identity, there is greater intention to continue volunteering (Marta et al., 2014). Marta et al. (2014) recommended recruitment efforts focus on management helping the volunteers engage to further develop role identity to effectively retain recruited volunteers.

Sources of Evidence

Numerous sources of evidence will be utilized to support this qualitative research study. BHOZ's organizational chart was reviewed to determine leadership scope and volunteer-to-supervisor ratio. The organization's strategic plan will be reviewed to determine the extent to which volunteer recruitment and retention are addressed in organizational planning. Human resource documents, such as volunteer job descriptions, performance appraisals, and recognition programs will be requested and reviewed to understand the level of volunteer integration in the organization. The quality assurance plan will also be reviewed to determine how volunteer recruitment and retention is addressed from the perspective of program quality. Semi-structured interviews will be conducted with key leaders of BHOZ that provide oversight and direction regarding the organization's volunteer services. The organization's website, e-newsletters, and public documents will be reviewed to gather information regarding the services provided, the governing board, and access the annual report.

Leadership Strategy and Assessment

BHOZ's organizational leadership structure consists of seven directors. These include an Executive Director, as well as Directors of volunteer services, operations, communication, congregational health, development, and kinship services. Oversight is provided by the governing Board, which is comprised of 20 members, including BHOZ's

Executive Director. BHOZ maintains a governing board that reflects the community it serves. The Board includes representation from retired persons, spiritual leaders, and professionals from various fields of work: medical, legal, financial planning, nursing, real estate, philanthropy and nonprofit consulting, and operations management (BHOZ's website, 2020).

There are approximately 25 employees at BHOZ, including contractors, interns, and the directors listed above, that are responsible for all aspects of organizational leadership and operations. Many of the employees are part-time employees. BHOZ also relies on a large pool of volunteers to deliver most of the organization's services, yet they consistently have fewer volunteers than required to run their programs (BHOZ's Marketing Coordinator, personal communication, December 30, 2019). For example, volunteers are used primarily to provide services to homebound adults. They are generally paired with a homebound adult to which they provide a range of support services such as grocery shopping, rides to medical appointments, social visits and phone calls, paperwork assistance, and computer assistance. The volunteer may also provide caregiver respite, home safety assessment, and home repairs. These volunteers are recruited, trained, and overseen by the team of paid employees within BHOZ.

Given that BHOZ's services are provided primarily by volunteers, it is important to recognize that the success of the organization's mission is reliant on the pool of volunteers. The health of the organization is directly related to the health of its workforce (Quevillon et al., 2016). The current structure for supervising volunteers after orientation is a process of oversight rather than direct supervisor/supervisee structure. The ratio of volunteers to paid staff in the Volunteer Services division is 76:1 respectively, based on

the Organizational Chart (2020) and information provided by the Operations Manager (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020).

The organization does not conduct performance evaluations of volunteers.

Organizational leaders shared that the absence of volunteer performance reviews is due to limited levels of direct volunteer supervision and concerns of negative reactions to the concept of “performance review” (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020). The organization does not formally survey volunteers or clients for satisfaction or feedback (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020). The quality assurance plan for BHOZ is brief and is based on the regulations set forth by the Area Agency on Aging. The plan states that after thirty days of service and every six months thereafter, both the clients and the volunteers are contacted via informal telephone call for a status update and provide the opportunity to discuss any questions, needs, or concerns (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020). The dates for these quality assurance follow-up calls are tracked in an internal database utilized by BHOZ (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020). The database is a customized secure database in Microsoft Access that provides automated date tracking (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020). The documentation of these calls is maintained within an excel spreadsheet (BHOZ’s QA Calls Spreadsheet, 2020).

Clients/Population Served

BHOZ serves primarily the senior population within a single metropolitan area. Adults that are homebound and/or are grandparents raising grandchildren are provided with a variety of assistive and respite services. Family caregivers are provided with educational and supportive services as well. BHOZ provides four service lines to support the elderly population: Homebound Adults, Family Caregivers, Grandparents Raising Grandchildren, and Congregational Health (BHOZ's website, 2020). Homebound Adults receive most of the volunteer-based services. In 2018, 621 homebound adults received 38,522 hours of volunteer services from BHOZ (BHOZ's website, 2020). Clients are referred to BHOZ through word of mouth, faith communities, advertising (newspaper articles, radio announcements, social media, etc.), and local social workers and case managers.

According to BHOZ leadership (BHOZ's Operations and Volunteer Services Director, personal communication, August 13, 2020), client engagement begins with a telephone screening process to determine appropriateness for services and type(s) of assistance needed. An in-home assessment is conducted by one of the BHOZ staff (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020). Consent paperwork and organizational policies are shared with the client as part of the in-home assessment process (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020). Once the client has been assessed and determined to be appropriate for services, a volunteer match is performed (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020).

Per BHOZ's website (2020), the volunteer matching process can take several weeks to several months, depending on volunteer supply and demand in the client's specific area.

Information on volunteers, including volunteer/client matches, is stored electronically in a customized Microsoft Access database that is utilized by the Volunteer Services Department. Client information is stored on paper in locked filing cabinets in the BHOZ office. The community and the clients are engaged through ongoing community interaction, newsletters, and collaborative partnerships with other local organizations. A Partner Appreciation Event is held annually in recognition of volunteers, donors, and others that partner in service with BHOZ. This interactive event is typically in the form of dinner or dessert-based evening with employees, volunteers, donors, and community partners present (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020).

Analytical Strategy

As a doctoral student-researcher with no formal affiliation with BHOZ, the study objective is to provide qualitative analysis of organizational data and review of the literature to address the identified practice problem related to volunteer recruitment and retention. Professional and academic literature related to the practice problem was reviewed to ensure a comprehensive understanding of current nonprofit volunteerism issues and strategies. A review of documents and information from public sources, including the BHOZ website, financial documents, and newsletters, will also be conducted. Secondary data in the form of BHOZ's organizational documents will be reviewed and analyzed in light of the practice problem. The following documents will comprise the initial internal document request to BHOZ's leadership:

- organizational chart
- strategic plan
- volunteer job descriptions
- volunteer policies and procedures
- quality assurance plan
- volunteer recruitment, application, and marketing material
- volunteer training and supervision material
- annual reports
- disaster plan

These documents have been selected with intention to provide additional insight into BHOZ's practices related to the volunteer role, volunteer training and expectations, volunteer recruitment strategies, and BHOZ's data collection and reporting practices.

Data from semi-structured, conversational interviews with members of the leadership team will be collected, coded, and analyzed. The leaders will be selected based on their responsibility for volunteer oversight, recruitment, and retention, in alignment with the practice problem. Their functional titles include Executive Director, Director of Development, Operations Manager, Public Relations and Marketing Coordinator, and Director of Volunteer Services. The Operations Manager will help facilitate the scheduling of interviews. Interview questions will be developed using the Baldrige Framework as a guide. The questions will be divided into three categories: organization questions, volunteer role questions, and business operations questions. Probing questions

will be added for clarification and/or additional information as needed during the interviews. The core questions are presented in Appendix A.

Summary

This section included a review of supporting literature on the factors and challenges that influence volunteer recruitment and retention. Literature was selected for review based on an extensive search on volunteerism in behavioral health, including recruitment, retention, motivation, and benefits. The literature suggests that recruiting and maintaining a diverse, large pool of volunteers is achievable when the many factors influencing volunteer choices and experiences are considered. Some of these factors include age, motivation, social reciprocity, and organizational support. The current structure for oversight and support of BHOZ's volunteer program was examined. Section 3 of this study will add to the analysis of BHOZ by reviewing practices related to operations, measurement, and knowledge management for the organization. A more detailed comparison is provided regarding differences in management of the paid versus unpaid workforce. Measurement and analysis of operational effectiveness and knowledge management are also reviewed.

Section 3: Organization Measurement, Analysis, and Knowledge Management Components

Introduction

BHOZ is a nonprofit behavioral health organization that primarily serves an elderly population through volunteer-based programs for homebound adults, family caregivers, grandparents raising grandchildren, and congregational health services (BHOZ's website, 2020). With volunteers comprising most of the labor force, effective volunteer recruitment strategies are imperative to operational success of the organization (BHOZ's Marketing Coordinator, personal communication, December 30, 2019). The goal of this study is to identify effective volunteer recruitment strategies for BHOZ to support the organization's long-term sustainability.

Primary and secondary sources of evidence were accessed to support this qualitative research study. Primary data sources for this study included interviews with organizational leaders. Secondary data sources included the organization's strategic plan, annual report, organizational chart, quality assurance data, as well as volunteer policies, procedures, and job descriptions. These were obtained from public sources or directly from the organization's leadership team. A review of academic literature included an extensive source of secondary data for this study. The organization's website, e-newsletters, and public documents were also reviewed as secondary data sources.

The following section includes an analysis of BHOZ's workforce and operations based on data collected. Measurement and analysis of operational effectiveness and knowledge management are also reviewed. With a predominantly volunteer-based

workforce, this analysis also highlights differences in management in terms of paid versus unpaid workforces.

Analysis of the Organization

BHOZ maintains a workforce that is a combination of paid employees and unpaid volunteers. Direct services are primarily provided through a large pool of volunteers. Indirect services, including management and administrative functions, are provided by full-time and part-time paid staff (BHOZ's website). There are approximately 25 employees, including seven directors, who are responsible for all aspects of organizational leadership and operations (BHOZ's Organizational Chart, 2020). Volunteers are recruited, trained, and managed by the team of paid employees within BHOZ. The management oversight of volunteers is provided primarily by five employees in the Volunteer Services division (BHOZ's Organizational Chart, 2020). The current, overall ratio of staff to volunteers is calculated to be 1:76 though this calculation is not reflective of the direct chain of command and not all paid staff have volunteer oversight responsibilities.

Based on BHOZ's Strategic Plan (2020), the number of paid staff and volunteers is evaluated on an ongoing basis via the waitlist for services. The paid administrative positions are fixed positions on the Organizational Chart (2020) that are re-evaluated as part of the strategic planning process. Based on interviews with senior leaders, volunteer positions are determined based on supply and demand gauged by need for services versus available volunteers. Volunteer recruitment efforts and orientations are focused in geographical areas within the organization's service area according to demand for services (BHOZ Executive Director, personal communication, August 17, 2020; BHOZ

Operations and Volunteer Services Director, personal communication, August 13, 2020). Based on BHOZ's website (2020), the wait for services ranges from 2 weeks to several months, depending on volunteer supply in the requested geographical area.

BHOZ's primary goal for the workforce is to be a premier place to work, supported by internal annual employee satisfaction survey data that would reflect employees feeling valued, having adequate paid time off, retirement contribution, salary (BHOZ's Strategic Plan, 2020). The premier place to work noted in the strategic plan was clarified by the leadership team as an internal goal, not a designation by an outside organization (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020). This goal is supported by organizational objectives to provide staff support, development, staffing capacity, recognition, process improvement, and staff engagement (BHOZ Strategic Plan, 2020).

Leadership meetings occur at least every 2 months (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020). During the third quarter of each year, the leadership team evaluates staffing needs as well as anticipated needs for the coming year (BHOZ Strategic Plan, 2020). The results are incorporated into the budget for the following year (BHOZ Strategic Plan, 2020). The Strategic Plan goal for volunteer recruitment is to increase the overall number of active volunteers in the volunteer pool by 5% (BHOZ Strategic Plan, 2020). Senior leaders verbalized that the current goal is to increase the overall number of active volunteers by 10%, but that goal has not been formalized in an updated Strategic Plan for this year (BHOZ Executive Director, personal communication, August 17, 2020; BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020).

Staff performance is formally evaluated annually, with a focus on training and development, and continuing education (BHOZ Strategic Plan, 2020). Employees are expected to participate in trainings or service activities at least once per year (BHOZ Strategic Plan, 2020). Staff members are engaged in volunteerism within the organization, as well as within other organizations (BHOZ Public Relations and Marketing Coordinator, personal communication, August 14, 2020). They serve on committees in local groups, and increased community engagement is identified as an objective on the strategic plan (BHOZ Public Relations and Marketing Coordinator, personal communication, August 14, 2020). Employees of BHOZ are also engaged through staff meetings and informal feedback throughout the year, as well as through participation in the annual appreciation event that is further described in section two of the proposal (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020).

While volunteers comprise most of the staff of the organization, volunteer management is not defined as extensively as employee management. Based on the BHOZ website (2020), volunteers are required to attend an orientation session after their successful background screening. According to the BHOZ leadership team (2020), once a volunteer is matched with a client, there is a follow-up telephone call from paid staff to both the client and volunteer for quality assurance purposes. The calls are repeated every 6 months thereafter. There is no direct management or supervision of volunteers. Volunteers' completed service hours are logged electronically via the BHOZ website. An annual appreciation event recognizes volunteers as well as donors and other community partners in a single event.

There are no performance reviews of volunteers. BHOZ's Director of Volunteer Services explained these had been avoided due to negative perceptions of performance reviews (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020). There is research, however, which suggests measurement of volunteers in terms of dependability and measure of impact on the program can be an effective way to evaluate volunteer performance (Zweigenhaft et.al., 1996). Performance evaluation and feedback may be particularly helpful for volunteers working toward personal or professional development goals through their volunteerism (Zweigenhaft et.al., 1996). While direct volunteer oversight is not related to the practice problem, much of the research thus far indicates factors related to relationships and communication as important to volunteer recruitment and retention (Nesbit et al., 2018).

Workplace cleanliness, safety, and security within the BHOZ corporate office is monitored by a team of employees, with oversight by the leadership team (Strategic Plan, 2020). The BHOZ office is in a leased space within an office park, and the office park administration is responsible for safety, security, and maintenance of the building itself. Due to limited space, employees share workspaces within the office. Employee workspace sharing is managed through a shared calendar system. Part-time employees can share space through rotated time in the office (BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020).

Volunteers work outside of the office, providing community-based services. They primarily provide in-home services, for which the environment is assessed during the initial home visit to determine appropriateness for services (BHOZ's Operations and Volunteer Services Director, personal communication, August 13, 2020). The initial

home visit in which this assessment is conducted is completed by a paid employee (BHOZ's Operations and Volunteer Services Director, personal communication, August 13, 2020). The responsibility of ensuring the safety of the volunteers' work environment is a shared responsibility between the staff, and each volunteer. There is no formal re-assessment of the home environment for ongoing services (BHOZ's Operations and Volunteer Services Director, personal communication, August 13, 2020). In the event of an in-home environmental hazard or concern, the volunteer would communicate the concern(s) via telephone with the Volunteer Services staff. The staff would then determine if the issue could be addressed by another volunteer, such as a minor repair, or if additional support is needed. The staff would also communicate with the client to determine impact on services and the client (BHOZ's Operations and Volunteer Services Director, personal communication, August 13, 2020). It was not clear at the time of the study whether volunteer training includes identification and/or response to safety issues. BHOZ's volunteer policies and volunteer procedure documents did not address how services are managed in the instance of a safety concern.

As mentioned previously, staff engagement is achieved through formal communication (staff meetings, leadership meetings, annual evaluations) and informal communication on an ongoing basis. These meetings focus on communication, process improvement, and employee and organizational development. Volunteers are engaged via biannual calls for quality assurance and an annual appreciation event, in addition to their direct engagement with the clients they serve (BHOZ's Strategic Plan, 2020). They also receive weekly newsletters that are sent to clients in the community. The engagement of

volunteers within the organization appears to be less structured and less frequent than the engagement of employees.

In Section 2, leadership and organizational identity were identified as volunteer recruitment challenges. The organization's mission, vision, and values statements are client centered. Based on the review of literature, demonstrating the value of volunteers, and including volunteers as part of the organization's identity are both important factors in volunteer recruitment (Warburton et al., 2018).

Engagement and alignment of values and interests were identified in Section 2 as best practices for volunteer recruitment and retention based on the literature review. Information regarding benefits of volunteering, learning management, volunteer testimonials, the role of the volunteer, and work environment or culture were identified as potentially helpful in recruitment based on recruiting individuals with values and interests in alignment with the organization's mission, vision, and values. While this information is presumably shared verbally with potential recruits, this information did not appear to be easily accessible on the organization's website or volunteer recruitment material. Engagement of volunteers with the team of paid employees appears to be unstructured aside from the bi-annual quality assurance and annual combined appreciation social event described above office (BHOZ's Operations and Volunteer Services Director, personal communication, August 13, 2020). Personal and professional development of volunteers did not appear to be formally addressed in the secondary data reviewed for this study (BHOZ's Strategic Plan, 2020; BHOZ's Volunteer Policies, n.d.; BHOZ's Volunteer Procedures, n.d.).

Knowledge Management

The primary process for knowledge management within BHOZ appears to be the strategic planning process. BHOZ builds organizational knowledge through the annual strategic planning process and through a quality assurance program (BHOZ's Strategic Plan, 2020; BHOZ Operations and Volunteer Services Director, personal communication, August 13, 2020). The quality assurance program consists of telephone contact with the clients and volunteers twice per year, and annual employee surveys (BHOZ's Strategic Plan, 2020). Data were collected during these verbal telephone interviews with clients and volunteers and logged into an excel spreadsheet. The process and analysis of the data were not available for this study. The information from these quality assurance calls is shared within leadership meetings and addressed through the strategic planning process (BHOZ's leadership staff interviews, August 2020). The goals and objectives of the Strategic Plan are reflective of the information obtained through the quality assurance functions (BHOZ's leadership staff interviews, August 2020).

BHOZ is operating from a recently developed Strategic Plan (2020-2021). This plan was formatted within a spreadsheet, similar to a work plan. The senior leaders indicated that this plan was a two-year plan due to the internal organizational restructuring that was in process 2019-2020, and the pandemic in 2020 (BHOZ's Executive Director, personal communication, August 17, 2020). The plan addressed goals for each line of service and department of the organization, including: Board, Fund Development, Administrative Systems, Management, Communications, Volunteer Services, Caregiver Services, Congregational Health, and Kinship Care Services. The volunteer services goals pertained to increasing the total number of volunteers,

strengthening community relationships to support volunteer recruitment, and transition planning for organizational leadership changes (BHOZ's Strategic Plan, 2020).

The BHOZ has identified and maintained its core programs as Homebound Adults, Family Caregivers, Grandparents Raising Grandchildren, and Congregational Health. These programs are evaluated, and processes reviewed during the annual strategic planning process (BHOZ's leadership staff interviews, August 2020). Program evaluation processes were not identified as part of this study. Based on the 2018 Annual Report (BHOZ's website, 2020), data regarding program operations is regularly collected by employees and volunteers, including number of volunteer hours and numbers of clients served in each program (BHOZ's leadership staff interviews, August 2020; BHOZ's Strategic Plan, 2020). Strategic planning also addresses the need for additional services within the community (BHOZ's Strategic Plan, 2020). BHOZ operates in alignment with the state's Agency on Aging requirements (BHOZ's website, 2020). Compliance with these requirements is monitored through quality management procedures, also reviewed within the strategic planning process. Data collected regarding services provided and volunteer hours provided are outlined in the annual report, which is available online (BHOZ's website, 2020).

The organization conducts follow-up with clients and volunteers after thirty days of service and every six months thereafter (BHOZ Strategic Plan, 2020; BHOZ Volunteer Procedures, n.d.). These follow-up contacts are conducted via telephone. Based on the data collected, the calls appear to be informal in nature (BHOZ's QA Calls Spreadsheet, 2020). Any feedback is discussed among the leadership team. Currently, there is no

standing, structured performance evaluation or feedback process for volunteers (BHOZ's leadership staff interviews, August 2020).

The key work processes for BHOZ appear to include assessing new clients, matching the clients with available volunteers, quality assurance calls, and organizing trainings, based on the information obtained from the Strategic Plan (2020) and the website (2020). The leadership team and a small team of employees are responsible for the oversight of operations and volunteers. The need for additional employees is evaluated annually during the strategic planning process.

It appears that this organization may control overall costs by using volunteers as primary service providers. Administrative costs may be controlled through maintaining a balance of full-time and part-time employees. These were not significant areas of focus during leadership interviews since the focus of the study was not fiscally based. The leadership team is responsible for managing any work with third party vendors, as well as donors and volunteers (BHOZ's leadership staff interviews, August 2020). The members of the leadership team review the policies and procedures, including disaster management, as part of the strategic planning process, and as needed during leadership meetings throughout the year (BHOZ's leadership staff interviews, August 2020; BHOZ's Strategic Plan, 2020). The leadership team meets formally at least every two months, and informally as needed (BHOZ's Operations and Volunteer Services Director, personal communication, August 13, 2020).

BHOZ uses an internally developed database to store and manage organizational knowledge and information (BHOZ's Operations and Volunteer Services Director, personal communication, August 13, 2020). This web-based database was internally

created through Microsoft Access and is accessible by staff and volunteers remotely (BHOZ's Operations and Volunteer Services Director, personal communication, August 13, 2020). The Strategic Plan addresses monitoring and rotating hardware and software to ensure effectiveness (BHOZ's Strategic Plan, 2020). No information was readily available regarding who maintains responsibility for managing information systems and information security; there was not an identified role affiliated with this on BHOZ's Organizational Chart (2020) or on BHOZ's website (2020). In the event of an emergency, the information is obtainable electronically to continue business operations as needed. BHOZ's Disaster Preparedness Plan (2020) also identifies that the Executive Director, or designee, would communicate with all staff during an emergency, and that all clients would be provided with emergency information from the state's Agency on Aging.

Summary

The BHOZ workforce consists of 25 full-time and part-time paid employees, as well as a large pool of approximately 400 volunteers (BHOZ's Operations and Volunteer Services Director, personal communication, August 13, 2020; BHOZ's Organizational Chart). Knowledge management occurs through the use of an internally developed database (knowledge storage) and a combination of an annual strategic planning/review process, regularly held leadership meetings, and a targeted quality assurance program (knowledge management) (BHOZ's Operations and Volunteer Services Director, personal communication, August 13, 2020). The strategic plan addresses goals for each line of service and department of the organization, including goals for volunteer recruitment (BHOZ's Strategic Plan, 2020).

Sections 1a, 1b, 2, and 3 comprised the proposal for this research project. The goal of this study is to identify effective volunteer recruitment strategies for a non-profit behavioral health organization that may result in a stable and age-diverse volunteer pool.

Section 4: Results—Analysis, Implications, and Preparation of Findings

Introduction

A nonprofit behavioral health organization, BHOZ, agreed to be the partner site for this doctoral study. BHOZ serves a primarily elderly population through volunteer-driven programs (BHOZ’s website, 2020). Recruitment of an age-diverse volunteer pool has been identified by BHOZ’s leadership as a significant problem for the organization, which could adversely impact operations and sustainability of programs (BHOZ’s Marketing Coordinator, personal communication, December 30, 2019). The goal of this study is to identify effective volunteer recruitment strategies for BHOZ that may result in recruitment of a stable and age-diverse volunteer pool.

A review of academic and professional literature related to volunteer recruitment was conducted to ensure a comprehensive understanding of current nonprofit volunteerism issues and strategies. Documents and information from public sources, including BHOZ’s website, public financial documents, and newsletters, were reviewed as well. Secondary data via BHOZ’s organizational documents were also reviewed and analyzed in terms of the practice problem. Organizational documents that were reviewed included: the organizational chart, strategic plan, volunteer job duties, volunteer policies, volunteer procedures, and volunteer recruitment marketing material. These documents were provided by a member of BHOZ’s leadership team.

Data from semi-structured conversational interviews with three members of the leadership team were collected, coded, and analyzed. Participants were selected based on their responsibility for volunteer oversight, recruitment, and retention, in alignment with the practice problem. Due to the vacancy of one director position, one leader was

currently filling two roles for the organization. Thus, three interviews covered four functional titles: Executive Director, Director of Development, Operations Manager, and Director of Volunteer Services.

Analysis, Results, and Implications

Data sources in this study consisted of transcribed interviews and a review of organizational documents. Each document was uploaded into NVivo software, carefully reviewed, and coded using an inductive approach. Phrases and words that were coded are described in further detail.

The resulting NVivo codebook contained 40 codes. Next, the codes were organized into a coding references hierarchy chart. The codes that directly pertained to the practice problem included: volunteer, staff, service, planning, office, work, age, pool, committee, barrier, group, training. These 12 codes were then categorized into five themes: program effectiveness, client-focused results, workforce-focused results, leadership and governance results, and financial and marketplace performance results.

Volunteer Recruitment Effectiveness

BHOZ currently recruits volunteers through marketing efforts, collaborations with other non-profit organizations, and word of mouth from existing volunteers. Based on interviews with key leaders within the organization, there have not been any new initiatives for volunteer recruitment of late (BHOZ leadership interviews, 2020). With recent changes in several key leadership positions, no information was readily available regarding the exact time frame since the last new volunteer recruitment initiative was launched. The Director of Volunteer Services retired in 2020 after 14 years with the organization; the role remained vacant during the data collection phase of this study. The

retired director was credited with developing and nurturing relationships within the community that supported volunteer recruitment (BHOZ's newsletter, June 4, 2020). Turnover in this key leadership and recruitment role is likely to introduce additional challenges to BHOZ's volunteer recruitment efforts.

BHOZ's recruitment methods of collaboration with other non-profit organizations and word of mouth from current volunteers rely heavily on communication. BHOZ maintains an electronic newsletter that is emailed to all stakeholders. Based on interviews with organizational leaders (2020), there have been internal discussions regarding creating a separate newsletter for volunteers. Currently, there is no specific timeframe or plan for a volunteer newsletter to be implemented.

Data from the interviews was coded and analyzed using NVivo qualitative data analysis software. Data were first coded using thematic analysis. The resulting NVivo codebook contained 40 codes. Next, the codes were organized using NVivo into a coding references hierarchy chart. Using NVivo word frequency query to analyze the data from the interviews with three members of the leadership team, several key words were identified, including volunteer, services, need, kind, and people. These were selected as key words based on frequency queries compared with the codebook, with filler words such as and, the, and like being filtered out. Based on the problem statement, these four key words were identified with the highest frequency that are directly related to the problem statement.

It was noted that the interviewees were all able to answer questions within their roles but were not consistently able to answer questions regarding processes that were not within their direct oversight. It should also be noted that, while *oversight* did not come up

as a keyword during the word frequency analysis, the concept is a trend throughout this study. More specifically, this trend is noted in terms of best practices involving volunteer engagement and alignment that were identified in Section 2.

Data from interviews with BHOZ's key leaders was further analyzed by comparing the number of coding references using NVivo thematic analysis. Themes were identified regarding change, training, recruitment strategies, and barriers. Responses regarding organizational change or recruitment included references to change being messy, painful, and analogous to a wave. Responses regarding training included references to the training process, need for additional training, need for virtual training and virtual facilitator training, and small group trainings. One participant was concerned regarding not having any model for virtual training (BHOZ leadership interviews, 2020). Responses regarding recruitment strategies included the words current, past, volunteer, and personal. Current recruitment strategies were reported to include word of mouth, social media, and newsletters, and there were no past strategies identified that have been discontinued (BHOZ leadership interviews, 2020). Responses coded under barriers included the words mindset, attitudinal, and big (BHOZ leadership interviews, 2020).

BHOZ's leaders identified a lack of age diversity in recruitment as a problem for the organization. During interviews with key leaders (2020), one of the challenges identified with having a predominantly older volunteer pool is that a considerable number of their volunteers relocate seasonally to another state each year. The exact number of volunteers that relocate seasonally was not identified, but this was noted to adversely affect BHOZ's volunteer efforts (BHOZ's Marketing Coordinator, personal communication, December 30, 2019).

Additionally, one of the barriers identified with recruiting younger volunteers is BHOZ's reluctance to provide online training and orientation for the volunteer program (BHOZ leadership interviews, 2020). The current training and orientation process is in a face-to-face group setting. During interviews, two of the three members of the leadership team expressed awareness that volunteer training and orientation program could benefit from being updated (BHOZ leadership interviews, 2020). Research suggests that younger workers are more interested in e-learning opportunities with measurable outcomes (Silvestru et al., 2019). Shields (2009) reiterated the importance of the needs of both the volunteer and the nonprofit being met in the relationship. If BHOZ is unable to provide training in ways that are appealing to younger volunteers, then they will continue to have difficulty obtaining younger recruits.

BHOZ's Strategic Plan (2020) contains a goal for 5% increase in overall number of active volunteers within the calendar year. Interviews with key organizational leaders (2020) indicated that this goal had been raised to 10% via leadership meetings but had not been formally documented in an updated Strategic Plan. To examine the organization's progress toward this strategic goal, 2018 and 2019 data regarding volunteer recruitment was obtained and compared using BHOZ's annual reports. Variations in data collection and reporting methodology limits direct comparison between 2018 and 2019 data (see Table 1).

Measuring organizational performance is essential for nonprofit organizations (Carnochan et al., 2014). Standardizing data collection methodology is necessary to enable comparison of data across time and programs. Standardization of data collection

methodology refers to developing and documenting consistent and clear strategies for what data are collected, how it is collected, and how it is managed.

BHOZ collects data regarding service delivery. The services are tracked and aggregated for volunteer hours, number of active volunteers, number of service recipients, and number of service events. Volunteers are reminded to track their data via written reminder and link to the database for data entry. Data regarding compliance with this expectation was not available at the time of this study. As identified in Table 1, variability in the organization's data collection methodology limited direct comparison of volunteer program data across years. For BHOZ's volunteer recruitment data, the 2018 annual report noted that 122 new volunteers were trained; the 2019 document did not include information regarding the number of new volunteers trained. Likewise, the number of active volunteers was not reported in the 2018 document but was recorded in the 2019 report. This absence of standardized data collection prevents BHOZ from making data-informed decisions regarding positive and negative changes over time for the volunteer program. In this instance, there is insufficient data to conclude whether there was an increase or decrease in new volunteers trained or the number of active volunteers from 2018 to 2019.

Table 1*Volunteer Data*

	2018	2019
New volunteers trained	122	Missing data
Number of clients served	621	585
Number of active volunteers	Missing Data	486
Number of hours of personalized help provided to clients by volunteers	38,55	Missing data
Number of rides to medical appointments provided to clients by volunteers	5,835	Missing data

Note: Based on BHOZ's 2018 Annual Report and 2019 Community Impact Report

The number of clients served was consistently recorded across the two reports. The data in Table 1 demonstrates a 17% decrease in number of clients served from 2018 to 2019. It was unclear whether this was based on decreased demand for services or decreased supply of new volunteers that limited ability to meet service demands. While the data collected by BHOZ was relevant to the practice problem, the inconsistency of data collection and reporting over time limited applicability of the data. It was also noted that the title of the annual report did change in 2019, which may be indicative of other process changes. The 2020 annual report was not yet developed at the time of this study and so was not included for data analysis.

Interviews with BHOZ's key leaders provided important information regarding the volunteer recruitment program. Data from the leadership interviews indicated that the perception is that there are not high rates of turnover of volunteers (BHOZ leadership interviews, 2020). Statements from leaders included "we do not have trouble with retention" and "volunteers stay 3 to 4 years on average" (BHOZ leadership interviews,

2020). This common perception suggests that there are favorable practices in place to help maintain the current pool of volunteers. However, without specific data to support this observation, this perception could not be validated.

For volunteer recruitment program effectiveness, two main findings were noted: opportunities exist to improve standardization of data and enrichment of the training and orientation program. The findings reviewed above for the standardization of data suggest BHOZ is successfully maintaining a sizeable volunteer pool but has an opportunity to improve measurement and standardization related to monitoring the volunteer program. BHOZ will have more success addressing the practice problem if a consistent approach is used to measurement, analysis, and knowledge management of volunteer program data (NIST, n.d.). As noted previously, the goal of BHOZ is to develop strategies to recruit a large, age-diverse pool of volunteers to support service operations. In the absence of a standardized approach to program data collection, the organization will not be able to identify barriers to volunteer recruitment and measure achievement of the goals outlined in the Strategic Plan. Standardization in data collection practices is necessary to identify trends in volunteer recruitment and is crucial for program decision-making. The findings also indicate that the current training and orientation program has been meeting the needs thus far, but BHOZ may not be maximizing recruitment of younger volunteers with the current approach.

Client-Focused Results

BHOZ does not collect any quantified data regarding client results or complete formal client satisfaction surveys. Qualitative client data are collected during bi-annual telephone contacts for quality assurance (QA). This is collected four weeks post-

volunteer-client match, and then every six months (bi-annually) through telephone calls. BHOZ refers to these as QA calls. These calls consist of unstructured conversations between a BHOZ employee and the client. Data from these calls is collected as qualitative notes made by the BHOZ employee in an excel database. This excel database was reviewed for this study. A six-month period of calls (April 22, 2020 through October 7, 2020) was reviewed for this study, consisting of 488 client contacts. The dataset was reviewed to determine the primary theme of these unstructured contacts (BHOZ's QA Calls Last Six Months, 2020). This dataset was contained within an excel spreadsheet that was utilized to document qualitative data in the form of client responses during the calls. Based on visual review of this data, it appears that a core question asked by the BHOZ staff member is regarding how the client feels about the service and/or the assigned volunteer. This data analysis identified the following key words: informed, shopping, great, wonderful, fine, well, good.

After review of the 488 client contact entries, I developed the following categories that appeared to fit the types of responses provided: *no contact made*, *favorable response*, *services have been paused or discontinued*, *unfavorable response*, and *miscellaneous response*. As the organization had not categorized the data, I developed these categories to organize the responses based upon the core question of how the client feels about the service and/or the assigned volunteer. A favorable response was defined as a response with an adjective with a generally accepted positive connotation, such as "good" or "well" or "great." An unfavorable response was defined as a response with any expressed discontentment, such as feeling unwanted or not needed, a barrier to

service operations, or an unsuccessful client to volunteer match. The responses are summarized in Table 2.

Table 2

Client Responses (N = 488)

Response	Percentage	Examples
No contact made	9% (45/488)	“No answer, no voice mail,” “Number not in service”
Favorable response	81% (394/488)	“Going great” “It is wonderful” “Exceptional volunteer”
Services have been paused or discontinued	4% (20/488)	“We have paused for now” She called once, and I haven’t heard from her since”
Unfavorable response	5% (23/488)	“The volunteer and client agreed the chemistry was not there” “She has never called” “Volunteer stopped a year ago. I was under impression that I was on a waitlist for another volunteer”
Miscellaneous response	1% (6/488)	“Mom passed away. I’d appreciate no more calls.”

Note: Based on responses from BHOZ’s QA calls from the last six months, 2020

Client responses on the unstructured QA calls were predominantly favorable. Feedback on a sample of 488 calls to clients over the past six months demonstrated that 81% of the calls resulted in favorable feedback from the clients. Detailed information regarding the reason for the favorable responses, such as “going great” and “it is

wonderful” was not recorded in the database. Therefore, a deeper analysis of the responses was not possible.

Four percent of the calls resulted in information that the services were discontinued or paused for various reasons, including client relocation, volunteer relocation, lack of need for services, and the pandemic. In many instances there was a note that the BHOZ QA caller followed up with a BHOZ employee. There were also several instances where the client provided negative feedback regarding the volunteer making little or no contact, not feeling connected to the volunteer, or the volunteer having discontinued or miscommunicated.

It appears that these calls are also utilized for program management purposes. For example, many of the calls resulted in the need for follow-up to re-match with a new volunteer, close the services, link to new services, or obtain pertinent information that was not collected in the interim between the calls. In some instances, the BHOZ staff member learned that the service had discontinued because the client was deceased. The documentation of follow-up and outcomes was limited aside from brief notes indicating that follow-up had occurred with another BHOZ employee.

According to one of the leaders interviewed, the information obtained during these calls is utilized informally in BHOZ leadership meetings (BHOZ leadership interviews, 2020). However, it was not clear how these QA call data are formally used to inform program evaluation or program improvement (BHOZ’s Strategic Plan, 2020; BHOZ’s leadership interviews, 2020; BHOZ’s QA Calls Last Six Months, 2020). Further, the data does not appear to be used to provide feedback or performance evaluation for volunteers (BHOZ’s leadership interviews, 2020).

BHOZ maintains an advisory board that consists of community members, clients, volunteers, and employees. Further information regarding this advisory board, including number of clients on the current advisory board, was not available at the time of this study. Based on the interviews with BHOZ's key leaders, the advisory board members take an active role in recruiting new volunteers through networking and word of mouth (BHOZ leadership interviews, 2020).

The primary finding that was noted for client-focused results was lack of effective knowledge management practices. Effective knowledge management would include sufficient quantifiable data, and the data would be utilized to improve operational functioning. Without standardized data collection processes in place, the data contains gaps pertaining to cause, effect, outcome, strengths, and challenges. The absence of standard data collection methodologies leaves it impossible to determine whether the favorable responses were pertaining to the volunteer or the service itself. For example, the response "going great" does not provide sufficient information to determine context that would be needed to render the data useful to the organization. The gaps in the information obtained limit the ability to measure program operational effectiveness, volunteer performance, and factors that influence a favorable response to a volunteer.

Workforce-Focused Results

This study is focused on recruitment of volunteers, which are the primary workforce for BHOZ. Although a formal volunteer satisfaction survey does not exist, BHOZ uses informal, unstructured telephone contact with volunteers after four weeks and every six months thereafter to collect QA data (BHOZ's Strategic Plan, 2020).

BHOZ does not currently have a formal, standardized approach to analyzing and using

volunteer call data to inform volunteer practices. The data were collected from unstructured telephone contacts between a BHOZ employee and the volunteer (BHOZ leadership interviews, 2020). Based on the data collected, there appear to be multiple purposes for these calls, such as checking in to see how the client is doing, making sure the relationship with the volunteer is going well, and screening for additional service needs.

As identified in the section above, a dataset of 851 individual records that included client and volunteer responses. Of the 851 individual records, 363 were recorded as volunteer responses. The dataset was reviewed to determine the primary theme of these unstructured contacts (BHOZ's QA Calls Last Six Months, 2020). This dataset was contained within an excel spreadsheet that was utilized to document qualitative data in the form of volunteer responses during the calls. Based on visual analysis of the data reviewed from these calls during the past six months, it appears that the primary question asked is regarding how the volunteer feels about the service and/or the client match.

A qualitative data analysis was conducted with the data from the volunteers' responses on the phone calls made by BHOZ for QA purposes. This data analysis identified the following key words in the volunteers' responses to the presumed question regarding how the volunteer feels about the service and/or the client match: *going, well, shopping, great, call, fine, good*. Upon analysis of the data obtained, volunteers generally reported as happy with their role as a volunteer (BHOZ's QA Calls, 2020; BHOZ leadership interviews, 2020). As indicated below, data recorded from volunteer QA calls included primarily positive terms. Leadership staff report limited turnover of volunteers (BHOZ leadership interviews, 2020). Most volunteer turnover, per BHOZ's

leaders (2020), is related to aged volunteers becoming clients, or due to volunteers leaving the state seasonally.

Volunteers are engaged through the quality assurance calls listed above, as well as an annual engagement event (BHOZ's Strategic Plan). The engagement event includes staff, volunteers, donors, and community partners (BHOZ leadership interviews, October 2020). There is a community advisory board that meets quarterly, and volunteers are selected to participate in the advisory board meetings (BHOZ's Operations Manager, personal communication, October 13, 2020). BHOZ does not conduct performance evaluations of volunteers due to leadership's perception that performance evaluations have negative connotations (BHOZ leadership interviews, October 2020).

Consistent with the client-focused results listed above, I developed the following categories that appeared to fit the types of responses provided: no contact made, favorable response, services have been paused or discontinued, unfavorable response, and miscellaneous response. As the organization had not categorized the data, I developed these categories to organize the responses based upon the core question of how the client feels about the service and/or the assigned volunteer. A favorable response was defined as a response with an adjective with a generally accepted positive connotation, such as "good" or "well" or "great." An unfavorable response was defined as a response with any expressed discontentment, such as feeling unwanted or not needed, a barrier to service operations, or an unsuccessful client to volunteer match.

Volunteer responses on the quality assurance calls were predominantly favorable. Feedback on a sample of 363 calls to volunteers over the past six months demonstrated that 75% of the calls resulted in favorable responses from the volunteers. Ten percent of

the calls resulted in information that the services were discontinued or paused for various reasons, including client relocation, volunteer relocation, lack of need for services, and the Coronavirus Disease 2019 (COVID-19) pandemic. In many instances, but not all, there was a note that the BHOZ quality assurance caller followed up with another BHOZ employee. There were also several instances where the volunteer provided negative feedback due to the client behavior or feeling not needed.

Table 3

Volunteer Responses (N = 363)

Response	Percentage	Examples
No contact made	6% (23/363)	““Left Voice Mail” “Need to call her back”
Favorable response	75% (271/363)	“Doing good with my client” “We are doing fine” “See her weekly” “Going great”
Services have been paused or discontinued	10% (34/363)	“She didn’t need me” “Client went into an assisted living facility, so she no longer helps her” “I talked to her two months ago” “Haven’t seen client in over a year”
Unfavorable response	3% (12/363)	“Every time I call, she doesn’t need me” “Client is relying on her [volunteer] far too much” “She told me not to call her anymore”
Miscellaneous Response	6% (23/363)	“Can staff call to give some resources” “She moved you need to get her new info”

Note: Based on responses from BHOZ’s QA calls from the last six months, 2020

The primary finding noted for client-focused results was lack of effective knowledge management practices. Effective knowledge management would include sufficient quantifiable data, and how the data would be utilized to improve operational functioning. Without standardized data collection processes in place, the data contains gaps in pertinent information. The absence of standard data collection methodologies prevents reliable and valid measurement of volunteer performance, motivation, or satisfaction factors. As only high level, brief comments are recorded from the QA calls, BHOZ does not appear to have the requisite information to improve program operational effectiveness, volunteer performance, and identify factors that influence a favorable volunteer experience. Due to the calls occurring bi-annually, opportunity for communication regarding volunteer engagement, volunteer resignation, factors influencing performance, and other factors influencing operations are infrequent. As a result, opportunities may be missed to act on time-sensitive feedback.

A third significant finding is related to limited oversight of volunteers. As noted in the leadership strategy assessment in Section 2, there is minimal, direct oversight of the volunteers. Engagement of volunteers, including various communication options, management practices, inclusion in decision-making, is identified as a best practice for volunteer recruitment and retention in the literature review (Stefanick et al., 2020; Nesbit et al., 2018; Devaney et al., 2015; Ellis, 2018). The unstructured QA calls appear to serve as a key component of volunteer oversight. Performance feedback is essential for retaining volunteers, and performance data are essential for targeted recruitment efforts. In this instance, the data from the surveys indicates the interviews are not structured in a way that allows specific volunteers to receive individualized feedback regarding their

performance. Stefanick et al. (2020) identified professional development as a motivating factor for career-driven individuals to volunteer. Without quantifiable performance-related data, BHOZ may not be able to provide structured feedback that would help the volunteer grow and develop or understand their impact in quantified terms.

Leadership and Governance Results

Data from interviews and documents obtained from the organization were compared with best practices identified in the literature regarding volunteer recruitment. There were several areas of opportunity for BHOZ to adopt leadership best practices to improve volunteer recruitment. These areas included assessment, communication, and engagement with the volunteers (Stefanick et al., 2020; Nesbit et al., 2018; Devaney et al., 2015; Ellis, 2018).

Leadership staff report limited turnover of volunteers but did not identify any specific factors that may support low turnover rates (BHOZ leadership interviews, 2020). Data regarding volunteer turnover rate was not available at the time of this study. While the leadership team has had significant change within the past year, the leadership team reports that there has been no adverse impact in service operations (BHOZ leadership interviews, 2020). The sizeable governing board represents occupational diversity within the community and is an active board that promotes and supports volunteerism within the organization (BHOZ leadership interviews, 2020).

Assessment

As identified in Tables 2 and 3, the assessment of client and volunteer satisfaction is limited to a handful of QA calls throughout the year. The QA data collection process

appears to consist of informal, unstructured conversations that do not include a standard set of questions for the client or volunteer. The results do not appear to be aggregated by the organization, nor does the feedback appear to be incorporated into strategic planning. For example, Table 3 reflects that 10% of the calls in the sample had discontinued or paused service delivery. Without a consistent, planned approach to assessing client and volunteer satisfaction, BHOZ may miss opportunities to act on time sensitive feedback. Additionally, gaps in data collection and management may result in gaps in service delivery. For example, some feedback in BHOZ's QA Calls Spreadsheet (2020) dataset described barriers to client-volunteer interaction (e.g., temporary pauses due to environmental or physical limitations, discontinued services for varied reasons, volunteer unable to contact client). BHOZ leaders review client and volunteer feedback six times per year, during leadership meetings (BHOZ leadership interviews, 2020). While it is unclear how the qualitative information gathered in the interviews is then used to inform program improvements, the current, limited level of feedback data collected may prevent BHOZ's leaders from having the necessary information to implement program improvements.

Table 1 identified gaps in consistent data collection measures and/or communication of data. These gaps limit the ability to measure progress, or lack thereof, in meeting the organization's strategic plan goals and objectives. For example, one strategic goal was to increase the number of active volunteers by 10% in 2020. While the data does reflect the number of volunteers in 2019, information regarding 2020 data being tracked was unavailable for inclusion in this study.

Communication and Engagement

Communication between BHOZ and the volunteers appears to include the following:

- volunteer orientation (one-time meeting, two hours in length, in-person orientation provided by BHOZ staff members)
- initial matching of volunteers and clients
- quality assurance telephone contact after 14 days and biannually thereafter
- email newsletters monthly
- annual appreciation event (a dinner or dessert-based, large group event to recognize volunteers, staff members, and community partners).

Orientation, matching, and quality assurance communication are specific to the volunteer. The monthly e-newsletter and annual appreciation event are both organization-wide and, therefore, include BHOZ staff and clients as well as volunteers.

It appears that there may be missed opportunities in communication. The QA call data identify negative responses as well as gaps or full discontinuation of services (BHOZ's QA Calls from the Last Six Months, 2020). Without established ongoing communication and direct oversight of volunteers, opportunities for volunteer satisfaction and volunteer utilization may have been delayed or missed. For example, a volunteer that is not satisfied with their match, or is utilized to their ability could be re-matched or additionally matched for greater volunteer satisfaction and operational effectiveness. As another example, several of the comments from the QA calls to both the client and the volunteer consisted of notification that someone had moved or other updated contact information. Others requested direct or indirect assistance, such as help with a difficult

client or help locating additional resources for a client. It was unclear whether these requests had been previously communicated through any of the management team.

Volunteers are engaged with employees on a limited basis, via the interactions outlined previously. The volunteer program design does not include direct oversight, management, performance evaluation, or other ongoing, direct engagement of volunteers. Alignment of values and interests between volunteers and organization was noted as a significant factor in volunteer recruitment best practices (Omoto et al., 2010). Alignment of values and interests helps with initial recruitment, but also helps recruit additional volunteers through word of mouth (Omoto et al., 2010). The literature review in Section 2 also identified perception of clients, organizational identity, and leadership as barriers to volunteer recruitment (Hamerman & Schneider, 2018; Kulik, 2010; Warburton et al., 2018). Any negative perception from clients or volunteers may have an adverse impact on volunteer recruitment, with word of mouth being a primary source of new recruits (Omoto et al., 2010). The engagement and support of leadership is an important component to reframe any issues of perception of clients or the organization, and to ensure the volunteer feels connected within the organization.

Additionally, it is important to note that oversight of volunteers and resistance to change were also trends in the findings of leadership and governance results. As identified in the review of literature, the leadership of the organization is responsible for relationships, communication, support, and inclusion which result in a more connected volunteer pool (Devaney et al., 2015; Quevillon et al., 2016; Warburton et al., 2018). Resistance to change within the leadership team or within the organization itself is a

factor that may impact implementation of the strategies to address the key findings of this study.

Financial and Marketplace Performance Results

The utilization of volunteers as primary service providers is a significant cost savings to the organization. For instance, the 2018 annual report indicated that 621 clients received service totaling 38,522 volunteer hours (BHOZ's Annual Report, 2018; BHOZ's Community Impact Report, 2019). If each volunteer hour was filled by a paid employee receiving minimum wage, this could be calculated as an annual salary cost of \$279,285. This figure was calculated based on \$7.25 as the federal average minimum wage (U.S. Department of Labor, 2020). Note that this number would also be inflated by inclusion of employee benefits and payroll taxes. The implication is that BHOZ's financial sustainability appears to rely on heavily, if not solely, on maintaining a strong volunteer program.

The costs (service quality, financial, reputation) associated with potential gaps in operations due to paused or discontinued services could not be calculated from available data. However, it can be assumed that any pause or disruption to volunteer services has cost implications for the organization. Such breaks may be the result of or result in service dissatisfaction, as noted by data from BHOZ's unstructured QA calls. Service dissatisfaction among nonprofit clients can result in negative "word of mouth" about the organization, which has been noted to have an unfavorable impact on organizational reputation and donor relations (Kundu & Rajan, 2017; Williams & Buttle, 2013).

Summary of Findings and Implications

It is important to note that a significant strength of BHOZ is that its' mission of providing services to the aging population may generally be appealing to potential volunteers. There were four major themes identified in data analysis: *volunteer recruitment effectiveness, client-focused results, workforce-focused results, and leadership and governance results*. These themes are based on the conceptual framework applied for evaluation of leadership, strategy, and workforce (NIST, 2017). Across these themes there were several key findings, and several implications noted for each theme. These implications are opportunities for improvement, as outlined in Table 4.

Table 4*Summary of Findings and Implications*

Theme	Key findings	Implications
Volunteer recruitment effectiveness	<p>Relied heavily on word of mouth and networking</p> <p>Networking may have been impacted by leadership changes</p> <p>Operational procedures may have been barriers to age-diverse recruitment</p> <p>Organizational change and attitudinal barriers may have impacted recruitment</p>	<p>Opportunity for standardizing processes for recruitment, developing specific goals regarding networking, and updating operational procedures.</p>
Client-focused results	<p>Operational data were not consistently collected and/or reported</p> <p>Operational data were service delivery-focused and did not report on client outcomes</p> <p>Client satisfaction data were not standardized</p> <p>Volunteer satisfaction data were not collected</p>	<p>Opportunity for identifying pertinent data to be collected, standardization of processes, and formalizing reporting procedures.</p>
Workforce-focused results	<p>Volunteers were not directly supervised or managed.</p> <p>Limited communication occurred between paid staff and volunteers</p> <p>Volunteers were not engaged in performance measurement</p>	<p>Opportunity within current organizational restructuring to adjust the design of volunteer oversight, supervision, communication, performance, development, and outcomes measurement.</p>
Leadership and governance results	<p>Volunteers were not engaged in outcomes measurement</p> <p>Professional development opportunities appeared to be limited for volunteers</p>	

As noted throughout Section 4, several implications were identified. The client-focused results demonstrated limited communication, assessment, and analysis to ensure that services are aligned with the organization's mission and vision, as well as to ensure quality of care. The workforce-focused results demonstrated that there is a gap between the management of employees and the management of volunteers, despite the volunteers significantly outnumbering the paid staff. Volunteer performance is not measured, nor feedback provided. Communication with volunteers is limited. The client and workforce results indicate opportunity for improvement in these areas.

Organizational results suggest that improvement opportunities may exist for assessment, analysis, and communication processes associated with the volunteer program. There does not appear to be a formal process in place for communication of relevant information that impacts operations. The organizational results indicate opportunity in expanding recruitment efforts and improving internal processes.

Potential Implications Toward Positive Social Change

The implications of the findings of this study have significant potential within BHOZ. By standardizing their approach to data collection and utilization, BHOZ will have the opportunity to quantify their best practices as well as their areas of potential growth. They could also measure their volunteers' impact, professional development, and performance. This data will be helpful in retention, but also in recruitment of new volunteers through communication of impact and outcomes of volunteers. Restructuring the volunteer oversight and communication will provide opportunity for strengthened operations, stronger organizational identity, and increased engagement of and opportunity for volunteers. Improving key factors related to the themes identified gives BHOZ an

opportunity to improve and expand their recruitment effort with more effective procedures in place and functional data to target recruitment efforts and share performance-based outcomes with potential recruits.

The results of this study have broader implications on communities and systems of care. BHOZ has been a consistent provider of volunteer-based services in the community, as evidenced by being in existence for 40 years (BHOZ's website, 2020). This indicates that the leadership have areas of strength in leveraging community-based services, maintaining a diverse board, and a leadership team that is committed to the mission of the organization (BHOZ's website, 2020; BHOZ leadership interviews, 2020). The success of the organization paired with the identified opportunities for operational improvement and expanded recruitment efforts may provide a framework for other organizations and communities.

The volunteer-based service model may be able to be replicated to other communities and systems of care, beyond the aging population. For example, the volunteer-based service model may also be effective working with single-parent families, supporting foster families, or supporting behavioral health and substance abuse independent living programs. The direct benefit on the clients, families and communities may be significant. The ability to fill the support need in any system of care with volunteers rather than paid staff is a significant benefit to the entire system of care.

With the possibility of replicating the volunteer-based service model into other target populations, the potential implication toward positive social change is significant. For example, additional community-based support for mental health, substance abuse,

foster families, single parents, or other target populations could decrease utilization of more costly levels of care and increase community cohesiveness.

Strengths and Limitations of the Study

Strengths of the Study

One strength of this study was the incorporation of qualitative data from multiple sources: public documents, interviews of key organizational leaders, internal organizational documents, website, email newsletters, and other marketing material. Obtaining and analyzing information from numerous sources allowed the researcher to develop a broad view of the problem, and develop specific recommendations based on comparison of organizational data to best practices for effective age-diverse volunteer recruitment strategies. A second strength is that case study research allows for context-specific data collection, resulting in detailed information related to the organization's practice problem.

Limitations of the Study

One limitation to the study was that the volume of secondary data available from the partner organization was limited. The data analysis in the case study is limited to the data able to be obtained from the organization (McLeod, 2014). Limitations in data resulted in reduction in depth of the results. A second limitation is that the case-study methodology limits generalizability (McLeod, 2014). With the focus of the study on a single non-profit behavioral health organization, with a single target client population, within a single metro area, generalizability of findings to other non-profit organizations with differing client population or geographical location is limited.

Section 5: Recommendations and Conclusion

The purpose of this case study was to identify effective strategies to recruit an age-diverse pool of volunteers to support the operations of a nonprofit organization. The organization maintains a team of 25 paid employees and relies on a large pool of more than 400 volunteers. Maintaining a consistent volunteer pool that is diverse in age is critical to BHOZ's operational success.

Recommendation 1: Strategic Goal Development

BHOZ's strategic plan contains a goal to increase volunteer recruitment by a specified percentage, without further information regarding strategy implementation (BHOZ's Strategic Plan, 2020). It is recommended that BHOZ formalize the volunteer program development with a strategic goal. Measurable objectives would also need to be developed to support volunteer the recruitment goal in the strategic plan. Outcomes-based assessment of strategic plan goals helps measure progress toward the goals and provides specific detail regarding opportunities for improvement (Bresciani, 2010). Implementing an outcomes-based assessment plan into the strategic planning process would be an effective way for BHOZ to measure performance toward volunteer recruitment goals, as well as identify potential areas of focus.

In alignment with the policies and procedures listed in Recommendation 2, the objectives would provide specific goals for target populations, recruitment efforts, and volunteer training. For example:

Goal: Increase volunteer recruitment by 10%.

Objective 1: Recruit 25 new volunteers that are high school or college students by 12/31/2021.

Objective 2: Explore service-learning opportunities with 3 local high schools and 5 colleges by 6/30/2021.

Objective 3: Conduct 5 recruitment activities targeting middle-aged parents by 04/30/2021.

Objective 4: Successfully train 138 new volunteers utilizing online and in-person options.

Measurable objectives are most effective when implemented consistently, and progress measured regularly. It is further recommended that progress toward volunteer recruitment goal(s) and objectives be reported in leadership team meetings monthly.

Recommendation 2: Operations and Structure

BHOZ's volunteer recruitment policies and procedures include informal networking processes as primary recruitment strategies, and face to face orientation programs for new volunteers (BHOZ leadership interviews, 2020). To effectively recruit an age-diverse volunteer pool, formalization of volunteer recruitment and retention policies and operational procedures is recommended (Nesbit et al., 2018; Marta et al., 2014; Claxton-Oldfield et al., 2018). Volunteer recruitment policies should include target populations for recruitment efforts, mixed methods of recruitment to reach the target populations, and specific topics and methods for volunteer training. It is further recommended that volunteer recruitment policy effectiveness should be evaluated annually as part of the strategic planning process. Effective policies and consistent implementation should demonstrate support of the strategic plan goals.

It is recommended to enhance the management of volunteers to provide a more marketable volunteer experience. There is significant opportunity within the current

process of organizational restructuring to adjust the design of volunteer oversight, supervision, communication, and performance, development, and outcomes measurement. The current structure provides no direct supervision of volunteers (BHOZ leadership interviews, 2020). There is one Senior Services Director that has six direct reports (see Figure 1, BHOZ Organizational Chart, Section 1a). One of those direct reports, the Volunteer Management Coordinator is directly over more than 400 volunteers (BHOZ leadership interviews, 2020). Allowing business strategy to drive decision-making is preferable over than irrelevant metrics (Neilson & Wulf, 2012). In this instance, there are many volunteers, but they are all part-time service providers. A more manageable model would be adding one team lead per every 100 volunteers. This would allow more frequent oversight, timely identification and follow-up to operational challenges, and more ability for the Coordinator and team leaders to collaboratively focus on program performance, volunteer development, and outcomes measurement. With respect to cost, the team leaders could potential also be volunteers or interns that are working to develop a managerial and/or social work skillset.

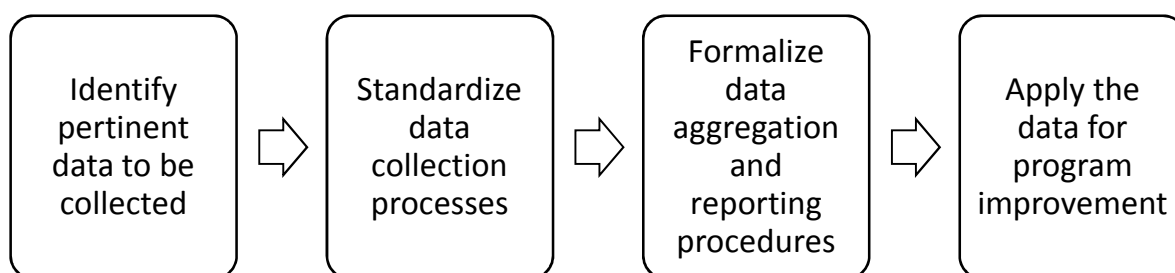
Recommendation 3: Knowledge Management

The data collection and reporting processes in place at BHOZ leave gaps in pertinent information that presents challenges in comparing results across years and limits the effectiveness of the data in the strategic planning process (BHOZ's website, 2020; BHOZ's Annual Report, 2018; BHOZ's Community Impact Report, 2019). It is recommended to standardize data collection and reporting to allow for reliable measurement of progress toward strategic plan goals. Standardizing the data collection and reporting processes includes identifying pertinent data to be collected, standardizing

processes for how and by whom the data will be collected, and formalizing data aggregation and reporting procedures.

Figure 2

Standardizing Data Collection and Reporting



One component of this can be implemented by standardizing the reporting of data regarding number of active volunteers, number of new volunteers trained, and number of volunteer hours and specific services provided. While the annual report appears to be the current reporting method, it would be beneficial to formally incorporate the reporting and use of the data in regular leadership meetings. Another component that would benefit from standardization is the quality assurance telephone calls to volunteers and clients that presently occur after four weeks and bi-annually thereafter. It is recommended that BHOZ determine three to five structured questions that will provide relevant data regarding the quality of the match relationship, the quality of the service provided, the client satisfaction with the program, and the volunteer satisfaction with the program. It is recommended that the data collected during these calls consist of both qualitative and quantitative measures for most effective use by the organization's leaders. It is recommended that the data be aggregated, reported, and evaluated on a regular basis in

leadership team meetings. It is also recommended that data collection procedures be evaluated annually as part of the strategic planning process.

Summary of Recommendations

Each of the recommendations listed above are consistent with the findings of the study and will support effective recruitment of an age-diverse volunteer pool. Strengthening processes that support and measure these efforts is a critical component in determining the areas of achievement or improvement in volunteer recruitment efforts. These recommendations are also consistent with many of the standards in formal accreditation processes for nonprofit organizations, such as Council on Accreditation (COA) or Commission on Accreditation of Rehabilitation Facilities (CARF). It may be worthwhile for BHOZ to consider utilizing a specific framework, such as organizational accreditation, to serve as a guide as they work toward implementation of the recommendations.

Implications for Future Research

The review of literature demonstrated a significant amount of data regarding volunteer motivation and volunteer recruitment challenges. The literature also identified a trend toward short-term volunteer engagement due to time constraints and increased interest in personal and professional development opportunities within volunteerism in teenage and young adult volunteers. There are gaps in the literature pertaining to specific comparison of short-term and long-term volunteer benefits and impacts on organizational operations. Further study of development opportunities would also be beneficial to determine specifically what areas of development are needed and preferred, and how these could be incorporated into volunteer-based programs as effective recruitment tools.

Conclusion

The goal of this study was to identify effective volunteer recruitment strategies for BHOZ that may result in recruitment of a stable and age-diverse volunteer pool. An analysis of the results of the study identified four main themes. These themes were incorporated into four recommendations that BHOZ may implement to increase the effectiveness of their volunteer recruitment procedures. The potential impact of incorporating these recommendations is improvement in recruitment of an age-diverse volunteer pool, resulting in increased service operations. These findings and recommendations will be disseminated to the leadership team at BHOZ in written and oral format.

References

- Anderson, N. D., Damianakis, T., Kröger, E., Wagner, L. M., Dawson, D. R., Binns, M. A., Bernstein, S., Caspi, E., & Cook, S. L. (2014). The benefits associated with volunteering among seniors: A critical review and recommendations for future research. *Psychological Bulletin, 140*(6), 1505–1533.
<https://doi.org/10.1037/a0037610>.
- Ballard, P. J., Hoyt, L. T., & Pachucki, M. C. (2019). Impacts of adolescent and young adult civic engagement on health and socioeconomic status in adulthood. *Child Development, 4*, 1138. <https://doi.org/0.1111/cdev.12998>.
- Bresciani, M. J. (2010). Data-Driven Planning: Using assessment in strategic planning. *New Directions for Student Services, 132*, 39–50.
- Carnochan, S., Samples, M., Myers, M., & Austin, M. J. (2013). Performance measurement challenges in nonprofit human service organizations. *Nonprofit and Voluntary Sector Quarterly, 43*(6), 1014-1032.
<https://doi.org/10.1177/0899764013508009>.
- Cassidy, M., Thompson, R., El-Nagib, R., Hickling, L. M., & Priebe, S. (2019). Motivations and experiences of volunteers and patients in mental health befriending: A thematic analysis. *BMC Psychiatry, 19*(1), 1–11.
<https://doi.org/10.1186/s12888-019-2102-y>.
- Celio, C. I., Durlak, J., & Dymnicki, A. (2011). A meta-analysis of the impact of service-learning on students. *Journal of Experiential Education, 34*(2), 164–181.
<https://doi.org/10.5193/JEE34.2.164>.
- Cordery, C. J., & Tan, L. (2010). A survey of the effects of direct financial costs in

- volunteering. *Third Sector Review*, 16(1), 105–124.
- Corporate Philanthropy Report. (2017). *Survey highlights benefits of employee volunteerism*, 32(8), 1–12. <https://doi.org/10.1002/cprt.30157>.
- Crowe, M. L., Lynam, D. R., & Miller, J. D. (2018). Uncovering the structure of agreeableness from self-report measures. *Journal of Personality*, 86(5), 771–787. <https://doi.org/10.1111/jopy.12358>.
- Devaney, C., Kearns, N., Fives, A., Canavan, J., Lyons, R., & Eaton, P. (2015). Recruiting and retaining older adult volunteers: Implications for practice. *Journal of Nonprofit & Public Sector Marketing*, 27(4), 331–350. <https://doi.org/10.1080/10495142.2015.1015373>.
- Ellis, S. J. (2018). The volunteer as a facilitator of change. *Nonprofit World*, 36(3), 16–17. <https://www.snpo.org/publications/index.php>.
- Fehr, B., Harasymchuk, C., & Sprecher, S. (2014). Compassionate love in romantic relationships: A review and some new findings. *Journal of Social & Personal Relationships*, 31(5), 575–600. <https://doi.org/10.1177/0265407514533768>.
- Furco, A., & Root, S. (2010). Research demonstrates the value of service learning. *Phi Delta Kappa*, 91(5), 16–20.
- Griffith, J. R. (2015). Understanding high-reliability organizations: Are Baldrige recipients models? *Journal of Healthcare Management*, 60(1), 44–61. <https://journals.lww.com/jhmonline/pages/default.aspx>.
- Gutierrez, I. A., & Mattis, J. S. (2014). Factors predicting volunteer engagement among urban-residing African American women. *Journal of Black Studies*, 45(7), 599–619. <https://doi.org/10.1177/0021934714543189>.

- Hamerman, E. J., & Schneider, A. B. (2018). The role of disgust sensitivity in volunteer recruitment and retention. *International Journal of Nonprofit & Voluntary Sector Marketing*, 23(2), 1–11. <https://doi.org/10.1002/nvsm.1597>.
- Hardy, S. A., Dollahite, D. C., Johnson, N., & Christensen, J. B. (2015). Adolescent motivations to engage in pro-social behaviors and abstain from health-risk behaviors: A self-determination theory approach. *Journal of Personality*, 5, 479. <https://doi.org/10.1111/jopy.12123>.
- Hyde, M. K., Dunn, J., Scuffham, P. A., & Chambers, S. K. (2014). A systematic review of episodic volunteering in public health and other contexts. *BMC Public Health*, 14, 1–16. <https://doi.org/10.1186/1471-2458-14-992>.
- Jenkinson, C. E., Dickens, A. P., Jones, K., Thompson-Coon, J., Taylor, R. S., Rogers, M., Bamba, C. L., Lang, I., & Richards, S. H. (2013). Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers. *BMC Public Health*, 13(1), 1–10. <https://doi.org/10.1186/1471-2458-13-773>.
- Johnson, S. K., Agans, J. P., Weiner, M. B., & Lerner, R. M. (2014). Profiles of civic engagement across educational transitions: Stability and change. *International Journal of Developmental Science*, 8(3–4), 81–93.
- Jongenelis, M. I., Jackson, B., Warburton, J., Newton, R. U., & Pettigrew, S. (2020). Improving attitudes to volunteering among older adults: A randomized trial approach. *Research on Aging*, 42(2), 51–61. <https://doi.org/10.1177/0164027519877476>.

- Jun, W. H., & Choi, E. J. (2020). The relationship between community integration and mental health recovery in people with mental health issues living in the community: A quantitative study. *Journal of Psychiatric & Mental Health Nursing* 27(3), 296–307. <https://doi.org/10.1111/jpm.12578>.
- Kim, E. S., Whillans, A. V., Lee, M. T., Chen, Y., & VanderWeele, T. J. (2020). Volunteering and subsequent health and well-being in older adults: An outcome-wide longitudinal approach. *American Journal of Preventive Medicine*, 59(2), 176–186. <https://doi.org/10.1016/j.amepre.2020.03.004>.
- Kulik, L. (2010). Women’s experiences with volunteering: A comparative analysis by stages of the life cycle. *Journal of Applied Social Psychology*, 40(2), 360–388. <https://doi.org/10.1111/j.1559-1816.2009.00578>.
- Kundu, S., & Rajan, C. S. (2017). Word of mouth: A literature review. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.2973022>.
- LaMottel, S. (June 11, 2020). Boost your mental and physical health during the pandemic by volunteering virtually. CNN. <https://www.cnn.com/2020/06/11/health/volunteering-pandemic-health-benefits-wellness/index.html>.
- Luzurier, Q., Damm, C., Lion, F., Daniel, C., Pellerin, L., & Tavoracci, M. (2015). Strategy for recruitment and factors associated with motivation and satisfaction in a randomized trial with 210 healthy volunteers without financial compensation. *BMC Medical Research Methodology*, 15, 19–37. <https://doi.org/10.1186/1471-2288-15-2>.

- Make time to evaluate your mission, vision statements. (2018). *Nonprofit Communications Report*. <https://doi.org/10.1002/npcr.31011>.
- Marques, S. H., & Vaughn, K. (2019). *How international nonprofit organizations can use Facebook to build relationships with potential donors and volunteers*. Proceedings of the Multidisciplinary Academic Conference, Czech Republic, 251–60.
- Marta, E., Manzi, C., Pozzi, M., & Vignoles, V. L. (2014). Identity and the theory of planned behavior: Predicting maintenance of volunteering after three years. *Journal of Social Psychology, 154*(3), 198–207.
<https://doi.org/10.1080/00224545.2014.881769>.
- McDonald, J., & Dominguez, L. A. (2015). Developing university and community partnerships: A critical piece of successful service learning. *Journal of College Science Teaching, 44*(3), 52–56. https://doi.org/10.2505/4/jcst15_044_03_52.
- McLeod, S. (2014). *Case study method*. <https://www.simplypsychology.org/case-study.html>.
- Merrifield, K. (2020). As coronavirus hammers states, nonprofits shift. *Inside Tucson Business, 28*(19), 14–16.
- National and Community Service. (2018). *Demographics*.
<https://www.nationalservice.gov/serve/via/demographics>.
- National & Community Service. (2018). *Volunteering in U.S. hits record high; worth \$167 billion*. <https://www.nationalservice.gov/newsroom/press-releases/2018/volunteering-us-hitrecord-high-worth-167-billion>.

- National Institute of Standards and Technology. (2017). *Baldrige excellence framework*.
<https://www.nist.gov/baldrige/core-values-and-concepts>.
- National Institute of Standards and Technology. (2019, November 15). *Baldrige criteria commentary (Health care)*. <https://www.nist.gov/baldrige/baldrige-criteria-commentary-health-care>.
- Neilson, G. L., & Wulf, J. (2012). How many direct reports? *Harvard Business Review*, 90(4), 112–119.
- Nemțeanu, M., & Tarcza, T. (2016). Volunteers trust in organizational mission, leadership and activities efficiency. *Annals of the University of Oradea: Economic Science*, 25(1), 995–1001.
- Nesbit, R., & Brudney, J. L. (2013). Projections and policies for volunteer programs: The implications of the Serve America Act for volunteer diversity and management. *Nonprofit Management and Leadership*, 24(1), 3–21.
<https://doi.org/10.1002/nml.21080>.
- Nesbit, R., Christensen, R. K., & Brudney, J. L. (2018). The limits and possibilities of volunteering: a framework for explaining the scope of volunteer involvement in public and nonprofit organizations. *Public Administration Review*, 78(4), 502–513. <https://doi.org/10.1111/puar.12894>.
- Omoto, A. M., Snyder, M., & Hackett, J. D. (2010). Personality and motivational antecedents of activism and civic engagement. *Journal of Personality*, 78(6), 1703–1734. <https://doi.org/10.1111/j.1467-6494.2010.00667.x>.

- Parameswaran, U. D., Ozawa-Kirk, J. L., & Latendresse, G. (2020). To live (code) or to not: A new method for coding in qualitative research. *Qualitative Social Work*, 19(4), 630–644. <https://doi.org/10.1177/1473325019840394>.
- Quevillon, R. P., Gray, B. L., Erickson, S. E., Gonzalez, E. D., & Jacobs, G. A. (2016). Helping the helpers: Assisting staff and volunteer workers before, during, and after disaster relief operations. *Journal of Clinical Psychology*, 72(12), 1348–1363. <https://doi.org/10.1002/jclp.22336>.
- Sevrain-Goideau, M., Gohier, B., Bellanger, W., Annweiler, C., Campone, M., & Coutant, R. (2020). Forum theater staging of difficult encounters with patients to increase empathy in students: Evaluation of efficacy at The University of Angers Medical School. *BMC Medical Education*, 20(1), 1–9.
- Shields, P. (2009). Young adult volunteers: Recruitment Appeals and other marketing considerations. *Journal of Nonprofit & Public Sector Marketing*, 21(2), 139–159. <https://doi.org/10.1080/10495140802528658>.
- Silvestru, C. I., Mehedintu, G., Silvestru, R. C., & Icociu, V.C. (2019). Millennials and the need for adapting e-learning methods for business performance: A case study. *E-Learning & Software for Education*, 3, 225–231. <https://doi.org/10.12753/2066-026X-19-168>.
- Social Reciprocity. (2020). *Autism Society of Baltimore-Chesapeake*. <https://www.baltimoreautismsociety.org/glossary/term/social-reciprocity>.
- Son, J., & Wilson, J. (2012). Volunteer work and hedonic, eudemonic, and social well-being. *Sociological Forum*, 27(3), 658–681. <https://doi.org/10.1111/j.1573-7861.2012.01340.x>.

- Stefanick, L., Best-Bertwistle, R., & Race, L. S. (2020). Retaining volunteers in the age of precarious work. *Journal of Nonprofit & Public Sector Marketing*, 32(2), 124–146. <https://doi.org/10.1080/10495142.2018.1526747>.
- Tong, C. E., Franke, T., Larcombe, K., & Sims Gould, J. (2018). Fostering inter-agency collaboration for the delivery of community-based services for older adults. *British Journal of Social Work*, 48(2), 390–411. <https://doi.org/10.1093/bjsw/bcx044>.
- United States Bureau of Labor Statistics. (2016). *Volunteering in the United States*. <https://www.bls.gov/news.release/volun.htm>.
- United States Census Bureau. (2019). *National volunteer week: April 7-13, 2019*. <https://www.census.gov/newsroom/stories/2019/volunteer.html>.
- United States Department of Labor. (2020). *Minimum wage*. <https://www.dol.gov/general/topic/wages/minimumwage>.
- Wang, R., Chen, H., Liu, Y., Lu, Y., & Yao, Y. (2019). Neighborhood social reciprocity and mental health among older adults in China: The mediating effects of physical activity, social interaction, and volunteering. *BMC Public Health*, 19(1), 1036. <https://doi.org/10.1186/s12889-019-7385-x>.
- Warburton, J., Moore, M., & Oppenheimer, M. (2018). Challenges to the recruitment and retention of volunteers in traditional nonprofit organizations: A case study of Australian meals on wheels. *International Journal of Public Administration*, 41(16), 1361–1373. <https://doi.org/10.1080/01900692.2017.1390581>.

- Williams, M., & Buttle, F. (2013). Managing word-of-mouth: a nonprofit case study. *Journal of Nonprofit & Public Sector Marketing*, 25(3), 284–308.
<https://doi.org/10.1080/10495142.2013.816191>.
- Williamson, I., Wildbur, D., Bell, K., Tanner, J., & Matthews, H. (2018). Benefits to university students through volunteering in a health context: A new model. *British Journal of Educational Studies*, 66(3), 383–402.
- Yamashita, T., Keene, J. R., Lu, C.-J., & Carr, D. C. (2019). Underlying motivations of volunteering across life stages: A study of volunteers in nonprofit organizations in Nevada. *Journal of Applied Gerontology*, 38(2), 207–231.
<https://doi.org/10.1177/0733464817701202>.
- Zweigenhaft, R. L., Armstrong, J., & Quintis, F. (1996). The motivations and effectiveness of hospital volunteers. *Journal of Social Psychology*, 136, 25–34.
<https://doi.org.10.1080/00224545.1996.9923026>.

Appendix A: Interview Questions

ORGANIZATION LEVEL QUESTIONS:

1. What are your current strategies for volunteer recruitment?
2. How has the leadership of the organization addressed volunteer recruitment in the strategic plan?
3. What are the current barriers to maintaining a sufficient and stable pool of volunteers to meet the demand for services?
4. How does the organization partner with community organizations or businesses for volunteer recruitment?

VOLUNTEER ROLE QUESTIONS:

5. What is the level of involvement of the volunteers as stakeholders of the organization?
6. How are volunteers matched to their roles within the organization?
7. What is the average term for a volunteer?
8. How diverse is the recruited volunteer pool? (age, gender, race, etc.)
9. How are volunteers matched to their roles within the organization?
10. Can you share how volunteers are trained?
11. Is there a minimum commitment expected from volunteers per week/month/overall?

BUSINESS OPERATION QUESTIONS:

12. How many volunteers are needed to maintain operations without a waitlist?
13. What is the ratio of volunteers per supervisor?

14. How has organizational leadership and staffing change impacted your volunteer retention and recruitment activities?

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