Order Number 9325130

Social support and AIDS volunteers

Maslanka, Halina, Ph.D.

City University of New York, 1993

U·M·I
300 N. Zeeb Rd.
Ann Arbor, MI 48106

A

SOCIAL SUPPORT AND AIDS VOLUNTEERS

by

HALINA MASLANKA

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York.

1993

This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

April 27, 1993
Date

Chair of Examining Committee

Chair of Examining Committee

April 27, 1993
Date

Executive Officer

Nicholas Freudenberg, Ph.D.

Vita Rabinowitz, Ph.D._____

Gary Winkel, Ph.D._____
Supervisory Committee

THE CITY UNIVERSITY OF NEW YORK

Abstract
SOCIAL SUPPORT AND AIDS VOLUNTEERS

by

Halina Maslanka

Adviser: Professor Suzanne C. Ouellette Kobasa
Professor Charles G. Kadushin

Individuals who volunteer their time and skills to help Persons with AIDS (PWAs) are the subject of this research. Volunteers at the Gay Men's Health Crisis (GMHC) in New York City provide the majority of services offered by the agency. These services cover a variety of needs ranging from picking up shopping to legal advice. 'Buddies' are GMHC volunteers who, after a 4-day training, work directly with PWAs. Office support volunteers are assigned to provide clerical support to agency staff members. Crisis intervention workers offer expert help for PWAs in psychological, medical, or legal crises; lawyers advocate for insurance and social security payments, and drawing up wills; Hotline volunteers deal with any and all questions concerning AIDS. All groups of volunteer workers were covered in this research.

The role that social support plays in enhancing volunteer work for the individuals who become volunteers was studied. Social support (conceptualized as perceived emotional support offered by staff members or other volunteers at the agency) was examined in relation to stressful life events, the rewards of volunteering and burnout. This panel study measured stress experienced by volunteers prior to volunteering at GMHC, perceived social support, perceived rewards of

volunteering and burnout symptoms approximately 6 months after volunteers had begun their volunteer work.

In regression analyses social support was found to operate in a direct fashion diminishing the relationship between prior stress and later symptoms of burnout. Staff support was found, in keeping with prior research (House, 1981) to play a stronger role in diminishing negative outcomes. No results for the buffering role of social support were found.

In path analyses social support was found to operate both directly and indirectly. Social support directly diminished the levels of burnout experienced by volunteers. It operated indirectly by also increasing the level of perceived rewards volunteers experienced from their volunteer work. Unexpectedly, rewards were found to play a fairly consistent role in increasing the degree of burnout experienced by volunteers leading one to revise the role that intrinsic rewards can play in volunteer work.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

The early days of the HIV epidemic in America were marked by fear and ignorance. Early accounts of a strange new pneumonia that was affecting a few gay men (Shilts, 1988) did not immediately alert public health individuals to the devastating impact that the disease was to have on American society. Called variously GRID (Gay Related Immune Deficiency), AIDS (Acquired Immune Deficiency Syndrome), and ARC (AIDS-Related Complex) our response to what has become a pandemic has been marred by confusion, denial and, at times, inhumanity. Early commentaries on HIV hoped that as a society we had learned from past epidemics "the pervasive fear of contagion, concerns about casual transmission, the stigmatization of victims, the conflicts between protecting public health and ensuring civil liberties. Of course, AIDS is not syphilis, and 1987 is not 1918" (Brandt, 1987, p. 41).

At times America in the eighties resembled Europe in the early twentieth century in the way it handled the HIV epidemic with funeral parlors refusing to handle the bodies of those who had died from HIV-related illnesses, families with HIV-positive children being harassed, and HIV positive individuals being refused adequate care by medical staff. This research looks at a group of individuals who chose to behave differently. They dealt with HIV by volunteering and this research explores their experience of volunteering around HIV issues. The impact that social support had on their ability to deal with HIV volunteering and the stress experienced in their lives will be examined in this research.

HIV Infection in America

Early in the HIV infection, public attention and fears became focused around the populations that appeared to be the only ones at risk of HIV. These populations included Haitians, haemophiliacs and homosexuals. The gay male community early on suffered discrimination and homophobia because of the linkage to HIV (Herek, 1989; Patton, 1985; Shilts, 1988). While community-based organizations and public health agencies attempted to stress that behaviors rather than group affiliation were the true routes of transmission, the public at large maintained stigmatized responses to groups they saw as at risk. Such attitudes tended to be enhanced by the response of the media. Even in the second decade of HIV we still see dramatic headlines focused around individuals (cf Kimberley Bergalis accounts) rather than around the issues of what is a public health disaster. For many people, HIV became linked to aberrent societal groupings:

> It is the mysterious link to homosexuality, drug use, blood, and Caribbean nationals that has captured the public eye...The message is that difference causes diseases which have the power to leap social barriers. Individuals must conform to rigid, traditional standards in order to protect the health of the whole society (Patton, 1985, p. 58)

At a time when HIV is increasing among adolescents we have witnessed in New York a political battle over whether educators in the schools should be allowed to mention the use of condoms as a means of preventing the spread of

HIV (New York Times, August 19th, 1992). As the HIV epidemic passes into its second decade its impact continues to expand in the inner cities affecting adolescents, women, injecting drug users and sex-workers. Analyses of societal reactions to HIV have drawn comparisons between HIV and cancer (Sontag, 1979) cholera or venereal disease (Brandt, 1987; Patton, 1985) primarily because of the stigmatized responses we have seen.

At the same time, our understanding and knowledge of the effects of the AIDS virus have vastly increased since the first cases were documented in 1981 (Mortality and Morbidity Weekly Reports, June 1981). The life expectancy of individuals diagnosed with HIV has extended from a matter of months to over 5 years. Diagnosis of opportunistic infections found in Persons Living with AIDS (PLWAs) has become more efficient and treatment more focused on prophylaxis. PLWAs are increasingly experiencing periods of time when help is necessary, but help of a less specialized nature. It is only during periods of illness or crisis that the services of medical or social service specialists may be needed. Volunteers (as well as family and friends) have become critical for providing help of a more general and consistent nature. Increasingly volunteers have become the specialists themselves both in their knowledge of HIV as well as the sort of care they provide. Volunteers may be called upon to educate professional service providers about the latest research on HIV for the clients, or they may be called upon to deliver counseling when an individual first finds out that they are HIV-positive and are in a psychological crisis.

Volunteerism in America

Volunteerism has frequently been assumed to be a peculiarly American phenomena (Kaminer, 1984). Whereas comparisons of membership rates of voluntary associations in other countries (see Hausknecht, 1962) do not necessarily prove this to be the case, a strikingly consistent rate of membership has been maintained in America.

Hausknecht's (1962) comparison of membership rates in two different American samples drawn in 1954 and 1955 found that between 36% and 55% of those questioned belonged to at least one voluntary association. Hausknecht, citing Rose (1954) proposes three main functions served by voluntary associations "they prevent a concentration and centralization of power; they help individuals in understanding how political processes operate; and they are mechanisms for social change (Hausknecht, 1962, p. 9)". He sees voluntary associations as "a means for involving the individual in the social and political processes of the society" (Hausknecht, 1962, p. 10). This sociological perspective sees volunteer agencies acting as supportive mechanisms for individuals leading to positive social outcomes much in the same way that psychologists conceptualize social support fostering positive individual outcomes (Gottlieb, 1981). In many ways the Gay Men's Health Crisis (GMHC) as an organization fits this description. Volunteers are involved not only in service delivery but also advocacy in the political arena. The organization aims to provide a supportive environment in which clients can receive empathic and efficient care and in which volunteers can feel supported and appreciated for the work they do.

The 1980's in America heralded in a cry for a return to volunteerism, towards compassion for those in need of help. Ironically, this came at a time when despite urgent social problems the federal government was decreasing its contributions to social service programs (Salomon & Abrahamson, 1982). In this instance rather than acting as a brake upon excessive governmental interference, volunteers were being called upon to fill a vacuum left by federal agencies--a public policy that has led to sharp criticism (Chambre, 1988).

The cry for more volunteers implied that Americans were no longer contributing as they once had to their communities. A 1989 Gallup Poll report (Colasanto, 1989) belies this view, showing a fairly consistent rate of membership in social service voluntary agencies. In comparison with earlier polls, this rate has also been steadily increasing since the 1970s. The 1989 nationally representative sample of 1230 adults showed a 41% rate of involvement with 51% of that group spending more than six hours a month in those activities. Over half of the sample (58%) contributed their time or money to people in their own community. In terms of the groups most likely to be helped, volunteers showed a timely concern with the issues: the poor or homeless being most likely to be helped (63% of the sample offered help for this group), followed by the elderly (62%), children (61%) and sick people (54%). Far from being in decline, volunteerism seems to be showing a consistent presence in U.S. life.

Volunteers in the Health Arena

While the 1980's has heard volunteerism cited as being the answer to a vast array of social problems it has been a phenomena for over a hundred years. Volunteers have served as friendly visitors in hospitals, as helpers in rural areas (Augelli & Ehrlich, 1982), as blood donors, and, as counsellors in hospice programs (Paradis, Miller & Runnion, 1987)--in short in many health-related areas. However, while a lot of research has been conducted on who volunteers are, why individuals volunteer, and, how long they stay, there is comparatively less of a focus on why individuals volunteer to work around a specific health issue. The phenomena of AIDS volunteering is only now being discussed as constituting a unique social response to a unique health situation (Moreland and Legg, 1991).

Sills (1957) in his extensive study of polio volunteers found that statements by organizational members assumed that individuals volunteered in order to help "those members of their community who have been or may be stricken with infantile paralysis" (Sills, 1957, p. 81); that it is the disease and its effects that influence individuals in their decision to volunteer. This assumption was one that Sills found mirrored in other organizations such as the American Heart Association, and the American Cancer Society. In reality, only a small percentage (18%) of the volunteers studied said that personal contact with polio had affected their motivations for joining. Sills' study eschewed the attempt to characterize volunteers on the basis of their stated motivations "motives can never be accepted as adequate explanations for the behavior of individuals" (Sills, 1957,

p. 83). Instead he attempted to create a typology of volunteers on the basis not only of their felt motivation but also in terms of their routes of admission to the organization.

His typology draws a broad split between those individuals who had never volunteered before and those who had. Those who had prior volunteer experience could be categorized on the basis of whether they had had personal experience of polio or whether their prior experience had been with other community organizations. A further categorization evolved from whether they felt their experience to be directed towards fulfilling the purpose of the organization or of directly helping individuals. For those individuals who had no prior volunteer experience Sills created a typology covering individuals who were polio veterans and had had some direct experience with polio; humanitarians for whom the act of helping others was paramount; and, those individuals who were labelled good citizens or joiners.

Sills further classified volunteers on the basis of the trigger events which led to the act volunteering. These various triggers were whether individuals had been approached by a friend, by a community member, a colleague or whether individuals saw the act of volunteering itself as the trigger event. Sills explored the volunteers' experiences and the rewards they received from participation in the work of the Foundation. Such rewards were characterized by individuals perceptions of helping others, of being an expert and of feeling that they are part of a social movement. This typology of volunteers was used by Sills to

demonstrate the success of the organization in both recruiting and retaining volunteers at the Foundation.

Volunteerism and HIV

The similarities between polio and HIV are informative. Both diseases share physical similarities in their impact. They appear apparently at random, are devastating physically, and life threatening. Their impact is felt not only physically but also socially, financially and familially. The medical system in the U.S. is not prepared to deal with illness on all these levels. Volunteer agencies provide a continuity in care that makes living with either disease manageable. The Foundation studied by Sills was the largest organization founded to deal with infantile paralysis. The Gay Men's Health Crisis was the first, and remains one of the largest, volunteer-based, AIDS service organizations in the world. As such it is a unique organization and represents a unique response to the AIDS pandemic.

The phenomena of community-based groups coming into existence to deal with HIV issues has provoked a variety of responses in the literature. Patton has described the rapid proliferation of a corps of AIDS experts as bearing similarities to American corporate structures and has called this proliferation the 'AIDS industry' (Patton, 1991). Others have found the linkages forged between community-based groups and local and federal governments to be of intrinsic interest (Perrow and Guillen, 1990). Still others have attempted to trace the steps that lead to success or failure among such groups (Moreland and Legg, 1991; Perrow and Guillen, 1990). What is clear is that without such organizations there

would be a far less comprehensive understanding of the AIDS epidemic and a far less humane response to the needs of PLWAs.

The Gay Men's Health Crisis

Over the past ten years, the Gay Men's Health Crisis has grown from a small group of concerned upper-middle class gay men to a structured organization of over 180 staff and 1900 volunteers. The group's original purpose in meeting was to raise money for research on AIDS and in the first year of operation $60,000 was raised. The individuals who founded GMHC hoped to provide information at a time when reliable information was hard to find. The first AIDS Hotline was opened and it soon became apparent that PLWAs had other needs not being met within existing health organizations.

A system of functional volunteer roles evolved to deal with the reality of living with AIDS (Katoff & Ince, 1988): buddies (to replace and/or supplement family members) who were there to do anything from shopping to escorting PLWAs for hospital visits; crisis intervention workers for when PLWAs were in psychological, medical, or legal crises; lawyers to advocate for insurance and social security payments, and drawing up wills; the Hotline itself to deal with any and all questions concerning AIDS. These functional roles continue to develop (Levinson and Miller, 1992) as volunteers now at GMHC are also involved in work that aims to help shape policy in favor of PLWAs, and through their education department, to help educate hard-to-reach populations about AIDS. These functions are best summarized through GMHC's mission statement:

> Gay Men's Health Crisis, Inc. (GMHC) the first organization created in response to the AIDS epidemic, founded by members of the gay community and committed to the practice and realization of multiculturalism, whose services are provided principally by volunteers, has as its purposes: to maintain and improve the quality of life for persons with AIDS, persons with AIDS-related complex and their carepartners; to advocate for fair and effective public policies and practices concerning HIV infection; and, through education, to promote awareness, understanding and prevention of HIV infection. (GMHC, 1992)

Such an organization in effect combines both aspects of service delivery and advocacy work; a feature of many volunteer groups as Kaminer (1984) has pointed out. Kaminer has detailed in her study of women volunteers the ways in which volunteer agencies that start within the community very rarely comply with typologies that describe their work as either service or advocacy. Frequently the issues around which such organizations arise are areas within which no other organization is working and therefore the volunteers are called upon to fulfill myriad roles with diverse functions.

The model of volunteer service provision developed at GMHC acknowledges the need for support to help deal with the stress of working with HIV: "The group orientation of both training sessions and ongoing supervision emphasizes that no one can work closely with persons with AIDS by him- or herself or in isolation from members of the team" (Lopez & Getzel, 1987, pp. 51).

Volunteers at GMHC work in groups and are supervised by a more experienced volunteer. Individuals are encouraged to see the agency as a source of information and an advocate of clients but the primary source of support for volunteers during their work is the team within which they work. The agency therefore provides backup for the team members when more specialized help or information is required. Those volunteers working directly with PLWAs undergo a 4-day training session consisting of intensive workshops and informational lectures.

This training covers a variety of topics important in working with HIV positive individuals, and involves topics that are sometimes difficult to talk about. After an overview of HIV infection and of the agency functions, prospective volunteers engage in a series of exercises and role-plays covering issues such as cultural sensitivity, sexuality, dealing with death, problem solving for clients, and small-group process. For many individuals the training is not only educational but also challenging and emotionally uplifting. This model of training has been increasingly used in other AIDS organizations (Hooyman, Fredrickson & Perlmutter, 1988; Morin, Charles, & Malyon, 1984).

Volunteers who have completed the training are then assigned to teams at the agency and from there to individual PLWAs with whom they will work. Regular meetings of the team are set up to provide supervision and discussion of problems with the group leader and other team members. These team meetings protect not only the service the PLWA receives but also protect the volunteer by

allowing a format in which they can talk about their own feelings and any problems they may be finding in the work. Team leaders themselves receive supervision from staff members at the agency with whom they maintain regular contact.

Volunteers who provide office support follow a different route. As their role is primarily to provide back-up for administrative jobs or for special mailings no extended training is required. Once again however, they are assigned to particular teams who work together on a regular schedule. This allows members of the team to develop not only as a work-team but also as friends who look forward to getting together to stuff envelopes, or to make up condom packets. Once the team leader has been given a work assignment by a staff member they are responsible for organizing and completing the work. They are also the liaison with the staff in advising them of any problems.

Volunteers working in specialized areas undergo further training, for example, financial volunteers are given an additional 1-day training specifically dealing with completing and processing financial forms, and education volunteers undergo a two-phase training dealing specifically with issues pertaining to teaching such sensitive topics as safer sex. Other volunteers also undergo training of varying depth: Hotline workers are trained on the Hotline for 12 hours, public speaking volunteers are trained through preparing speeches and being given feedback, legal volunteers have a 3-hour training covering the specific issues with which they deal. Whichever volunteer role chosen by individuals arriving at the

agency, they are offered a model of team work and team support to facilitate their work.

The structure that volunteer agencies use is a two-way street defining not only the services provided but also the experience of volunteers in the work they do. In the case of working with PLWAs the supportive, non-bureaucratic organization is seen as a way of ameliorating the stress that volunteers are expected to experience through their work. Volunteers turn to their team to discuss stressful experiences but can also fall back on the staff at the agency for advise in their work. On the other hand, they are not required to be at the agency for a set number of hours as the emphasis is placed on performing particular tasks in opposition to conforming to organizational needs.

Social Support and the Stress of HIV Volunteers

The traditional view of volunteering is of middle-class women with extra time on their hands visiting patients in a hospital. Such stereotypes not only mask the diversity of volunteer roles that are to be found but also mask the importance of the work that is done by volunteers. Kaminer (1984) looking specifically at women volunteers noted that for many minority women who performed volunteer work in their community "The volunteer work they did on the side was essential to the health and welfare of their communities; if they didn't take care of their own no one else would (Kaminer, 1984, p. 7)". It is an experience that has been mirrored in the gay community as Ouellette Kobasa has pointed out (1990).

Rubin and Thorelli (1984) have depicted the role of general service volunteers as one in which

> They receive meager recognition and repeatedly encounter the disparity between popular conceptions...of appreciative clients who dramatically resolve their problems through peak experiences and the reality of ambivalent, resistant clients whose progress, if any, is difficult to see and who may resent or otherwise be unable to express gratitude to the volunteer. (Rubin and Thorelli, 1984, p. 224)

The role of the AIDS volunteer is even more fraught with stress. Eloquent portrayals of dealing with AIDS (Lopez & Getzel, 1987; Interrante, 1987; Nungesser, 1986) have shown how stressful coping with the HIV infection can be with the "erratic nature of the disease, which moves inexorably to a cruel and painful death" (Lopez & Getzel, 1987, p. 51). The added stigma attached to sexual orientation and drug use (Altman, 1987; Brandt, 1987; Herek, 1989) gives one a picture of AIDS work as highly stressful for the volunteer. Factors that may ameliorate that stress become important. This research aims to look at the role that social support plays in diminishing stress for the volunteer. The moderating impact that social support may play in decreasing burnout and increasing receipt of rewards will be explored.

Stress and its outcomes

Since Selye's early formulation of stress as "the nonspecific (that is, common) result of any demand upon the body, be the effect mental or somatic"

(Selye, 1982, p. 7) attempts have been made to effectively measure the concept. The early work by Holmes and Rahe (1967) operationalized Selye's views in terms of the amount of required adjustment to those demands. "Demands" were conceptualized as events which any and all individuals would find to be stressful. The Social Readjustment Rating Scale consisted of 43 life events that were weighted in terms of their seriousness, or, in other words, the demands they made on an individual. The Dohrenwend's (1978) created a scale consisting of two populations of stressful events. The first of which represents the "universals of human experience" (Dohrenwend, et al., 1978, p. 207) "These include marriages, births, illnesses, injuries, and deaths, and constitute a core that will be included in any list no matter what the setting in which it is to be used" (ibid., p. 207).

Subsequent criticism of Life Events Research focussed around the lack of context and meaning inherent in the listing of life events. Dohrenwend's inclusion of a second class of events that "varies with social and cultural settings" (1987, p. 207) as important for study, is an attempt to circumvent some of those criticisms. By including a list of events that are specific to the particular group being studied one may attempt to come closer to an understanding of what stress means in that particular population.

It was decided to use the Dohrenwend's measure of stressful events primarily because it is a measure that has been validated in the literature. Despite the problems associated with its use (including the ambiguity of some of the events listed) it was decided that it was an important measure to include in the

measure of stress. Since this study was conducted Dohrenwend (1993) has created a stressful life events measure that includes probes to provide a stress score that can be weighted according to the stress experienced. This provides a more contextualized measure of stress. However, at the time that this study was conducted the stressful life events listing provided a measure of negative, objective occurrences that might be assumed to be stressful in nature. In short, it was felt to be the best available measure at that time.

The measure of stress used here is created from two sources and looks at negative events. The first is a general measure of negative events adapted from the PERI Scale (Dohrenwend et al., 1978). This modified list was then supplemented with events that would be pertinent to the population being researched. It was expected that given the larger number of gay males volunteering at GMHC, exposure to AIDS stressors and anti-gay discrimination would be appropriate measures to include. Consequently events specific to gay men and to HIV infection (Rosser & Ross, 1988) were included in the listing. Given the ambiguity and criticisms that have surrounded some of the events included in the listing, it was felt to be important to use only clear events that were assumed to be negative in their impact. It was hoped that this would sharpen our measure of stress. The final list was composed of 73 stressful events covering the following areas of life: School; Work; Relationships; Pregnancy and Children; Family; Residence; Crime and Lawsuits; Finances; Social Life; and, Sexuality (See Appendix for complete list of stressful events).

Social support

While the introduction of the concept of social support in the field of stress has proved immensely productive it has also produced problems in the conceptualizations of how, when, and where social support is received (Marcelissen et al, 1988, House et al., 1988). Areas of debate have even focused on whether it is beneficial or whether it leads to further stress as individuals experience the proffered support as a demand (Rook, 1984). The main areas of concern in the field of social support are a) what constitutes social support, b) the form social support takes, c) the sources of social support; and, d) the outcomes of social support.

What Constitutes Social Support

The term social support has been used to describe both social networks and support offered to individuals e.g., both the structure in which support might be offered and the form that support might take (Cohen, 1988). Both approaches can be useful in illuminating the processes by which support might ameliorate stress. It is necessary that the two approaches be clearly defined as they will each lead to differing models of effects (Cohen & Syme, 1985; House, Umberson & Landis, 1988).

The Form Social Support Takes

Several different definitions have been offered of what constitutes social support. Cohen and Syme have offered a broad definition: "Social support is defined as the resources provided by other persons" (Cohen & Syme, 1985, p. 4).

House (1981) has differentiated four separate forms of social support: 1) emotional concern, 2) instrumental aid (goods, resources etc.), 3) information (that may lead to a change in the stressful situation), and 4) appraisal (how well is an individual coping with the stress). This definition has been used by other researchers, for example, Thoits (1984) in her analysis of coping and psychological outcomes, and Taylor et al. (1986) in their study of efficacy of social support groups. Gottlieb (1986) has suggested that important dimensions to be examined are "actual support received, adequacy, and source" (1986, p. 293), while other researchers have suggested that individual characteristics (Dunkel-Schetter, Folkman & Lazarus, 1987) are an important dimension of social support receipt.

The Sources of Social Support

House (1981) reports that "The right kind of support from the right kind of people can be of significant value in reducing occupation stress, improving health, and buffering the impact of stress of health" (House, 1981, p. 59). Both in his research and in the research of others (Kaufman & Beehr, 1986; Veiel, Brill, Hafner, & Welz, 1988) the different sources of social support have been considered and found to have differential effects. It is important therefore, to be clear about the sources of social support that one is assessing.

Outcomes of Social Support

Formulations of social support have stressed two different roles that social support may play in outcome measures: 1) directly influencing health outcomes

and 2) buffering the negative effects of stress. Several pieces of research have shown that regardless of levels of stress, social support may play a role in insulating people from negative physical or psychological consequences. In this instance, the mere presence of social links or relationships provides the resources necessary to maintain a sense of well being that prevents individuals experiences the negative outcomes of stress. Berkman and Syme (1979) in a longitudinal study of mortality rates found that low levels of social contact predicted higher levels of mortality 9 years later. LaRocco, House and French (1980) also found evidence for the direct effects of social support among navy personnel. Social support was positively correlated with job satisfaction. Social support appears in these studies to be a positive and direct correlate of physical and psychological well-being.

The buffering hypothesis however, states that it is only when individuals perceive an event or imminent occurrence to be threatening or stressful in some fashion that social support will intervene or be sought to diminish the negative impact that that event might have. Support in this situation may well operate by helping individuals re-evaluate the event or through offering resources (be they emotional, psychologial or material) that in some way help diminish the perceived stressfulness of the situation.

Debate about these two relationships continues in the stress literature (Cohen and Wills, 1985) and it was felt to be important to analyze the two relationships.

Social Support and Work

Much of the research on social support has focused on the role played by social support in the general stress-illness relationship (Kessler, Price & Wortman, 1985). A consistent focus however, has also been on the role that social support can play in ameliorating the negative effects of more specific forms of stress i.e., work-related stress. House et al. (1979) have studied the role of social support in work situations among a blue collar population. Health was measured both subjectively as well as objectively; stress was conceptually defined as areas of stress at work, e.g., responsibility, role conflict, job vs. nonjob conflict, workload. Satisfaction was measured by extrinsic as well as intrinsic measures. Social support from a variety of sources was measured: spousal support, supervisor support and coworker support. Initially House and Wells also measured different types of social support e.g., informational versus emotional types of social support, and found that emotional social support played the most significant role.

House (1981) found significant buffering effects for social support in health (both psychological and physical) and work stress. Furthermore, they found that individuals differentiated between alternative sources of support, in this instance supervisor and coworker support "Supervisor support tends to moderately reduce all forms of perceived work stress (as supervisor support increases, satisfaction and esteem increase and job pressures such as job-nonjob conflict decrease)." (House, 1981, p. 74).

While acknowledging that the two sources of support appear independent they suggest that the strong effect found for supervisor support in this particular study may be due in part to the nature of factory work "Since many jobs are individual and machine-bound, noise levels are high, and work schedules and processes are tightly controlled by management, coworker cohesion and interaction is reduced and the potential main and buffering effects of coworkers reduced." (House, 1981, p. 77).

In studies of other occupations (LaRocco, House & French, 1980) it was found that coworker support was as important as both supervisory and spousal support. The differentiation between the different sources of social support is directly relevant to the work of volunteers at an agency like GMHC. Volunteers are encouraged to see the agency as supportive but also to rely on the support of their volunteer team for help in the work they do.

Social support is defined in this research as being constituted by perceived emotional support offered by others. The form that social support takes in this research is measured by how much volunteers perceive that they are listened to, that they are helped by others, and that they can rely on others. The sources of social support that are studied in this research are other volunteers and staff members. The outcomes of social support are conceptualized in this research as being a decrease in the levels of burnout and/or an increase in perceived rewards of being a volunteer.

Finally, the direct relationship of social support versus the buffering hypothesis will be assessed in this study as it relates to negative outcomes for volunteers.

The buffering relationship of social support hypothesizes that social support helps individuals adapt either cognitively, affectively or behaviorally to stressful situations. It is only under conditions of high stress that individuals will seek out support from others and that support then helps diminish the negative impact of that stress. Buffering is expressed in the stress x support interaction effect in a regression equation. The direct relationship of social support describes a slightly different situation whereby individuals are connected into supportive networks or relationships that help individuals deal with stress at all levels and in turn diminish the negative impact that stress might otherwise have in their lives. Both models of social support among volunteers will be assessed in relation to positive and negative outcomes measured by burnout and rewards obtained through doing volunteer work. Path analysis will be used to assess more specifically the ways in which social support affects the outcome measures.

Burnout

Given the nature of AIDS volunteer work, burnout is an appropriate outcome measure of the stress of working with AIDS clients. Characterized as a syndrome "that occurs frequently among individuals who do 'people-work'" (Maslach, 1986, p. 1), burnout is conceptualized as consisting of 3 components:

emotional exhaustion, depersonalization and lack of personal accomplishment. HIV-related illnesses place unprecedented demands on volunteers as HIV positive individuals may need help with a wide range of problems. The breadth and intensity of problems with which the volunteer deals has been documented by those who have volunteered at the agency (Tunnell, 1989; Lopez & Getzel, 1987). Given the demands placed on volunteers, Arno has queried whether the supply of individuals willing to volunteer will be able to keep pace with demand (Arno, 1988, 1986). Burnout becomes a major concern in retaining the volunteer base at agencies like GMHC. However, the specificity of AIDS volunteer work may mean that burnout does not look exactly the same as it does for social workers. While Maslach (1987) has counseled against varying the items of the Maslach Burnout Inventory (MBI), she also acknowledged that burnout may not look the same in different populations. It was felt that in this population it was necessary to reevaluate what constitutes burnout. Volunteer work is not structured in the same way as paid work: volunteering does not occur on a daily basis and does not last (except in very rare incidents) for seven hours at a time.

Rewards

While volunteers have spoken of the stress of doing this form of work, they have also pointed to the rewards that they have obtained through it. One would expect rewards to be negatively related to the outcomes of stress as they would operate to diminish the stress that volunteers perceive. Anecdotal evidence suggests this (Chambre, 1991; Tunnell, 1989) as does Maslach's work on burnout which suggests that the absence of rewards (Personal Accomplishment) leads to burnout.

Background variables of interest

Motivations

Sills, as pointed out earlier, did not feel that stated motivations alone explained behaviors. However, he did feel that they were one of its important precursors. It was felt that this was an area that could not be ignored and that one could, in this population, assess the relative importance of particular motivations in volunteers' experience of the work they do. It was important that in the measure of motivations among this population of volunteers that we be able to not only look at motivations in relation to other populations but also be able to describe the specificity of volunteering around HIV-related issues. Consequently a scale of motivations was created and is described below.

Length of Volunteering

It is to be assumed that burnout does not occur in the first week of volunteering. Given the nature of some of the stressful events hypothesized to lead to burnout it will be necessary to take into account the length of time that the individual has spent volunteering. The same is assumed to be true for the rewards of volunteering. It is expected too that the effects of support will be best felt over a period of time.

Other demographic variables (such as gender, age, etc.) will also be looked at to see how important they are to the volunteer experience.

The relationship between the stresses of volunteering and negative and positive outcomes will be explored. The direct relationship between social support as well as the mediating effect of social support will be analyzed in the context of these outcomes. Length of time as a volunteer will be taken into account in the analyses of these relationships.

Hypotheses

The relationships between stressors, support, and negative and positive outcomes will be explored in this research. It is hypothesized that:

1. Social support received within the agency (i.e., support from supervisors and coworkers) will moderate the effects of stressors in volunteers.

   a. Under high levels of stress, high levels of social support will lead to higher rewards and lower levels of burnout.

   b. Under high levels of stress, low levels of social support will lead to low rewards and high levels of burnout.

2. Supervisor and Coworker support (i.e., social support within the agency) will significantly enhance measures of rewards.

a. Higher levels of both forms of support will increase perceptions of reward and decrease burnout.

CHAPTER TWO: METHODS

Between 1988 and 1990 over eight hundred and seventy-four individuals were enrolled, through weekly Orientation meetings held at GMHC, into a three-year NIMH-funded (Grant # MH43956) longitudinal study of volunteers conducted by Professor Suzanne C. Ouellette Kobasa at the Graduate School of CUNY. Upon arriving for the Orientation subjects were asked to immediately complete a brief questionnaire covering demographic questions and motivations for volunteering. Five hundred and eighty-nine individuals subsequently completed a lengthier questionnaire providing baseline measures for the study as a whole. Those baseline measures included a listing of stressful events that might have occurred in the six months prior to volunteering. Those five hundred and eighty-nine subjects formed the basic subject pool for the overall study. Approximately 6 months later a follow-up questionnaire was mailed to individuals who had been volunteering for at least four months. This follow-up questionnaire contained the measures of social support, rewards and burnout that are used in this study. Four hundred and forty four individuals returned this follow-up questionnaire. Of those individuals two hundred and sixty-five stated that they were currently volunteers and it is these active volunteers who were the subjects for the analyses conducted in this study.

Motivations were measured when volunteers first arrived at the agency for Orientation using a 26-item scale of motivations to volunteer. This scale was derived from motivation scales found in the literature and from motivations cited by GMHC volunteers themselves. The 26 items were obtained from a factor analysis of a 40-item pilot scale. This factor analysis produced six sub-scales covering such motivations as: Affiliative, (alpha = 0.73) e.g., "To feel close to others"; Career Enhancement, (alpha = 0.84) e.g., "To enhance your career exploration and development"; Altruistic Activism, (alpha = 0.67) e.g., "To make some response to the AIDS crisis"; AIDS Responsibility, (alpha = 0.69) e.g., "To help gay friends do something about AIDS"; Coping with AIDS, (alpha = 0.68) e.g., "To do something besides worry about getting sick"; and, finally, Personal Growth (alpha = 0.49) e.g., "To provide a kind of satisfaction you no longer feel in your paid work".

Levels of stress were assessed by asking individuals about stressful events experienced in the six months prior to volunteering. This list was composed of negative events taken from the PERI scale (Dohrenwend et al. 1978) and supplemented by HIV-related and gay-related negative stressful events from Rosser and Ross (1988). The final list was composed of 73 stressful events covering the following areas of life: School; Work; Relationships; Pregnancy and Children; Family; Residence; Crime and Lawsuits; Finances; Social Life; and, Sexuality (See appendix for complete list of stressful events). This measure of stressful events was given to volunteers after Orientation but before they had begun volunteering.

Subjects in the follow-up (approximately six months into their volunteer work) were given the modified version of the House and Wells (1978) scale of perceived support. The House and Wells measure originally asked about support received from supervisors and coworkers. In this study, volunteers were asked about their perceptions of support from staff members at GMHC and from other volunteers.

Rewards and Burnout were measured at follow-up using the modified Maslach Burnout Inventory and a scale of rewards. As stated earlier to examine burnout in this population some adjustments were necessary to the original Maslach Burnout Inventory. In some instances new items were needed to cover the specificity of AIDS volunteer work. Eleven of the original items of the MBI were kept to be used in the final scale version. A further seven items were reworded to include the words "volunteer work" or "volunteering" for this particular population. In response to comments from staff members as to the different forms of burnout that they saw among volunteers, separate subscales were designed to measure withdrawal (e.g, "I find myself avoiding contact with GMHC") and a lack of boundaries between volunteer work and volunteers' lives (e.g., "More and more, I bitch about the agency with my friends"). This latter scale is very similar in concept to the fourth factor that Maslach had obtained in her factor analyses and which she called 'Involvement'.

Analyses of the original MBI and the two additional scales showed adequate reliability (Exhaustion alpha = .75; Personal Accomplishment alpha =

.74; Depersonalization alpha = .74; Lack of Boundaries alpha = .69; Withdrawal alpha = .76). In keeping with Maslach's own theoretical work, the negative sub-scales (Exhaustion, Depersonalization, Lack of Boundaries and Withdrawal) are analyzed as separate outcome measures as opposed to one composite negative outcome. This allows us to understand the different roles that social support may play in ameliorating a sense of depersonalization as well as a loss of boundaries.

Staff members at GMHC were given open-ended questionnaires asking about the rewards that they perceived as accruing through volunteer work and a scale was constructed. The rewards scale was constructed from items suggested from questionnaires completed by staff members at GMHC. These statements were coded and items were constructed to create a scale of twenty items. This scale was subsequently piloted on staff members and the results were factor analyzed revealing three factors (ML with an oblique rotation) each with an eigen value of over 1.0.

The first factor was **New Values** and was characterized by items such as "I have gained a new and better perspective on life through my volunteer work", related to a re-examination of previously held views about the individual's life. The second factor was called **Efficacy** and was characterized by items such as "I feel more and more that I can do something to change the situation" reflecting a new sense of efficacy. The third factor was called **Community** and was is characterized by items relating to GMHC itself "I find new pride and dignity in the gay community through GMHC" and reflects the culture of community that is

a part of GMHC. Subsequently, eight items were dropped from the three sub-scales taken from the factor solution, leaving 12 items measuring the rewards of doing volunteer work at GMHC.

The final list of rewards was combined with the burnout scales and given to subjects at follow-up. All sub-scales were analyzed separately to look at the differential impact that social support might have on different rewards and factors of burnout.

Regression analyses were conducted to assess the direct and buffering relationships of social support on burnout. Subsequently path analyses were also used to explore the relationship that social support played in the rewards/burnout relationship.

CHAPTER THREE: RESULTS

The Sample

There were several data gathering points at which individuals could either drop out of volunteering or drop out of the study. As mentioned earlier, 874 individuals completed the initial brief questionnaire that covered basic demographics and motivations to volunteer. Of that group 589 individuals subsequently completed a lengthier baseline questionnaire, forming the Time One Sample.

While it would appear that the difference between the number of individuals who agree to participate in the study (N=874) and those who subsequently completed the baseline measurement (N=589) is large and indicates a high immediate drop-out rate there are several points to be taken into account. First, the Orientation session is the initial contact that individuals had with the agency. There is no pre-screening of individuals before they come to Orientation and the individuals themselves have received no information about the agency prior to that point. This made it an ideal data collection point for this study. However, annecdotal evidence suggests that a number of individuals who turned up for the Orientation were looking for an entry point to the agency as opposed to an entry point for volunteering. Individuals requiring services from GMHC needed in 1988 an HIV positive diagnosis to be eligible for services and the Orientation meeting allowed individuals to connect with the agency and find out about services without requiring a diagnosis. The Orientation meeting was also a far less threatening environment in which individuals could begin to hear about HIV without necessarily having to confront its presence in their own lives. It may also be that for those individuals who turned up wanting to volunteer, the Orientation meeting served its purpose by informing individuals to the extent that some decided not to continue as GMHC volunteers. Those individuals may well have decided not to complete and return the baseline questionnaire. Having made the decision not to stay at the agency there was very little incentive for them to complete and return the questionnaire. Cursory looks at the motivational scales and demographic data show very small differences between the two groups, with a trend towards younger, minority members dropping out at this first stage.

Time One Sample

The sample completing the Time One Questionnaire (the baseline data) was composed of 589 individuals. Of that sample 396 gave their gender as male, 191 as female. Forty-three percent (N = 240) of the sample lived alone, 26% (N = 144) lived with either a lover or spouse; and, 31% (N = 171) lived with room-mates or relatives. The sample was ethnically homogenous with 83% (N = 473) stating their ethnicity as white, 5% (N = 28) as Hispanic, and 3% (N = 20) giving their ethnicity as Black. There was a smaller minority giving their race as Asian (N = 14, or 2% of the sample). Educationally the sample was skewed with 70% (N = 372) of the sample having at least a Bachelors Degree and 22% (N = 128) of the sample having completed their Doctorates. Over half of the sample (57%) were employed full-time with 11% (N = 61) of the sample having no form of paid employment. The average income of the sample was between $30-39,999. While 80% (N = 401) of the sample believed in God, 44% (N = 246) were not members of an organized religion.

Table 1: Demographic breakdown of initial study subjects and follow-up subjects

	Baseline (N=589)		Follow-up (N=265)	
	No.	Percent.	No.	Percent.
Gender:				
Male	396	67%	188	71%
Female	191	32%	78	29%
Race:				
Asian	14	2%	6	2%
Asian/Indian	2	0%	1	0%
Black	21	4%	9	3%
Hispanic	29	5%	11	4%
Nat. American	17	3%	8	3%
White	488	84%	224	84%
Other	12	2%	7	3%
Education:				
< High School	5	1%	1	0%
High School	12	5%	9	3%
Some College	106	18%	35	13%
Assoc. Degree	29	5%	11	4%
B.A.	185	31%	90	34%
Some Grad.	68	12%	32	12%
Masters	128	22%	71	27%
Ph.D.	33	6%	17	6%
Employment:				
Full-time	331	57%	153	58%
Part-time	47	8%	17	6%
Self-empl.	89	15%	44	16%
Student	33	6%	14	5%
Unemployed	42	7%	12	4%
Retired	22	4%	15	6%
Other	20	3%	10	4%
Sexuality:				
Heterosexual	174	30%	75	28%
Homosexual	330	57%	154	59%
Bisexual	73	13%	34	13%
Living conditions:				
Living alone	246	43%	126	48%
With roomate	117	20%	50	19%
With spouse	41	7%	21	8%
With lover	107	19%	46	17%
With parents	29	5%	6	2%
Other	30	5%	15	6%

Experience of AIDS

The baseline sample (N=589) showed a surprisingly large percentage of individuals who have no knowledge of a person with AIDS (43%, N = 234) or of someone who has died of AIDS (44%, N = 247). While this is less than half the sample it does represent a somewhat lower proportion than the general population in New York City. A recent telephone poll conducted by the Roper Organization (1991) found 52% of individuals polled did not personally know someone with HIV or AIDS. This indicates that volunteers do appear to have more experience of AIDS than the general public albeit not a great deal more. There was a positive, significant relationship between knowing someone who has tested positive for the HIV virus and knowing staff members at GMHC (r = .15, sig. .000) and between knowing someone who has tested positive for the HIV virus and knowing volunteers at GMHC (r=.16, sig. .000). These correlations might appear to indicate that having friends or acquaintances who are HIV positive increases the likelihood of being introduced to the organization, a traditional way of becoming a volunteer and one which Sills had noted in his study.

Seventy-five percent (N = 407) of the sample perceive their own risk of testing positive as less than 50 percent, with nine percent (N = 50) perceiving their risk as being 10 in 10 chances. In other words, these fifty individuals already know their HIV status and one would assume that they would be particularly vulnerable to the stresses of working with an HIV positive population. Those fifteen percent of volunteers who do perceive their risk as being higher than fifty percent, or those individuals who are personally acquainted with HIV

positive individuals may also be considered to be at risk. Having already dealt with the stress of HIV and AIDS one could argue that volunteering at an AIDS organization places them at increased risk for burnout.

Intentions to Volunteer

Ninety-five percent of the sample who completed the baseline questionnaire after Orientation said that they intended to volunteer, indicating an immediate loss of 5% of the sample of potential volunteers. Of those deciding to volunteer, the clear choice of volunteer role was that of buddy, the second choice was working as office support in the volunteer office. Individuals were asked their reasons for volunteering now and their open-ended responses were coded. Out of the 868 multiple responses given, 24% mentioned having the resources (i.e., found they had time available), 23% mentioned an internal rationale (i.e., it was something they felt they needed to do), and 17% mentioned AIDS as being part of their reason for volunteering (i.e., because AIDS is so devastating). Other reasons mentioned were because of religious beliefs, or that an individual had played a role in making them want to volunteer, or an event (such as the AIDS Walk) had lead to their decision to volunteer.

There were several reasons for asking this question as an open-ended question. Firstly, it was felt that it was important to engage the volunteers in completing the questionnaire and by allowing them to define their motivations this was one way to do so. Secondly, it was important to check that we had been comprehensive in our listing of motivations in the closed-ended scale. Finally, it

was felt that motivations were an important precursor of individuals volunteering at GMHC and the extra question allowed us to see how volunteers framed their motivations for the work they do.

Follow-up Demographics: The second point at which individuals dropped out of the study emerged when individuals were sent the follow-up questionnaire. At this point in time four hundred and fifty individuals returned the questionnaire indicating a drop-out rate of 24%. For the purposes of this study only individuals who had actively volunteered formed the subject pool. Those individuals who had not been introduced to working with a team of volunteers would have been unable to talk about the social support they experienced from the agency. Therefore those individuals who had not found a volunteer role for themselves, or had not been contacted by the agency, or had decided not to volunteer were excluded from the analyses. This left a sample of two hundred and sixty-five individuals. As can be seen by looking at Table 1 there are very few differences between this group of volunteers and those who completed the baseline questionnaire.

Drop-outs to volunteering

For those individuals (N=119) who completed the baseline and the follow-up questionnaires but had decided that they did not wish to continue with their volunteer work, the average length of volunteering was 15 weeks. Individuals were asked why they had decided to stop volunteering and those open-ended responses were coded. Thirty-six percent of all responses to this question cited

external reasons as being their primary motivation. Twenty-one percent of responses mentioned GMHC itself as being part of the reason they had stopped, and 18% of the responses cited personal reasons. Responses that mentioned the organization cited a lack of volunteer positions in the department they wanted or that the organization had not contacted them to fulfill their volunteer positions.

Comparing this group of volunteer drop-outs to current volunteers there appears to be very little difference between the two groups. There were no significant differences between the two groups on demographic variables other than that those currently volunteering are significantly older than those who decide to stop ($t = 1.96$, df 422, $p = .04$). In terms of their originally cited motivations for volunteering there were no significant differences among those currently volunteering and those who have stopped. One other difference emerged between those who stayed and those who decided to leave. Volunteers who stayed had experienced significantly less stressful events than those who decided not to volunteer. Individuals who dropped out of the volunteer process had experienced on average one more stressful event than those who stayed ($t= -2.06$, df 422, $p= .04$). There appears to be a self-selection process among those who come to the agency to volunteer with individuals who have experienced greater stress deciding that volunteering would create further stress.

All analyses that are conducted below are conducted on only those individuals who have been volunteering and who completed the follow-up questionnaire.

How Volunteers Look on Central Constructs

Social Support

The measures for perceived social support from staff and volunteers were positively skewed. Scores for staff support were rated somewhat higher than volunteer support. On a scale measuring support from '0' meaning not at all to '3' meaning a great deal the mean score lay between 2 and 3 indicating that volunteers experienced support from staff and volunteers to a large extent. For the analyses conducted below, the scores were squared to normalize the distribution.

Table 2: Means and Standard Deviations for Social Support Variables

	Mean	SD	Squared Score	SD
Staff Support	2.512	.723	7.530	1.916
Volunteer Support	2.442	.737	7.345	1.873

Stressful Life Events

Individuals were asked whether a variety of negative events had happened in the six months prior to their volunteering. The range of scores for the total listing of stressful events ranged dramatically from a score of one event up to a maximum score of thirty-seven stressful events. The incidence of severe, negative events was fairly low for the total sample.

Several different methods were considered for creating stress scores to be used in the regression analyses. One method would have assigned weights to each of the stressful events thereby allowing a differentiation between less stressful and more stressful events (Dohrenwend et al., 1978). However, given

the introduction of population specific stressful events and the problems attendant on achieving reliable ratings of events, this method was not chosen. A second method would have been to aggregate scores for separate spheres of one's life e.g., a stressful event score for home or for work. This method has been used by McGonagle and Kessler (1990). Such scores could have been used separately or factor analyzed to further reduce the number of scales used in the analyses.

The final method considered required simply aggregating the score of stressful events. This method has the disadvantage of equating the death of a lover/spouse with a friend moving out of town. However, given the low incidence of stressful events it was important that all sources of stress be considered in the analyses. Therefore, this was the method chosen. AIDS-related stressful events were however separated from the general events providing two stress scores. As it was felt that experience of HIV might have a different bearing on volunteering at an agency dealing with HIV and that therefore the scores should be dealt with separately. The analyses presented here do not look at stress experienced as a volunteer. While scales of volunteer-related stress were used in the larger study from which the data are taken, this research wanted to look at how volunteers look in terms of the stress that volunteers brought to their work and how it impacted volunteers early in their experience of the agency.

Motivations to volunteer

While not part of the original hypotheses it was thought that individual's motivations for volunteering could well affect the stress-outcome relationship. If

individuals are motivated to volunteer because of a desire to help someone yet they feel they are not directly doing so, one would expect that they would burnout sooner than others. On the other hand, if individuals are hoping to improve their career prospects by volunteer work and they find that they feel effective in their work one would again assume that their burnout scores will be lower. The scales measuring motivations are used in later analyses and the basic information on the scales is reported here. The six sub-scales covering motivations looked at the following groups of reasons for volunteering: Affiliative, e.g., "To feel close to others"; Career Enhancement e.g., "To enhance your career exploration and development"; AIDS Activism e.g., "To make some response to the AIDS crisis"; AIDS Responsibility e.g., "To help gay friends do something about AIDS"; Coping with AIDS e.g., "To do something besides worry about getting sick"; and, finally, Personal Growth, e.g., "To provide a kind of satisfaction you no longer feel in your paid work".

The range of mean scores on the motivation scales ran from '1' meaning extremely unimportant to '7' meaning extremely important. The highest mean score on the motivation sub-scales was for AIDS Activism motivations, with a mean score of 5.87. The second highest score was for Personal Growth with a mean score of 5.01. Affiliative ranked as the next highest rated motivation for the sample with a mean score of 4.24. The mean scores for the final three scales were AIDS Responsibility - mean score 3.76, Coping with AIDS - mean score 3.65, and finally, Career Enhancement - mean score 3.58.

Scores on sub-scales used in subsequent analyses were only mildly skewed and therefore did not require transformation.

Stress Outcome Measures

Burnout

The negative sub-scales of the modified burnout scale were used in the regression analyses. These consisted of Maslach's two negative sub-scales (Exhaustion and Depersonalization) and the two additional sub-scales (Lack of Boundaries, and Withdrawal), was administered at follow-up. In this population the sub-scales demonstrated adequate reliability: Exhaustion (alpha = .77); Depersonalization (alpha = .74); Lack of Boundaries (alpha = .72); and, Withdrawal (alpha = .77). The mean scores for the sub-scales after an average length of 20 weeks volunteering were fairly low Exhaustion 5.09 (possible range for this scale was from '0' meaning not at all exhausted to '36' showing high levels of exhaustion); Depersonalization 1.77 (possible range from '0' meaning no sense of depersonalization to '12' meaning high sense of depersonalization); Lack of Boundaries 6.32 (possible range from '0' meaning no lack of boundaries experienced to '36' meaning a high level of lack of boundaries); and, Withdrawal 3.86 (possible range from '0' meaning no desire to withdraw to '36' showing a high need to withdraw).

The scores for the subscales were skewed. They were transformed using a log function to normalize the distribution for use in the regression analyses.

Rewards

The three sub-scales of rewards were first given at Time Two and demonstrated adequate reliability. The first of these sub-scales concerned rewards arising from individuals re-thinking their values in life or finding **new values** (e.g. My volunteer work makes me re-think how I view my career) and was composed of three items (alpha = .70). The second reward sub-scale covered a sense of **efficacy** (e.g., I have a sense of doing important work here) and was composed of 5 items (alpha = .84). The third sub-scale was concerned with a **sense of community** (e.g., I find new pride and dignity in the gay community through GMHC) and was composed of 4 items (alpha = .72). At follow-up the range of scores was in the mid-range: New Values--mean score 8.83 (possible range from '0' meaning no increased sense of new values to '18' meaning a highly enhanced perception of new values); Sense of efficacy--mean score 18.25 (possible range from '0' meaning no sense of efficacy to '30' meaning a high sense of efficacy); Sense of Community--mean score 11.83 (possible range from '0' meaning no sense of community to '24' meaning a high sense of community).

Testing of Hypotheses

Regression Analyses

Table Three shows the correlation matrix for all variables used in the regression analyses. The analyses were conducted on individuals who were currently volunteering at follow-up and did not include those who had decided not to volunteer.

Table 3: Correlation Matrix of all variables

	Withdrawal	Lack of Boundaries	Exhaustion	Depersonalization
Withdrawal				
Lack of Boundaries	.47***			
Exhaustion	.55***	.46***		
Depersonalization	.40***	.36***	.38***	
Motivations				
Affiliative	.10	.20***	.06	.09
Career Enhancement	.12*	.24***	.16*	.15*
AIDS Activism	-.03	.08	.03	.03
AIDS Responsibility	.04	.08	-.03	.08
Coping with AIDS	.11	.10	-.04	.06
Personal Growth	-.01	.07	-.03	.02
Stressful Events				
Stressful Events	.13*	.18**	.03	.09
Stress: AIDS	-.01	.01	-.08	.02
Rewards				
New Values	-.01	.37***	.20**	.16**
Feelings of Efficacy	-.14*	.31***	.04	.07
Sense of Community	-.05	.30***	.04	.07
Support				
Staff support	-.30***	-.15*	-.16**	-.18**
Vol support	-.23***	-.07	-.01	-.13*
Length of time volunteering	.09**	.18**	.02	.15*
Age	-.17**	-.18**	-.20***	-.07

N = > 250
* $p < .05$ (2 tailed significance)
** $p < .01$ (2 tailed significance)
*** $p < .001$ (2 tailed significance)

Motivations:	Affil	Career	Activism	AIDS Respons	Coping with AIDS	Personal Growth
Motivations						
Affiliative						
Career Enhancement	.45***					
AIDS Activism	.21***	.15*				
AIDS Responsibility	.25***	.18**	.30***			
Coping with AIDS	.36***	.22***	.31***	.49***		
Personal Growth	.38***	.20**	.12*	.21**	.21**	
Stressful Events						
Stressful Events	.15*	.09	.13*	.22	.10	.07
Stress: AIDS	-.01	-.10	.04	.42**	.22***	.07
Rewards						
New Values	.10	.20*	.16***	.05	-.02	.09
Feelings of Effic	.10	.17**	.27***	.10***	.05	.08
Sense of Community	.15	.13*	.22***	.20	.13	.14*
Support						
Staff support	.03	-.04	.10	.06	.05	.12
Vol support	-.04	.01	.12	.02	-.01	.07
Length of time volunteering	-.02	.02	-.00	-.00	.09	.01
Age	-.35***	-.36***	-.10	.05	-.14*	-.04

	Stress	AIDS	Values	Efficacy	Community
Stressful Events			.16**	.16**	.19**
Stress: AIDS	.28***		.02	.04	.08
Rewards					
New Values				.03	
Feelings of Effic			.66***		
Sense of Community			.58***	.72***	
Support					
Staff support	-.05	.00	.15*	.27***	.23***
Vol support	.02	-.07	.19***	.30***	.29***
Length of time volunteering	.03	.07	.09	.07	.12
Age	-.26***	.07	-.04	.02	.08

	Staff support	Volunteer support	Length of of time
Staff support			
Vol support	.38***		
Length of time volunteering	-.01	.00	
Age	.03	.08	-.03

Table 3a: Means and Standard Deviations for all Variables

	Mean	Standard Deviation
Withdrawal	4.11	5.03
Lack of Boundaries	6.23	5.64
Exhaustion	5.15	5.30
Depersonalization	1.74	1.58
Motivations		
Affiliative	4.21	1.28
Career Enhancement	3.48	1.99
AIDS Activism	5.90	0.92
AIDS Responsibility	3.81	1.48
Coping with AIDS	3.65	1.38
Personal Growth	5.00	1.52
Stressful Events		
Stressful Events	7.52	4.82
Stress: AIDS	1.00	1.53
Rewards		
New Values	8.79	4.65
Feelings of Efficacy	18.14	6.72
Sense of Community	11.76	5.64
Support		
Staff support	7.53	1.89
Vol support	7.31	1.89
Length of time volunteering	21.19	11.32
Age	37.2	12.05

One underlying assumption of this research was that prior stressful events that were AIDS-related would have a strong impact on the decision to volunteer and that consequently they would be linked with negative outcomes. From the table of correlations one can see that this is not the case with this sample. AIDS-related stress bears very little relationship to the negative outcomes. In fact the

relationship between stressful events overall and the negative outcomes is more frequently non-significant than significant. The lack of relationship between AIDS-stress and outcomes may be due to the infrequency of AIDS-events experienced by volunteers prior to volunteering. While stress does not appear to play the role expected in affecting later negative outcomes it does appear to be related to both the decision to volunteer and the rewards one receives from volunteering. For example, general stress is positively related to the motivation sub-scales of Affiliative motivations, Altruistic Activism, AIDS Responsibility and Coping with AIDS. Here one can see individuals who appear to be proactive in dealing with stress in their lives. It may well be that reacting to stress by volunteering may also heighten the rewards that one finds in volunteering. One can see that prior stressful events are positively related to heightened perceptions of the rewards of feeling one is effective as a volunteer, that one is part of a community, and that one's values are being actively reassessed.

Another interesting relationship that can be seen from the correlation table is the frequent positive relationship seen between rewards and negative outcomes. For example, one can see the positive relationship between lack of boundaries and all rewards. This is an unexpected relationship insofar as it had been predicted earlier that rewards would operate in a negative fashion decreasing the level of burnout experienced. Here one can see that the more one feels rewarded through volunteer work the more one has problems with maintaining a boundary between one's volunteer work and the rest of one's life. One can also see this relationship repeated between exhaustion, depersonalization and re-evaluating one's goals in

life. In this instance it would appear that an increase in rewards does not correlate with a decrease in a sense of depersonalization in ones' work, nor with emotional resilience.

The one relationship between rewards and negative outcomes which does lie in the predicted direction arises with the negative outcome of withdrawal. Here one can see that feelings of efficacy are correlated, though not very strongly, with a decrease in the desire to withdraw from volunteer work.

The motivation sub-scales of Affiliative, Career Enhancement and Coping with AIDS too, are linked in a positive fashion with negative outcomes though it is not clear why this should be the case. One would assume that a higher level of motivations would lead to a decrease in negative outcomes. In the instance of the negative outcome of lack of boundaries where the relationship is strongest it may well be that heightened motivations to affiliate or enhance one's career could logically be linked with increased problems with maintaining some distance from one's volunteer work. In a sense, the volunteer work that individuals do around AIDS begins to swamp their lives.

Another consistent correlation that was found was that between age and stress, motivations, rewards and negative outcomes. Younger individuals feel more motivated, experience more stress in their lives, feel more rewarded from volunteering and experience more burn out.

Separate regression analyses using an Ordinary Least Squares analysis were run for each of the negative outcome variables. The unexpected positive relationship between rewards and negative outcomes affected the analyses that were run. Originally, the rewards sub-scales were conceptualized as outcomes in much the same way as the separate burn out scales. It was decided to use rewards as predictors in the regression model to explore the role they might play in increasing the negative outcomes of volunteering. The direct relationship of social support was tested first looking at the impact that stress, rewards and social support had on the four components of burnout. The buffering relationship was tested second using a stress x social support term created for each outcome variable.

Variables included in the regression analyses were decided upon by two criteria. First, it was important to test the stress, support, outcome hypotheses. Second, these regressions were modified by including variables that were significantly correlated with the outcome variables. Using the prior criteria only the variable of prior general stress was used in the analyses. While it had been an important assumption that prior experience of AIDS-related stress would impact measures of burnout there was little evidence found in the correlations to expect this to be true. Therefore, only the measure of general stress was used in the analyses. The following regression analyses were computed using SPSS-X. The results for each of these analyses are presented below.

Staff Support

Lack of Boundaries

The regression analyses looking at the negative outcome of Lack of Boundaries included the variables of prior stress and social support (from staff members). Also included were age, length of time that individuals had volunteered and the perceived rewards of change of values and a sense of community.

Table 4: Regression of factors related to lack of boundaries
R Square Change .23

F = 11.31 Signif F = .0000

Variable	B	SE B	Beta	T	Sig T
Efficacy	.017175	.012015	.123377	1.429	.1541
Age	-.139094	.046363	-.166670	-3.000	.0030
Length of time volunteering	.005968	.003048	.107468	1.958	.0513
Stress	-.010624	.052259	-.011545	-.203	.8391
Staff Support	-8.51456E-04	2.0895E-04	-.231202	-4.075	.0001
Values	.045748	.014605	.231903	3.132	.0019
Community	.020651	.013646	.122590	1.513	.1314
(Constant)	1.334399	.247467		5.392	.0000

Table Four shows the regression for staff support and lack of boundaries and shows that there was no evidence of a direct relationship between stress experienced prior to volunteering and later negative outcomes. Staff support however, did play a significant negative role in relieving the negative outcome of maintaining one's boundaries. Other variables that were found to be significant in this regression were: the age of the volunteer; the length of time that an individual had been volunteering; and, the rewards of a perceived change in values held by

the volunteer. The rewards scale measuring a change in values was positively related to the outcome variable: as volunteers perceive more rewards they also perceive an increase in lack of boundaries between one's volunteer work and the rest of their lives. The age of the volunteer is negatively related to a lack of boundaries. Younger volunteers may be especially vulnerable to problems maintaining their boundaries between their volunteer work and the rest of their life. It also appears that the longer that one remains as a volunteer the harder it is to keep those boundaries intact.

This regression analysis was significant (F = .000) and explained 23% of the variance. As there was no evidence of a direct relationship found for stress and social support it was unlikely that a buffering relationship would be found. Therefore these analyses were not conducted.

Exhaustion

The regression looking at the negative outcome of exhaustion once again analyzed the impact of general stress and social support. Other variables included in the regression, on the basis of the earlier correlations were: age of the volunteer, length of time volunteering, the reward scales of a sense of community and of a sense of new values (as measured by such items as "My volunteer work makes me re-think how I view my career").

Table 5: Regression of factors related to problems with exhaustion
R Square Change .11

F = 8.09 Signif F = .0000

Variable	B	SE B	Beta	T	Sig T
Age	-.148805	.047687	-.183895	-3.120	.0020
Staff support	-6.52210E-04	2.1098E-04	-.182649	-3.091	.0022
Stress	-.089130	.052817	-.099887	-1.688	.0927
Values	.042671	.011356	.223085	3.758	.0002
(Constant)	2.001107	.238629		8.386	.0000

In Table Five one can see that prior levels of stress were marginally significant in predicting levels of exhaustion as a volunteer. Once again, age was a significant factor with younger volunteers displaying higher levels of exhaustion. Staff support, played a negative role in diminishing negative outcomes but once again rewards displayed a positive relationship with the negative outcome of exhaustion. The more one perceived one's values to have changed through one's volunteering the more exhaustion one is likely to feel as a volunteer.

The regression was significant (F = .0001) and explained 11% of the variance. Once again stress was not found to play a significant relationship in the regression model and the so the hypothesized buffering relationship could not be found.

Withdrawal

The regression looking at withdrawal once again tested the direct relationship of stress, social support and negative outcomes. On the basis of significant correlations other variables were included. In this instance age once again was included, as were the rewards scales measuring a sense of new values and a sense of efficacy in one's volunteer work.

Table 6: Regression of factors related to problems with withdrawal
R Square Change .12

F = 7.30 Signif F = .0000

Variable	B	SE B	Beta	T	Sig T
Values	.026554	.014949	.136747	1.776	.0769
Age	-.121762	.048246	-.148224	-2.524	.0122
Staff support	-9.76346E-04	2.1870E-04	-.269334	-4.464	.0000
Stress	-.016039	.053729	-.017706	-.299	.7655
Efficacy	-.020228	.010883	-.147619	-1.859	.0642
(Constant)	2.138661	.249426		8.574	.0000

Once again, in Table Six, one can see that the age of the volunteer played a strong role in this regression model with younger volunteers displaying higher levels of the negative outcomes. Staff support was strongly significant in diminishing negative outcomes but stress was not implicated. The rewards scales (sense of efficacy and changing values) leaned towards significance (at the 0.10 level) in this regression but they played different roles. Values once again was positively related to the negative outcome of wishing to withdraw from volunteering. However, an increased sense of one's efficacy as a volunteer was related to a decrease in the desire to withdraw from volunteering. This was the

relationship one would have expected to find. One would expect increased rewards to decrease levels of burnout as a volunteer. The unexpected relationship is found once again with the rewards sub-scale measuring new values. Here, volunteers who, as a result of their volunteer work, felt that they had gained a new sense of where their life was going, show increased levels of wishing to withdraw from volunteering.

This regression was significant (0.000) and explained 12 percent of the variance.

Depersonalization

The regression equation looking at the negative outcome of depersonalization once again includes stress and staff support. It also includes the length of time that individuals had been volunteers and the reward scale of values looking at a reassessment of life goals and values.

Table 7: Regression of factors related to problems with depersonalization
R Square Change .08

F = 5.59 Signif F = .0002

Variable	B	SE B	Beta	T	Sig T
Staff support	-1.39773E-04	4.2962E-05	-.195505	-3.253	.0013
Length of time volunteering	.001346	6.4332E-04	.124888	2.093	.0373
Stress	.003877	.010684	.021704	.363	.7170
Values	.006558	.002320	.171237	2.827	.0051
(Constant)	.604482	.041750		14.479	.0000

Correlations between prior levels of stress were not significant and therefore there was no reason to expect that the relationship would be significant. This is confirmed when one looks at Table Seven, though length of time volunteering, the rewards of a change of values and staff support were significant.

This regression analysis was significant (F = .0002) but explained only 8% of the variance. While the amount of variance explained is low the degree of depersonalization experienced by volunteers was also low. Given the lack of variance in this variable it is to be expected that the variables shown above will not explain too much. Once again an increase in perceived new values is significantly related to an increase in depersonalization. This is important theoretically the role expected by rewards in the stress burnout relationship was expected to be a negative one. Instead we find a positive relationship between increased rewards and increased burnout.

Volunteer Support

The four prior regressions were repeated substituting support received from other volunteers for the staff support variable. This therefore allows us to look at the different role that volunteer support played in the stress-negative outcome equation.

Lack of Boundaries

Table 8: Regression of factors related to a lack of boundaries
R Square Change .21

F = 9.53 Signif F = .0000

Variable	B	SE B	Beta	T	Sig T
Efficacy	.013574	.012198	.097509	1.113	.2668
Age	-.132994	.047338	-.159361	-2.809	.0053
Length of time volunteering	.006073	.003106	.109360	1.955	.0517
Stress	.008831	.053137	.009596	.166	.8681
Volunteer support	-.005867	.002308	-.147902	-2.542	.0116
Values	.047652	.014870	.241555	3.205	.0015
Community	.019823	.013926	.117672	1.423	.1558
(Constant)	1.234578	.253603		4.868	.0000

The OLS regression shown in Table Eight using volunteer support showed the same relationship as staff support with the outcome variable. Age, length of time volunteering, volunteer support and increased perception of rewards predicted increased lack of boundaries. The only rewards sub-scale that was significant was that once again of a perception of an increase in change of values. Prior levels of stress did not predict later levels of lack of boundaries between volunteering and the rest of individuals' lives. Given the lower correlations found between volunteer support and the negative outcomes it is to be expected that the relationship between volunteer support and lack of boundaries, while significant, is less than that found for staff support.

The regression was significant (F = .000) and explained 20% of the variance.

Exhaustion
Table 9: Regression of factors related to exhaustion
R Square Change .08

F = 5.55 Signif F = .0003

Variable	B	SE B	Beta	T	Sig T
Age	-.151897	.048701	-.187716	-3.119	.0020
Values	.038249	.011595	.199966	3.299	.0011
Stress	-.082090	.053861	-.091997	-1.524	.1287
Volunteer support	-9.67507E-04	.002334	-.025155	-.415	.6788
(Constant)	1.758433	.243990		7.207	.0000

The regression shown in Table Nine differs from the regression (Table Five) showing the effect of staff support. Here one finds that neither volunteer support nor prior levels of stress are significant in predicting the negative outcome of exhaustion. However, once again age is clearly related as is the reward sub-scale of new values. Once again an increase in the perception that one's values are being re-evaluated leads to an increase in feelings of exhaustion. Younger volunteers too experience more of the negative outcome of feeling exhausted through one's volunteer work.

The regression was significant (F = .0003) and explained 8% of the variance.

Withdrawal

Table 10: Regression of factors related to withdrawal
R Square Change .08

F = 4.77 Signif F = .0003

Variable	B	SE B	Beta	T	Sig T
Values	.028540	.015270	.146977	1.869	.0627
Age	-.115040	.049443	-.140041	-2.327	.0207
Stress	.005755	.054878	.006353	.105	.9166
Volunteer support	-.006842	.002419	-.175226	-2.828	.0050
Efficacy	-.024678	.011078	-.180092	-2.228	.0268
(Constant)	2.032005	.256217		7.931	.0000

The regression shown in Table Ten is similar to the earlier regression shown in Table Six using staff support to predict later levels of a desire to withdraw from volunteering. Support from other volunteers and a heightened sense of the volunteers' own efficacy both lead to a reduced desire to withdraw from volunteering. Once again the reward sub-scale of values was significantly and positively related to the outcome variable. Stress however, was not significantly related to the outcome variable

The regression was significant (F = .0003) and explained 8% of the variance.

Depersonalization

Table 11: Regression of factors related to problems with depersonalization

R Square Change .06

F = 4.33 Signif F = .0021

Variable	B	SE B	Beta	T	Sig T
Volunteer support	-.001126	4.6949E-04	-.146239	-2.399	.0172
Length of time volunteering	.001354	6.4913E-04	.125605	2.086	.0379
Stress	.006729	.010793	.037664	.623	.5335
Values	.006372	.002347	.166386	2.714	.0071
(Constant)	.593117	.043169		13.739	.0000

Table Eleven shows that length of time volunteering, rewards and support from other volunteers were all significant in this equation. Rewards as measured by volunteers' perceived changed in values was again positively related to a heightened sense of depersonalization. Volunteer support operated in a negative fashion serving to decrease volunteers' feeling depersonalized when working with their clients. Once again prior levels of stress were not significant in predicting later levels of burnout.

The equation was significant (F = .002) and predicted 6% of the variance.

Summary

Buffering versus Direct Relationship

While significant relationships were found for staff support and some significant relationships were found for volunteer support on negative outcomes, there were scant findings for a relationship between stress and later negative

outcomes. Prior levels of stress were only marginally significant. As stress prior to volunteering appeared to play no role in individuals' experience of burnout the hypothesized models of a direct or buffering relationship are unlikely to be found. The model for this regression was based on the expectation that individuals would be motivated to volunteer as a result of AIDS-related experiences. Early anecdotal evidence from volunteers and those involved at GMHC pointed to this relationship. While this may have been true in the early years of the epidemic by the time this research was conducted both the volunteer base and their experience of the epidemic may well have been shaped by forces other than personal experience.

This research focussed on the role that prior stress played in the early part of the volunteer experience and therefore looked at stressful events experienced prior to becoming a volunteer. Other measurements of stress that were completed as part of the larger piece of research looked at the stress experienced by volunteers in their work. The data on volunteer stress attempted to take into account the specificity of different volunteer roles by measuring the different forms of stress experienced by office support volunteers and client service volunteers. It is not however, available for these analyses.

The findings for staff support were consistently stronger than those found for volunteer support. While House hypothesized that stronger findings for supervisor support in his study were due to the mechanized and stratified form of work engaged in by his subjects this cannot be the case for this sample. However, there may be other explanations available.

Firstly, the lack of support for the buffering hypothesis of social support may be due to the fact that, the buffering relationship is predicated on a model incorporating stress. As discussed below findings for the relationship of stress and negative outcomes were scant. However, stress in this instance was conceptualized as stress experienced prior to volunteering. It may well be that the stress experienced as a volunteer may be more important in the predicted model. Secondly, while AIDS-related stress experienced prior to volunteering did display several interesting and significant correlations with variables in the regression equations, it was unrelated to the negative outcomes. It should also be pointed out that AIDS-related stressors may be pertinent for only a small group of individuals given the lack of experience of HIV prior to volunteering (see Table One). Only 25% (n = 80) of the volunteers in the sample had had stressful events connected with AIDS in the six months prior to this study.

Again, the weaker findings for volunteer support may be due to the fact that volunteer work is neither as consistent as paid work nor experienced for extended periods of time as is the case with paid work. Given that this sample had been volunteering for an average of five months, it is possible that hypothesized relationships may not be found until later in the volunteer experience.

The Impact of Stress

Prior levels of stress were hypothesized to affect negative outcomes but little evidence was found in the regression analyses. As pointed out earlier the

scores for prior levels of stress were generally low and ranged quite dramatically (the minimum event being 1 and the maximum being 37 events experienced in the six months prior to volunteering). If one followed Selye's hypothesis that it is the cumulative effects of stress that lead to negative outcomes it would only be at critical levels of accumulated stress that such effects would be felt. The sorts of stressors that volunteers face in their volunteer work may be more important in predicting burnout than stress experienced prior to arrival at the agency. Such stressful events may not happen early in the volunteer experience but are more likely to occur after longer periods of time. It may, therefore, be at later periods in their volunteer experience that a buffering effect may be found.

Number of Months Volunteering

It was hypothesized that the length of time that individuals had been volunteering would be related to variables associated with burnout and this was found in several of the regression analyses. Length of time volunteering was positively related to the sub-scales of depersonalization and problems maintaining boundaries. Problems with these burnout symptoms appear to increase the longer one remains as a volunteer. This is somewhat troubling as it appears to argue that there is not much that can be done to stop volunteers becoming burnt out in their volunteering. However, the strong relationships shown by staff support, and to a lesser extent by volunteer support, would appear to be one way in which the agency can prevent volunteer burnout.

Staff support versus volunteer support

As reported earlier staff support displayed a stronger relationship than volunteer support to the negative outcomes. In fact in one instance, volunteer support played no role in predicting later levels of exhaustion. Staff support may be more important at earlier periods of the volunteer experience. As volunteers begin working with clients or with the public they may well feel inexperienced. It would be natural that the individuals (i.e., staff) who trained them would be the first people they turn to for expertise and guidance in the first few months of their work. As volunteers become experts themselves, and experience more stress in their volunteer work, they may turn to other volunteers who they see undergoing similar experiences and the role that peer social support plays may increase. Once again, though, one would expect to find the relationship for support from one's peers at a later point in time.

Regression Analyses

The data presented above did not support the argument for a buffering relationship of social support. Furthermore the explanatory power of the regression analyses, while significant, is generally low. Two of the analyses (those predicting exhaustion and depersonalization) predicted under 10% of the variance. Given the unexpected findings for the relationship between rewards and the negative outcomes as well as the low explanatory power of the regressions, path analyses were run. Path analyses provide a more descriptive expression of the relationships among the variables and it was hoped it would help understand some of the unexpected relationships. The path analytic approach was an attempt to clarify

a: The role that rewards might play in negative outcomes

and,

b: The manner in which social support operates to ameliorate negative outcomes.

Path Analysis

Path analysis is

> basically concerned with estimating the magnitude of the linkages between variables and using these estimates to provide information about the underlying causal processes (Asher, 1983, p. 30)

A recursive model (one which allows no feedback loops among the variables) was used to understand the relationship played by rewards, social support and negative stressful events in the degree of burnout experienced by volunteers at the agency. This technique allows us to make comparisons between different possible models for describing the relationship played by social support in the outcome measures.

A variety of methods are available for creating path coefficients for path analysis. Beta coefficients from regression analyses can be used to provide the coefficients for the relative paths. The causal, additive ordering of the variables in path analysis allows us to extend the regression model and create a "pattern of interpretation" (Dudley-Duncan, 1966). The standardized Beta weights are

derived from a series of regression analyses which decompose the full path diagram. The path diagram is read from left to right with temporally or hypothesized causally prior variables placed in pictoral order in the diagram. Prior variables in the diagram are regressed on each successive variable in the path diagram to obtain these Beta weights.

Models created by this process can also be tested using Lisrel 7 (Joreskog & Sorbom, 1989) to see whether the data fit the proposed model. One of the recurrent problems in the models proposed below lies in the relationship between social support and rewards. Both variables are measured at the same point in time and therefore cannot be regressed on to each other within the causal ordering of path analysis. Therefore it is difficult to explicate whether increased perception of rewards heightens perceived social support or vice versa. Using Lisrel the model can be constrained to describe a specific relationship and then tested. In this instance it is hypothesized that increases in social support lead to a heightened perception of rewards. This is the model that is tested in each of the diagrams below.

Below are the path diagrams for the negative outcome variables: Lack of Boundaries, Withdrawal, Exhaustion and Depersonalization. The path coefficients used in the diagrams are standardized Beta values taken from the regression analyses performed by Lisrel. This essentially provides the same information that would be obtained by running separate regressions for each of the causal pathways in these path analyses.

As mentioned above, other variables expected to impact on the negative relationships were included in this regressions to broaden the explanatory scope of the model of stress, support and negative outcomes. The variables chosen included individuals motivations for becoming volunteers, and background variables including age, and income. Motivations for volunteering were Affiliative; Career Enhancement; Altruistic Activism; AIDS Responsibility; Coping with AIDS; and, finally, Personal Growth. These were all expected to have some impact on an individual's experience of volunteering. Prior motivations for becoming a volunteer were expected to have an effect on whether individuals found their volunteer work stressful. If individuals were highly motivated to become volunteers and those motivations are not met by their experience one would expect that the impact of social support may well be strengthened. Background variables were looked at to see which bore a significant relationship to the outcome variables. One of the important reasons for using path analysis relates to the relationship between the reward scale of increased values and the negative outcomes, a finding that was consistent throughout the regression analyses. The rewards sub-scale of values was composed of items like: "My volunteer work makes me re-think how I view my career"; and, "I have gained a new and better perspective on life through my volunteer work." This scale was designed to look at how volunteering might impact individuals in their own lives in a beneficial manner. The correlation matrix for these variables is shown in Table 1.

Lack of Boundaries

Figure 1 and Figure 2 show the path analyses involving factors leading to problems maintaining boundaries between one's volunteer work and the rest of one's life.

Both the diagram for volunteer support and for staff support show support operating independently of the exogenous variables in the analysis. Exogenous variables such as motivations and stress experienced prior to volunteering impact both the level of rewards experienced by the volunteers and indirectly the problems experienced in maintaining those boundaries. Age shows a direct relationship with younger individuals experiencing more problems with lack of boundaries. It does not however effect either support or the rewards one experiences as a volunteer.

In these analyses one can see that motivations and stress have an indirect effect on the negative outcome through their impact on the degree of rewards one experiences. While individuals who are rethinking their careers while volunteering may find themselves also reevaluating their goals in life and career, they simultaneously experience greater problems in keeping a distance between their lives and their volunteer work. Stress also appears to impact directly experiencing a lack of boundaries with those who are more highly stressed experiencing more problems. More highly motivated individuals also experience more problems maintaining boundaries between their volunteer work and the rest of their lives.

Fig. 1: Path analysis of staff support and boundaries

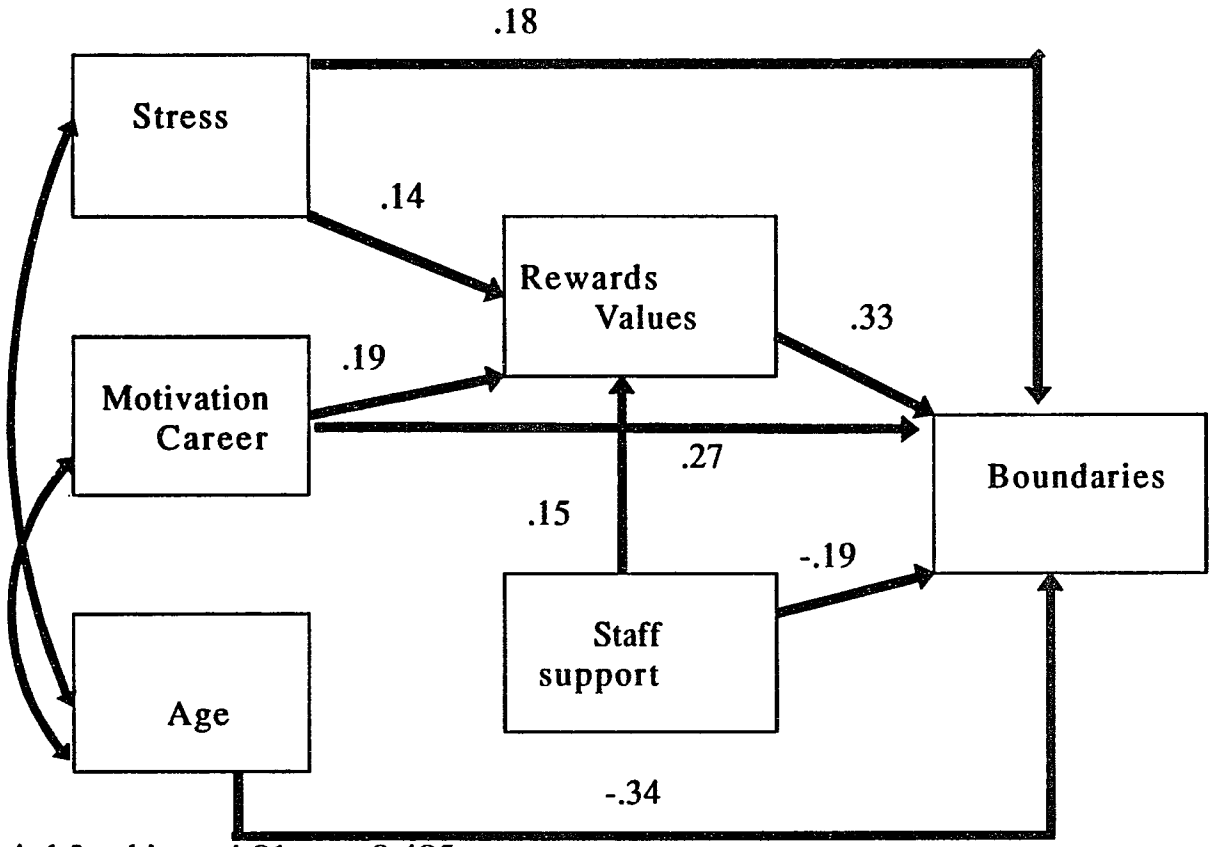
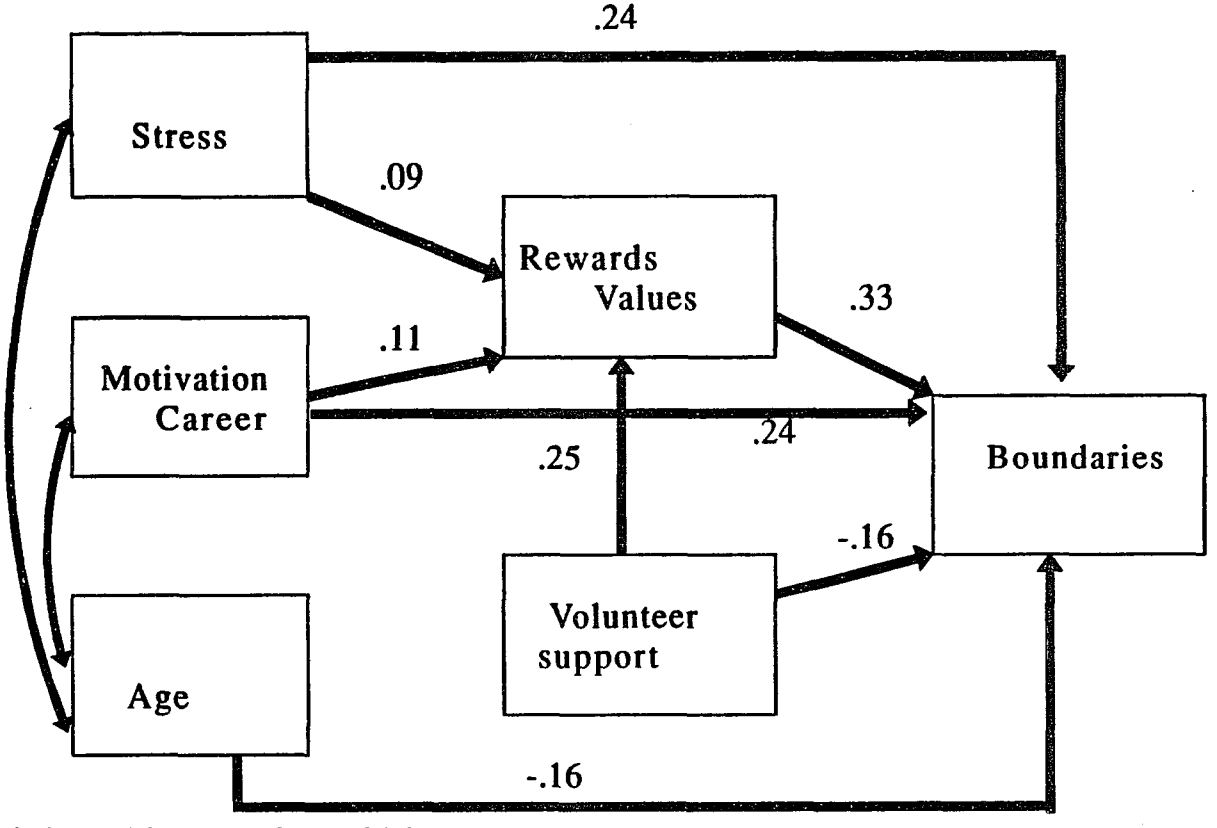


Fig. 2: Path analysis of volunteer support and boundaries



4 d.f., chi sq. 6.08, p=.215 adjusted goodness of fit 0.959

The relationship between rewards, support and the burnout variable is problematic. As both support and rewards are measured at the same point in time the direction of the relationship is difficult to define. Do heightened rewards at the individual level lead to higher perceived support or does the relationship operate in the opposite direction? Using Lisrel to constrain the model the relationship is described in these analyses as leading in one direction: heightened support is shown leading to heightened rewards and those increased rewards creating a lack of boundaries.

Lisrel 7 (Joreskog & Sorbom, 1989) was used to test the overall model proposed by this diagram. For both diagrams looking at volunteer support and staff support a good fit of the data was obtained. For staff support the chi sq. 4.01 with 4 degrees of freedom ($p = .405$). The adjusted goodness of fit index was .972 showing that the data didn't substantially differ from the model proposed. An insignificant chi-square and goodness of fit index that is close to 1.0 are good indicators of a model which fits the data. The diagram for volunteer support while showing slightly weaker associations between support and lack of boundaries still demonstrates a good fit of the data. The chi. square statistic was 6.08 with 4 degrees of freedom ($p=.215$) and the adjusted goodness of fit was 0.959.

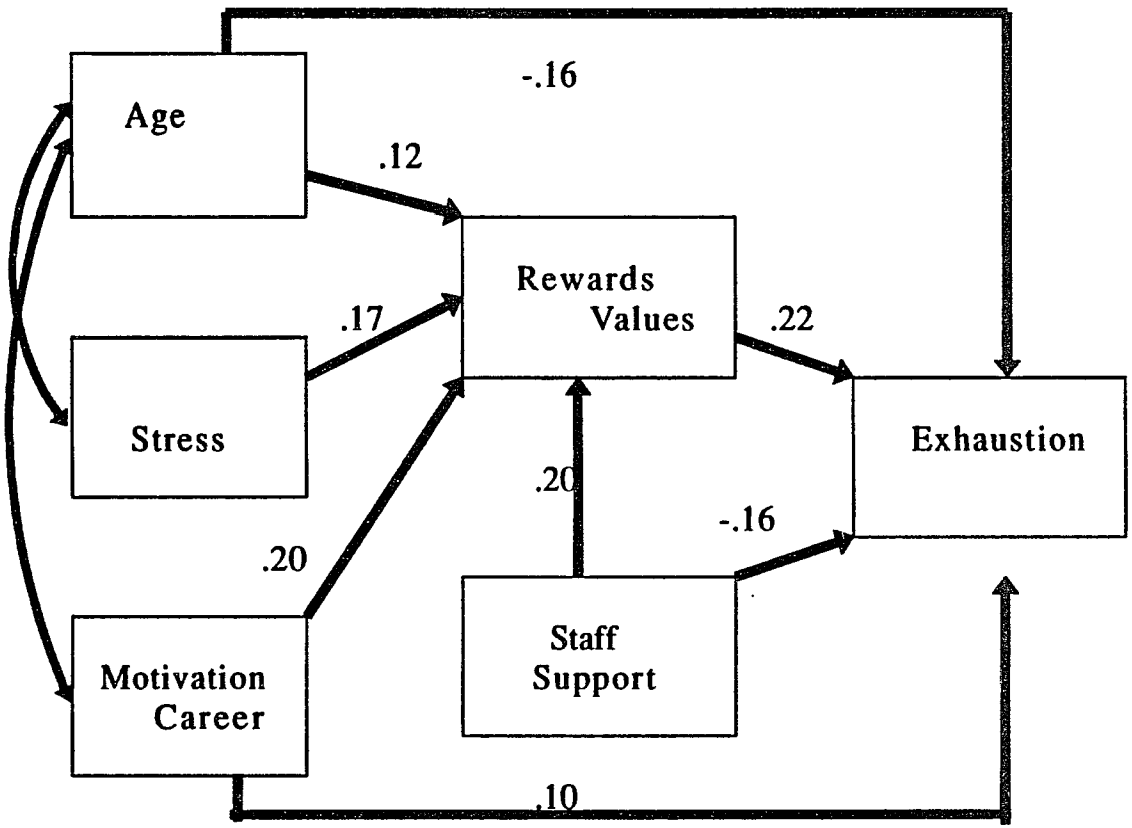
Exhaustion

Figure 3 shows the path diagram for variables affecting levels of exhaustion. Volunteer support was not significant in the prior regression analyses and the path analysis is only shown for the impact of staff support on feelings of exhaustion.

Prior levels of stress play a role in this path analysis both directly and indirectly. Stress has a direct effect on the degree of rewards one experiences as a volunteer and those rewards in turn impact the degree of exhaustion one feels. Age plays both an indirect and a direct role in the degree of exhaustion one experiences. In fact the direct impact of age is slightly stronger than staff support on the level of exhaustion one experiences. Once again the role of staff support for the volunteer is experienced both directly and indirectly. The indirect impact of staff support is shown through its impact on the level of rewards one experiences as a volunteer. Staff support enhances rewards, and rewards, in turn, enhances burnout.

While exogenous variables impact negative outcomes, social support from staff members at the agency operates to negate that effect. However, through enhancing the rewards volunteers obtain from their work, staff support also indirectly impinges on negative outcomes. Constraining the path analysis to describe support leading to rewards gives an adequate fit to the data (chi.sq. 0.78, $df = 4$, $p = .941$) with an adjusted goodness of fit statistic of 0.995.

Fig. 3: Path analysis of staff support and exhaustion



d.f. 4, chi sq. 0.78, p = 0.941

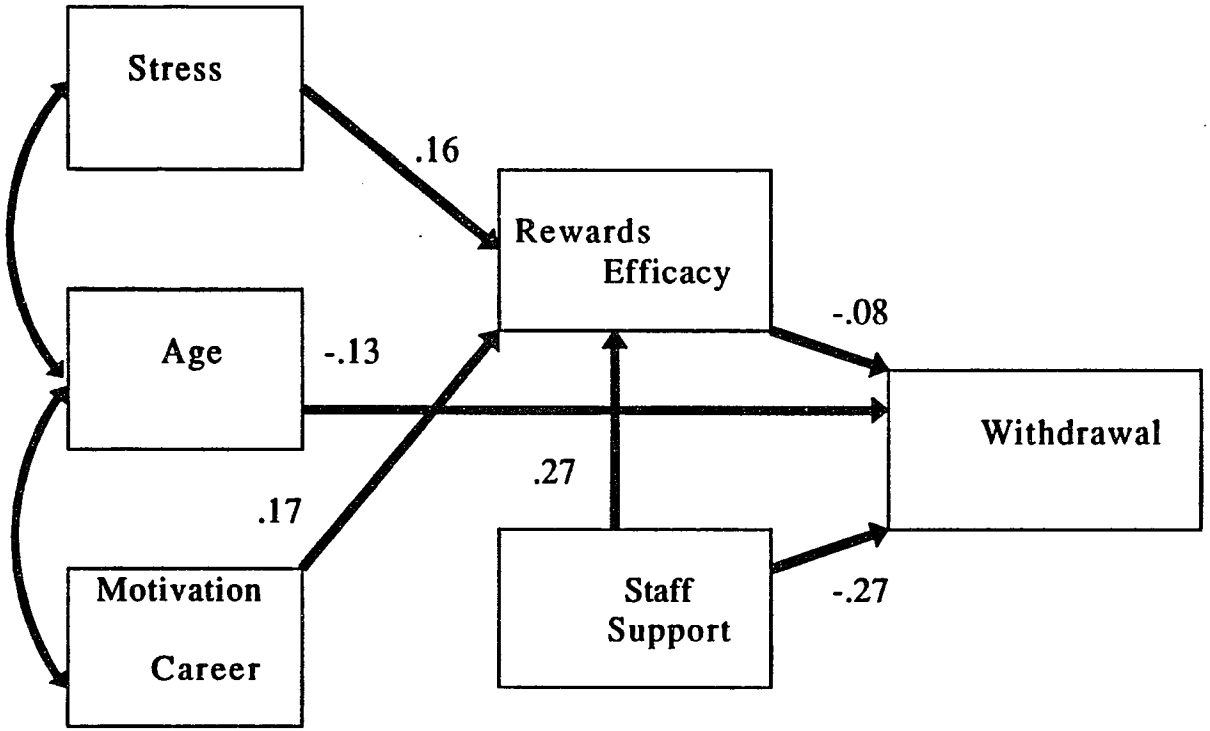
adjusted goodness of fit 0.995

Withdrawal

Looking at the path analysis of variables leading to withdrawal (Figure 4 and 5) one can see that stress once again impacts later levels of burnout variables. Once again it exerts a small but direct impact on later levels of a felt need to withdraw. Stress enhances the degree of rewards one experiences as do levels of motivation. Age once again shows a direct relationship to levels of withdrawal. Age appears to show a vulnerability as younger individuals display higher degrees of a need to withdraw. This is the only path analysis in which rewards show the expected relationship of a negative effect on the outcome variable. In the other analyses rewards have shown a positive impact on negative outcomes. Here an increased perception of one's own efficacy in volunteer work decreases one's desire to stop volunteering. The relationship is strongest for volunteer support where one can see that support from volunteers enhances one's perception of one's efficacy and that it turn decreases a need to withdraw from volunteering. This variable is also positively linked with the motivation to rethink one's career. The desire to enhance one's career when linked with a heightened sense of one's efficacy as a volunteer leads to decreases in burnout. In other analyses we have seen how such motivations when linked with a perceived change in one's personal values has led to higher degrees of burnout.

The role that staff support plays in this model is stronger than that of the other variables. It both has a strong, positive relationship with rewards and a strong, negative relationship with a desire to withdraw. It would appear that the more volunteers perceive themselves to be supported by staff the more efficacy

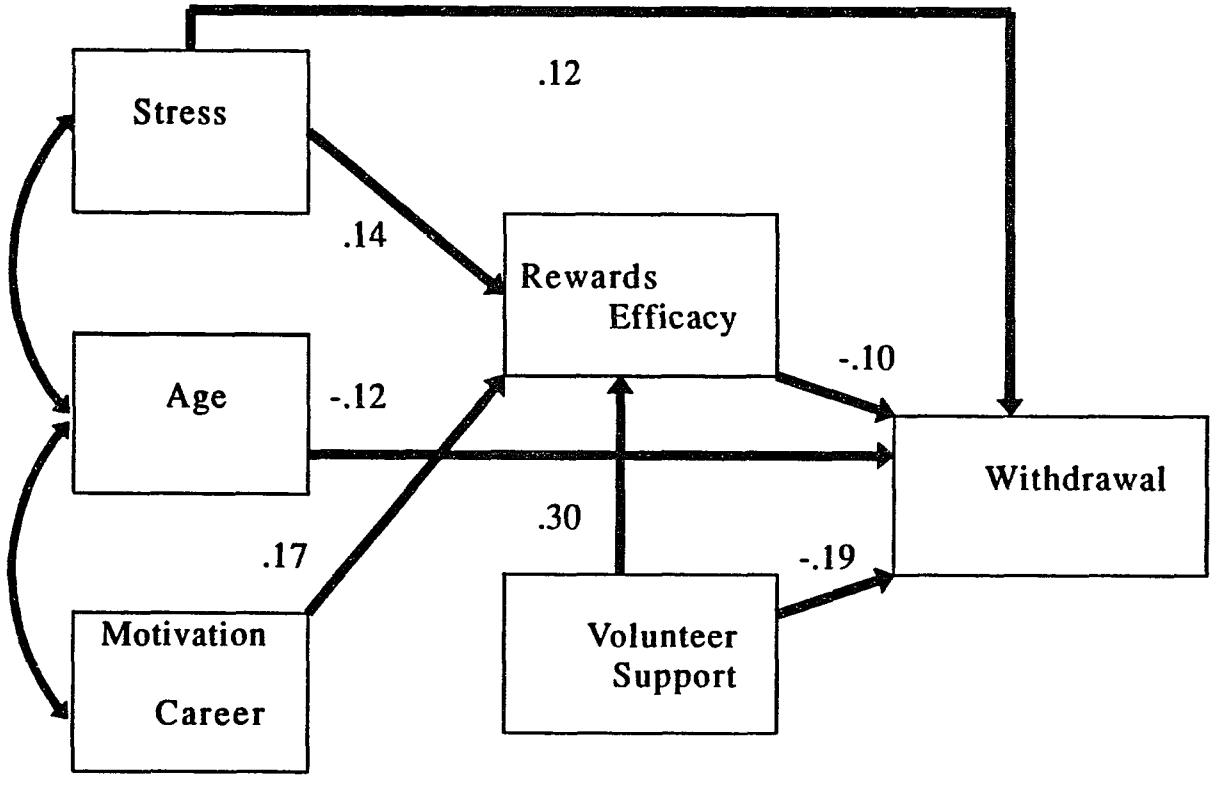
Fig. 4: Path analysis of staff support and withdrawal



d.f. 5, ch sq. 7.98, p = 0.157

adjusted goodness of fit 0.956

Fig. 5: Path analysis of volunteer support and withdrawal



d.f. 5, chi sq. 7.10, p = 0.213

adjusted goodness of fit 0.961

they feel in their work. This may well be because volunteers identify with staff members who are involved in a service agency and their support increases a sense of how well they are doing in their chosen work as volunteers.

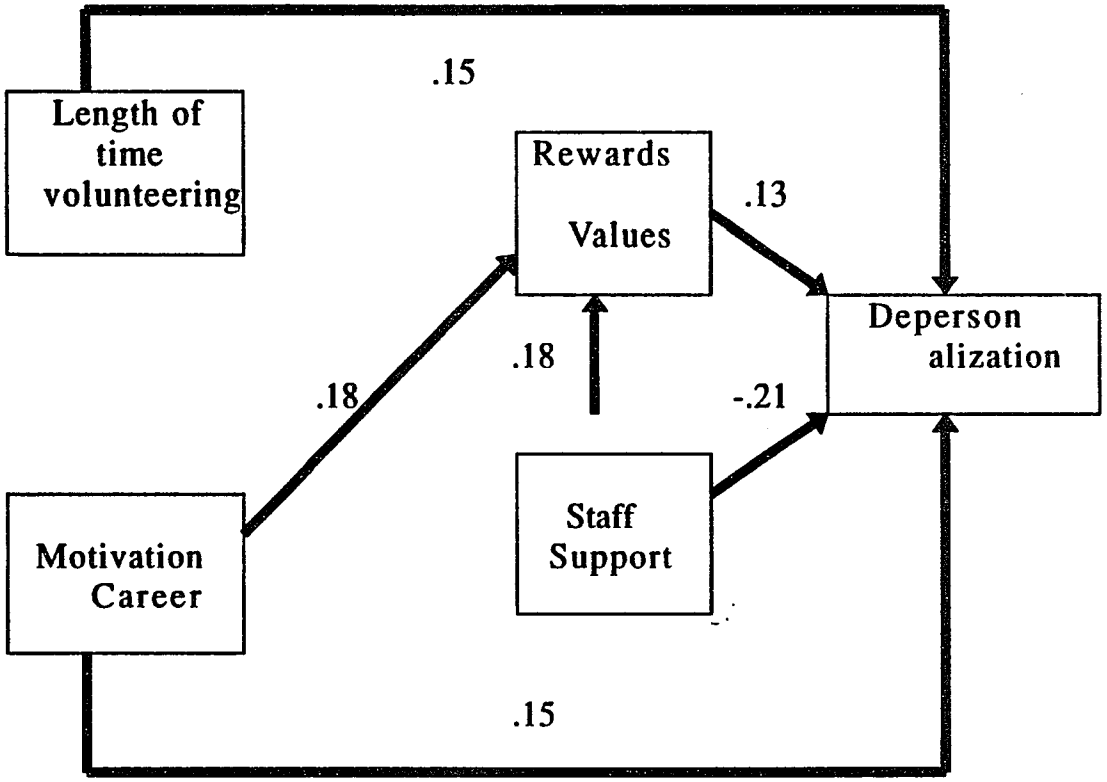
The elements of rewards and support here operate in opposite fashion to the exogenous variables of prior stress and age. Being younger and having experienced more stress lead to heightened perceptions of burnout while rewards and support operate to decrease it. Support once again appears to operate independently of the exogenous variables. It may well be that support on its own operates almost as a reward by drawing individuals back into volunteering. However, the direct relationships shown by stress and age, while not as strong as that shown by support, are independent and clear indicators of other factors affecting a perceived wish to stop volunteering.

When the model was tested using Lisrel the goodness of fit index for staff support was found to be .956, standard errors were small and the chi square statistic non significant (chi.sq. = 7.98, df = 5, p = .157) indicating a good fit to the data. For volunteer support the relevant statistics were chi. sq. = 7.10, d.f., 5, p = 0.213 and the adjusted goodness of fit was 0.961.

Depersonalization

Both motivations and length of time volunteering show a direct impact of approximately equal magnitude on depersonalization. Motivations once again, also shows a indirect impact on depersonalization via its effect on perceived

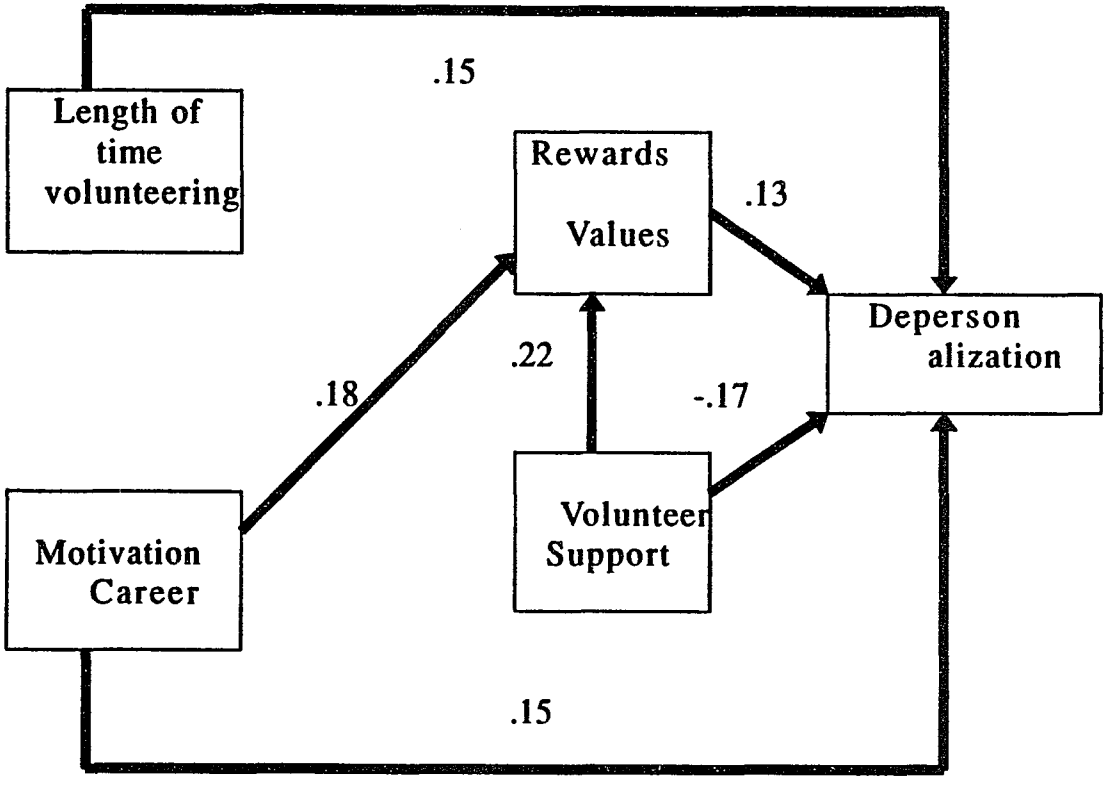
Fig. 6: Path analysis of staff support and depersonalization



d.f. 2, chi sq. 0.56, p = 0.755

adjusted goodness of fit 0.993

Fig. 7: Path analysis of volunteer support and depersonalization



d.f. 2, chi sq. 0.33, p = 0.848

adjusted goodness of fit 0.996

rewards. This effect however, is small (.2*15 = .03). Staff support shows the strongest impact on depersonalization and this impact is direct. Support from staff members helps diminish the sense of disconnection that volunteers may feel with their clients. The model is substantially the same for the impact of volunteer support on burnout except that the relationship between volunteer support and depersonalization is weaker.

The model is once again constrained to show the indirect impact of support on depersonalization through its effect on rewards. Staff support is shown here leading to an increase in a sense of changed values which, in turn, leads to higher levels of depersonalization. In this instance it may well be that individuals are motivated to volunteer as a means of re-thinking their careers. As they are rewarded through their volunteer work and through staff members supporting a change in the way they view their lives, volunteers may well feel that they must maintain a professional distance from their clients. This professional distance may well be experienced as a lack of connection leaving volunteers unable to empathize with their clients. On the other hand, it could also be that volunteers are so focused on the changes in their view of what they want to do in their lives that the clients' become secondary in their thinking. However, in either instance the role that staff support is playing is not necessarily beneficial.

Once again the Lisrel goodness of fit indices showed adequate fits of the data. For staff support the chi. square statistics was 0.56, with 2 degrees of freedom (p=.755) and the adjusted goodness of fit was 0.993. For volunteer

support the chi square statistic was 0.33, with 2 degrees of freedom ($p = 0.848$) and an adjusted goodness of fit index of 0.996.

DISCUSSION

Regression models

The hypotheses set out early in this paper lay out two competing models. The first proposed that stress directly impacted negative outcomes (i.e., levels of distress) and that levels of support would intervene, lowering levels of negative outcomes. The second proposed that the effects of support only operate at high levels of stress diminishing negative outcomes.

Neither model held up well. This may be due to problems in the interpretation of stress. Stress was measured by two scales: a general stressful events scale and an AIDS-related stressful events scale. The level of AIDS-related stress faced by volunteers was generally lower than expected. The impact of this form of stress was not experienced by everyone who became a volunteer. Where an impact was felt it was in the relationship between motivations to volunteer and AIDS-related stress. However, the impact upon later measures of burnout was non-existent in the sample. General stress showed very little relationship with burnout scales six months after volunteers had begun their work. This is not necessarily surprising. One would expect that the stresses faced by volunteers in their volunteer work would show a stronger relationship to measures of burnout. Such a measure would need to adequately account for the stressors

faced in particular volunteer roles as well as the degree of stress perceived by the individual volunteers in dealing with those stresses.

It is important to note that subjects were not disaggregated into their differential volunteer roles. It was assumed in this research that prior stress would create a vulnerability for all individuals who volunteer at GMHC and that this vulnerability would be diminished by the support received at the agency. It would appear however that the effects of stress may be more specific as are the effects of support. Experiences of AIDS-volunteer work may not be homogenous and, therefore, differential stressors in volunteers' work may have differential effects. Indeed, correlations suggest that volunteer roles do play a part in experiences of burnout. Different volunteer roles imply different levels of contact with individuals who are HIV positive. Given that it is assumed that one of the clearest stresses involved in this sort of volunteering has to do with the nature of the AIDS-related illnesses, one would assume that volunteers who work exclusively with HIV positive individuals would be subject to more negative outcomes. The correlations shown below support this hypothesis and warrant further exploration. Volunteer roles have been coded for degree of contact with PLWAs with increasing contact reflected in higher scores. One can see that at higher levels of contact problems maintaining boundaries, the degree of depersonalization, and, the degree of exhaustion all increase. This is also shown through the correlations between negative outcomes and the number of hours spent volunteering and most clearly between a lack of boundaries and the number of hours spent volunteering. Degree of contact and number of hours spent volunteering are also positively

correlated (r =.17, p = .009). However, these measures are extremely rough and do not account for the amount of contact individuals have outside the agency with HIV issues or with the fact that many times volunteer roles may overlap in the degree of contact that volunteers may have dealing with clients who are HIV positive or individuals who may be HIV positive. As stated above the different roles described for volunteers 'imply different levels of contact' but this is by no means clear. For example, a volunteer working in the financial department of the agency may have six crisis meetings with clients who are homeless, or destitute and dealing with an HIV positive diagnosis. On the other hand, they may be involved with other agencies pushing paperwork through to obtain benefits for clients. A more clear cut measure of degree of contact would need to be created to adequately assess the impact that HIV had on the burnout measures.

Table 12: Correlation matrix of burnout variables with degree of contact and number of hours spent volunteering

	Lack of Boundaries	Depersonal-ization	With-drawal	Exhaust-ion
Degree of Contact	.14*	.13*	.06*	.20***
Number of Hours	.23***	.11	-.13*	.08

Overall, the regression models were not highly successful in explaining the causes of volunteer burnout and several of the analyses explained low levels of the variance in the outcome variable.

Path models

One caveat should be added to the assessment of the path diagrams. Modification of the path analyses may well lead to improvement of the goodness of fit indices. For example, the model chosen to be explored here was one that showed paths leading from support to rewards to burnout. Recursive paths leading from burnout to rewards could have been included and may well have improved the predictive power of the model. However, in this instance the model chosen was one that has explanatory power. Hypothetically, it would be possible to turn the variables around and to demonstrate a path diagram that would have shown burnout and rewards predicting support and still obtain a good fit of the data. However, such a diagram would have limited usefulness in this research.

The path models introduced several important additions to the explanation of levels of negative outcomes; firstly, the importance of age in predicting negative outcomes. In several instances youth implied a vulnerability to negative outcomes through its relationship with motivations and rewards. It also impacted directly on the negative outcomes. In describing the relationship between motivations, rewards and exhaustion (Figure 3) one sees that an increase in the level of perceived rewards (i.e., new values) leads to an increased sense of exhaustion in volunteer work. In Figure 2, an increased sense of new values leads to problems with a lack of boundaries. It would appear that particular motivations lead to increased levels of rewards but that those in turn leave individuals vulnerable to negative psychological outcomes. For both of these models, staff support played an important role (and in the predicted direction) in lowering that stress, but it appears that prior indicators are also important parts of this equation.

Increasing the perception of received rewards from one's volunteer work will not necessarily create a happier volunteer. Rather than increasing levels of support expressed by individuals at the agency it may well be more efficacious to create interventions earlier in the volunteer process. Particular individual motivations and needs may lead to problems for certain volunteers. By intervening earlier when volunteers are being trained or early in their volunteer work, staff at the agency may be able to diminish problems before they arise. Staff may be able to train volunteers to recognize the early signs of burnout or to identify situations with which they have difficulty so that stress can be dealt with as it occurs. In order to retain volunteers it may be better to identify early interventions or to engender a more realistic picture of what volunteer work will provide for these individuals in order to stop volunteers experiencing a sense of exhaustion with the work or a sense that it is beginning to take over their lives. Furthermore, the only reward that operated in the expected direction was that of a sense of efficacy on the part of volunteers. Those volunteers who perceive themselves to be effective in their work as a volunteer experience less of a perceived desire to withdraw from the agency.

It may be important for staff to understand exactly what it is that they should be supporting in their volunteers. If staff attempt to support not only the volunteer work that individuals do but also their attempts to fulfill their own lives through the volunteer work they do (whether it be through a new career choice or a need to find a sense of community) they may well be creating more problems

for themselves. In three of the four path models described staff support of rewards for volunteers only serves to increase the negative outcomes. It is only when staff support leads to an increased sense of the volunteers efficacy that the negative outcome is diminished. It appears that efforts to produce a happier volunteer support should be directed towards the volunteer work that individuals do rather than towards the volunteer's needs.

The relationship between support and rewards may express an instance of the agency becoming too central in a volunteer's life, as it serves competing functions. It is not only the place where one goes to help others but also a place where one obtains help. As such it may be difficult to maintain a professional distance between oneself and those one aspires to help. The more one feels connected at a personal level to the agency and its clients the more difficult it will be for volunteers to refrain from overstepping boundaries and becoming personally involved with the clients. The line between friendship and volunteer can be extremely thin.

CONCLUSION

While support at the agency has an important effect on negative outcomes as well as perceived rewards from volunteering, it appears that these factors are affected by prior variables. Volunteers coming to GMHC may well have expectations of what their volunteering will give them. The agency may not be in a position to

come through for them. As the AIDS epidemic moves into its second decade and as the agency broadens its charter to increase the number of clients it has and to diversify that client base, staff may have less chance to interact with volunteers. While staff support may help ameliorate some of the burnout symptoms explored here a more realistic expectation of what their work entails would serve volunteers better. Separate but related research has shown that gay men who are chronically bereaved (Dean, Hall & Martin, 1992) are more likely to become involved in AIDS volunteer work. The research shows that over time such chronic bereavement leads to higher scores on negative mental health outcomes and as such groups move into HIV-related volunteer work they place themselves at even greater risk of burning out. It should be remembered that while staff support showed the clearest and strongest relationships in the path analyses volunteer support was still effective. Volunteer support may be an untapped source of support for such individuals who may be vulnerable to burnout where the agency, for example, could institute a buddy system for volunteers. This would enable volunteers to reach an individual who can help them in much the same way that buddies work with PWAs. Such a scheme would hopefully decrease the demands placed on staff members.

It would be beneficial to remember at this point the differences found between volunteer work and regular paid work. The fact that individuals are volunteering and not receiving remuneration at the agency may lead to some ambiguity on the part of staff. For staff and volunteers may well feel that if there is no concrete reward for volunteer work that psychological rewards should be

given more weight. Certainly it would appear that they are important for the volunteers. However, if staff are required to 'pay' for volunteer work by helping them obtain such rewards the burden placed on staff may be too high. Likewise, if the volunteers expect to receive such rewards from their volunteer work they may be placing too high a demand on this portion of their lives. Indeed it would appear to lead to an increased level of negative outcome in two of the path analyses examined here. Clarification of expectations on the part of both staff and volunteers would appear to be important precursors of higher volunteer retention. In an agency that is rooted in community organization and volunteer involvement such a move may be difficult to make as it implies a move towards professionalization that may be felt as counter to the original agency charter. However, given the degree of commitment on the part of staff and volunteers it may be an important acknowledgement of the work that both do. Furthermore, research among HIV service providers in Germany (Bussy & Kleiber, 1992) suggests that it is role ambiguity (a central characteristic of HIV volunteer work where volunteers are neither purely lay people nor paid experts) that defines and predicts burnout. Other research (Omoto & Snyder, 1991) has shown the importance of differential motivations for volunteering by choosing to look at the function that such motivations serve for the individual. Here while motivations were of interest the primary interest lay in the role that support played for the volunteers.

One factor that this research did not explore was that of role expectations of volunteers and the discordance they might feel in the work they do.

Motivations to volunteer may express a quasi-measurement of their expectations to the degree that motivations to volunteer would be expected to measure some degree of the expectations that volunteers have of the agency. However no measure of the discrepancy between expectations and reality was used in these analyses. While the different rewards sub-scales are clearly related to the sorts of motivations volunteers express, it may be that motivations are not being satisfied only through the volunteer work and that in effect the agency staff becomes both an important resource for volunteers' work but also for volunteers' needs. This may well lead not only to decreased retention among volunteers and increased dissatisfaction but to increased burnout among volunteers.

APPENDIX

Mean	SD		
		I.	Stressful Life Events
		About School	
0.05	0.22	1.	Applied to school for training program and was rejected
0.05	0.22	2.	Failed important exam or other part of school or training program
		About Work	
0.01	0.12	3.	Demoted at work
0.06	0.24	4.	Laid off
0.26	0.44	5.	Began to have trouble or disagreements with your boss, supervisor or fellow workers
0.06	0.24	6.	Changed jobs for a worse one
0.05	0.22	7.	Fired
0.09	0.29	8.	Found out that you were not getting promoted
0.04	0.21	9.	Retired
0.17	0.38	10.	Stopped working for an extended period (not retirement)
0.06	0.23	11.	Suffered a business loss or failure
0.12	0.33	12.	Unemployed and seeking work for a month or more
		About your relationship with your partner	
0.04	0.21	13.	Partner moved out
0.08	0.27	14.	You moved out
0.16	0.37	15.	Ended your relationship (not because of outside factors like having to leave the country or death)
0.17	0.38	16.	You have been separated from your partner because of relationship difficulties
0.04	0.20	17.	Partner was informed of HIV infection
0.02	0.14	18.	Partner was told he or she had an AIDS-related condition
0.02	0.15	19.	Partner was told he or she had AIDS
0.01	0.12	20.	Partner contracted a sexually transmitted disease from outside the relationship
0.02	0.15	21.	You found out you had a sexually transmitted disease (e.g., syphilis, gonorrhea)
0.01	0.12	22.	Partner developed a serious illness not AIDS-related
0.01	0.11	23.	Partner died of AIDS
0.03	0.17	24.	Partner died from other causes

Mean	SD		
		About Pregnancy and Children	
0.00	0.06	25.	Unable to adopt a child
0.03	0.16	26.	Unable to conceive
0.02	0.14	27.	Unwanted pregnancy
0.02	0.15	28.	Miscarriage or stillbirth
0.02	0.15	29.	Abortion
0.01	0.11	30.	Found out cannot have children
0.01	0.11	31.	Child became seriously ill
0.00	0.06	32.	Child died
		About Family	
0.11	0.32	33.	Disruption of ties with family/estrangement
0.00	0.06	34.	Parent or sibling developed AIDS
0.10	0.30	35.	Parent or sibling developed other serious illness
0.00	0.00	36.	Death of parent or sibling with AIDS
0.06	0.23	37.	Death of parent, brother, or sister from other causes
0.02	0.14	38.	Other close relative developed AIDS
0.10	0.30	39.	Other close relative developed other serious illness
0.01	0.09	40.	Death of other close relative with AIDS
0.09	0.29	41.	Death of other close relative from other causes
		About Residence	
0.09	0.29	42.	Moved to a worse residence or neighborhood
0.24	0.43	43.	Moved to a better residence or neighborhood
0.11	0.32	44.	Person other than partner moved out of household
0.05	0.21	45.	Home or apartment was vandalized or burglarized
0.01	0.09	46.	Major home damage or loss due to fire, flood or other disaster
0.01	0.12	47.	Evicted or lost lease
		About Crime and Lawsuits	
0.13	0.33	48.	Victimized because you are gay, were you:
0.12	0.32		verbally harassed
0.01	0.12		threatened
0.00	0.06		chased or followed
0.00	0.00		assaulted with a weapon
0.01	0.09		punched, hit, kicked or beaten
0.12	0.33	49.	Someone close to you was victimized because they are gay

Mean	SD		
0.05	0.22	50.	Physically assaulted or attacked (other than above)
0.08	0.27	51.	Someone close to you was assaulted or attacked (other than above)
0.11	0.31	52.	Involved in lawsuit or court case
0.05	0.21	53.	Sexually harassed or assaulted (other than above)
		About Finances	
0.01	0.11	54.	Went on welfare
0.12	0.32	55.	Cut in wages or salary without a demotion
0.08	0.28	56.	Financial loss or loss of property not related to work
0.05	0.21	57.	Started disability or social security
0.11	0.31	58.	Unable to pay monthly bills
		About Social Life	
0.26	0.44	59.	Close friend moved away
0.34	0.47	60.	Stopped seeing a friend
0.26	0.44	61.	Close friend became HIV positive
0.18	0.38	62.	Close friend told he or she has an AIDS-related condition
0.19	0.39	63.	Close friend told he or she had AIDS
0.06	0.25	64.	Close friend developed serious illness, not AIDS-related
0.17	0.38	65.	Close friend died with AIDS
0.05	0.21	66.	Close friend died from other causes
0.14	0.35	67.	Was not able to take a planned vacation
		About Sexuality	
0.17	0.37	68.	You admitted to yourself that you could be or are gay or bisexual
0.15	0.35	69.	You came out to a member of your immediate family (.e.g., parents, wife, child, etc)
0.35	0.48	70.	You told someone else that you are gay/bisexual
0.06	0.24	71.	You went to a gay nightclub or bath or cruising area, etc., for the first time
0.15	0.36	72.	You came out to your workmates
0.15	0.36	73.	A close family member or friend of workmate who is not gay found out that you are gay
0.51	0.50	74.	Somebody tells an anti-gay joke in your presence
0.14	0.34	75.	You begin to live or work or socialize with someone who is homophobic (.i.e., unaccepting of gay people)

Mean	SD		
0.13	0.34	76.	You found out a person with whom you had a sexual encounter or relationship (other than your current partner) has the AIDS virus
		II.	MOTIVATIONS
4.21	1.28	**Affiliative**	
5.21	1.48	5.	To feel close to others
4.06	1.79	6.	To learn about other people's life styles and values
4.01	1.84	25.	To make new friends
3.55	1.89	12.	To learn how to relate to people
4.23	1.93	8.	To learn to cope with your own problems by helping others
4.57	1.65	1.	To feel like you are a part of GMHC
3.48	1.99	**Career Enhancement**	
3.26	2.13	13.	To enhance your career exploration and development
3.71	2.12	14.	To gain a valuable work experience
5.90	0.92	**AIDS-Activism**	
6.56	0.98	3.	To make some response to AIDS
6.35	1.06	7.	To feel you are supporting a cause you believe in
5.17	1.74	9.	To do something to protest the mistreatment of PWAs
5.53	1.69	20.	Because you feel every person must do his or her share to help
5.89	1.41	26.	To help someone who is ill
3.81	1.48	**AIDS-Responsibility**	
5.16	1.84	10.	To help gay friends do something about AIDS
2.62	2.03	11.	To repay help or services which you, your family or friends received from GMHC
3,46	2.24	17.	To respond to the death of a friend from AIDS
3.96	2.23	19.	To show gay pride
3.65	1.38	**Coping with AIDS**	
3.01	2.10	22.	To do something besides worry about getting sick
3.38	1.87	16.	To prepare yourself in case you develop a serious illness
4.63	2.82	21.	To feel more in control in the face of AIDS
5.35	1.74	15.	Because you feel that it could be any of us next - you have to help

Mean	SD		
3.56	2.07	24.	To stop feeling guilty about not doing something
3.40	2.16	23.	To feel like you are doing something of a religious or spiritual nature
5.00	1.52	**Personal Growth**	
5.37	1.61	18.	To increase the focus and purpose of your life
4.62	2.08	2.	To provide a kind of satisfaction you no longer feel in your paid work
5.46	1.48	4.	To do something that challenges you
		AGE	
37.2	12.05	In years	
		LENGTH OF TIME VOLUNTEERING	
20.01	14.2	In weeks	
		III. SOCIAL SUPPORT	
7.53	1.92	**Staff Support**	
2.47	0.75	1.	How much do you feel you can rely on staff at GMHC when things get tough
2.59	0.66	2.	To what extent are staff at GMHC willing to listen to your volunteer-related problems
2.48	0.76	3.	To what extent are the staff at GMHC helpful to you in getting your volunteer work done
7.53	1.87	**Volunteer Support**	
2.31	0.80	1.	How much do you feel you can rely on other volunteers at GMHC when things get tough
2.58	0.80	2.	To what extent are other volunteers at GMHC willing to listen to your volunteer-related problems
2.44	0.81	3.	To what extent are other volunteers at GMHC helpful to you in getting your volunteer work done
		IV. BURNOUT	
5.01	5.20	**Exhaustion**	
1.52	1.49	1.	I feel emotionally drained from my volunteer work
1.21	1.45	3.	I feel used up after a stint of volunteering (e.g., after an intake interview, running a group, stuffing envelopes)

Mean	SD		
1.02	1.46	15.	I feel frustrated by my volunteer job
0.48	1.00	17.	I feel I'm working to hard on my volunteer job
0.67	1.21	21.	I feel burned out from my volunteer work
0.25	0.74	26.	I feel I am at the end of my rope
1.77	1.61	**Depersonalization**	
0.25	0.75	11.	I've become more callous toward people since I started volunteering
0.52	1.06	13.	I worry that my volunteer work is hardening me emotionally
6.32	5.67	**Lack of Boundaries**	
0.80	1.15	4.	AIDS and my volunteer work take up so much time and energy that there's little room for anything else
1.10	1.50	7.	I have trouble keeping boundaries between my volunteer work and the rest of my life (e.g., talking about it in social situations, being preoccupied with thoughts about my volunteer work)
0.88	1.53	18.	When asked to do more volunteering, I can't seem to respond with a simple "no"
1.14	1.48	20.	More and more of my time for relaxing or socializing is being taken up by volunteering
0.75	1.22	24.	I find it harder and harder to relate to people who are not involved with AIDS
1.65	1.69	31.	It's difficult for me to give up helping when it's time to go on to other things
3.86	4.70	**Withdrawal**	
0.82	1.29	6.	I find myself wanting to do less and less volunteer work
0.73	1.29	8.	I find myself showing up a little late for volunteer appointments or agreed-upon work schedules
0.38	0.94	10.	More and more, I bitch about the agency with friends
1.17	1.51	28.	More and more, I feel less generous with my time
0,46	0.97	33.	I find myself avoiding contact with GMHC (not calling in, missing meetings, etc.)
0.26	0.66	35.	As time goes on, I "want to get rid of the beeper", that is, I don't want another phone call having to do with GMHC, I don't want to answer any more questions, I don't want to listen to anybody anymore, etc.

Mean	SD		
		REWARDS	
18.25	6.71	**Efficacy**	
3.90	1.67	2.	I feel a new sense of commitment through this work
4.31	1.60	5.	I have a sense of doing important work here
3.14	1.82	12.	I feel more and more that I can do something to change the situation
3.92	1.83	27.	I get a great sense of pride from my volunteer work
2.91	1.68	34.	These days I feel really optimistic when dealing with problems
11.83	5.63	**Community**	
3.34	2.05	14.	I find new pride and dignity in the gay community through GMHC
1.72	1.81	25.	I have a whole new group of friends at GMHC
3.90	1.87	29.	Working with people no such intimate levels has been rewarding
2.84	1.93	32.	My volunteer work gives me a sense of community that I didn't feel before
8.83	4.71	**New Values**	
2.38	2.10	16.	My volunteer work makes me re-think how I view my career
3.50	1.91	19.	I have gained a new and better perspective on live through my volunteer work
2.91	1.95	23.	These days I have more focus on my personal goals

References

Altman, D. (1987) AIDS in the Mind of America. Garden City, NY: Anchor Books.

Arno, P. (1988). The future of voluntarism and the AIDS epidemic. In The AIDS Patient: An Action Agenda. In D. Rogers and E. Ginzberg (eds.). Boulder: Westview

Arno, P. (1986). The nonprofit sector's response to the AIDS epidemic: Community-based services in San Francisco. American Journal of Public Health, 76, 11, pp. 1325-1330

Asher, H. B. (1983). Causal Modeling. Sage University Papers, Quantitative Applications in the Social Sciences. Beverly Hills and London: Sage Publications.

Augelli, A.R. & Ehrlich, R.P. (1982) Evaluation of a community-based system for training natural helpers. Effects on informal helping activities. American Journal of Community Psychology, 10, #4, pp. 447-456.

Berkman, L. F., & Syme, S.L. (1979) Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda County residents. American Journal of Epidemiology, 109, pp. 186-204.

Brandt, A. (1987). No Magic Bullet, New York: NY: Oxford University Press.

Bussy, H. & Kleiber, D. (1992). Models of burnout among AIDS workers. Poster presented at the VIII International Conference on AIDS, Amsterdam, 1992.

Chambre, S.M. (1991). Volunteers as witnesses: The mobilization of AIDS volunteers in New York City, 1981-1988. Social Service Review, (December), pp. 531-547.

Chambre, S. (1988). Volunteering as public policy. Working Paper: Philanthropy in the Reagan Years: The view from academe, New York: NY: Graduate School and University Center, City University of New York.

Cohen, S. (1988). Psychosocial models of the role of social support in the etiology of phsyical disease. Health Psychology, 7 (3), pp. 269-297.

Cohen, S.C. & Syme, S.L. (1985). Issues in the study and application of social support. In Cohen, S.C. & Syme, S.L. (eds.) Social Support and Health. New York, NY: Academic Press Inc.

Cohen , S. & Wills, T.A. (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98, #2, pp. 310-357.

Colasanto, D. (1989) Americans show commitment to helping those in need. The Gallup Poll News Service, Vol 54, # 27, November 22, 1989.

Dean, L., Hall, W.E. & Martin, J.L. (1988). Chronic and intermittent AIDS-related bereavement in a panel of homosexual men in New York City.

Dohrenwend, B.S., Krasnoff, L., Askenasy, A.R. & Dohrenwend, D.P. (1978). Exemplification of a method for scaling life events: The PERI life events scale. Journal of Health and Social Behavior, 19, pp. 205-229.

Dudley-Duncan, O. (1966). Path analysis: Sociological examples. The American Journal of Sociology, 72, #1, pp. 1-16.

Dunkel-Schetter, C., Folkman, S., & Lazarus, R.S. (1987). Correlates of social support receipt. Journal of Personality and Social Psychology, 53 (1), pp. 71-80.

Gottlieb, B.H. (1986). Social Support Strategies. Beverly Hills, CA: Sage Publications, Inc.

Gottlieb, B.H. (1981). Social networks and social support in community mental health. In Gottlieb, BH (Ed.) Social networks and social support. Beverly Hills, CA: Sage Publications, Inc.

Hausknecht, M. (1962). The Joiners. New York, NY: The Bedminster Press.

Herek, G. M. (1989) Illness, stigma and AIDS. Master lecture presented at the 1989 APA annual meeting, New Orleans.

Hooyman, N.R., Fredriksen, K.I., & Perlmutter, B.. (1988). Shanti: An alternative response to the AIDS crisis. Administration in Social Work, 12, #2, pp. 17-30.

House, J. (1981) Work stress and social support. Reading, MA: Addison-Wesley Publishing Inc.

House. J.S., Robbins, C., & Metzner, H.L. (1982). The association of social relationships and activities with mortality: Prospective evidence from the Tecumseh Community Health Study. American Journal of Epidemiology, 116, #1, pp 123-140.

House, J.S., Umberson, D. & Landis, K.R. (1988). Structures and processes of social support. Annual Review of Sociology, 14, pp. 293-318.

House, J.S., Wells, J.A., Landerman, L.L.R., McMichael, A.J., & Kaplan, B.H. (1979). Occupational stress and health among factory workers. Journal of Health and Social Behavior, 20, pp. 139-160.

Interrante, J. (1987). To have without holding: Memories of life with a person with AIDS. pp. 55-61.

Joreskog, K.G. & Sorbom, D. (1989) Lisrel 7: A guide to the program and applications (2nd edition). Chicago, Ill: SPSS Inc.

Katoff, L. & Ince, S. (1988). Supporting People with AIDS: The GMHC model. New York, NY: Gay Men's Health Crisis.

Kaminer, W. (1984). Women volunteering: The pleasure, pain, and politics of unpaid work from 1830 to the present. Garden City, New York: Anchor Press, Doubleday & Co. Inc.

Kaufman, G.M. & Beehr, T.A. (1986). Interactions between job stressors and social support: Some counter-intuitive results. Journal of Applied Psychology, 71 (3), pp. 522-526

Kessler, R.C., Price, R.H., & Wortman, C.B. (1985). Social factors in psychopathology: Stress, social support, and coping processes. Annual Review of Psychology, 36, pp. 531-572.

LaRocco, J., House, J.J. & French, J.R.P. (1980). Social support, occupational stress, and health. Journal of Health and Social Behavior, 21, pp. 202-218.

Levinson, G. & Miller, R.L. (1992). HIV-related walk-in peer counseling: A response to the changing needs of the community. AIDS Patient Care, (Feb), pp. 28-33.

Lopez, D. & Getzel, G.S. (1987). Strategies for volunteers caring for Persons with AIDS. Social Casework: The Journal of Contemporary Social Work, pp. 47-54.

Marcelissen, F.H.G., Winnubst, J.A.M., Buunk, B. & De Wolff, C. (1988). Social support and occupational stress: A causal analysis. Social Science and Medicine, 26 (3), pp. 3650373.

Maslach, C. (1987). Burnout research in the social services: A Critique. Journal of Social Services Research, pp. 95-105.

Maslach, C. & Jackson, S.E. (1986). Maslach Burnout Inventory, Second Edition. Palo Alto, CA: Consulting Psychologists Press, Inc.

McGonagle, K.A., & Kessler, R.C. (1990). Chronic stress, acute stress, and depressive symptoms. American Journal of Community Psychology, 18, #3, pp. 681-706.

Morin, S.F., Charles, K.A. & Malyon, A.K. (1984). The psychological impact of AIDS on gay men. American Psychologist, Nov, pp. 1288-1293

Nungesser, L.G. (1986). Epidemic of Courage. New York, NY: St Martin's Press.

Ouellette Kobasa, S.C. (1990). AIDS and volunteer associations: Perspectives on social and individual change. the Millbank Quarterly, 68-24, pp. 280-294.

Patton, C. (1989). The AIDS industry: Construction of "Victims", "volunteers", and "Experts". In Porter, E., & Watney, S., (Eds.) Taking Liberties: AIDS and Cultural Politics. London, U.K.: The Serpents Tail.

Patton, C. (1985) Sex and Germs. Boston, MA: South End Press

Pedhazur, E.J. (1973). Multiple Regression in Behavioral Research: Explanation and Prediction (2nd Edition). New York: NY. Holt, Rinehart and Winston.

Perrow, C. & Guillen, M. (1990). The AIDS Disaster: The failure of organizations in New York and the nation. New Haven: CT. Yale University Press.

Rook, K.S. (1984). The negative side of social interaction: Imputation psychological well-being. Journal of Personality and Social Psychology, 46(5), pp 1097-1108.

Rosser, B.R.S. & Ross, M.W. (1988). Perceived emotional and life change impact of AIDS on homosexual men in two countries. Psychology and Health, 2(4), pp. 301-317.

Rubin, A. & Thorelli, I.M. (1984). Egoistic motives and longevity of participation by social service volunteers. Journal of Applied Behavioral Science, 20 #3, pp. 223-235.

Salomon, L.M. & Abramson, A.J. The Federal Budget and the Nonprofit Sector. Washington, D.C.: Urban Institute Press.

Selye, H. (1982). History and present status of the stress concept. In Goldberger, L., & S. Breznitz (eds.)., Handbook of Stress: Theoretical and Clinical Aspects. New York, NY: Free Press

Shilts, R. (1988). And the Band Played On. New York, NY: Penguin Books, Inc.

Sills, D. L. (1957). The Volunteers: Means and Ends in a National Organization. Glencoe, IL: The Free Press

Sontag, S. (1979). Illness as Metaphor. New York, NY: Vintage Books

Taylor, S.E., Falke, R.L., Shoptaw, S.F., & Lichtman, R.R. (1986). Social support, support groups, and the cancer patient, Journal of Consulting and Clinical Psychology, 54 (5), pp. 608-15.

Thoits, P.A. (1984). Coping, social support, and psychological outcomes: The central role of emotions. In Shaver, P (Ed.) Review of Personality and Social Psychology: Emotions, Relationships, and Health. Beverly Hills, CA: Sage Publications.

Tunnell, G. (1989). Complications in working with AIDS patients in group psychotherapy. Paper presented at the APA annual meeting, 1989, New Orleans.

Veiel, H.O.F., Brill, G., Hafner, J.H.H. & Welz, R. (1988). The social supports of suicide attemmpters: The different roles of family and friends. American Journal of Community Psychology. 16 (6), pp. 839-861.