Voluntary Sector Review

Staff and volunteers' perceptions of the Volunteer Programme: an alternative use of the Net Benefits Index

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Abstract:	Hager and Brudney (2004, 2005) developed a Net Benefits Index (NBI) to measure the performance of volunteer programmes. Their benchmarking tool scores an organisation's performance against six specific benefits and eight recognized challenges that organisations face in recruiting and managing volunteers. This paper extends the NBI by demonstrating its use as an internal programme evaluation tool within two health nonprofit organisations. By surveying all staff and volunteers (rather than relying on the organisational response from a single individual), the tool provides valuable insights into volunteer and staff attitudes about the volunteer programme. In addition to critiquing the NBI, this paper highlights reasons for divergent scores between volunteers and staff and the improvements such measures can make to a volunteer programme's effectiveness.
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Staff and volunteers' perceptions of the Volunteer Programme: an alternative use of the Net Benefits Index

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Staff and volunteers' perceptions of the Volunteer Programme: an alternative use of the Net Benefits Index

While paid staff are often necessary to manage and fulfil nonprofit organisations' contractual obligations, volunteers remain essential to many organisations in the sector. Situating volunteering within the dominant nonprofit workplace model (Rochester et al, 2010), research has shown that the organisations likely to benefit most from their volunteers are those with a well organised volunteer programme (Brudney & Kellough, 2000; Hager & Brudney, 2004, 2011); that is, who intentionally recruit, retain and deploy volunteers within the organisation as supporters, service providers and so on.

Volunteers endow a number of benefits on organisations, yet managing volunteer-tasked programmes can also be challenging (Howlett, 2010). The Net Benefit Index (NBI) developed by Hager and Brudney (2004, 2005) provides an approach for evaluating whether the benefits outweigh the challenges of an organisation's volunteer programme. This paper extends previous application of this tool and, using case studies of two nonprofit organisations in the health sector, explores the use of the NBI for internal organisational assessment. In doing so, the perceptions of paid staff and volunteers on the relative benefits and challenges of the volunteer prorgammes are compared.

Volunteers enable organisations to provide services that they could not otherwise deliver, enhancing connections with community, and potentially saving money (Cordery, Proctor-Thomson, & Smith, 2011; Hager & Brudney, 2004, 2005; Narraway & Cordery, 2009). In hospitals and hospices, volunteers also increase patient satisfaction (Hotchkiss, Fottler, & Unruh, 2009; Hotchkiss, Unruh, & Fottler, 2014). When the organisational culture

supports the volunteer programme, paid staff should be able to concentrate on the tasks for which they were employed, and organisational efficiency and effectiveness should increase (Netting, Nelson, Borders, & Huber, 2004).

Volunteer programme challenges are also evident: some organisations experience difficulty in recruiting sufficient volunteers, those with the right skills and experience, or those who are available when the organisation needs them most, and tensions can arise between volunteers and paid staff (Hager & Brudney, 2004, 2005; Netting et al., 2004). Hager and Brudney (2011) suggest that recruitment challenges are related to the nature of the organisation, but also to the extent of 'nurturing' within the organisational culture and volunteer management practices. Netting et al. (2004) agree, noting especially the benefits of volunteer management practices in minimising tension between staff and volunteers.

Although research has highlighted the benefits and challenges within volunteer programmes, the evaluation of these socially constructed notions typically draws on the views of one or two people within the organisation. Yet research shows that staff and volunteers might hold different views of their work within the same organisation (for example, Addington-Hall & Karlsen, 2005; Claxton-Oldfield, Hastings, & Claxton-Oldfield, 2008; Netting et al., 2004). It could therefore be expected that they would also have different views as to the benefits and challenges of the organisation's volunteers. Should these perceptions diverge significantly, then the potential benefits of the volunteer programme are unlikely to be maximised.

In the health sector, for example, Addington-Hall and Karlsen (2005) found that paid staff and volunteers' experiences of working differed significantly; however when management did not appreciate these differences, work effectiveness declined. Further, Claxton-Oldfield, Hastings & Claxton-Oldfield (2008) reported that hospice volunteers feel

most valued by patients and their families and least valued by doctors, social workers and nurses. In addition, volunteer managers noted one of their challenges was that their organisation's core staff (such as nurses) do not recognise volunteers' contributions as valuable; indeed nurses rated all other team members more highly than volunteers. Nevertheless, research shows that volunteers have a pivotal role in reducing barriers between health professionals and an organisation's community (South and Kinsella, 2011). Indeed, Hotchkiss et al. (2014, p. 1120) note "[i]n hospitals it is believed that volunteers add to the perceived quality by contributing to the happiness and comfort of patients, their families and visitors." A critical analysis of these studies highlights, therefore, the organisational benefits of volunteers, but the real possibility that the staff/volunteer working relationship does not recognise that value. Other challenges include lack of skills in volunteer management and barriers to accessing training for both volunteers and paid staff (Brewis et al. 2010).

Evaluating different perspectives on organisations' volunteer programmes is therefore necessary to alert organisational management to potential problems (Osborne, Bovaird, Martin, Trickear, & Waterston, 1995; Thomson, 2010). Such programme evaluation should enhance organisational learning and responsiveness. Internal stakeholders will be more committed to the process and more willing to engage with programme evaluation when it provides information about strengths and benefits, rather than merely weaknesses and challenges (Behn, 2003; MacIndoe & Barman, 2013)

One tool for assessing volunteer programmes is the Net Benefit Index (NBI) developed by Hager and Brudney (2004, 2005) which evaluates benefits and challenges. Their study was across US nonprofit organisations, but the research built on an analysis of benefits and challenges of volunteers in the public sector by Brudney and Kellough (2000). Hager and Brudney indicated two potential uses of the NBI: first as a viable means for systematic programme evaluation for internal organisational assessment purposes and,

secondly, through a composite measure, to compare and benchmark volunteer programmes across the voluntary sector. However, in refining and testing the tool, they followed only the second of these (see Hager & Brudney, 2004, 2005). The first objective, to contribute to programme assessment and improvement within organisations, was left as an unexplored possibility. Given the sensitivity to programme evaluation generally (Behn, 2003; MacIndoe & Barman, 2013), but also to the need to evaluate differing perceptions of staff and volunteers of the volunteer programme, we undertook research to ascertain the utility of the NBI for systematically internally assessing volunteer programmes. To explore whether there are conflicting perceptions held by staff and volunteers, we surveyed multiple staff and volunteers in two case studies. Staff included management and those delivering services; the volunteers were also drawn from across each organisation. Multiple views on the volunteer programme are important, because of the known tensions between paid staff and volunteers which can limit the success of volunteer programmes (for example, Netting et al., 2004). As ease of calculation was one of the strengths stressed by its developers, a further research objective was to reflect on the possibility of the NBI's regular use as an intra-organisational measure for monitoring changes to the volunteer programme.

The next section outlines the NBI, before we describe how we applied it. Following the presentation and discussion of the findings, the paper concludes by considering potential practical applications of the NBI and opportunities for further research.

Hager and Brudney's Programme Assessment Model

As noted, the NBI was developed by Hager and Brudney (2004) from Brudney and Kellough (2000) to assess whether the benefits of organisations' volunteer programmes outweigh their challenges. Their survey of charities and religious congregations in the United States (US) asked a single representative of each organisation to quantify the benefits and challenges of volunteers, with their responses then fed into the equation: NBI = Benefits

minus Challenges. The NBI Worksheet (figure 1) asks organisations to score whether having volunteers benefits the organisation to a 'great extent,' 'moderate extent' or 'not at all' in respect of six statements. These statements are derived from the benefits that Hager and Brudney (2004, 2005) extracted from literature, including Brudney and Kellough (2000).[3] Eight challenges of volunteer programmes are also listed in figure 1 (which were similarly derived), with organisations being asked whether the challenges are a 'big problem,' a 'small problem' or 'not a problem'. In order to derive their score, organisations must add the number of checks/ticks in each column, weight the six benefits and eight challenges and then deduct the challenges score from the benefits score. Using the Hager and Brudney (2004) multipliers, the highest possible score for an organisation (+16) would be achieved if volunteers posed no challenges and were beneficial 'to a great extent' and the lowest possible score (-16) where volunteers pose only 'big problems' and no benefits at all. Their premise (underpinned by the findings from Brudney and Kellough, 2000) was that organisations with a volunteer manager, volunteer training, rewards etc. (the hallmarks of a high quality volunteer programme) would score more highly on the NBI score. This had been borne out by the earlier research into public sector organisations (Brudney and Kellough, 2000).

INSERT FIGURE 1 ABOUT HERE

In 2003 The Urban Institute (Hager and Brudney, 2004) surveyed nearly 3,000 US charities and congregations, eighty per-cent of which utilised volunteers in their operations. The most frequent challenge that these organisations faced in their volunteer programmes was obtaining sufficient funds for supporting volunteer involvement. The other three items listed as 'big problems' by charities were 'recruiting volunteers available during the workday,' 'recruiting sufficient number of volunteers,' and 'lack of paid staff time to train and supervise

[3] Brudney and Kellough (2000) studied the use of volunteers in the public sector. They asked for a simple yes/no answer on 14 challenges and 14 benefits, and analysed these against 13 measures of quality for the volunteer programme as well as organisational size and percentage of volunteers to paid staff.

volunteers.' It should be noted that this last was highlighted by Netting et al. (2004) as cementing volunteers' reasons for departure, and that staff's negative attitude towards volunteers was also noted as a reason for volunteer turnover by Claxton-Oldfield et al. (2008).

The three greatest benefits stated by Hager and Brudney's (2004) respondents were 'increased quality of services or programmes you provide,' 'cost savings to your organisation,' and 'increased public support for your programmes, or improved community relations'. Similar challenges and benefits have since been reported by others (for example, Hager & Brudney, 2011; Hotchkiss et al., 2009; Hotchkiss et al., 2014; Manthorpe, 2007; Nicols & Ojala, 2009).

While it is useful to highlight common benefits and challenges, Hager and Brudney focus on a single NBI score, encouraging organisations to calculate and benchmark their own volunteer programme's NBI against other organisations that answered the survey. In their study, 8% were negative about their volunteer programmes (challenges outweighed benefits), 24% received a positive score (benefits outweighed challenges) between 0 and 5, 42% a score between 5 and 10, and only 26% scored above 10 (out of a maximum of 16). Terry, Harder and Pracht (2011) also utilised this approach in the US youth program 4-H, finding that services that included volunteers in a variety of roles were likely to score more highly, but that 21% of the 4-H programs scored more challenges than benefits (compared to 8% in Hager and Brudney).

Hager and Brudney's approach – and that adopted by Terry, Harder and Pracht (2011) - asks volunteer administrators or executive managers to identify the common problems and benefits of their organisation's volunteer programme. A single representative cannot reveal alternative viewpoints as may occur between staff and volunteers. Different viewpoints are important, paid staff and volunteers experience their work environment differently, and paid

staff are dominant in establishing and maintaining organisational culture (Addington-Hall & Karlsen, 2005; Netting et al., 2004).

Staff and volunteers are likely to hold different views of the effectiveness of the volunteer programme. For example, Addington-Hall and Karlsen (2005) found that hospice volunteers were significantly more likely than nurses to feel highly valued, to report that morale was high and that any disagreements between different groups had an insignificant impact on teamwork. Nevertheless, volunteers were significantly more likely to state that they did not receive a great deal of support from hospice staff, and nurses revealed they were unlikely to receive a great deal of support from volunteers. Accordingly, we believed that surveying these two different stakeholder groups (volunteers and staff) could provide greater perspective on the NBI data inputs and that it was likely that the volunteers would be more positive about the programme than staff (cf. Addington-Hall & Karlsen, 2005). Knowledge of such differences should improve management of a volunteer programme, to reduce volunteer turnover and staff/volunteer tensions. Indeed, Netting et al. (2005) recommend systematic questioning of paid staff/volunteer relationships and, by using the NBI measure, we hope to advance systematic questioning of the volunteer program itself.

Extending the Net Benefits Index: Research Method

This research was part of a study investigating how two nonprofit organisations in the health sector measured the impact of volunteers, which key performance indicators were used, and whether those indicators were linked to organisational outputs (reference omitted to maintain blind refereeing). As part of this larger study, case study methods of interviews, document reviews and analysis were undertaken. Nonprofit organisations in the health sector were selected for the two case studies, as volunteers are widely utilised in this sector and often formally managed through volunteer programmes (Hotchkiss et al., 2009). The two organisations were purposefully selected to be similar in order for the application of the NBI

to be compared.[4] Both organisations are located in a major urban centre of New Zealand and thus draw on the same geographical community for volunteers. Both are regarded locally as having well-managed volunteer programmes, and thus both were likely to score relatively highly on the NBI. However, while both organisations operate in the health sector, they have different foci. Organisation 1 is a regional provider of support and advice in respect of a health issue and is affiliated to a national organisation around the same disease. Organisation 2 is an independent hospice providing end-of-life care free of charge to patients. Organisation 2 therefore could be expected to show greater similarities to the other research on differences between staff and volunteers in similar clinical settings (Addington-Hall & Karlsen, 2005; Claxton-Oldfield et al., 2008). Organisation 1 provides an opportunity to assess an organisation with non-medical staff, while still being in the health sector.

These health organisations are "volunteer-involving organisations" in that volunteers are involved in delivering direct services, but paid staff are responsible for volunteer management (Hill and Stevens, 2011). This reflects the dominant workplace model of volunteering (Howlett, 2010, Rochester et al, 2010). The model is situated in a nonprofit paradigm where volunteers are viewed as unpaid labour contributing to the work of an organisation, and managed accordingly (Rochester 2006)[5]. As shown in table 1, volunteers in each of the case study organisation totalled more than 400, making these organisations dependent on volunteers who out-numbered paid staff more than 4:1.

INSERT TABLE 1 ABOUT HERE

Volunteers are involved in a variety of tasks. Both organisations involve volunteers in general and administrative support, fundraising and special events, and governance. In Organisation 1, volunteers are also involved in driving, coordination of volunteers, and health promotion. In

[4] Ethics approval was obtained from the University and the organisations where needed.
[5] Rochester (2006) identifies other perspectives as volunteering as serious leisure and volunteering as activism.

Organisation 2, the greatest number of volunteers work in the organisation's second-hand shops, with volunteers also involved in housekeeping, grounds maintenance, home visits, and as biographers for the terminally ill.

Survey process

To calculate the NBI, in each organisation all staff and volunteers were invited to participate in the NBI survey. We developed online and paper-based questionnaires for this purpose. In Organisation 1, there were 486 volunteers and 28 staff, the latter mainly office-based. Staff were individually emailed, as were volunteers with email addresses, and those without email addresses were posted a paper copy of the questionnaire. In Organisation 2 there were 420 volunteers and 93 staff. Again, the volunteers were either emailed or posted a questionnaire depending on the availability of email addresses. However, many of the staff were part time shift workers and did not use a work email account. In order to cater to this, copies of the questionnaire were provided in the staffroom and a request to participate in the survey was inserted in the staff newsletter. Every effort was made to encourage responses with pre-paid envelopes for postal surveys, a professional internet-based survey design (using Qualtrics), and advertising through the volunteer manager. These were designed to increase participation as suggested by Stopher (2012). However, the survey was anonymous with no identifying information collected from respondents, and therefore non-response bias could not be assessed. Neither did the organisations have data on the characteristics of the whole populations. Nevertheless, information was obtained from all participants about the area of activity in which they work or volunteer and the number of hours that they had volunteered in the prior month and in a typical month. Further, volunteers' ages and ethnicities were also collected.

In consultation with managers in both case studies, we amended the Hager and Brudney data collection instrument to split the statement 'increased public support for your programmes or improved community relations' into two, and to delete 'increased quality of services or programmes you provide' as it was perceived to be too similar to 'capability to provide levels of services you otherwise could not provide.' Thus, as suggested by Hager and Brudney, we maintained the number of benefits at six and the number of challenges at eight.

However, we also added a 'don't know' response category as Stopher (2012, p. 179) notes that it is essential to ensure that each question in a survey requires an answer for each respondent. This not only eases frustration for the respondent, but also indicates to the researcher that the respondent has not skipped a question unintentionally (or intentionally). Addington-Hall and Karlsen (2005) noted that volunteers were less likely than doctors or nurses to understand a great deal of what was happening in the hospice for which they volunteered, therefore, providing the 'don't know' category allowed for genuine lack of knowledge in a similar situation. Further, Claxton-Oldfield et al. (2008) also found that nurses in the hospice they studied were not knowledgeable about volunteer training, so it is likely that staff are also not fully aware of all the benefits and challenges of the volunteer programme. Nevertheless, mixed data (where some respondents have an opinion and others 'don't know') has limitations in that it introduces an additional bias, the extent of which is unknown.

The perceptions of volunteers and staff within two nonprofit organisations were analysed. The mean score for each benefit and challenge, as well as the NBI overall, was calculated for each group. As these were independent samples, we could have used a *t* Test (Meier, Brudney, & Bohte, 2009). Nevertheless, the higher risk of type 1 errors due to multiple analyses (the NBI, plus the individual components) led us to analyse whether there was a statistical difference between the respondents using an independent ANOVA test. The

ANOVA is a useful test for differences between two means in the organisations. We also undertook non-parametric tests (Mann-Whitney U) which showed similar results to the results presented below, suggesting a relatively normal distribution of data (Field, 2009). As respondents did not always know the answers to a question (responded 'don't know'), we calculated benefit and challenge scores by assessing their responses step-wise so that all possible answers were taken into account in the final score.

Findings

The findings are presented separately for each organisation. In this way, the use of the NBI and its components as an intra-organisational evaluation tool can be demonstrated.

Organisation 1: Health Advisory Charity

Staff across Organisation 1 work closely with volunteers, and a fulltime paid volunteer manager is part of the senior management team. While Organisation 1 values their volunteers highly, holding regular events to train and thank volunteers, it does not monetise the inputs and outputs of their volunteers. In respect of the NBI survey, we received 240 replies from 486 volunteers (49.3% response rate) and 13 (46.4%) of the 28 staff. The majority (88.6%) of Organisations 1's volunteers were of New Zealand European ethnicity (the dominant ethnicity in New Zealand), and most volunteers (85.2%) were aged 56 or older. Almost two-thirds (64.0%) were female. Activity data is shown in tables 2 and 3. The response rate is healthy, although it is evident that there is a number of 'don't know' responses (especially in B6, C2, C3, C6, C7 and C8 – see Table 4).

INSERT TABLE 2 & 3 ABOUT HERE

Of the six surveyed benefits, staff and volunteers agreed on the four most beneficial aspects of the volunteer program, with disparity between the final two. As shown in table 4,

the most beneficial aspect of the program was 'Capability to provide services that otherwise could not be provided,' followed very closely by 'Cost savings' and 'Enhance community relations' (with 'Increasing public donations and support' a close fourth). The links that volunteers establish between Organisation 1 and its community are invaluable for support and funding, as donations comprise 90% of its income (the balance is from investment income). On average, each item scored between a 'great benefit' and a 'moderate benefit.'

INSERT TABLE 4 ABOUT HERE

In respect of the challenges, the most challenging aspects of this volunteer program were 'Recruiting volunteers available at the right time,' '… with the right skills,' and '… in sufficient numbers.' These three were recorded as the most challenging by both staff and volunteers, albeit in different orders. Of particular note is that staff ranked fourth 'Lack of paid staff to train and supervise volunteers' while volunteers ranked this eighth (or the least problematic aspect of the program) (table 4). The difference between staff and volunteers' opinions on this challenge was the only one that was statistically significant ($F(1,211) = 9.374$, $p = .002$). In respect of the NBI, there was no difference between staff and volunteers in Organisation 1 (NBI Staff = 8.73, Volunteers = 8.71; $F(1,225) = 0.646$, $p = .785$).[6]

In addition to the 14 questions in the NBI, Organisation 1 asked us to survey staff and volunteers about two other possible challenges of the volunteer program: 'Appropriate communication with volunteers' and 'Appropriate recognition of the contribution of volunteers'. There was a statistically significant difference between staff and volunteers for recognition (table 5). While staff's rating was closer to 'a small problem' than 'not a problem' (m=0.83), volunteers believed recognition was 'not a problem' (m=0.11; $F(1,210) = 42.53$, $p = .000$). The interviews we undertook in addition to the survey, provided evidence

[6] With 16 being the maximum positive score, this score is half way to that total and therefore represents few problems and many benefits.

that volunteers were valued and recognised in many different ways. It could be suggested that Organisation 1 staff compensate for this perceived challenge by communicating well with its volunteers and providing appropriate recognition. As the survey showed that volunteers were satisfied with the way the organisation recognised them, this should ameliorate staff anxiousness of staff about the way they interact with volunteers.

INSERT TABLE 5 ABOUT HERE

Organisation 2: Hospice

In Organisation 2, it is the nursing staff who most closely work with the majority of the volunteers. The full-time paid volunteer manager in Organisation 2 is not part of the senior management team. Indeed, following an organisational restructure, this position is answerable to a senior manager who is also in charge of premises, risk and finance. The volunteer manager does not report directly to the Board and, while there is organisational interest in and dependence on volunteers especially for patient, family and friend support and for fundraising, the relationships between the volunteer manager and senior management were, at the time of the research, strained. Organisation 2 places an economic value on their volunteers in their annual report: NZ$507,150[7]. More than half (53%) of this organisation's funding is provided by government, reducing the need for this organisation to obtain funding from its community.

In respect of the NBI survey, there were 109 volunteers and 28 staff respondents, representing 25.9% of 420 volunteers and 30.1% of 93 staff. As with Organisation 1, the volunteers at Organisation 2 were mainly New Zealand Europeans (83.6%), and while there were slightly more younger volunteers, the profile was still dominated by older volunteers (69.2% were aged 56 years or older). 83% of Organisation 2 were female. The breakdown of the areas and number of hours volunteered are shown in table 6 and staff's areas and

[7] Based on 40,572 volunteer hours over 12 months valued at NZ$12.50/hr.

employment status in table 7. Compared to other data held by the organisation, shop volunteers were under-represented in the survey responses. This is also a lower level of responses than in Organisations 1, and there were more don't know responses to B6, C6 and C7 – see Table 8.

INSERT TABLE 6 & 7 ABOUT HERE

As shown in table 8, staff and volunteers scored the six benefits similarly in intensity (between a 'great extent' and a 'moderate extent') and in almost the same rank order. There was a difference between the third and fourth benefits; while staff ranked "improved community relations" third and "increased public support for your programs" fourth, volunteers ranked them fourth and third respectively. In respect of challenges, there were differences in ranking. While staff and volunteers identified the same first challenge ("volunteers available at the right time"), the second largest perceived challenge identified by staff ("lack of paid staff to train/supervise volunteers") was ranked second-to-last (7 out of 8) by the volunteers. Staff's third most challenging issue ("recruiting volunteers with the right skills") was ranked second most challenging by volunteers. This difference was statistically significant ($F(1,86)$ 8.159, $p = 0.005$). The other statistically significant difference shown in table 8, was volunteers' third ranked challenge "recruiting sufficient volunteers", which was ranked second-to-last (7 out of 8) by staff ($F(1,80)$ 13.898, $p < 0.0005$. In addition, the mean score for challenges was statistically significantly different between staff (3.20) and volunteers (4.93) ($F(1,117)$ 3.33, $p = 0.032$).

INSERT TABLE 8 ABOUT HERE

Further, there was a statistically significant difference between staff and volunteers in respect of the NBI (NBI Staff = 9.61, Volunteers = 7.07; $F(1,117)$ 1.225, $p = .004$) (table 8). In Organisation 2 the disjunction between the perceptions of staff and volunteers could be explained by the lower levels of

integration between these two groups, with volunteers mainly interacting with the volunteer manager and nurses, rather than with the organisation's staff more broadly. However, the low status of the volunteer manager within the organisational hierarchy may also have been an explanatory factor in this result. There was no statistical difference between staff and volunteers in Organisation 2 in respect of the additional challenges of "appropriate communication with volunteers" and "appropriate recognition of volunteers".

Discussion

The differences between staff and volunteers

We expected the NBI of these case studies to be relatively high (as is shown in tables 4 and 8) as Hager and Brudney (2004, 2005) found that organisations relying on volunteers reported higher benefits in their volunteer programmes. They also found that where a staff member had been allocated to manage a programme, and good practices were used to screen and match volunteers, volunteers would be perceived as providing higher benefits. Both of our case study organisations met these tests, and the survey results confirmed that staff and volunteers overwhelmingly agreed that volunteers were beneficial to these nonprofit organisations. The average NBI for Organisation 1 (8.48) and Organisation 2 (8.83) reflected positive volunteer programme performance compared to the Hager and Brudney study where 42% of organisations received a score between 5 and 10, with only 24% scoring over 10 out of a maximum possible of 16.

Nevertheless, following the literature (for example, Addington-Hall & Karlsen, 2005; Netting et al., 2004), we also expected there to be differences between the staff and volunteers. We found some evidence for this. First in the NBI total in Organisation 2, there was a significant difference between staff and volunteers, with volunteers being less optimistic about the net benefits than staff. In particular, volunteers in Organisation 2 ranked challenges higher than staff. In addition, perceptions of two challenges were significantly

different ("recruiting sufficient volunteers" and "recruiting volunteers with the right skills"). . However, in Organisation 1 the staff and volunteers' perceptions of the NBI were broadly similar, except for a statistical difference in one challenge ("lack of paid staff to train/supervise volunteers").

Pulich (2008) and Netting et al. (2004) are among those who recognise that health organisation volunteers are not cost-free, as they require training and managing, as well as appropriate support and recognition (Morris et al., 2012). This notion was tested in the current research where there were significant differences between the perceptions of staff and volunteers in Organisation 1 as to whether there are sufficient paid staff to train and supervise volunteers. Staff believed this was more of a challenge. Organisation 1 held an initial training course (described by some interviewees as 'rigorous' and 'intensive') and, following orientation, further training is provided. While this minimises risks and raises the quality of client services, it reflects a high level of investment (often outside of normal work hours) and it may be that it has been negatively received by staff who have to take part in training volunteers. In Organisation 2, staff also believed that training and supervising volunteers was more of an organisational challenge than the volunteers themselves.

In Organisation 2, the statistically significant differences in challenges between staff and volunteers were different and related to recruitment. Specifically, "recruiting sufficient volunteers" and "recruiting volunteers with the right skills". Volunteers' perceptions of these organisational challenges (recruitment sufficiency, availability and skill) ranked higher than staff. It may be that volunteers best see the consequences of the recruitment difficulties, such as not enough fellow volunteers, or being asked to cover more shifts. Volunteers may also assess the required skills against their own experiences of the volunteer work. In contrast, staff may not work closely with volunteers and so are less aware of the difficulties in recruiting them, or the absence of enough volunteers or skills on a day-to-day basis. During

interviews as part of the wider study, staff noted that recruiting a diversity of volunteers (in terms of age and ethnicity) was also a challenge. Payne (2001) found that other health-related nonprofit organisations have difficulty in recruiting volunteers from different cultural backgrounds.

In respect of benefits, the application of the NBI in these case studies confirms Wilson et al. (2005) that volunteers are key resources contributing to the financial stability of nonprofit health organisations. Interestingly, while the ranking of benefits by staff and volunteers in both Organisation 1 and Organisation 2 are roughly similar, staff and volunteers in Organisation 2 rate "cost savings" as more important than "ability to provide other/better services", while staff and volunteers in Organisation 1 ranked the latter first. This suggests more of a focus on cost savings in Organisation 2 than Organisation 1. Organisation 2 needs to highlight to staff and volunteers, the considerable investment they make in volunteers, as it appears that the focus is on the lack of payment, rather than the benefits in terms of delivering better services and gaining better public support.

These findings, that staff and volunteers' experiences of working differ, are similar to the literature (for example, Addington-Hall & Karlsen, 2005; Netting et al., 2004). While there are similarities, these differences must be understood by management in order to reduce the risk of future problems, including disenchanted volunteers or staff. There were more differences in Organisation 2, than Organisation 1. Organisation 2 was a hospice and more closely resembled the clinical context of other studies where differences between staff and volunteers have been found (e.g. Addington-Hall & Karlsen, 2005; Claxton-Oldfield, et al., 2008; South & Kinsella, 2011). We suggest that these tensions may be more readily observed in direct health delivery (i.e. Organisation 2), rather than in health advisory charities (i.e. Organisation 1). This is an area for further research. Not only is there likely to be a difference between types of organisations, but also in the different mix of activities

undertaken by staff and volunteers in the different organisations (see Tables 2, 3 7 and 7) and the levels of skills exercised by volunteers and staff in carrying out their tasks.

The effectiveness of the NBI measure

The fact that extra challenges were uncovered as a result of the qualitative case study, illustrates there may be other factors over and above the six benefits and eight challenges in the NBI of which organisations should be cognisant. It therefore could be suggested that the instrument is developed within the context in which it is used, to gain the most benefit from it.

Hager and Brudney's NBI tool, previously used as a sectoral benchmark, proved relatively easy to administer within an organisation. By widening the survey to staff and volunteers, a number of areas were highlighted for further work in the case studies. The combination of a small number of statements, and a simple three-item likert-scale was useful. Nevertheless, because we added a 'don't know' category, this resulted in fewer complete answers to the questionnaire which is a limitation of this approach. However, use of this 'don't know' category provides an indication of where staff and volunteers are less confident of their knowledge about the volunteer programme. For instance, they are most likely to have an opinion about the benefits (in particular cost savings and service provision), but fewer staff and volunteers had an opinion on challenges (in particular, regulatory constraints and the adequacy of funds to support the volunteer programme).

When an organisation values staff and volunteers' opinions, we believe it would allow the NBI to be reassessed on a regular basis. We acknowledge the technical difficulties of statistical analysis in smaller nonprofit organisations, but aids such as Meier et al. (2009) and Field (2009) are useful in this respect.

Hager and Brudney drew on the volunteer management literature to develop the items in the NBI, however there may be other benefits or challenges that an organisation deems

important. There is the potential to include additional challenges or benefits that are specific to an organisation; for example, in our nonprofit organisations, 'recruiting volunteers of diverse ages and ethnicities,' 'effective communication', and 'recognising the contribution of volunteers' were additional challenges. As an intra-organisational assessment tool, an organisation will need to judge what is important for them. They may find that some aspects of the NBI are less important in their case; for example, they may not directly work with clients and so the second benefit item ('more detailed attention to clients') may not apply.

The original NBI study (Hager & Brudney 2004) applied the tool to charities and congregations; these included human service organisations, education, health, and arts organizations. The majority, if not most, of these organisations are likely to fit into the dominant nonprofit workplace model of volunteering (Howlett, 2010, Rochester et al, 2010). They are also likely to work with 'clients' who are beneficiaries of their services; this could include – as in our study - patients, but also students, families, the homeless, and even animals. However, some sectors, such as environmental charities, may not identify a 'client' as clearly. Other benefits and challenge items may be less applicable to different organisations. For other volunteering paradigms – and Rochester et al. (2010) identifies volunteering as serious leisure and volunteering as activism – the NBI is likely to be even less applicable as in the Index volunteers are framed as unpaid labour who are managed accordingly (Rochester 2006).

While the NBI could be adapted to account for some difference in circumstances (and we note the modification to one of the NBI benefits applied in this study), modification of the Index does impact on its ability to be used as an external benchmarking exercise, one of Hager and Brudney's original aims (Hager & Brudney, 2004, 2005).

Conclusion

It is important to evaluate volunteer programmes if the benefits of volunteers are to be maximised and challenges minimised. Nonprofit organisations that employ (and pay) dedicated volunteer managers, adopt good volunteer management practices and rely on volunteers for a substantial proportion of their service delivery are likely to perform well on the NBI. As expected, when assessed by this simple benchmark tool, both of these New Zealand health organisations rated highly. However, by widening the assessment of volunteer contributions beyond that of a single volunteer manager, to include staff and volunteer perspectives, this research demonstrates a more complex organisational picture from which to analyse staff and volunteers' different viewpoints on the volunteer programme, especially in a hospice-based charity. It indicates the potential value of Hager and Brudney's work as a tool for understanding the dynamics of the volunteer programme from different perspectives. Our application also raises questions as to whether there are more marked differences between staff and volunteers in health delivery charities, rather than health advisory charities.

The NBI provided valuable feedback to both organisations by highlighting potential problems occurring in specific areas which challenge the volunteer programme; some of these problems were suspected by the organisations and some were previously unrecognised. Within these two case studies, we administered the tool anonymously, but organisations could gather answers from specific individuals (e.g. volunteer manager, senior management team, board members), or according to role (e.g. nursing staff, or episodic volunteers), function (e.g. fund-raising staff and volunteers), or location (e.g. different branches or sites). This would enable further intra-organisational comparisons, highlighting areas of strength but also where more attention is required. As an internal benchmark, the NBI provides an assessment of factors that are likely to affect the volunteer programme by highlighting the

benefits and challenges. It could be used in future periods to assess improvement, especially when interventions (e.g. recruiting more ethnically diverse volunteers) have occurred.

The NBI is not the only tool available, and measurement is not an end in itself and it may have unintended effects, especially when different audiences attribute different meanings to the results, or use measures for different purposes (Osborne et al., 1995; Thomson, 2010). Nevertheless, this extension of the Hager and Brudney (2004, 2005) instrument to volunteers and staff has confirmed that these groups have different views of the volunteer programme. Netting et al. (2005) recommend that diversity is recognised and managed. The NBI measure has highlighted areas for improving relationships and communication between staff and volunteers within and across organisations which should lead to better recruitment and retention practices.

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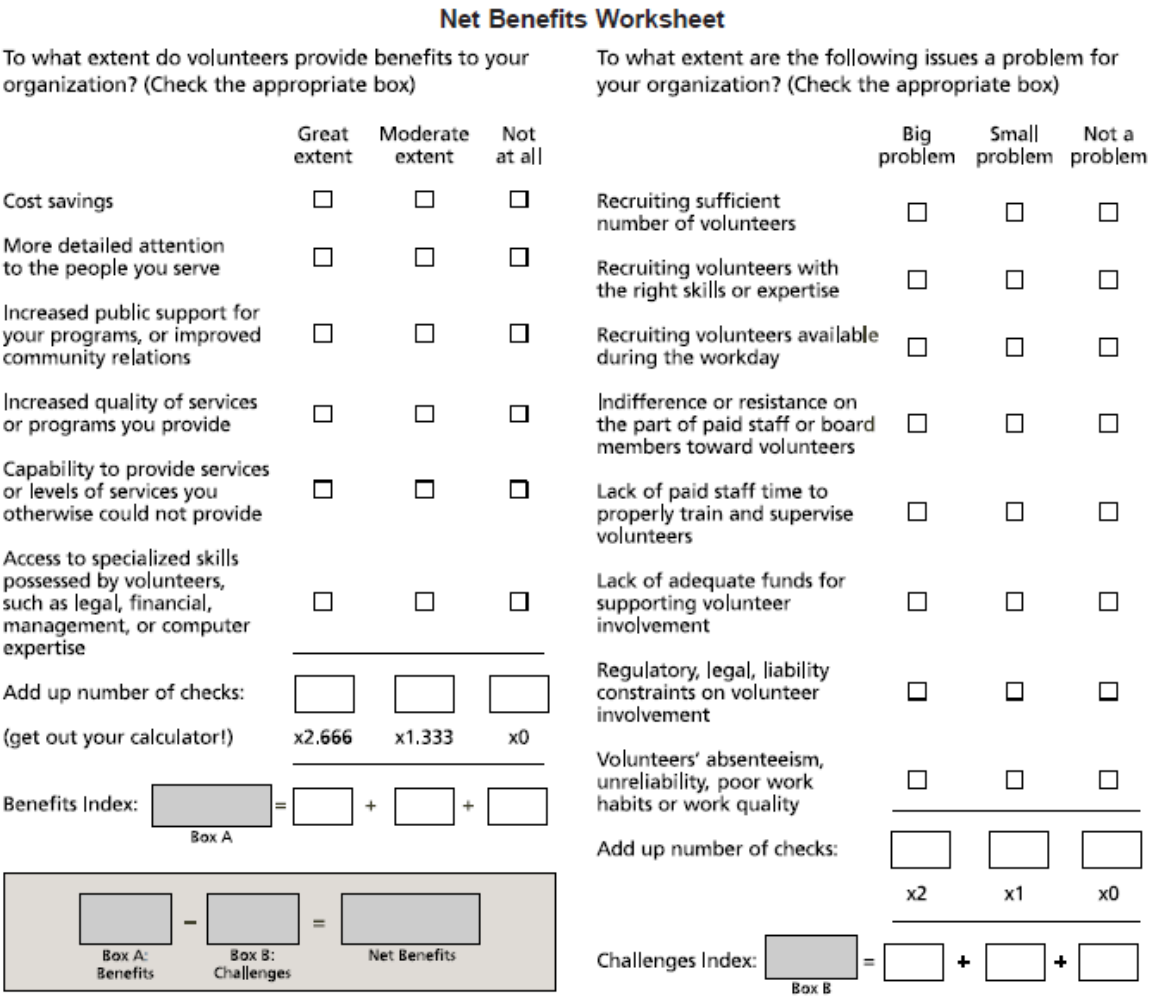
Figure

Figure 1: Hager and Brudney's Scoring Sheet (from Hager and Brudney, 2004)



Net Benefits Worksheet

To what extent do volunteers provide benefits to your organization? (Check the appropriate box)

	Great extent	Moderate extent	Not at all
Cost savings	☐	☐	☐
More detailed attention to the people you serve	☐	☐	☐
Increased public support for your programs, or improved community relations	☐	☐	☐
Increased quality of services or programs you provide	☐	☐	☐
Capability to provide services or levels of services you otherwise could not provide	☐	☐	☐
Access to specialized skills possessed by volunteers, such as legal, financial, management, or computer expertise	☐	☐	☐
Add up number of checks:			
(get out your calculator!)	x2.666	x1.333	x0

Benefits Index: [ ] (Box A) = [ ] + [ ] + [ ]

[ ] (Box A: Benefits) − [ ] (Box B: Challenges) = [ ] (Net Benefits)

To what extent are the following issues a problem for your organization? (Check the appropriate box)

	Big problem	Small problem	Not a problem
Recruiting sufficient number of volunteers	☐	☐	☐
Recruiting volunteers with the right skills or expertise	☐	☐	☐
Recruiting volunteers available during the workday	☐	☐	☐
Indifference or resistance on the part of paid staff or board members toward volunteers	☐	☐	☐
Lack of paid staff time to properly train and supervise volunteers	☐	☐	☐
Lack of adequate funds for supporting volunteer involvement	☐	☐	☐
Regulatory, legal, liability constraints on volunteer involvement	☐	☐	☐
Volunteers' absenteeism, unreliability, poor work habits or work quality	☐	☐	☐
Add up number of checks:			
	x2	x1	x0

Challenges Index: [ ] (Box B) = [ ] + [ ] + [ ]

Table 1: Attributes of Case Study Organisations

	Organisation 1	**Organisation 2**
Number of staff	28	96
Number of volunteers	486 regular, numerous episodic	420 regular, 500 episodic
Core function	Advocacy, support, education and fundraising	Short term palliative care, support, fundraising
Core services provided by	Volunteers and staff work together to provide programmes and support	Staff – volunteers 'provided icing on the cake'
Replacement cost value of volunteers (estimate)	*NZ$511,511(for one core support role only as data was not available for other roles)	*NZ$648,287 (for all regular volunteers)
Volunteer value as a % of Total Revenue	13.5%	6.95%

*NZ$1 is the equivalent of £0.52, US$0.85 and €0.61.

Table 2: Volunteer responses from Organisation 1 – areas and number of hours

Activity	Number of volunteer responses*	% of responses	# of hours volunteered in month			
			<5 hours	5-10	10-20	>20
Driving	153	44.9%	79	53	15	6
Fundraising/special events	100	29.3%	62	20	11	7
General Support	30	8.8%	12	4	7	7
Administrative support	29	8.5%	21	4	3	1
Coordination of volunteers	14	4.1%	6	3	3	2
Health promotion	12	3.5%	8	2	1	1
Governance	3	0.9%	2	1	0	0
Total	341	100.0%	190	87	40	24

* Respondents could check all that applied. The total number of unique responses = 240.

Table 3: Staff responses from Organisation 1 – areas and employment status

Activity	Number of staff responses*	% of responses	Full time/part time	
			>30 hours/week	<30 hours/ week
Support and Information	5	38.5%	4	1
Fundraising and Communication	3	23.1%	3	0
Administration	2	15.4%	2	0
Health Promotion	1	7.7%	1	0
Other	2	15.4%	2	0
Total	13	100.0%	12	1

Table 4: Net Benefits Index: Organisation 1

BENEFITS		**Staff (13)**	**Rank**	**Vols (240)**	**Rank**	**F**	**Sig. p=**	**CHALLENGES**		**Staff (13)**	**Rank**	**Vols (240)**	**Rank**	**F**	**Sig. p=**
B1. Cost savings	Mean SD N	2.33 (0.60) 12	**1**	2.21 (0.66) 212	**1**	0.415	0.520	C1. Recruiting sufficient volunteers	Mean SD n	0.92 (0.67) 12	**1**	0.88 (0.62) 154	**3**	0.033	0.857
B2. More detailed attention to clients	Mean SD N	1.78 (0.87) 12	**5 =**	1.98 (0.73) 197	**5**	0.813	0.368	C2. Recruiting volunteers with the right skills	Mean SD n	0.83 (0.58) 12	**2 =**	0.89 (0.54) 134	**2**	0.110	0.740
B3. Increased public support for your programs	Mean SD n	1.89 (0.69) 12	**4**	1.99 (0.76) 187	**4**	0.227	0.634	C3. Volunteers available at the right time	Mean SD n	0.83 (0.39) 12	**2 =**	0.97 (0.57) 149	**1**	0.620	0.432
B4. Improved community relations	Mean SD n	2.18 (0.67) 11	**3**	2.16 (0.65) 217	**3**	0.016	0.901	C4. Indifference/ resistance by staff/board	Mean SD n	0.33 (0.65) 12	**5**	0.21 (0.47) 173	**7**	0.746	0.389
B5. Ability to provide other/better services	Mean SD n	2.44 (0.52) 12	**2**	2.35 (0.61) 229	**2**	0.266	0.606	C5. Lack of paid staff to train/supervise volunteers	Mean SD n	0.42 (0.52) 12	**4**	0.11 (0.32) 201	**8**	9.374	0.002 **
B6. Access to specialized skills from volunteers	Mean SD n	1.78 (0.87) 12	**5 =**	1.74 (0.77) 137	**6**	0.023	0.879	C6. Inadequate funds to support vol. program	Mean SD n	0.25 (0.62) 12	**6 =**	0.42 (0.59) 132	**5**	0.862	0.355
								C7. Regulatory, etc constraints on volunteers	Mean SD n	0.17 (0.39) 12	**8**	0.44 (0.54) 108	**4**	3.041	0.084
								C8. Volunteer absenteeism, unreliability etc.	Mean SD n	0.25 (0.45) 12	**6 =**	0.40 (0.54) 122	**6**	0.883	0.349
TOTAL BENEFITS	Mean SD n	12.37 (2.71) 12		12.65 (2.68) 233		0.066	0.728	**TOTAL CHALLENGES**	Mean SD n	4.00 (2.70) 12		3.85 (3.05) 217		1.537	0.856
NET BENEFITS INDEX	Mean SD n	8.37 (3.55) 12		8.71 (4.17) 215		0.646	0.785								
ORGANIZATIONAL NET BENEFIT INDEX	Mean			8.48											

** $p < 0.005$

Table 5: Additional challenges: Organisation 1

ADDITIONAL CHALLENGES		Staff	Volun-teers	F	Sig. p=
Appropriate communication with volunteers	Mean SD n	0.42 (0.52) 12	0.19 (0.45) 205	2.808	0.095
Appropriate recognition of volunteers	Mean SD n	0.83 (0.39) 12	0.11 (0.37) 200	42.53	0.000***

*** p< 0.001

Table 6: Volunteer responses from Organisation 2 – areas and number of hours

Activity	Number of volunteer responses*	% of responses	# of hours volunteered in month			
			<5 hours	5-10	10-20	>20
Shops	47	29.4%	5	3	31	8
Grounds, Housekeeping, Meals	46	28.8%	26	8	8	4
Fundraising & Events	27	16.9%	9	1	14	3
Biographers and home visits	16	10.0%	5	5	4	2
Other	24	15.0%	6	5	9	4
Total	160	100.0%	34	18	44	13

* Respondents could check all that applied, the total number of unique responses = 109

Table 7: Staff responses from Organisation 2 – areas and number of hours

Activity	Number of staff responses	% of responses	Full time/part time	
			>30 hours/week	<30 hours/ week
Hospice core services	18	64.3%	8	10
Administration and Support Services	5	17.9%	5	0
Education, Research, Quality Improvement	4	14.3%	1	3
Fundraising	1	3.6%	1	0
Total	28	100.0%	15	13

Table 8: Net Benefits Index: Organisation 2

BENEFITS		Staff (28)	Rank	Vols (109)	Rank	F	Sig. p=	CHALLENGES		Staff (28)	Rank	Vols (109)	Rank	F	Sig. p=
B1. Cost savings	Mean SD n	2.62 (0.25) 28	**1**	2.42 (0.59) 94	**1**	2.887	0.092	C1. Recruiting sufficient volunteers	Mean SD n	0.33 (0.48) 21	**7**	0.85 (0.57) 61	**3**	13.838	0.000***
B2. More detailed attention to clients	Mean SD n	1.77 (0.74) 27	**5**	1.84 (0.72) 81	**5**	0.168	0.683	C2. Recruiting volunteers with the right skills	Mean SD n	0.48 (0.51) 23	**3**	0.89 (0.62) 64	**2**	8.159	0.005**
B3. Increased public support for your programs	Mean SD n	2.19 (0.65) 25	**4**	2.05 (0.73) 82	**3**	0.714	0.400	C3. Volunteers available at the right time	Mean SD n	0.69 (0.56) 23	**1**	0.96 (0.62) 70	**1**	3.193	0.077
B4. Improved community relations	Mean SD N	2.24 (0.63) 28	**3**	1.96 (0.70) 91	**4**	3.454	0.066	C4. Indifference/ resistance by staff/board	Mean SD n	0.13 (0.34) 24	**8**	0.34 (0.58) 76	**8**	3.038	0.084
B5. Ability to provide other/better services	Mean SD n	2.33 (0.59) 28	**2**	2.11 (0.66) 91	**2**	2.569	0.112	C5. Lack of paid staff to train/supervise volunteers	Mean SD n	0.52 (0.59) 23	**2**	0.39 (0.61) 80	**7**	0.885	0.349
B6. Access to specialized skills from volunteers	Mean SD n	1.60 (0.70) 20	**6**	1.40 (0.84) 64	**6**	0.975	0.326	C6. Inadequate funds to support vol. program	Mean SD n	0.35 (0.61) 17	**6**	0.51 (0.64) 51	**5**	0.778	0.381
								C7. Regulatory, etc constraints on volunteers	Mean SD n	0.47 (0.64) 15	**4**	0.41 (0.61) 51	**6**	0.093	0.762
								C8. Volunteer absenteeism, unreliability etc.	Mean SD n	0.41 (0.59) 12	**5**	0.69 (0.65) 71	**4**	3.307	0.072
TOTAL BENEFITS	Mean SD n	12.93 (1.95) 28		12.11 (2.58) 99		1.809	0.181	**TOTAL CHALLENGES**	Mean SD n	3.20 (2.70) 27		4.93 (3.84) 91		3.33	0.032*
NET BENEFITS INDEX	Mean SD n	9.61 (3.65) 27		7.07 (4.40) 91		1.225	0.007 *								
ORGANIZATIONAL NET BENEFIT INDEX	Mean	8.83													

* p < 0.05, ** p < 0.005, *** p< 0.001