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A Study of the Relationship Between Motivational Factors and Incentives Among Division Board Members of the American Heart Association, California Affiliate, Region III

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A Study of the Relationship Between Motivational Factors
and Incentives Among Division Board Members of the
American Heart Association,
California Affiliate, Region III

A THESIS SUBMITTED

by

Catherine Jensen

In Partial Fulfillment of the Requirements

for the Degree of

Master of

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March 8, 1997

A Study of the Relationship Between Motivational Factors
and Incentives Among Division Board Members of the
American Heart Association,
California Affiliate, Region III

This Thesis written by

Catherine Jensen

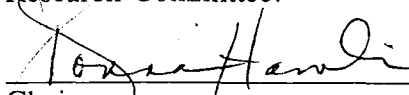
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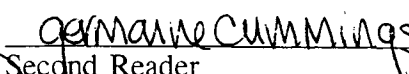
Master of Nonprofit Administration

at the


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Abstract

This study measured the motivational factors influencing the decisions of volunteers to serve the American Heart Association as division board members, and also measured actual outcomes these board members report experiencing as a result of such service. Comparisons were made to determine the degree to which there is a match between motives and incentives according to four distinct categories. The four categories were normative, rational, affiliative, and status. In addition, individual statements expressing board members' attitudes about their service were gathered. The results of the study were intended to provide information useful in board member recruitment and retention plans. The study revealed that, within the four categories, there was a high degree of correlation between the reasons individuals joined their current board and the actual incentives, or outcomes, being received. In general, board members appear to join primarily for normative reasons, followed by affiliative, status, and rational motives. When individual survey answers were examined, outcomes were reported at the same or higher levels within each category, except affiliative.

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Chapter 1: Introduction

Background of the Issue

There are approximately 1,140,000 nonprofit organizations in the United States. Of these, approximately 400,000 are member-serving organizations that exist primarily to serve the needs of the membership. Approximately 740,000 are public-serving organizations, which have been classified into ten major categories by the National Taxonomy of Exempt Entities: Arts, Culture, and Humanities; Educational; Environmental; Health; Human Services; International Foreign Affairs; Public and Societal Benefit; Religious; Mutual/Member benefit; and Unclassified. The nonprofit sector is continuing rapid growth, with approximately 29,000 organizations currently receiving tax-exempt status from the Internal Revenue Service each year (Moyers, 1994).

As a part of the U.S. economy, this "third sector" plays a major role. Over 7,000,000 Americans, or approximately 7 percent of the country's total work force, are employed by nonprofit organizations. These organizations have operating expenditures of over \$300 billion, representing more than 6 percent of the gross national product (O'Neill, 1989; Salamon & Anheier, 1994). In addition to the paid work force in the nonprofit sector, 70,000,000 teenagers and adults are estimated to participate in volunteer work for such organizations, with their donated time having a value equal to \$110 billion, 2.4 percent of the national income (Moyers, 1994; O'Neill, 1989).

A relationship between volunteerism and quality of life in a community has been discussed by several authors, with each factor influencing the other. Individuals often volunteer with the sole intention of helping some area of the community, often to fulfill an internal need to accomplish something noble or to form bonds with other like-minded people. Additionally, the overall desire by the community members to increase or maintain the quality

of life there commands the need for volunteers to take on the roles needed to accomplish the task (Hayes, 1994; Fiffer & Fiffer, 1994).

Increasing attention and resources are being devoted to helping nonprofit organizations make effective use of their volunteers. Prescriptions for the proper recruitment and orientation of volunteers are readily available. Retention of all volunteers is also viewed as an important issue, since turnover of volunteer labor does, in fact, cost the organizations in terms of training materials and staff time (Steinberg, 1987). Understanding the motivational factors influencing volunteers has been suggested as key to the issue of volunteer retention (Miller, 1985), and literature suggests that many of the same factors relate to the retention of volunteers serving in the role of board member as well.

Individuals are motivated to volunteer for a variety of reasons, and choose to do their volunteer work in a variety of roles. Since volunteers participate for such varied reasons, organizations might need to decide whether motives that may not be compatible with the goals and philosophy of the organization are acceptable in their volunteers, or if mission alone should drive the volunteer force (Houle, 1989; Puffer, 1991). The answer may be found in an evaluation of the volunteer roles the organization needs filled and the skills which those roles require.

One category of volunteers essential to nonprofit organizations is that of the board of directors. Boards of directors typically govern organizations in the nonprofit sector, and are ultimately responsible for ensuring that the organization fulfills its mission. To do so effectively, boards must be strong entities in themselves and have qualified members serving as trustees (Axelrod, 1994; Byrnes, 1993; Drucker, 1990; Herzlinger, 1994). Finding the "right" members for a particular organization's board is accepted as being an important function of those involved in the board development and recruitment process, usually some

combination of agency staff, current board members, and members of outside nominating committees (Carver, 1990; Drucker, 1990; Houle, 1989).

Finding the "right" people to serve on a particular board involves matching the interest, motivation, talent, and availability of individuals to an organization's mission, programs, and current needs in terms of essential roles to be filled. The role of board member is one of great importance to nonprofit organizations, and individual reasons for choosing to serve in this capacity are varied. Literature suggests that organization leaders should attempt to discover the real reasons behind their board members' participation. Organizations are encouraged to not only examine the reasons for initial acceptance of a board position, but also to look at the issues about their service that board members find most attractive and unattractive (Houle, 1989)—what factors make people want to continue in this role. Moyer (cited in Puffer, 1991) stressed the importance of an administrator for a voluntary organization and the board itself to understand the motives of volunteers and provide them with the appropriate incentives. For a mutually successful relationship to be established, the organization must meet the needs of its volunteers and board members just as the board members must meet the needs of the organization (Danoff & Kopel, 1994).

Although a significant amount of research has been conducted in recent years on the topic of volunteer motivation (Clary & Snyder, 1993; Latting, 1990; Miller, 1985; Widmer, 1989), authors suggest that the issue needs even more investigation. In a study exploring research needs on volunteerism, Asche and Janey (1990) asked volunteer practitioners, most of whom were volunteer coordinators, to rank certain categories of potential research in terms of perceived need. The highest percentage of respondents (96%) ranked "motivational issues" as their first choice. Added to this is the thought that many researchers have examined either motives for volunteering or incentives provided by organizations, but that few have looked at both issues simultaneously (Puffer, 1991). Literature specifically related to motivational

issues affecting board members has been found, but research on this topic as it relates to incentives provided has not been found.

An understanding of volunteer motives and incentives has potential benefits for specific organizations and the nonprofit sector as a whole. One such organization that may benefit from such an evaluation of volunteers is the American Heart Association.

Nationally, ranked by revenue level, the American Heart Association is listed as the twentieth largest nonprofit organization in the country, and the fifth largest in the field of health, with a fiscal year 1993/94 national income of over \$297,000,000 ("The NPT 100," 1995). In its audited financial statements for the fiscal year 1994/95, the California state organization reported revenues and expenses at just over \$24,000,000 (American Heart Association California Affiliate, 1995). The size of the AHA's national and state structures puts the organization in a prominent place among its fellow nonprofit agencies.

The American Heart Association (AHA), like so many other nonprofit organizations, is highly dependent on volunteers, and in many capacities. It has been estimated that over 5,800 people volunteered for the AHA in California year-round in the 1994/95 fiscal year. Over 525,000 people volunteered on at least a one-time basis. One of the roles in which individuals volunteer is that of board member to one of 116 local divisions of the AHA in the state. The position of division board member does not fall into commonly accepted board categories (The Board Connection, 1995), but is a hybrid position.

The California statewide Affiliate of the AHA has one governing board of directors which is overseeing the majority of the governance and policy issues facing the organization and holding legal and financial responsibilities. In addition to this one statewide governing board, local division boards of directors exist throughout the state to support the Affiliate governing board. Each local board has both fund raising and program implementation duties, and is staffed by a division director. Although their positions do not hold legal and policy-

making responsibilities, these board members oversee the activities of the AHA and carry out its mission in their local communities. They are expected to serve as the guardians of the AHA within their division. Current literature describes many potential functions of boards of directors. From these, the following list was developed as a description of the primary local duties that the AHA governing board expects these division boards to carry out:

- Monitoring the organization's programs
- Securing financial resources
- Serving as liaisons between the AHA and the division communities
- Assessing board effectiveness
- Recruiting new board members and assisting with their orientation

Statement of the Issue

Considering the number of volunteers involved as board members at the local division level—and their importance to the AHA in both fund raising and program implementation—little is currently known about what motivated their original involvement. It is also unknown whether these individuals' board service is satisfying the key areas of interest that initially prompted them to join the board. Understanding these two issues can assist the AHA in volunteer retention at this board level.

Since the AHA has volunteers performing in many different roles, and given the importance of role of division board member in the organization's success, this specific category of volunteers was selected for evaluation. Studies of general volunteers motivations and incentives have been conducted by other researchers, as have been studies on volunteers in the role of board member. However, studies relating and comparing the motives and incentives were not located. While gaining an understanding of all of the AHA volunteers' motives and incentives would be of value, it is felt that studying a specific group with similar

responsibilities would be the most reasonable approach. Relating the motives and incentives of this sub-set of AHA volunteers, division board members, should provide the organization with information of most immediate relevance to its mission. Other sub-sets of volunteers can be studied at a later date.

Definitions of Relevant Variables

Nonprofit organization. An organization that is legally prohibited from distributing any part of its net earnings for the benefit of any individual or private shareholder. Such organizations possess two additional characteristics: (1) they exist to provide a service or to advance a cause, and (2) they receive some portion of their income through tax-deductible contributions.

American Heart Association (AHA). A nationwide nonprofit organization whose mission is that of "fighting heart disease and stroke." The organization attempts to accomplish this mission through community education programs, professional education seminars, and through funding scientific research.

Affiliate. A "branch" of the American Heart Association. For the purposes of this research project, the term "Affiliate" will refer to the California Affiliate, unless otherwise specified.

Division. A geographic area, usually one or two cities, in which local volunteers have been organized to implement both fund raising and education activities, and staffed by a division director.

Division director. An AHA staff member with duties associated with specific geographic territories, or divisions, usually working in conjunction with volunteer boards of directors within these divisions.

Board member. In general terms—and as referred to by researchers in the current literature—this is a volunteer serving in a specific capacity as a member of a nonprofit organization's governing, advisory, or administrative board. The role of board member is assumed to differ from that of other volunteers within an agency, holding a higher degree of responsibility. For the purposes of this study and in reference to AHA board members, unless specified otherwise, a member of the volunteer group assisting with both fund raising and educational program implementation activities for the AHA within a specified geographic area, or division, who does not hold legal and financial responsibilities.

Normative motives. The desire to help the organization or others regardless of personal benefits to be gained.

Normative incentives. The knowledge that the work being performed is for a good cause.

Rational motives. The desire to volunteer based on some pursuit of self-interest.

Rational incentives. Material rewards or skills learned.

Affiliative motives. The desire for social interaction or to make business contacts.

Affiliative incentives. Social activities and having fun.

Status motives. The desire to be visible in the community and live up to expectations of others.

Status incentives. Recognition of work in the community or with important reference groups.

Specification of the Research Questions

The motivational factors influencing board members' involvement with the AHA will be investigated in this study, based on themes found in the review of current literature about boards of directors and on key areas of interest to the American Heart Association. Within these same themes, this study will investigate the incentives being provided to these volunteers, from the volunteers' perspective. Finally, the degree of congruity between the motives and incentives will be investigated. The specific research questions to be studied are:

- 1) What motivated individuals to join their current AHA board?
- 2) What incentives do these board members feel they are currently receiving?
- 3) To what degree is there a match between the two issues?

Board members from eighteen divisions were surveyed from the geographic area encompassing the counties of San Mateo, Santa Clara, San Benito, Monterey, Santa Cruz, and San Luis Obispo. These counties comprise one of the five AHA-defined regions within the state of California.

Importance of Study

While the AHA region under study will benefit the most from this study, and other regions of the Affiliate and other complete AHA Affiliates will find useful elements, there is a value to be gained from this study by the nonprofit community as a whole. Overall, this study will provide the nonprofit community with an overview of motivational factors as they relate to board members' decision to volunteer with a major nonprofit institution at this level and with the ongoing commitment it requires. In addition, information will be gained about the degree to which the organization is satisfying incentives identified as important to these board members.

In describing the 1980s, Young (1993) indicated that these years were "a decade of discovering and conceptualizing the field of nonprofit management and leadership, but it was also a period of learning that precious little solid research was available to respond to these questions and to help guide practice" (p. 3). The results of this study provide practical information that can, in fact, guide future planning and practice for the AHA within the specific region studied, the California Affiliate, and within the other AHA Affiliates.

Within the region studied, a base of knowledge will be gained about the factors that motivate AHA board members. This will assist staff and board members in future recruitment and retention, as individual interests can be better gauged to achieve a proper match between the individual and the AHA. Staff will learn whether or not current board members' interests are being satisfied through their board service, which will assist in board development plans. Such plans can be created with the intent of increasing volunteer retention at the division board level.

At both a statewide and national level, the study will serve two purposes. First, other regions within California and other affiliates may choose to use the results of this study to plan future action. Second, should these other geographic areas desire to determine answers

to the same research questions from their board members, the survey can be duplicated and modified to include additional factors identified by the study as well as any issues of local concern deemed appropriate.

Limitations of the Study

The study's results may be limited in their use for generalization since it is examining a specific type of board in one region in one state. Other types of boards, especially governing boards, and other parts of the state and country may face different issues regarding volunteer board motivation. These might include such issues as: the local economy, ruralness, proximity to research facilities or major medical institutions, and size of the nonprofit community.

Since the survey is anonymous, actual prescriptive work for individual divisions will be limited. No division directors will be able to identify weaknesses needing correction based on his or her own board's responses, unless these weaknesses were previously known.

Two of the boards surveyed work directly with the author of this work, and, although the survey was entirely anonymous, it is conceivable that personal biases may affect their answers. It is also possible that social norms may dictate answers, particularly on the motive questions.

Some of the board members surveyed have been volunteering for many years, and some changes in board structure have taken place within the last few years. Committee responsibilities and expectations of board members have been re-defined, and the answers by long-time board members may be influenced by such factors.

Finally, the survey relies on memories of board members in the section investigating original motivational issues and provides an overview of board member views at one point in time in the section describing actual current practices. Board members and staff will change,

and themes found in motivational factors and the provision of incentives might be expected to differ from year to year.

Chapter 2: Review of Related Literature

In reviewing literature related to the topic of board member motivation and incentives, the following three themes emerged as relevant to the research questions:

- The possible roles that different types of boards play for nonprofit organizations
- The need for organizations to understand volunteer motivations
- Categorizing motivational factors for members of nonprofit boards

The majority of the literature found looked at volunteers as a whole, with a portion specifically focusing on volunteers in the role of board member. The current study in part examines how the information fits within a specific group of volunteers, that of American Heart Association division board members.

Nonprofit Boards Assume Varied Roles

Boards of directors play a variety of roles and hold various responsibilities within nonprofit organizations. Axelrod (1994) recommends against describing all nonprofit board characteristics as the same, since the precise role and responsibility of each board will be determined by the particular institution's organizational and leadership variables. These variables include the organization's age, size and scope of mission, the presence or absence of paid staff, the leadership styles of a paid staff executive and the board chairperson, the manner in which board members are selected, and the composition of the board itself.

Although no two boards of directors may reasonably be expected to mirror each other, there are a number of specific responsibilities that boards can perform. Many authors (Axelrod, 1994; Carver, 1990; Connors, 1988; Drucker, 1990; Houle, 1989; Middleton, 1987; Panas, 1991; Stoesz & Raber, 1994) have described the range of roles, and they include:

- To determine the organization's mission
- To select the chief executive/executive director
- To review the executive's performance
- To engage in strategic planning for the organization
- To monitor the organization's programs
- To provide financial management
- To secure financial resources
- To serve as liaisons between the organization and its community
- To assess its own effectiveness
- To establish a selection and orientation process for new board members
- To ensure that the organization meets its legal and fiscal obligations

Since no two boards can be expected to be exactly alike in the degree to which they carry out certain responsibilities, it is important for organizations to clarify the duties of the board to potential members, and for individuals to give thought to whether an organization's board is involved in the activities that meet their particular interests. It is also important for potential board members to understand the type of board on which they are being asked to serve. There are three major types of boards among nonprofit organizations: policy-making, advisory, and administrative (The Board Connection, 1995). To achieve an understanding of these issues, there is general agreement that all board members need a proper interview and orientation to the role they are expected to play for a particular organization (Axelrod, 1994; Freyd, 1988; Houle, 1989). The literature suggests that such careful interviewing processes rarely occur. Little is done to determine a candidate's true interest, or to give them background information about the organization's goals, programs, finances, and the role expected of board members in terms of fund raising, personal giving, and time demands (Herman & Heimovics, 1991). This leaves new board members with unclarified or minimal

expectations, which does not serve the organization well, since there is the chance for dissatisfaction and inaction among the board members, in addition to questions of board member retention, legal compliance, and liability.

Organizations Need to Understand Volunteer Motivations

Nonprofit organizations are encouraged to think realistically about the reasons why someone might want to serve an organization in an all-volunteer position, particularly in the capacity of board member. The nature of the nonprofit sector, with its growth, complexity, and competition for volunteers creates the need for more sophisticated volunteer recruitment, training, and retention than in the past. The cost involved in volunteer turnover alone is offered as a key reason for the importance of paying attention to this issue (Danoff & Kopel, 1994; Steinberg, 1987).

Several authors suggest that organizations should attempt to identify the motivational factors behind a volunteer's interest in a particular role, with such information enabling staff to make effective use of volunteers. Specific individuals or groups may be targeted for filling future roles based on the profile revealed about current volunteers. In addition, organizations will be better equipped to provide proper incentives and rewards for service appropriate to individual or group interests (Danoff & Kopel, 1994; Houle, 1989). Understanding volunteers' motivation that prompts their service, and satisfying their needs, is thought to be a significant factor in volunteer retention (Danoff & Kopel; Miller, 1985, Widmer, 1989).

Widmer carries this thought to the recruitment function as well:

Boards should, it is clear, pay attention to incentives in their efforts to recruit and retain board members. Potential incentives should be made explicit to potential members. But because incentives are unique to each individual,

what one considers a reward another may consider meaningless. Incentives must be matched to the individual (p. 20).

Nonprofit board members are generally considered to be the guardians of the agency they serve, depending upon their defined duties and the type of board. Given the importance of their role, Houle (1989) says that "the more realistically a selecting authority faces the matter of motivation [of board members], the better will be the chances of finding effective people and convincing them that they should accept membership" (p. 26). The recruitment and orientation processes used by boards can affect whether boards recruit the "right" people to serve, and the productivity of their service once selected. Houle stresses that these tasks must be taken seriously by those responsible and not left to chance.

Axelrod (1994) acknowledges that there are a number of factors influencing the success with which a board carries out its responsibilities, two of which are the quality and commitment of those selected to serve as board members. She cautions that the quality and potential contribution of candidates chosen to serve on a nonprofit board alone will not necessarily create an effective board. As part of an overall board development program, organizations are urged to allocate the needed time and resources to the processes of recruitment, orientation, and retention of board members. She suggests that the growth of the nonprofit sector depends on the proper execution of these activities.

Nonprofit organizations are now competing for volunteers, according to Hay (1990), and strategies for the best use of volunteers are needed. People want their volunteer time used efficiently and effectively by the organization, and tend to cease their work for an organization when it is not. Such volunteer turnover mars the image of the nonprofit and diminishes the accomplishment of the mission. Hay also says that people typically volunteer to satisfy certain needs or to fulfill certain expectations, and urges nonprofit organizations to adopt strategies to help volunteers meet their needs to decrease the likelihood of turnover.

Comparable literature on competition for volunteers specifically in the role of board member was not found; however, it is assumed by this author that such competition exists at this level of volunteerism.

Categorizing Motivational Factors for Members of Nonprofit Boards

Motivations behind the acceptance of, or interest in, a volunteer position vary by individual. While much literature exists about general volunteer motivation (Clary & Snyder, 1993; Hay, 1990; Latting, 1990; Mackenzie, 1988; Puffer, 1991; Schindler-Rainman, 1988), information specific to the motivation behind volunteering in the role of board member is less abundant (McAdam & Gies, 1985; Widmer, 1989). The available information suggests that many of the same motivational factors are present in all levels of volunteer work. The role of governing board member, in particular, is one holding more and distinctly different responsibility and visibility than that of other volunteers, and extra emphasis is given to identifying factors motivating service in this role.

Perhaps the most commonly mentioned reason for service on a particular board is the desire to serve a cause in which the individual believes. Herman and Heimovics (1991) caution, however, that nonprofit executives must not simply assume that this is the only or primary motivating factor for board members. They suggest that executives, as well as the board members or committees responsible for board recruitment and development, attempt to discover what motivates individual board members. This will help build an understanding not only between the executive and the current board members, but will also help gather ideas about the possible motivations of future board members.

Houle (1989) suggests that altruistic motives should not be assumed to be the only reason for participation at the board level. He acknowledges that to obtain trustees who will do the organization the most good, nonprofits may often need to offer membership to

individuals who will join for reasons of self-interest. He suggests that most of these volunteers balance their altruistic motives with a set of self-interested ones. He says that this thinking is objected to by individuals who argue that boards should only have members prompted by altruistic intent, but he counters that those responsible for selecting board members should realize that such a board, however ideal, is unlikely to exist. Mixed motives stimulate most other activities in which adults are involved, and should be expected to guide actions in volunteer work as well.

In an effort to discover some of the key issues motivating board members, McAdam and Gies (1985) asked a sample why they serve, and four dominant responses were received. In ranking order, they are: to influence the practices of an organization believed to be providing a social good; to demonstrate a commitment to the community; to influence public policy; and to achieve a degree of personal recognition. They acknowledge that the individual motives for voluntary service on a board of directors are numerous, and that these four responses are merely representative.

In looking at the descriptions that one particular group of middle aged professionals used when referring to their own voluntary board service work, Wood (cited in Hall, 1992) found that they viewed their work not only as altruistic and civically valuable, but as offering self-enhancement, the opportunity for character growth, character expression, maturation, and development.

Some literature specifically encourages nonprofit board membership as a means for business professionals to increase their visibility and elevate their professional image (Lucht, 1988; Moore, 1989). Moore suggested marketing oneself, not only to the nonprofit organizations on whose board one would like to sit, but also by publicizing one's accomplishments once on a board as methods by which these professionals can expand their careers. While this article was written to describe mutual benefits that can arise from

relationships between businesspersons and organizations, the actions Moore suggested focus on the benefits individuals can receive, primarily through higher degrees of recognition among their business colleagues, in addition to leadership and skills development.

Bowen (1994) explored some of the reasons why business executives join nonprofit boards. Personal commitment to the mission of the organization was mentioned as an altruistic reason for participation at the board level. Other reasons were also mentioned, including the opportunity to escape from the pressures of business bottom lines, the idea of joining a new club, or the chance to improve a personal or industry-related public image in the community.

Isenberg (1993) suggests that business managers volunteering at high levels (including service on a board) in a nonprofit organization can create a mutually beneficial relationship. The organization can tap the business person's management skills, while the manager can be sharpening his or her own skills, becoming a more valuable employee.

In her study of volunteer motives and incentives among business professionals, Puffer (1991) explained that, from a career professional's perspective, volunteer work serves many purposes. These include gaining visibility, expanding one's contacts to benefit both the individual and their employer, building skills in strategic planning and marketing, and providing a balance in their lives in terms of social interaction and service that is removed from their career concerns. For the nonprofit organization, she says, these professionals often bring a network of contacts within their field that can be used to further the organization's mission and goals.

Some employers clearly encourage volunteerism among their employees, as a benefit to both the community and to the employee, which then benefits the company. In his book focusing on employee volunteerism, which he describes as the first of its kind, Forward (1994) explored the role of formal employee volunteerism programs in some of the largest

U.S. companies and the individual acts of volunteerism conducted by employees of these companies. When community needs demand involvement in the form of volunteers, these corporations and their employees are a ready source. The employees stressed that, through their volunteer work, they "receive back far more joy and personal gratification than we give" (p. 2). The senior executives of the companies explained that they have found the costs of maintaining such programs are minimal in comparison to the benefit the company receives in higher morale and in customer recognition of a good corporate citizen. These employees are available and willing to volunteer and participate in improving their communities in great part because their employers have adopted community service through volunteerism as part of their mission. It is viewed as a win-win situation.

Hanson, Hero, and Koch (1994) suggest in their study of Silicon Valley corporate community involvement that a model corporate community effort should include an employee volunteer program as one of its components. The authors suggest that companies formalize their volunteer programs, encourage employees to volunteer, and offer incentives for those who do. In addition, they specifically include the recommendation that corporations encourage service on nonprofit boards, as well as on school boards and civic boards and commissions.

Shaskin (cited in Danoff & Kopel, 1994) created a questionnaire based on Maslow's (1943) theory of human motivation. Maslow's theory states that human beings are motivated by certain needs, and that once a need is satisfied, the person can work toward meeting needs at a higher level. The hierarchy of needs has five levels: physiological, safety, love, esteem, and self-actualization. He says also that most activity is motivated by more than one of his theory's levels, and that behavior tends to be guided by the needs at several or all of the levels simultaneously. Shaskin used four of Maslow's five categories of need to categorize motivation, but did not rank the elements in a hierarchy. Instead, Shaskin examines an

individual's status within each category. Physiological needs are assumed to have been met, and are not included. As described by Danoff and Kopel (1994), Shaskin's classification measures the relative importance individuals place on the following categories:

- 1) Safety and Security: the feeling of having economic security, employment security, a satisfactory standard of living, and a general feeling of safety;
- 2) Social and Belongingness: the desire for social interaction and the desire to belong to a group;
- 3) Self Esteem: the feeling of self worth;
- 4) Self-Actualization: the feeling and search for self-development.

An incentive-barrier model of citizen involvement has been created by Widmer (1989). Her model proposes that individuals' motivation to participate is a function of both incentives and barriers to such participation. She defines incentives as "those things which incite or motivate participation through the expectation of valued outcomes" (p. 9). Four potential incentives for participation were described:

- 1) Material: tangible rewards that might be employment-related through working with an organization related to one's profession, such as skill development or making professional contacts, as well as personal rewards that might relate to their own ability to ensure the receipt of agency services by themselves or some closely related group;
- 2) Social: intangible rewards related to meeting new people and/or working with friends;
- 3) Developmental: intangible rewards related to personal growth and the utilization of skills already possessed;
- 4) Ideological: intangible rewards such as satisfaction and gratification that one expects to feel in the achievement of goals which do not benefit the individual

directly, but that one expects to feel simply as a result of working toward something in which they believe.

Although not distinguished as one of her defined categories, Widmer also describes a group of "service incentives," such as a belief in community service, the repayment of a debt to the organization or to society, the opportunity to help those less fortunate, or the belief that one's image requires it of them. Such service leads to valuable secondary outcomes, which fall into one of Widmer's four defined incentive categories. In her study of board members of human service agencies, Widmer found that, as Houle (1989) suggested, many of them reported participating for reasons from three or even four of her categories. In fact, most who indicated that their participation was prompted by a single incentive, usually related to their employment, actually ended their involvement when that incentive ceased to exist.

In a functional analysis of volunteer behavior, through which they sought to determine whether different individuals will be involved in the same type of volunteer activity for very different reasons, Clary and Snyder (1993) identified six motivational categories for volunteer activities:

- 1) Knowledge function: the desire to learn, to gain a greater understanding of people, or to practice skills and abilities already possessed;
- 2) Career function: the desire to enhance one's current job and future career prospects by gaining experience and contacts;
- 3) Value-expressive function: the desire to act on values important to oneself such as humanitarian values, altruistic concerns, or desires to contribute to society;
- 4) Social-adjustive function: the desire to join or belong to important reference groups, to gain social approval, or avoid social disapproval;

- 5) Ego-defensive function: the desire to reduce feelings of guilt or to resolve or escape from one's own personal problems;
- 6) Esteem enhancement function: the desire to enhance one's self-worth and self-confidence or to expand one's social network.

In another study of motivational factors and incentives among career professionals, Puffer (1991) states that her purpose was to determine whether volunteers were more satisfied and productive when their motives and incentives were congruent or incongruent. She acknowledges that many theorists have not only recognized that the motives and incentives in voluntary organizations are multiple, but they have developed their own typologies with categories to describe them. The majority of these theorists' typologies consist of three major categories: normative, rational, and affiliative. Puffer added a fourth category: status. A motive is described as a reason someone might have chosen to volunteer, and an incentive is described as an outcome of such service. Puffer's categories are:

- 1) Normative motives: the desire to help the organization or others regardless of personal benefits to be gained;
Normative incentives: the knowledge that the work being performed is for a good cause;
- 2) Rational motives: the desire to volunteer based on some pursuit of self-interest;
Rational incentives: material rewards or skills learned;
- 3) Affiliative motives: the desire for social interaction or to make business contacts;
Affiliative incentives: social activities and having fun; and
- 4) Status motives: the desire to be visible in the community and live up to expectations of others;

Status incentives: recognition of work in the community or with important reference groups.

The description of Puffer's study began with the assumption that professionals volunteer for many reasons, and that administrators should understand these reasons and provide appropriate rewards. From this arose the question of whether career professionals should be valued and rewarded equally, depending on whether their motives for volunteering are or are not compatible with the organization's goals and philosophy. Two possible viewpoints were suggested as a means to address the question, both revolving around the concept of congruence between motives and incentives and how their combination relates to individual satisfaction and performance. Puffer explains:

The congruence view advocates that administrators in voluntary organizations should accept volunteers' motives and provide incentives that satisfy these motives. The incongruence view advocates that administrators should manage volunteers' motives by using incentives to shape motives to become consistent with the values of the voluntary organization (p. 110).

The study's conclusions suggest that the congruence theory results in satisfied volunteers, since they are receiving the incentives that they desire, but that the incongruence theory ensures good performance among the volunteers, since they are receiving incentives based on how their motives fit with the organization's values.

Conclusion

Overall, the review of literature demonstrated the importance of matching the interests and needs of board members with an organization's mission, programs, and board roles. The review also revealed common categories of possible motivation for volunteers and board members. It is important to note that generalizations about truly "right" or "wrong" reasons

for participation in any volunteer work were not made by the authors whose work was studied. Most simply encourage nonprofit organizations to attempt to understand what motives may inspire or persuade new volunteer involvement for the organization. A realistic understanding of these factors will help the staff and current board members to engage in successful recruitment and retention practices.

Chapter 3: Method

Subjects

The American Heart Association California Affiliate is divided into five regions. All active division board members from Region Three within the affiliate were selected to receive the survey. Region Three covers the geographic area including the following counties: Monterey, San Benito, San Luis Obispo, San Mateo, Santa Clara, and Santa Cruz.

Research Design

Board members from Region Three in the California Affiliate of the AHA were surveyed to determine the answers to key questions:

- 1) What motivated individuals to join their current AHA board?
- 2) What incentives do these board members feel they are currently receiving?
- 3) To what degree is there a match between the two issues of expectation and fulfillment?

The answers to these questions were compared to determine the degree to which there is a match between the issues within four key categories. The four categories selected for use are those suggested by Puffer (1991) and encompass normative, rational, affiliative, and status motives and incentives for volunteer participation. The analysis will reveal whether AHA service is currently meeting the needs of its division board members, in addition to revealing the reasons individuals chose to volunteer as board members.

Subjects were also asked to rank the motives and incentives that they felt to be the most important. In addition, subjects were asked to indicate whether their volunteer service has benefitted them and, if it has, to describe how. In a very general manner, this

information will also reveal whether service with the AHA is meeting their needs as volunteers.

In addition, comparisons were made among various demographic and volunteer experience characteristics of the study subjects.

Instrumentation

An anonymous survey (Appendix A) was sent to a total of 227 board members representing the 18 active divisions within Region Three of the California Affiliate. A zero-to-ten-based scale was used to measure respondents' motivational factors and the degree to which certain potential incentives are being provided. The statements to which subjects were asked to respond were based on Puffer's four categories of motivation and incentives. The statements in the two sections were not necessarily an exact pairing of each motive and incentive, but rather each was associated with one of the four categories. Subjects were asked to prioritize the five statements deemed most important to them. Finally, demographic and volunteer experience information was requested to gain background information on the subjects. Several open-ended questions were also asked, allowing the respondents to identify additional motivational factors that influenced them to participate as a volunteer for the AHA, and to express their views about the degree to which this volunteer role has benefitted them and in what manner.

Procedures

Division board rosters were obtained from the AHA staff members working directly with them. Surveys were numbered and mailed to all board members on the rosters with pre-paid return envelopes. A cover letter was included with the survey, and the text of the letter included the names of two executive staff members who had offered their support of the

project, as well as the fact that the study was funded independently of the organization. The fact that the author of the study was also a staff member of the AHA California Affiliate was not included in the letter. The rationale for this decision was the desire to encourage board members to be honest in their answers, and the concern that there may be some reluctance to do so if it was widely known that a staff member would be reviewing individual responses. One follow-up mailing was sent to those board members not responding within five weeks of the first mailing, with a similar cover letter attached. The division directors were asked to encourage their volunteers to respond to the survey.

The sample population was selected because it was believed that evaluating the responses from volunteers within one entire region would provide the most consistency in subject selection. Many activities within the AHA occur on a region-wide basis, including various staff trainings for the staff members who work directly with these volunteers.

The survey instrument was pre-tested on a small group of nonprofit professionals, who provided feedback on its content. These individuals regularly work with volunteers or have done so in the past.

Conceptual Definitions of Relevant Variables

The motivational factors influencing division board member participation and the presence of certain potential incentives were measured according to the following categories:

- 1) Normative motives: the desire to help the organization or others regardless of personal benefits to be gained;
Normative incentives: the knowledge that the work being performed is for a good cause;
- 2) Rational motives: the desire to volunteer based on some pursuit of self-interest;

Rational incentives: material rewards or skills learned;

- 3) Affiliative motives: the desire for social interaction or to make business contacts;

Affiliative incentives: social activities and having fun; and

- 4) Status motives: the desire to be visible in the community and live up to expectations of others;

Status incentives: recognition of work in the community or with important reference groups.

Operational Definitions of Relevant Variables

The statements in the survey used to determine the motivational factors and the presence of certain incentives described above fell specifically into each of the four categories. Rankings of five or higher were considered relevant, with particular attention being paid to those statements receiving rankings of seven or higher. Survey respondents were considered to have had the particular motive and to have received the particular outcome described in each statement when a score of five or higher was given for the statement. A score of seven or higher was considered particularly significant. Survey respondents were considered to possess the category motive as a whole when the mean score from the statements within the category was five and seven or higher. They were considered to be receiving outcomes in the category as a whole when the mean score from the statements within the category was similarly five and seven or higher. The full survey and cover letters sent can be found in Appendices A, B, and C. The individual statements within each category, with the corresponding letter used in the survey, are as follows:

Normative Motive Statements:

- A) I wanted to contribute to my community.

- D) I felt a desire to give back to an agency that has assisted me directly, my family, or a group to which I belong.
- J) Either myself or someone I know has personal experience with cardiovascular disease.
- N) I felt that the AHA's mission is an important cause.
- R) I wanted to help others in preventing cardiovascular disease or in their recovery from it.

Normative Outcome Statements:

- A) I feel that this work is for a good cause.
- G) I feel that I am impacting individuals' lives.

Rational Motive Statements:

- C) I had a desire to learn more about the services and material available from the AHA directly for myself or someone close to me.
- E) I work in a related field and felt that it was important for my work to be involved with the AHA.
- H) I wanted to build skills that could be used in future board service or for my job.
- K) I wanted to practice skills that I do not use in my job.
- L) I wanted to learn about cardiovascular disease, its prevention, and/or advances in its treatment.
- Q) I wanted to do work that is very different from my job.
- T) As part of my job duties/position, I am expected to be active in the community.

Rational Outcome Statements:

- B) There are educational opportunities about cardiovascular disease, its prevention, and/or advances in its treatment.
- D) I have the chance to learn new skills.
- I) There are educational opportunities about the AHA, its services, and programs.
- J) I have the chance to use leadership skills.

Affiliative Motive Statements:

- F) I had friends on the board and wanted to work with them.
- I) A friend or colleague asked me to join.
- M) I wanted to meet new people in the community.
- O) I thought this would provide the opportunity to make contacts that would help me in my profession.
- V) I thought it would be fun.

Affiliative Outcome Statements:

- E) There is an opportunity for socializing.
- F) There is an opportunity to work with new people within my profession.
- L) There is an opportunity to meet new people.

Status Motive Statements:

- B) I had volunteered for the AHA in another capacity and wanted to increase my involvement.
- G) The organization I work for encouraged me to serve.
- P) I wanted to be seen as someone who cares about his/her community.
- S) I wanted the opportunity to be associated with other respected people within the community.

U) I wanted to live up to expectations of people who are important to me.

Status Outcome Statements:

C) I feel appreciated by staff and other volunteers.

H) I have positive feelings because of public recognition of the AHA's work
in the community.

K) I receive personal public recognition as a board member.

Treatment of the Data

The survey responses were analyzed according to four categories of potential motivational factors and incentives. From each of the two sections of the survey containing zero-to-ten-based scales, mean scores for each question were calculated, as were overall scores for the four categories described above. The results were used to record descriptive information about the factors that initially motivated these volunteers to participate as well as about the degree to which certain areas considered to be potential incentives are actually being provided by the organization.

The results of the questions about motivating factors were compared to the results of the questions about potential incentives to determine whether there is a match between the volunteers' motivations and the fulfillment of these potential interest areas. The results of this comparison provided information on whether the experience of volunteering in the capacity of board member for the AHA is meeting the needs of these board members according the areas of interest to them.

The sections in which the subjects prioritized the five most important statements within the areas of motivation allowed descriptive information to be gathered that would not have been possible based only on the zero-to-ten-scaled answers. The same section within the

area of incentives allowed comparison between the items subjects selected as the most important and whether they are being fulfilled.

The information received about the volunteers' demographics, volunteer backgrounds, and motivating factors was included in the results as a description of current board members. This information enabled the AHA to know more about who is volunteering for this specific role and why. Such information can be used to evaluate current recruitment and retention practices or to determine them for future application as deemed appropriate.

Suggestions for future research are made based on the findings of the study.

Chapter 4: Results

A total of 152 surveys were returned from the two survey mailings to 227 individuals, amounting to a 67 percent return rate. The number of individuals answering specific questions varied, and the results reflect this. Rather than disqualifying an entire survey that was incomplete, the calculations that follow are based on the number of answers in each specific category.

Demographic Information

The survey recipients were asked several questions intended to gather demographic information. In general, the boards are made up of more women than men, more Caucasian people than any other ethnicity, with a majority of individuals falling into the mid-to-upper forties age range. Gender was indicated by 148 survey recipients. Fifty-nine of the 148 board members were male, totalling 39.9 percent, and 89 were female, totalling 60.1 percent. Age was indicated by 146 survey recipients. The age of the board members ranged from 26 to 70, with the mean being 48.84, the median being 48.50, and the mode being 46.00.

Ethnicity was indicated by 147 survey recipients.

Table 1

Ethnicity Demographics

| | Number of Responses | Percentage Breakdown |
|-------------------------|--------------------------------|---------------------------------|
| Caucasian | 127 | 86.4 % |
| Hispanic | 6 | 4.1 % |
| Asian | 6 | 4.1 % |
| African-American | 8 | 5.4 % |
| Other | 0 | 0.0 % |

Satisfaction Levels

The survey recipients were asked to indicate their general satisfaction with their service as a board member for the AHA on a zero-to-ten scale. They were also asked to explain why, and were given room to explain why they might or might not be particularly satisfied. General satisfaction level was indicated by 148 survey recipients. The mean satisfaction level was 6.06, the median 6.00, and the mode 5.00.

Of the 148 respondents giving a numerical rating for their general satisfaction, 109 also wrote comments in the section that asked them to explain their rating. All responses are included in Appendix D, organized according to the satisfaction level indicated. Some general themes were found among the comments, although there was not necessarily consistency between these themes and the general satisfaction ratings given. Nor were there clearly more positive or negative comments. Comments containing similar sentiments fell across the satisfaction level spectrum. The most commonly expressed thoughts, along with the number of people who mentioned them, are listed in Table 2.

Table 2

General Satisfaction Common Comments

| Comment | Frequency |
|--|------------------|
| Too busy in own life, other activities/time conflicts with meetings/inability to give as much time as desired | 30 |
| A feeling of contributing to the community (through success in raising money, doing educational activities, and achieving the board's goals) | 25 |
| Too much fund raising | 9 |
| Met wonderful people/enjoy the people involved with on projects | 9 |
| Not enough people to do the work/lack of participation by some board members | 7 |
| Organization feels too large/lack of local decision-making | 7 |

Previous Volunteer Experience Within the AHA

Volunteers were asked whether they had served the AHA as a volunteer in another capacity prior to becoming board members. This was asked to determine whether the divisions are "promoting" volunteers to board roles, or bringing in new people to serve in these positions. In almost a two-to-one ratio, new volunteers appear to be the ones being asked to serve as board members.

A calculation was also made to determine if individuals who had served in prior volunteer roles for the AHA had any higher or lower general satisfaction levels than those who had not. It was thought that perhaps those who had been involved might have known more about what to expect out of their board service and indicate a higher satisfaction level. Those with such previous experience had a slightly higher general satisfaction mean than those without. Previous AHA volunteer experience was indicated by 146 survey recipients.

Table 3

Previous AHA Volunteer Experience

| | Number of Responses | Percentage Breakdown | General Satisfaction Mean |
|------------|--------------------------------|---------------------------------|--------------------------------------|
| Yes | 48 | 33.0 | 6.48 |
| No | 98 | 67.0 | 5.96 |

Of the 48 individuals who had volunteered for the AHA before becoming a member of their current board, 46 gave brief descriptions of the capacity in which they had volunteered. The most common area of volunteer work indicated was in fund raising activities, with 25 of the answers being related to this. This implies that event-specific volunteers are looked to when new board members are sought. The rest of the answers varied widely, and included CPR instruction, specific committee involvement (without specifying their particular activities within that committee), and service to the AHA in other geographic areas (again without specifying particular activities). All responses are included in Appendix E.

Board Experience

Apart from any past volunteer experience with the American Heart Association, board members were asked to indicate whether they had any experience sitting on other nonprofit boards and whether they had received any training for serving as a board member in general. In addition, they were asked to indicate the number of other boards on which they currently sit. More board members answered that they had some experience sitting on another board than did not. The number of other boards on which they currently sit is fairly few.

One hundred forty eight of the survey recipients answered the question about previous board experience or training. Eighty seven board members reported previous board experience or training, totalling 59 percent of the respondents, and 61 reported no such experience or training, totalling 41 percent of the respondents.

The number of other boards on which they sit was indicated by 148 survey recipients. The number ranged from zero to seven, with the mean number of boards being 1.49, the median being 1.0, and the mode being zero.

Of the 87 individuals who had experience serving on other other boards or who had received some training prior to coming onto their AHA board, 78 gave brief descriptions of their experience and training. The majority of these respondents did not indicate having received any formal training for board membership. Most had gained experience by simply sitting on a wide variety of other boards.

Benefits of Board Member Service and Potential Improvement of Benefits

The questionnaire asked the volunteers to describe the ways in which they had benefitted from their service as a volunteer for the AHA, and asked them to indicate what would allow them to gain more from their service. One hundred twenty one of the survey respondents gave answers to the first question, and 105 to the second. The full responses are included in Appendices F and G. Several thoughts were commonly expressed by multiple respondents, and are included in Tables 4 and 5.

Table 4

Ways in Which the Volunteers Have Benefitted: Common Responses

| Comment | Frequency |
|--|------------------|
| Sense of helping the community/working for a good cause/educating people | 45 |
| Met new people | 39 |
| Increased personal knowledge about cardiovascular disease/learned more about the American Heart Association and its programs | 30 |
| Learned new skills/personal growth | 17 |
| Recognition for work | 6 |
| None | 5 |

Table 5

Ways in Which Volunteers Could Benefit More: Common Responses

| Comment | Frequency |
|---|------------------|
| More time available/fewer time conflicts with board meetings and division activities | 36 |
| Getting more people involved/increased participation by current board members | 17 |
| More structured organization/more specific job descriptions | 6 |
| Educational opportunities regarding cardiovascular disease/interaction with patients, medical community | 5 |
| More local decision-making | 4 |

Motivational Factors

The survey recipients were asked to indicate the degree to which certain statements described their reasons for originally joining this board, on a zero-to-ten scale, with zero being "not descriptive at all" and ten being "totally descriptive." Their answers were examined (by both single statements and the four categories in which the statements fell) with particular interest paid to those answers of five or higher and of seven or higher, since the number of people ranking statements at these levels would shed light on the statement's significance. The same was done for the categories as a whole, with mean category figures determined by the single statement rankings. Four tables display the data by category. The number of answers used to determine percentages in each category vary slightly, since a respondent's answers were not used if they did not rank all of the statements in a given category. Each motivational category (normative, rational, affiliative, and status) will be discussed next, with a comparison to the other three categories.

Normative. The definition of a normative motive is “the desire to help the organization or others regardless of personal benefits to be gained.” One hundred fifty one answers were analyzed within this category, and the data appear in Table 6.

Normative motives were ranked the highest as a whole when compared to the other three categories. The mean of all statements falling into the category was 6.61, higher than any other category. Also, four of the five highest-ranked single statements were part of the normative motive category. The feeling that the AHA’s mission is important was the single most significant motivational factor, with a mean score of 8.62. More than 95 percent of the respondents ranked it higher than five, and more than 86 percent ranked it higher than seven. A desire to contribute to the community, to help in the prevention and recovery from cardiovascular disease, and a personal history with the disease were also highly ranked, being the second, fourth, and fifth highest-ranked statements in comparison to all 22 statements on motivation. The one statement in the normative category with a mean score significantly lower than the others, and falling into the 17th place in the same comparison, mentioned a desire to give back to an agency that has assisted the respondent or someone associated with them.

Finally, in the section of the survey asking board members to rank the motivational factors by importance to them, a normative statement was selected as the single most important one. Forty six out of 141 people responding to this question chose the statement describing a desire to contribute to the community as being of prime importance in their decision.

Table 6
Normative Motives

| Statement in survey | Mean of all answers | Number of answers of 5+ | Percentage of answers of 5+ | Number of answers of 7+ | Percentage of answers of 7+ |
|--|--|--|--|--|--|
| A) I wanted to contribute to my community. | 8.13 | 141 | 93.4 | 123 | 81.5 |
| D) I felt a desire to give back to an agency that has assisted me directly, my family, or a group to which I belong. | 3.15 | 53 | 35.1 | 29 | 19.2 |
| J) Either myself or someone I know has personal experience with cardiovascular disease. | 6.04 | 95 | 63.0 | 79 | 52.3 |
| N) I felt that the AHA's mission is an important cause. | 8.62 | 144 | 95.4 | 131 | 86.8 |
| R) I wanted to help others in preventing cardiovascular disease or in their recovery from it. | 6.87 | 124 | 82.1 | 90 | 59.6 |
| | | | | | |
| | Mean of all answers in category | Number of surveys with category mean scores of 5+ | Percentage of surveys with category mean scores of 5+ | Number of surveys with category mean scores of 7+ | Percentage of surveys with category mean scores of 7+ |
| Normative motives category as a whole | 6.61 | 124 | 82.1 | 69 | 45.7 |
| | | | | | |

Rational. The definition of a rational motive is "the desire to volunteer based on some pursuit of self-interest." One hundred fifty answers were analyzed within this category, and the data appear in Table 7.

Rational motives were ranked the lowest as a whole when compared to the other three categories. The mean of all statements falling into the category was 3.32. Also, two of the five lowest-ranked single statements were part of the rational motive category. The desire to practice skills not used in a current job or to do work that is very different from one's job were ranked very low. The statements receiving the highest rankings within the category were related to a desire to learn more about cardiovascular disease and the services and products available from the AHA; a feeling that an involvement with the AHA was important because of employment in a field related to the cause; and a desire to be active in the community. Even so, the highest mean score for any given statement in this category was only 4.39.

Table 7
Rational Motives

| Statement in survey | Mean of all answers | Number of answers of 5+ | Percentage of answers of 5+ | Number of answers of 7+ | Percentage of answers of 7+ |
|--|---------------------------------|---|---|---|---|
| C) I had a desire to learn more about the services and material available from the AHA directly for myself or someone close to me. | 3.71 | 67 | 44.7 | 26 | 17.3 |
| E) I work in a related field and felt that it was important for my work to be involved with the AHA. | 4.01 | 65 | 43.3 | 51 | 34.0 |
| H) I wanted to build skills that could be used in future board service or for my job. | 3.23 | 56 | 37.3 | 32 | 21.3 |
| K) I wanted to practice skills that I do not use in my job. | 1.89 | 35 | 23.3 | 13 | 8.7 |
| L) I wanted to learn about cardiovascular disease, its prevention, and/or advances in its treatment. | 4.39 | 80 | 53.3 | 45 | 30.0 |
| Q) I wanted to do work that is very different from my job. | 2.29 | 39 | 26.0 | 20 | 13.3 |
| T) As part of my job duties/position, I am expected to be active in the community. | 3.70 | 67 | 44.7 | 43 | 28.7 |
| | | | | | |
| | Mean of all answers in category | Number of surveys with category mean scores of 5+ | Percentage of surveys with category mean scores of 5+ | Number of surveys with category mean scores of 7+ | Percentage of surveys with category mean scores of 7+ |
| Rational motives category as a whole | 3.32 | 35 | 23.3 | 7 | 4.7 |

Affiliative. The definition of an affiliative motive is "the desire for social interaction or to make business contacts." One hundred fifty answers were analyzed within this category, and the data appear in Table 8.

Affiliative motives were ranked the second highest as a whole when compared to the other three categories. The mean of all statements falling into the category was 5.16. One of the five highest-ranked single statements was part of the affiliative motive category. This statement, which ranked third among all statements and had a mean rank of 6.99, said that a friend or colleague asked them to join the board. The feeling that joining the board would be fun, would provide the chance to meet new people, to work with friends already on the board, and to make business contacts were ranked next in importance within the category, and were ranked 6th, 9th, 10th, and 12th in comparison with the other statements.

Table 8
Affiliative Motives

| Statement in survey | Mean of all answers | Number of answers of 5+ | Percentage of answers of 5+ | Number of answers of 7+ | Percentage of answers of 7+ |
|---|--|--|--|--|--|
| F) I had friends on the board and wanted to work with them. | 4.43 | 70 | 46.7 | 44 | 29.3 |
| I) A friend or colleague asked me to join. | 6.99 | 116 | 77.3 | 99 | 66.0 |
| M) I wanted to meet new people in the community. | 4.59 | 81 | 54.0 | 54 | 36.0 |
| O) I thought this would provide the opportunity to make contacts that would help me in my profession. | 4.03 | 68 | 45.3 | 51 | 34.0 |
| V) I thought it would be fun. | 5.77 | 110 | 73.3 | 67 | 44.7 |
| | | | | | |
| | Mean of all answers in category | Number of surveys with category mean scores of 5+ | Percentage of surveys with category mean scores of 5+ | Number of surveys with category mean scores of 7+ | Percentage of surveys with category mean scores of 7+ |
| Affiliative motives category as a whole | 5.16 | 75 | 50.0 | 29 | 19.3 |

Status. The definition of a status motive is “the desire to be visible in the community and live up to expectations of others.” One hundred fifty one answers were analyzed within this category, and the data appears in Table 14.

Status motives were ranked the third highest as a whole when compared to the other three categories. The mean of all statements falling into the category was 3.62. Also, three of the five lowest-ranked single statements were part of the status motive category. Being encouraged by an employer to serve on this board, a desire to live up to expectations of others, or a desire to increase the level of involvement with the AHA from previous volunteer work for the organization were the feelings ranked in these five lowest. Two other statements in the category were ranked quite a bit higher, however, and were related to the desire to be seen as someone who cares about the community and the desire to be associated with other respected community members. These two statements had mean scores of 5.29 and 5.06, respectively, and fell into seventh and eighth place among the 22 motive statements.

Finally, in the section of the survey asking board members to rank the motivational factors by importance to them, a status statement was selected as the single least important one. Twenty two out of 144 people responding to this question chose the statement describing a desire to live up to expectations of others as being of least importance in their decision.

Table 9
Status Motives

| Statement in survey | Mean of all answers | Number of answers of 5+ | Percentage of answers of 5+ | Number of answers of 7+ | Percentage of answers of 7+ |
|--|---------------------------------|---|---|---|---|
| B) I had volunteered for the AHA in another capacity and wanted to increase my involvement. | 2.84 | 49 | 32.5 | 37 | 24.5 |
| G) The organization I work for encouraged me to serve. | 2.18 | 34 | 22.5 | 24 | 15.9 |
| P) I wanted to be seen as someone who cares about his/her community. | 5.29 | 96 | 63.6 | 67 | 44.4 |
| S) I wanted the opportunity to be associated with other respected people within the community. | 5.06 | 95 | 62.9 | 66 | 43.7 |
| U) I wanted to live up to expectations of people who are important to me. | 2.63 | 46 | 30.5 | 24 | 15.9 |
| | | | | | |
| | Mean of all answers in category | Number of surveys with category mean scores of 5+ | Percentage of surveys with category mean scores of 5+ | Number of surveys with category mean scores of 7+ | Percentage of surveys with category mean scores of 7+ |
| Status motives category as a whole | 3.62 | 38 | 25.2 | 9 | 6.0 |

Outcomes

In the same manner that respondents were asked to provide information on motivational factors, survey recipients were also asked to indicate the degree to which some potential outcomes, or results, are actually occurring on their particular AHA board on a zero-to-ten scale. The same calculations were done for the answers in this section as were done for motivational factors, and the data are displayed in four tables. Each outcome category will be discussed in a comparison to the other three categories.

Normative. The definition of a normative outcome is "the knowledge that the work being performed is for a good cause." One hundred fifty one answers were analyzed within this category, and the data are presented in Table 10.

Normative outcomes were ranked the highest as a whole in comparison to the other three categories. The category mean was 7.80, and two of the five highest-ranking single statements were in the normative category. The single highest-ranking statement, with a mean rank of 9.24, described a feeling that the work is for a good cause. One hundred percent of the answers were five or higher, and 94 percent were seven or higher. For the statement indicating that the respondents feel their board activities have an impact on individuals' lives, the mean fell to 6.37.

Finally, in the section of the survey asking board members to rank the outcomes by importance to them, a normative statement was selected as the single most important one. One hundred sixteen out of 144 people responding to this question chose the statement indicating that the work they are doing is for a good cause. The same statement ranked highest in actual scores as previously described.

Table 10
Normative Outcomes

| Statement in survey | Mean of all answers | Number of answers of 5+ | Percentage of answers of 5+ | Number of answers of 7+ | Percentage of answers of 7+ |
|---|--|--|--|--|--|
| A) I feel that this work is for a good cause. | 9.24 | 151 | 100 | 142 | 94.0 |
| G) I feel that I am impacting individuals' lives. | 6.37 | 111 | 73.5 | 82 | 54.3 |
| | | | | | |
| | Mean of all answers in category | Number of surveys with category mean scores of 5+ | Percentage of surveys with category mean scores of 5+ | Number of surveys with category mean scores of 7+ | Percentage of surveys with category mean scores of 7+ |
| Normative outcomes category as a whole | 7.80 | 141 | 93.4 | 110 | 72.8 |

Rational. The definition of a rational outcome is "material rewards or skills learned." One hundred fifty answers were analyzed within this category, and the data are presented in Table 11.

Rational outcomes were ranked the second highest as a whole when compared to the other three categories, with an overall mean of 6.25. Two of the five highest ranking single statements were in the rational outcome category. The chance to learn about cardiovascular disease ranked the highest in the category, with 89.3 percent of the survey recipients ranking this outcome as five or higher, and 70.0 percent as seven or higher. Educational opportunities about the AHA itself and the opportunity to use leadership skills had mean ranks of 6.43 and 6.25, respectively. The chance to learn new skills was ranked the lowest of the statements within the category, with a mean of 4.73.

Table 11
Rational Outcomes

| Statement in survey | Mean of all answers | Number of answers of 5+ | Percentage of answers of 5+ | Number of answers of 7+ | Percentage of answers of 7+ |
|--|--|--|--|--|--|
| B) There are educational opportunities about cardiovascular disease, its prevention, and/or advances in its treatment. | 7.57 | 134 | 89.3 | 105 | 70.0 |
| D) I have the chance to learn new skills. | 4.73 | 94 | 62.7 | 43 | 28.7 |
| I) There are educational opportunities about the AHA, its services, and programs. | 6.43 | 118 | 78.7 | 78 | 52.0 |
| J) I have the chance to use leadership skills. | 6.25 | 121 | 80.7 | 81 | 54.0 |
| | | | | | |
| | Mean of all answers in category | Number of surveys with category mean scores of 5+ | Percentage of surveys with category mean scores of 5+ | Number of surveys with category mean scores of 7+ | Percentage of surveys with category mean scores of 7+ |
| Rational outcomes category as a whole | 6.25 | 115 | 76.7 | 63 | 42.0 |

Affiliative. The definition of an affiliative outcome is "social activities and having fun." One hundred forty nine answers were analyzed within this category, and the data can be found in Table 12.

Affiliative outcomes were ranked the lowest as a whole when compared to the other three categories. The mean of all statements falling into the category was 4.83. Also, three of the five lowest-ranked single statements were part of the rational motive category. The opportunity to work with new people within one's profession ranked the lowest of all single statements. The opportunity for socializing received a higher mean ranking, and the opportunity to meet new people higher still.

Table 12
Affiliative Outcomes

| Statement in survey | Mean of all answers | Number of answers of 5+ | Percentage of answers of 5+ | Number of answers of 7+ | Percentage of answers of 7+ |
|--|--|--|--|--|--|
| E) There is an opportunity for socializing. | 4.97 | 95 | 63.8 | 44 | 29.5 |
| F) There is an opportunity to work with new people within my profession. | 3.71 | 62 | 41.6 | 39 | 26.2 |
| L) There is an opportunity to meet new people. | 5.79 | 103 | 69.1 | 59 | 39.6 |
| | | | | | |
| | Mean of all answers in category | Number of surveys with category mean scores of 5+ | Percentage of surveys with category mean scores of 5+ | Number of surveys with category mean scores of 7+ | Percentage of surveys with category mean scores of 7+ |
| Affiliative outcomes category as a whole | 4.83 | 75 | 50.3 | 34 | 22.8 |

Status. The definition of a status outcome is "recognition of work in the community or with important reference groups." One hundred fifty one answers were analyzed within this category, and the data can be found in Table 13.

Status outcomes were ranked the third highest as a whole when compared to the other three categories. The mean of all statements falling into the category was 5.74. A statement from this category falls in each of the five highest and lowest-ranking single statement groups. While receiving personal public recognition as a board member ranked low, being the second lowest-ranking single statement, a feeling of being appreciated by staff and other volunteers ranked third highest, with a mean of 7.40, and 88.7 percent of surveys ranking it five or higher and 68.2 percent ranking it seven or higher.

Finally, in the section of the survey asking board members to rank the outcomes by importance to them, a status statement was selected as the single least important one. Forty-one out of 137 people responding to this question chose the statement indicating that the public recognition they receive as a board member is of least importance to them.

Table 13
Status Outcomes

| Statement in survey | Mean of all answers | Number of answers of 5+ | Percentage of answers of 5+ | Number of answers of 7+ | Percentage of answers of 7+ |
|---|--|--|--|--|--|
| C) I feel appreciated by staff and other volunteers. | 7.40 | 134 | 88.7 | 103 | 68.2 |
| H) I have positive feelings because of public recognition of the AHA's work in the community. | 6.08 | 115 | 76.2 | 77 | 51.0 |
| K) I receive personal public recognition as a board member. | 3.74 | 64 | 42.4 | 27 | 17.9 |
| | | | | | |
| | Mean of all answers in category | Number of surveys with category mean scores of 5+ | Percentage of surveys with category mean scores of 5+ | Number of surveys with category mean scores of 7+ | Percentage of surveys with category mean scores of 7+ |
| Status outcomes category as a whole | 5.74 | 102 | 67.5 | 46 | 30.5 |

Comparisons of Category Rankings between Males and Females

The survey recipients were asked to indicate their gender. Beyond using this information for demographic information on the make-up of the current boards, comparisons were made on whether males and females as a whole ranked the motive and outcome categories differently. Each individual's mean ranking of a category was tabulated, and percentages of those who ranked a category of five or higher and seven or higher are included in Table 14, with "M" representing males and "F" representing females.

There was a large degree of similarity in the rankings on both the motives and outcomes. A few gender differences were found, however, within each category. In the normative category, one difference noted is the number of females ranking normative motives at higher than seven versus the number of males ranking them here. In the affiliative category, the largest difference was found in the outcome levels of both five and seven or higher, with more females reporting the receipt of such outcomes. In the rational category, again more females reported receiving such outcomes, at least at the five or higher level, with the gender gap closing at the seven or higher level. Finally, males ranked status motives noticeably higher than did females, particularly at the five or higher level.

Table 14**Percentage of Males and Females with Mean Category Rankings Above Five**

| | Motives | | Outcomes | |
|---------------------|--------------------|--------------------|--------------------|--------------------|
| | 5 or higher | 7 or higher | 5 or higher | 7 or higher |
| Normative: | M: 84 % F: 81 % | M: 39 % F: 49 % | M: 95 % F: 92 % | M: 74 % F: 70 % |
| Affiliative: | M: 49 % F: 49 % | M: 18 % F: 19 % | M: 42 % F: 55 % | M: 14 % F: 25 % |
| Rational: | M: 23 % F: 25 % | M: 7 % F: 2 % | M: 70 % F: 80 % | M: 39 % F: 40 % |
| Status: | M: 33 % F: 19 % | M: 9 % F: 4 % | M: 68 % F: 66 % | M: 33 % F: 27 % |

Comparisons of Motivational Factors and Outcomes

This portion of the study will examine whether there is a match between the reasons individuals joined their board and the outcomes they are receiving as a result of their board service. Put simply, are the board members getting what they wanted to or thought they would get?

The first comparison of the motivational factors and outcomes can be made by examining the order in which the four categories were ranked as a whole. For motives, the order from highest to lowest was normative, affiliative, status, and rational. For outcomes, the order was normative, rational, status, and affiliative.

In looking at the responses as a group and on a general scale, normative needs appear to be being met, since factors falling into the normative category were the most motivating for individuals, and since the outcomes in the normative category received the highest ranking. The same may not necessarily be true for the affiliative and rational categories, though.

While affiliative motives ranked high in terms of prompting individuals to join their board, the actual outcomes being received fall into the lowest position. Conversely, rational motives were not expressed as significant to people in their decision to join, but the study subjects report receiving outcomes in this category more so than they are receiving status or affiliative outcomes. Status motives and outcomes both fell into the third-ranking position.

To go beyond generalities, a more detailed evaluation of these figures was made within each category. The responses on each survey were examined to determine whether, on an individual basis, there was a match between motives and outcomes. The question posed was: Within each of the four categories, to what degree is there a match between an individual's mean ranking of a motivational category and an outcome category? The results of this evaluation can be found in Tables 15, 16, 17, and 18, with the number of survey respondents who fell within each of the nine possible table segments indicated.

Results from the analysis of individual responses concerning normative motives and outcomes were in agreement with group analysis results on a more general scale, and can be found in Table 15. The largest group of respondents felt that normative motives were important in their decision to join the board, and they indicated that they are actually receiving these outcomes, with scores higher than seven in each. The second largest group ranked rational motives above five, and indicated that they are receiving outcomes above seven. Of the 151 individuals answering in this category, 79 of them, representing 52%, can be said to be receiving outcomes at the same level as their motivations. Sixty individuals, or 40%, are receiving outcomes at a higher level than had motivated them. Twelve of them, or 8%, are receiving outcomes lower than had motivated them.

Table 15

Normative Motives and Outcomes: Individual Ranking Comparison

| | | | |
|---------------------------|----------------------|-------------------------|--------------------------|
| Outcome 7.00-10.00 | 13 | 36 | 61 |
| Outcome 5.00-6.99 | 11 | 14 | 6 |
| Outcome 0-4.99 | 4 | 4 | 2 |
| | Motive 0-4.99 | Motive 5.00-6.99 | Motive 7.00-10.00 |

The results in the category of rational motives and outcomes also paralleled those in the general comparisons and can be found in Table 16. The majority of survey respondents ranked rational motives below five, but indicated that they are receiving rational outcomes at higher levels. While 34 of the board members' motive and outcome rankings both fell under five, demonstrating a match in importance in their decision to join and what they are receiving, the largest group showed the receipt of more rational outcomes than they had necessarily been seeking. Of the 149 individuals with answers in this category, 45 of them, representing 30%, can be said to be receiving outcomes at the same level as their motivations. One hundred two individuals, or 69%, are receiving outcomes at a higher level than had motivated them. Only two of them, or 1%, are receiving outcomes lower than had motivated them.

Table 16

Rational Motives and Outcomes: Individual Ranking Comparison

| | | | |
|---------------------------|----------------------|-------------------------|--------------------------|
| Outcome 7.00-10.00 | 32 | 22 | 7 |
| Outcome 5.00-6.99 | 48 | 4 | 0 |
| Outcome 0-4.99 | 34 | 1 | 1 |
| | Motive 0-4.99 | Motive 5.00-6.99 | Motive 7.00-10.00 |

Within the affiliative category, a different view is obtained than that from the general comparisons, and results can be found in Table 17. While the general comparisons hinted that there might not be a match between the rankings within the category, the individual comparisons demonstrate that there actually is, with the largest group of board members ranking affiliative statements below five as both a motivator and as one in which they are receiving outcomes. Of the 148 with answers in this category, 79 of them, representing 54%, can be said to be receiving outcomes at the same level as their motivations. Thirty six individuals, or 24%, are receiving outcomes at a higher level than had motivated them. Thirty three of them, or 22%, are receiving outcomes lower than had motivated them.

Table 17

Affiliative Motives and Outcomes: Individual Ranking Comparison

| | | | |
|---------------------------|----------------------|-------------------------|--------------------------|
| Outcome 7.00-10.00 | 10 | 10 | 14 |
| Outcome 5.00-6.99 | 16 | 17 | 9 |
| Outcome 0-4.99 | 48 | 18 | 6 |
| | Motive 0-4.99 | Motive 5.00-6.99 | Motive 7.00-10.00 |

Concerning status motives and outcomes, a large number of the survey respondents indicated that they are receiving more outcomes in this category of status than they had expected or than had motivated them to join their board, and full results can be found in Table 18. The majority of respondents within this category rated the importance of the motivational factor and the outcome equally, ranking both below five. The second largest group rated status considerations as of low importance as a motivating factor, but indicated that they are receiving outcomes nonetheless. The general comparisons did not give as clear a picture of this category as did the individual comparisons. Of the 151 individuals with answers in this category, 65 of them, or 43%, can be said to be receiving outcomes at the same level as their motivations. Eighty one, or 54%, are receiving outcome at a higher level than had motivated them. Five of them, or 3%, are receiving outcomes lower than had motivated them.

Table 18

Status Motives and Outcomes: Individual Ranking Comparison

| | | | |
|---------------------------|----------------------|-------------------------|--------------------------|
| Outcome 7.00-10.00 | 23 | 15 | 7 |
| Outcome 5.00-6.99 | 43 | 12 | 2 |
| Outcome 0-4.99 | 46 | 3 | 0 |
| | Motive 0-4.99 | Motive 5.00-6.99 | Motive 7.00-10.00 |

Chapter 5: Summary and Conclusions

Review of the Problem

Board members typically play a critical role in a nonprofit organization's accomplishment of its mission, and division level board members within the American Heart Association are no different. Literature has suggested that organization leaders would do well to attempt to uncover some of the reasons people choose to volunteer in the role of board member, and determine the aspects of service that board members find most attractive and unattractive (Houle, 1989). Danoff and Kopel (1994) indicate that a successful relationship between an organization and its board members works in two directions—that the organization must meet the needs of its volunteers, and that the volunteers must meet the needs of the organization. This study primarily examined the first part of this relationship, and leaves the second part for future study.

This project attempted to reveal the demographics of the board members under study, their motives for originally joining their current AHA board, what incentives they feel they are receiving as a result of their board service, and the degree to which there is a match between motives and incentives. In addition, general satisfaction levels and comments on respondents' board service were gathered.

The purpose of the study was to use the information gathered to assist the AHA in its plans for board member recruitment and retention. It is hoped that this study will be of general benefit to other nonprofit organizations as well. As Hay (1990) stated, individuals usually volunteer for an organization to satisfy personal needs. Hay recommends that nonprofit organizations adopt strategies to assist these volunteers in meeting their needs and in this way reduce the potential for losing someone as a volunteer and needing to spend time and resources to replace them.

This is not meant to suggest that an organization spend an inordinate amount of time concerning itself with a project devoted to satisfying its volunteers at the expense of serving its clients and working toward the accomplishment of its mission. It is, however, meant to suggest that thought and appropriate action be applied to the issue of board member satisfaction, since the positive results of such attention can benefit any organization in reaching its mission goals.

Discussion of Findings and Conclusions

One of the first things examined was the demographic profile of the volunteers studied. While the number of women outweighed the number of men involved, the age and ethnicity of board members were fairly homogenous. The ethnicity identification definitely demonstrated a great deal of similarity between board members, with primarily Caucasian individuals serving in this role.

In looking at general satisfaction levels, it would be wonderful for an organization to find all of its board members rating themselves as totally satisfied. In reality, however, respondents' answers on this subject ranged from zero through ten. The most common level chosen was five, but the median and mean rose to six. The respondents' comments shed light on their reports of satisfaction level. The most common theme expressed was that these individuals would like to be doing more to help the cause, but lack the time to make as large a contribution as they desire. The other highly common theme found among their comments suggests that there is a feeling of satisfaction gained from helping the organization and achieving division goals. Lack of sufficient time was a common lament. It is clearly evident that those who are able to participate more fully and devote the time required are feeling good about their accomplishments.

These two themes of time availability and feeling that the board members are making a contribution were seen again when the board members were asked how their board service has benefitted them and how they might be able to receive more benefits. The most common theme concerning benefits realized indicated that many respondents feel they are making a contribution to their community and that the cause they serve is a good one. The most common response from subjects was that having more time available and fewer time conflicts with division activities would enable them to benefit more from their volunteer service. Another common theme among answers concerning benefits of service was an increased knowledge about cardiovascular disease and the AHA, so it appears that the organization is doing well in conveying its mission to its board members and in educating them. This was confirmed by the responses to several of the survey questions on potential outcomes within the rational and normative categories.

When motive and outcome categories were compared on an individual basis, there was a high degree of positive correlation. In fact, in all of the categories except affiliative, the largest groups of individuals reported outcomes that either matched the motive level or were ranked higher. This is a good sign for the AHA, since the outcome statements provided could all be classified as positive in nature. The clearest example of this was in the normative category. Sixty one people reported having very high motives and very high outcomes, and 36 reported mid-range motives, but very high outcomes. Even in areas in which the volunteers indicated a fairly low level of motivation, some outcome above the motive level appear to be being received. For example, in the status category, the largest group of responses reported a match between the level to which status motivated them and to which they were receiving outcomes with both reported under five. The status category's second and third largest groups also ranked the category low as a motivator, but mid-range and high in outcomes being received.

Even more so, the rational category demonstrates a higher than expected outcome level compared to motive. This is the one category in which the majority of respondents did not report a match between motive and outcome rankings. They actually indicated that the rational category was in the lowest range of motivators, but mid-range in outcomes. The second largest group of respondents did demonstrate a match between rational motive and outcome levels, with both at the lowest level, below 5.00. Again, however, the third largest group of board members reported a low level of motivation in the rational category, but the highest level of outcome.

The affiliative category is the only one in which it is difficult to derive clear conclusions. For the largest group of board members there was definitely a match at the lowest ranking between motivating factors and outcomes; but the next largest group does not follow the same pattern of outcome rankings higher than motive rankings. Instead, this group reported mid-range motives, but outcomes in the lowest level. The volunteer groups were more evenly distributed within this affiliative category among all the motive and outcome comparison levels than in the other three categories, making conclusions less precise.

For the most part, as a result of these comparisons, the organization's board volunteers appear to be receiving outcomes from their service consistent with the reasons they originally became involved. As noted in the review of literature, individuals have complex reasons for choosing to serve an organization in the role of board member. This was found to be true for the group examined in this study, particularly in the cases where board members discovered that they were receiving outcomes that they had not consciously been seeking when first deciding to serve.

It is possible, and therefore necessary to acknowledge, that some of the survey recipients may have answered questions in a manner that meets social norms, whether done intentionally or not. For example, individuals may have given some normative motive

statements unusually high and some status motive statements unusually low scores based on perceptions of acceptable reasons for joining a board.

Recommendations for Action and Future Research

There are several ways in which it is hoped that the results of this study can be used. First, it is recommended that leaders within the American Heart Association in California, and in particular Region Three, examine the results to learn the thoughts expressed by the volunteers studied. This will assist in determining whether any specific action related to the results is deemed necessary. This study was not intended to produce specific prescriptive activity in terms of volunteer recruitment and retention, but primarily to allow the AHA to evaluate the current status of attitudes of its board members and to shed light on issues that may merit attention. Nor was this study all-inclusive in addressing potential motives and outcomes that may be involved in volunteer service. Study results were intended to shed light only on the limited areas addressed in the survey.

There are clearly some things that seem to be working well from the volunteers' perspective and some which may not be working as well. It is up to organizations to determine the need to address these issues. A few of these areas that the organization might choose to examine are highlighted in the following paragraphs.

Organization leaders may want to look at the individual motive and outcome statements that were ranked at both the high end of the scale and the low end, and ask themselves whether they are satisfied with the answers. While there are not necessarily "right" reasons for volunteers choosing to support an organization, there may be some specific motives that the AHA might give higher importance to than others, and therefore seek volunteers with those motives to the greatest degree possible.

The same evaluation can be made regarding outcomes that board members are receiving. There may be some outcomes that the organization would like to continue to provide, and some that the organization would like to provide to a greater degree. Statements provided by the board members in this study may provide insight into such issues of importance to them.

One theme in the respondents' comments about satisfaction levels and ways in which they could benefit more from their service, which may be worthy of future evaluation, is a possible lack of clarity about the role of board member and the expectations associated with that role. This theme was not specifically mentioned to any great degree, and so was not reported as a common response in the results section of this study. However, respondents' comments overall suggest that there is a significant degree of dissatisfaction and room for improvement concerning board member role clarification. Not being able to attend meetings, a feeling that other board members are not contributing enough time and energy, and lack of direction were all mentioned, and may hint that the role and its corresponding responsibilities may not be fully understood by or may not have been fully explained to these board members. Is the organization really getting the commitment it wants from these individuals? More specifically, has it done all it can to gain this commitment, or is it simply that volunteers lack sufficient commitment?

One of the statistics gathered in the study may merit discussion within the organization. As indicated earlier, the boards do not reflect the ethnicity and racial profile of California's population. Efforts to increase the diversity of the boards may be desired. A study on whether barriers currently exist that may be preventing such increased diversity may be a first step in this process.

This study evaluated a portion of the relationship between the American Heart Association and its board members purely from the volunteer viewpoint. Future study on the

relationship from a staff viewpoint would be valuable. It is important for the organization to meet the needs of its volunteers, but an evaluation of the degree to which the volunteers are meeting the needs of the organization would balance the discussion. From there, the greatest plans for board member recruitment, retention, and development can be made.

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Appendix A

American Heart Association
California Affiliate, Region Three
Board Member Survey

March, 1996

Survey # _____

I. Board Member Motivational Factors

- 1) There are many reasons why people volunteer. Below you will find a list of some possible reasons people join both boards in general and AHA boards. Please circle how descriptive each statement is of your reasons for originally joining this board, with 0 being NOT DESCRIPTIVE AT ALL and 10 being TOTALLY DESCRIPTIVE.

| | Not at all descriptive | | | | | | | | | | | Very descriptive |
|--|---------------------------|---|---|---|---|---|---|---|---|---|----|---------------------|
| A) I wanted to contribute to my community | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| B) I had volunteered for the AHA in another capacity and wanted to increase my involvement. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| C) I had a desire to learn more about the services and material available from the AHA directly for myself or someone close to me. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| D) I felt a desire to give back to an agency that has assisted me directly, my family, or a group to which I belong. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| E) I work in a related field and felt that it was important for my work to be involved with the AHA. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| F) I had friends on the board and wanted to work with them. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| G) The organization I work for encouraged me to serve. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| H) I wanted to build skills that could be used in future board service or for my job. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| I) A friend or colleague asked me to join. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| J) Either myself or someone I know has personal experience with cardiovascular disease. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| K) I wanted to practice skills that I do not use in my job. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| L) I wanted to learn about cardiovascular disease, its prevention, and/or advances in its treatment. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

- M) I wanted to meet new people in the community. 0 1 2 3 4 5 6 7 8 9 10
- N) I felt that the AHA's mission is an important cause. 0 1 2 3 4 5 6 7 8 9 10
- O) I thought this would provide the opportunity to make contacts that would help me in my profession 0 1 2 3 4 5 6 7 8 9 10
- P) I wanted to be seen as someone who cares about his/her community. 0 1 2 3 4 5 6 7 8 9 10
- Q) I wanted to do work that is very different from my job. 0 1 2 3 4 5 6 7 8 9 10
- R) I wanted to help others in preventing cardiovascular disease or in their recovery from it. 0 1 2 3 4 5 6 7 8 9 10
- S) I wanted the opportunity to be associated with other respected people within the community. 0 1 2 3 4 5 6 7 8 9 10
- T) As part of my job duties/position, I am expected to be active in the community. 0 1 2 3 4 5 6 7 8 9 10
- U) I wanted to live up to expectations of people who are important to me. 0 1 2 3 4 5 6 7 8 9 10
- V) I thought it would be fun. 0 1 2 3 4 5 6 7 8 9 10

2) Of these possible motivational factors, please rank the five which you feel were most important to you, with 1 being the most important:

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

3) Of these possible motivational factors, please rank the five which you feel were least important to you, with 1 being the least important:

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

4) Please briefly describe and score any additional factors that influenced your decision to join your current AHA board:

Factor:

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

II. Outcomes of Board Service

- 1) Below is a list of opportunities, events, and feelings one may experience after joining a board. Please circle how descriptive each statement is of your experience on your AHA board, with 0 being NOT DESCRIPTIVE AT ALL and 10 being TOTALLY DESCRIPTIVE.

| | Not at all descriptive | | | | | | | | | | | | Very descriptive |
|--|---------------------------|---|---|---|---|---|---|---|---|---|----|--|---------------------|
| A) I feel that this work is for a good cause. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| B) There are educational opportunities about cardiovascular disease, its prevention, and/or advances in its treatment. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| C) I feel appreciated by staff and other volunteers. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| D) I have a chance to learn new skills. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| E) There is an opportunity for socializing. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| F) There is an opportunity to work with new people within my profession. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| G) I feel that I am impacting individuals' lives. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| H) I have positive feelings because of public recognition of the AHA's work in the community. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| I) There are educational opportunities about the AHA, its services, and programs. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| J) I have the chance to use leadership skills. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| K) I receive personal public recognition as a board member. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| L) There is an opportunity to meet new people. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |

- 2) Of these possible outcomes, please rank the five which you feel are most important to you, with 1 being the most important:

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

- 3) Of these possible outcomes, please rank the five which you feel are least important to you, with 1 being the least important:

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

- 4) Please briefly describe and score any additional outcomes you have received as a result of your AHA board service:

Outcome:

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Survey continued on next page . . .

III. Background Information

1) In general, how satisfied are you with your service as a board member for the AHA?

Not at all
satisfied

Totally
satisfied

0 1 2 3 4 5 6 7 8 9 10

Why?

2) In what ways have you benefitted from your service as a board member for the AHA?

3) What would allow you to benefit more from your service?

4) Were you a volunteer for the AHA in another capacity prior to your current board service?

_____ Yes _____ No

If yes, please briefly describe, including approximate length of time:

5) Prior to your service on this board, did you have any experience sitting on other nonprofit boards or training for this board position?

_____ Yes _____ No

If yes, please briefly describe by stating positions held and describing training:

6) Please briefly describe how you were recruited for this board:

7) Please circle the length of time you have been a member of this board:

Completed number of years: 0 1 2 3 4 5 6 7 8 9 10

8) Please circle the number of other nonprofit boards on which you currently sit:

Number of boards: 0 1 2 3 4 5 6 7 8 9 10 10+

9) Please indicate your gender: _____ Male _____ Female

10) Please indicate the ethnicity with which you most identify:

_____ Caucasian _____ Asian
_____ Hispanic _____ African-American
_____ Other, please specify: _____

11) Please circle your age:

20 21 22 23 24 25 26 27 28 29
30 31 32 33 34 35 36 37 38 39
40 41 42 43 44 45 46 47 48 49
50 51 52 53 54 55 56 57 58 59
60 61 62 63 64 65 66 67 68 69 70+

12) Please indicate the county in which you serve on your AHA board:

_____ San Mateo
_____ Santa Clara
_____ San Benito
_____ Monterey
_____ Santa Cruz
_____ San Luis Obispo

13) If applicable, please indicate the general field in which you work: _____

• • • • • • • •

Thank you for your time and cooperation.

Please re-fold the survey, tape or staple it closed, and place in the mail.

Ms. Catherine Jensen
9501 East Zayante Road
Felton, CA 95018

Appendix B

March 5, 1996

FIELD(Full Name)

FIELD(Address)

Dear **FIELD**(Greeting):

I am a student in the Master's Degree program at the University of San Francisco, working toward a degree in Nonprofit Administration.

For my thesis project, I have chosen to study the motivational factors that influenced AHA Division Board Members to join their current board. In addition, I am looking at their relationship to possible benefits for such volunteer service. Sixteen Division Boards in Region III, covering the area from San Mateo to San Luis Obispo, are being surveyed. Since the organization is so heavily dependent on volunteers like you, your input is important. The results of this project will assist the AHA in board recruitment and development efforts in the future.

The project is entirely independently funded and has the support of both Howard Shiflett, Senior Vice President, Region III, and Roman Bowser, Executive Vice President, California Affiliate.

I ask for your assistance in filling out the enclosed questionnaire. It should take no longer than 15 minutes. All individual responses will be anonymous. The survey number will be used solely for mailing purposes. Please return the survey by March 20, 1996.

Should you have any questions, please feel free to contact me. I can be reached in the evenings at (408)746-2919.

Thank you for your cooperation.

Sincerely,

Catherine Jensen

Appendix C

April 13, 1996

FIELD(Full Name)

FIELD(Address)

Dear **FIELD**(Greeting):

You may remember receiving a letter from me last month, accompanied by the survey enclosed with this letter.

As you may recall, I am a student in the Master's Degree program at the University of San Francisco, working toward a degree in Nonprofit Administration. For my thesis project, I have chosen to study the motivational factors that influenced AHA Division Board Members to join their current board. In addition, I am looking at their relationship to possible benefits for such volunteer service. Sixteen Division Boards in Region III, covering the area from San Mateo to San Luis Obispo, are being surveyed. The project is entirely independently funded and has the support of both Howard Shiflett, Senior Vice President, Region III, and Roman Bowser, Executive Vice President, California Affiliate.

I have been extremely pleased with the number of surveys returned to date. However, to gain the most information possible, I am asking for those board members who have not yet responded to take a few minutes to do so now. If you have already sent yours back in, I thank you, and you may disregard this note and the attached survey. If, however, you have not yet responded, I ask your assistance in spending 15 minutes answering the questions in the survey and returning it by April 26th.

Should you have any questions, please feel free to contact me. I can be reached in the evenings at (408)335-7616.

Thank you for your cooperation.

Sincerely,

Catherine Jensen

Appendix D

Note: Several expanded answers to the survey question below were not included in this Appendix because there is a possibility that the response makes the survey recipient identifiable, and these individuals were promised anonymity. However, their comments were counted if they fell within the most common statements.

Survey Question: In general, how satisfied are you with your service as a board member for the AHA? Why?

- 0) It was not what I expected and my impact was zero.
- 0) I did not feel as though I was able to contribute anything to this association - it was an extremely frustrating experience.
- 0) Not enough time to serve.
- 0) Did not feel welcomed. I was talked around.
- 1) Being a board member means nothing other than you are expected to be the manpower for money raising functions, etc. In recent years the affiliate has removed all local control over local policies and has given the impression that they want to weaken the chapters. They have succeeded.
- 2) Like so many other organizations it seems their prime job is just to constantly raise money.
- 2) Unable to attend meetings.
- 2) Too busy at new job.
- 2) I don't feel we make decisions to guide our community. We follow corporate directives.
- 2) People serving on the board appear to be involved for political objectives.
- 3) I don't have enough time to be a fully active board member.
- 3) I haven't been able to sustain my enthusiasm over the many years of service. It's a great organization, but I feel it has changed its emphasis from educational to fund raising. I don't particularly like to fund raise. It feels a little too big and nationally driven at times.
- 3) The poor attendance and support of board members.
- 3) I feel I have not contributed as much time as I should.
- 3) Board member is not really an accurate description for the work. Unlike other boards I have served on, which are responsible for policy, AHA membership is a fund raising responsibility - which is ok, but I cannot devote the time that others do and I am uncomfortable because of this.

- 3) I have not had the time or ability to contribute what I would like to; my job requires that I travel occasionally.
- 3) Haven't had time to participate as much as I would like.
- 3) I'm not active enough.
- 3) Not kept up to date on what is happening. Fragmented approach in dealing with issues, events in the last year. Having meetings not conducive to my schedule.
- 3) It is basically inactive.
- 3) Staff at office—too aggressive; need to listen more.
- 3) Leadership is lacking. Not enough participation.
- 3) When the organization greatly increased in branches, individual initiative was sacrificed to corporate control and "cookie cutter" approaches.
- 3) It's not fun anymore.
- 3) We have had a number of executive directors and have lost momentum—attendance is down.
- 4) Our board is far too small; other board members don't seem committed to assist in the major projects. Volunteers are therefore spread too thin.
- 4) The time frame was at a very busy time professionally and personally for me to give 100 percent.
- 4) I feel I haven't contributed as much as I should and am capable of contributing.
- 4) Am unable to attend many meetings.
- 4) Shortly after I joined I quit my job to stay home with children—it was my professional position that would have lent something to the board. And now because of time constraints etc. I feel I have little to offer.
- 5) Do not have enough time to give.
- 5) I felt a bit happened in my service as a board member due to #3 below (I feel that the current organizational structure is too fragmented for effective fund raising). I also felt that the educational opportunities were always given to the same individuals.
- 5) Difficult to get to all meetings.
- 5) Have not been able to get the worksite program off the ground.

- 5) I am not completely satisfied because I feel that there has been an extremely heavy emphasis on fundraising. Every community event—the Heart Walk, Cardiac Arrest, Jump Rope for Heart—involve collecting money. I think AHA should provide more education to the community without expecting something in return.
- 5) Haven't expanded the number of new people into the organization.
- 5) I do not feel that I have a role in decision-making at policy or program level. I continue because of commitment to cause, but it's more of a "chore" now, rather than a joy.
- 5) I am new to the board. I want to accomplish some things that I haven't had the time to do yet.
- 5) The general philosophy of AHA re: not paying for advertising is outmoded. Carefully crafted national advertising about the fact that HEART DISEASE is the number ONE killer of all diseases would greatly support local fund raising efforts.
- 5) Too structured, not a lot of room for creative fundraising.
- 5) I feel that too much is concentrated on fund raising and not enough time on direct preventive measures to the public.
- 5) Time of board meeting conflicts with other activities.
- 5) Time constraints prevent giving more time.
- 5) Board focuses on raising money more than educating the community.
- 5) Can't accomplish much without "bodies" to do community work.
- 5) If I had more time I feel I could contribute more.
- 5) Haven't been able to contribute enough time and energy. My age group limits my ability to find volunteers to help, having moved from the immediate community.
- 5) I have not had the time needed to dedicate the service I feel is necessary.
- 5) Haven't had time in past year to devote energy/skills to cause I'm committed to—leaves me feeling very bad and not satisfied.
- 5) I believe we can always do more to assist.
- 6) I'm very busy, many evening meetings, so find it difficult to attend meetings.
- 6) I feel I had some positive impact but not as much as I would have liked.
- 6) My involvement has been limited to fund raising.
- 6) I am not very involved at the present time.

- 6) The board has been a positive experience and has allowed each member to personally decide how much time to contribute and when.
- 6) I'm a school teacher. I don't have the contacts for fundraising, or the time others have to give.
- 6) I wish it wasn't only a fund raising position.
- 6) Good cause—very busy at current job. Wish had more time for more servicing.
- 6) Not enough real decision-making and direction/decisions to make at sub-county board level.
- 6) I have been disappointed with the lack of commitment on the part of other volunteers/board members.
- 6) It is a worthwhile endeavor and opportunity to serve my community.
- 6) Wish I had more time to devote.
- 7) I always feel there is room for improvement. I just wish there was more time to spend.
- 7) Because of increased knowledge of cardiovascular diseases, fundraising, and friendships.
- 7) Proud of the organization and what it stands for.
- 7) I do not have time to fulfill greater commitment.
- 7) Not enough time to contribute as much as I'd like.
- 7) Feel that we are primarily "fund raisers."
- 7) I contribute time due to the available time I have.
- 7) I am relatively new on the Board and feel I need more experience. Also, the direction is not always clear.
- 7) I was not able to attend all the board meetings. I would have liked to be more involved if I had the time.
- 7) The AHA programs are good ones and provide opportunities for volunteers to contribute to the "how" in carrying them out.
- 7) I was able to help by my contacts/job.
- 8) I enjoy being part of helping prevent heart disease and interacting with other members of the community.
- 8) I feel I am able to contribute to activities; I would like to do more in additional leadership roles.

- 8) The cause and opportunity are there, my time is limited.
- 8) I am able to help make a change in people's health habits.
- 8) Fulfilling my need to contribute to the community.
- 8) I'm fairly new on the board—but my experience so far has been positive.
- 8) I have been involved over fifteen years, through four different directors, and overall feel it has impacted my life positively.
- 8) If I had more available time I could do more.
- 8) Vary, however we need more community support.
- 8) I feel fulfilled in a professional manner when involved in meetings and events knowing that I have helped to make a difference.
- 8) I have been active in branch decisions, enjoy working w/the AHA staff, and look forward to taking on more leadership roles.
- 8) Very active board, providing opportunity to increase visibility of AHA's mission and educational materials in our community—great people to work with!
- 8) Felt we put on a very successful educational event and also make some money for AHA.
- 8) Feel that I have made a contribution.
- 8) I have been quite involved with many events for AHA. I enjoy being involved in more than one event.
- 9) I feel we are accomplishing our mission. I have met wonderful dedicated people.
- 9) I have made attempts to add depth to our board and new members. Increase community awareness through various avenues and try to stimulate board members through educational meetings. Make board members feel more valued and accomplished and in each committee and as a more cohesive board in general.
- 9) Our impact on the community is very tangible and measurable. As a group we get things done, and it's rewarding to see the results.
- 9) Success in fund raising.
- 9) Personally I matured/grown. Integrated and mature, respected community members. AHA really cares for valuable volunteers.
- 9) For being part of a fund raising campaign.
- 9) It's a well organized board—with enthusiastic members.

- 10) The entire board and staff work as a team to make a significant contribution to the community.
- 10) It has given me a real appreciation for AHA and what it does. I also feel a personal satisfaction for doing something positive for my community.
- 10) Just finished a successful event which I chaired.
- 10) This area's board was improved, goals exceeded.
- 10) Wonderful organization with a worthwhile mission. Well organized, fantastic volunteers who have become life long-friends.
- 10) Very professional group with a strong sense of identity and name recognition.
- 10) In my first year I felt totally satisfied as we were able to fulfill many of the goals we identified at the beginning of the year.
- 10) People are motivated to help other people. Good service rendered by staff and volunteers.
- 10) AHA executive staff great to work with. AHA does good service to community team work spirit.
- 10) We have been successful in our fundraising and increased awareness in the community.
- 10) I feel like we are all doing a good job in raising money and education for the public in regards to heart disease.
- no number given) The AHA uses local boards mainly for the purpose of free workers—doesn't really care about boards' opinions—decisions are made without or against board input.

Appendix E

Note: Several expanded answers to the survey question below were not included in this Appendix because there is a possibility that the response makes the survey recipient identifiable, and these individuals were promised anonymity. However, their comments were counted if they fell within the most common statements.

Survey Question: Were you a volunteer for the AHA in another capacity prior to your current board service? If yes, please briefly describe, including approximate length of time.

- Taught CPR for ten years.
- Rather short, few months.
- Schoolsite Committee—three years.
- Inservice Committee for a year or so.
- Volunteer, Healthcare Site; Chair, Healthcare Site.
- Public speaking; Chapter Board Officer; Affiliate Board Member; Affiliate Committee Member.
- Two years—ran volunteer support for the Walk-a-Thon.
- I was involved with Jump Rope for Heart in my P.E. program.
- CPR Instructor.
- HeartRide Chair—one year.
- Through solicitation of donations from my neighborhood, 70 homes, approximately thirty minutes.
- I served for three years as a volunteer in a single fund raising event, Cardiac Arrest.
- Fund raiser for annual five kilometer run.
- Neighborhood fund collecting.
- HeartRide Chair.
- I was a Dance for Heart volunteer for one year prior to joining the board.
- Participated in fund raising activities for approximately three years.
- Honorary Chairman.
- Celebrity Waiter.

- Chairperson for Dance for Heart for five years.
- I served on a committee for Heart Walk last year.
- Five years: Education programs, in coordinating Jump Rope for Heart.
- Helped with auction.
- Santa Clara County—Los Altos.
- For four years in Riverside County.
- Helped out on fund raisers.
- I started when I was fourteen after my father had his first heart attack. I would canvas door to door.
- One-two years as a committee member for the Dance for Heart.
- Previously on media committee for several years.
- On another AHA board in a different location for one and a half years.
- I served on one-two committees for two years prior to coming on the board.
- Jump Rope for Heart coordinator numerous times.
- Celebrity Waiter, Jailbird.
- Cardiac Arrest the previous year.
- One year—volunteer at events.
- Chapter and Division over the past 33 years.
- I helped with events such as HeartRide and Heart at Work a few times (one and a half years) before becoming a board member.
- CPR instruction for approximately five years (I was both American Red Cross and American Heart Association—and finally chose ARC—have been instructor there for seventeen years).
- Hosted table for Celebrity Waiter function.

Appendix F

Note: Several expanded answers to the survey question below were not included in this Appendix because there is a possibility that the response makes the survey recipient identifiable, and these individuals were promised anonymity. However, their comments were counted if they fell within the most common statements.

Survey Question: In what ways have you benefitted from your service as a board member for the AHA?

- Community involvement and recognition.
- I have learned additional information about cardiovascular disease and strokes. I like the work related to the community.
- I have been on boards for seventeen years. I have learned much about public affairs and lobbying to affect public policy. This function of AHA volunteer has been diminished - public affairs is no longer a standing committee.
- I have provided dedicated participation as: Committee Chair; Board President.
- Met new people.
- More experience as a member of a good service organization.
- I learned fund raising and organizational skills for funds raised.
- I am able to share and mention my profession to community. More expressive to the community.
- I was trained in CPR. Self rewarding in helping others.
- Self-respect; respect by others. Personal growth. Self worth.
- Met some very nice people. Learned much about heart disease. Have enjoyed carrying out projects.
- Learned a great deal.
- I have become better educated about heart disease. I have met some outstanding people. I have learned about community activities.
- Prior to the major increase in branches, AHA offered some of the best training in areas such as fund raising and group skills I have ever had.
- I have spread the word about lifestyle and heart disease; I have met wonderful people who are very committed to the goal of AHA.
- Learned about materials—which I use in my job.

- Learned about strokes/heart disease/causes.
- Personal satisfaction in contributing.
- Met new people.
- AHA education regarding health and your heart—listening to Dr. Dean Ornish speak.
- Helped my proficiency at my job. I realized the amount of time volunteering takes; it has made me appreciate volunteers more.
- Been much better informed about the AHA; admiration for those who work and do volunteer work.
- Unfortunately, there was no benefit.
- Meeting new people.
- Learned more about cardiovascular disease and stroke; met and made professional contacts.
- Public recognition.
- None.
- Worked with some very great people.
- Sense of helping the community.
- General satisfaction with being involved in a worthwhile community project.
- Made community contacts. Awareness of educational materials available to schools.
- None.
- I have made numerous contacts! This helped tremendously when I was looking for employment after moving to this area. I have also had numerous opportunities to do presentations and reach individuals with AHA's mission statement!
- Have learned new skills applicable to other functions in life. Have made friends I would not have known otherwise. Has been a form of recreation from my regular work.
- By attending conferences, I was able to see where our fundraising dollars go for research.
- Felt good about my work with AHA; met very good dedicated people.
- It has taught me how to be professional and aggressive in fund raising.
- None.

- It's been great to be associated with such a positive cause.
- Learned more about AHA and its programs.
- Personally, I haven't benefitted, except to feel very positive about my donation of time and effort.
- AHA gave me the opportunity to learn more about heart disease and the current findings on preventing it. AHA also gave me the opportunity to use and develop my leadership skills and to give back to the community.
- A feeling that I contributed to AHA.
- Increased awareness for self-improvement regarding health.
- Have been given the opportunity to develop an educational program for women with heart disease.
- Interaction with regional volunteers; AHA training programs.
- Opportunity to serve community in a needed and respected role.
- Satisfaction for serving community; added value to resume.
- I've become more knowledgeable about cardiovascular disease and the many events sponsored by AHA.
- I am learning about my community and how to better access information network. Increased networking through my activities at large.
- Feel good about getting the organization up and running in my community.
- Learned more about heart disease and stroke.
- Feeling of well being. Am able to motivate friends and associates to do something for a good cause.
- The satisfaction of knowing you are helping an individual and/or group.
- Gained better understanding of community health and social problems.
- Meeting new people, education on heart disease, a little of spreading AHA's message.
- I feel a sense of personal accomplishment and it's for a good cause.
- I've learned a lot about the operation and importance of volunteer boards to organizations like the AHA.
- I have learned to work independently as well as in a committee group.

- Personally none.
- Meeting and working with wonderful people.
- The experience.
- Met new community members. I was able to give individual input through a private visit. I have learned some new things regarding the AHA.
- Educational; keep the heart-healthy attitude in my life.
- Personal satisfaction.
- I wanted to get the community involved. And now I see the response we get from Bowl for Heart and Cardiac Arrest.
- Positive public recognition.
- Opportunity to meet and work with community leaders as well as community members working toward a positive goal.
- Meeting the public; assisting with blood pressure screenings.
- Helping other people/more knowledgeable.
- Met many interesting and talented people in the community through AHA events.
- I've learned that my talents (if any) are in something other than fundraising.
- A job well done.
- Personal satisfaction for working for a good cause.
- None; it would have been different if I was still employed.
- Satisfaction of job well done.
- I feel good when I'm doing good services.
- Feels good!
- Been involved in community events.
- Met people and served community.
- Satisfaction of doing a good job.
- Organizational skills.
- Met very nice people in my community.

- I have met wonderful people professionally and socially and become aware of the severity of heart disease in our country.
- Learned about heart disease—met terrific people, viewed volunteerism from the “other side of the Board Table.”
- Met some wonderful people and learned some valuable information.
- I’ve met a lot of people.
- Meeting new people; working with the public.
- I learned about heart disease and met a personal goal of giving back to the community.
- I have made contacts in the health field, which is helpful to my job.
- I feel I have contributed to a very worthy cause.
- It’s made me more forward and assertive when asking for donations. When you believe in the cause you are working for, you become a great sales person! You can ask for anything!
- Met some people.
- Better understanding of the Association.
- Getting lots of people involved in events.
- Expanded my focus, met folks in an area previously unknown to me.
- Met some new people.
- So far, meeting new people in the community and the feeling of serving in a worthy cause.
- Recognition, satisfaction.
- Met some good folks.
- AHA training opportunities to actualize what I’ve learned about AHA and its mission.
- Met very nice people.
- More community involvement, learning how a major non-profit organization works.
- I have learned a lot about heart disease—and feel good about helping others learn.
- Received information that was helpful in my work.
- Opportunity to work with community and business leaders.

- Impacted knowledge of community regarding heart disease. Raised money to help AHA to do research, education, etc.
- Recognition by other doctors as a cardiologist to receive referrals. Meeting new friends.
- Increased education about prevention and recovery.
- I better understand the goals and objectives of the AHA. Personally rewarding.
- Met many new people. Strengthened my leadership skills. Learned more about cardiovascular disease.
- By being a part of an organization that has contributed so much to society.
- A feeling of personal enrichment by helping my community through volunteer work.
- Learned more about AHA and its contributions.
- Contributed to community.
- Interactions with other community members.
- Learn about the problems and put some in place.

Appendix G

Survey Question: What would allow you to benefit more from your service?

- To see all board members be more actively involved in the events.
- Becoming more active in events.
- Having more time available. Having more staff to facilitate volunteer activities.
- I like the county focus when large board meetings were held—it gave me more of a sense of wholeness; local divisions involve or focus on local communities but still it's a part not a whole.
- I think that board members should be given educational opportunities to learn more about cardiovascular disease (i.e., attend a lecture given by a researcher).
- More involvement in areas out of my expertise, therefore offering me a chance to grow.
- Maybe meeting more people who have had surgery or have recovered from heart disease.
- It would be nice to see more and different people participate actively in the AHA.
- Keeping political motives out—involving more "ordinary" folks from the community.
- More involvement.
- Having better access to business community through countywide interaction of board members and division staff.
- Less small-scale fundraising; better use of board members.
- To see some direct benefit on my community—i.e., some monies spent locally.
- Some stability in division directors (seven in seven years).
- See number one above (The general philosophy of AHA regarding not paying for advertising is outmoded. Carefully crafted national advertising about the fact that HEART DISEASE is the number ONE killer of all diseases would greatly support local fund raising efforts.) Also more sophisticated wills/trusts program. An attorney on our board volunteered to do this but staff have not followed up with him.
- Less of the political correctness; more research or behind the scenes.
- Time availability.
- More time.
- I don't need to benefit but will work harder at finding areas where I can contribute.

- Being able to contribute and dedicate more time to the efforts of AHA.
- More public recognition.
- More (or stronger) committee participation or larger committee.
- More time to do more.
- Satisfaction of knowing that I am helping someone.
- More time.
- Support of board members.
- More involvement from other members of the board.
- If I were able to be more active.
- Greater participation with problems involving children.
- More time to spend on AHA things. Strongly defined job description.
- The only time I benefit is when I accomplish something. When there is poor leadership, it is difficult to accomplish the goals of the AHA.
- More time to volunteer.
- I feel good about my service right now.
- Better attendance at board meetings. More carry through by the staff.
- When I have more time, I'd like to give that time to volunteering in AHA activities.
- More dynamic board members and ability to implement ideas generated in discussion. Business leaders are needed to network resources.
- More time.
- More frequent board meetings and more attendance to these meetings.
- More time.
- One on one with the medical profession.
- More board members—(check that!). More effective working board members!!
- More time.
- To work within a larger, more committed group of volunteers where more members "pitch in" to help. Our board needs tremendous strengthening.

- The organization needs to remember that we are volunteers, not employees.
- I'm a terrible "fund" raiser. I need opportunities for involvement that don't require "selling."
- To return to past policy of allowing local chapters to manage their own affairs with Affiliate supervision. Thus board members would feel they are doing something other than being "slave labor."
- Increased personal impact on individuals impacted by cardiovascular disease in my community.
- More time in my schedule to enable me to serve more.
- Positive feelings. Recognition.
- Build cohesiveness of a board.
- More time! But I work full-time.
- More time (my time).
- Increased activity.
- Ability to work with board members who could devote more time and interest to board activities.
- Having more decision making at local level up to Affiliate level. Feeling again that there is a "ladder" for volunteers—that we can grow and expect to be recognized by appointment to Affiliate level board position.
- Less time at work.
- If I had more time to give.
- More time to become more involved.
- Time.
- To be able to become more active.
- Perhaps more forceful or stronger leadership to give more of a direction—be more motivational for entire board.
- Less time spent on current job.
- If I had more time to volunteer.
- None I know of.

- More time and access to people in the community who can motivate their friends and associates to do something for a good cause.
- More time to participate.
- More direct help in education for the public.
- To get into other activities that require financial assistance.
- To be more involved in the activities, promotion, and meetings.
- Larger. Committee with less time requirements.
- Educational classes.
- Give me and my staff a project.
- I don't have as much time now as I did last year to contribute to the AHA and feel bad about that.
- An in-service for volunteers. They have been scheduled, but always cancelled.
- I feel that the current organizational structure is too fragmented for effective fund-raising.
- At this time AHA service is just not for me.
- Meeting more people.
- More specific assignments.
- Can't think of any.
- If we had more participation from other volunteers—need more bodies.
- Be more involved in the educational aspects.
- More time.
- Being asked to do a job and seeing it through from beginning to end.
- Difficult to answer.
- Being closer to the local community. I've moved since first volunteering.
- Not sure what this question means.
- Having meetings at the end of day or at evening hours. Advance notice of meetings and events.
- Time!

- More time, fewer other commitments.
- See Number 1 (too structured, not a lot of room for creative fund raising).
- Just more time to participate.
- If I had more time to devote.
- More educational material.
- More information sharing outside of fund raising.
- Having more hours in the day.
- More active participation by business leaders from the community.
- I'm not really sure what it is supposed to look like.
- Being able to contribute more time and energy.
- More activities of AHA.
- More time.
- More time to give.
- Not sure of anything more.
- More social interaction between board members.
- If I had the allocation of more time toward that end.
- More hours in the day.