Factors Affecting Volunteer Long-Term Care Ombudsman Organizational Commitment and Burnout

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This article examines volunteer nursing home advocates' perceptions about their work and organizational experiences. Bivariate correlations and regression analysis support a model of volunteer organizational effectiveness incorporating selected job context variables. The most important results concern organizational commitment, job involvement, role conflict, role ambiguity, and burnout. An especially important finding was the relation between higher job involvement and lower role confusion, higher organizational commitment, and a higher sense of personal accomplishment. The researchers were surprised by exceedingly low burnout scores and by burnout's modest link to organizational commitment. Demographic findings were mixed with several hypothesized associations proving nonsignificant or inconsistent with previous research.

In 1978, the U.S. Congress established the long-term care (LTC) ombudsman programs under the Older Americans Act to monitor and improve conditions in nursing facilities and adult foster care homes. In 1995, a comprehensive evaluation by the Institute of Medicine (IM) concluded that LTC ombudsmen performed a "vital public purpose" in helping "many thousands of LTC facility residents" (p. 11) by investigating complaints and solving problems by "representing residents' interests over other parties involved" and engaging as a "critic of both government and private industry" (IM, 1995, pp. 42–43).

This conclusion was drawn despite the inconsistent and incomplete implementation of the ombudsman program across the nation. Even so, evidence presents a vigorous record of mounting accomplishments and a complex (if fragmented) mosaic of how the 50 state and over 570 substate programs influence resident lives (Nelson, 1995). Specifically, data show rising complaint investigation rates (197,820 in 1992), climbing facility visitation and problem

resolution rates, growing numbers of substate offices, and improved legal and financial support (Department of Health and Human Services, Office of the Inspector General [OIG], 1991; IM, 1995; National Center for State Long-Term Care Ombudsman Resources [NCSLTCOR], 1989; Nelson, 1995). The presence of an ombudsman has been linked to increased facility accountability and improved nursing care (Cherry, 1991), to an informal therapeutic influence on daily resident life (Litwin & Monk, 1987, p. 102), and "to increased reporting and handling of abuse complaints, increased letters of reprimand, and higher numbers of identified survey deficiencies" (Nelson cited in IM, 1995, p. 146). Research also shows that residents aware of the ombudsman program were satisfied with its effectiveness (Monk & Kaye, 1982a).

Much of this vitality can be attributed to the use of volunteers (almost 7,000 in 1994), who made up an estimated 88 percent of all ombudsmen personnel nationally (IM, 1995). IM researchers concluded that these volunteers "provide a level of authenticity and consumer 'grassroots' participation that is lacking in most other systems designed to protect and support the frail elderly" (p. 16). One study suggests that volunteers have slightly higher complaint identification rates and lower problem resolution rates than paid staff, but that "thousands of problems would go undetected without volunteer ombudsmen [involvement]" (Huber, Netting, & Paton, 1993, p. 87). This finding is consistent with the broader literature, which credits volunteer facility visits and whistle-blowing as key to ombudsman program effectiveness (IM, 1995; Nelson, 1995; OIG, 1991). In fact, the IM reported that well-trained, properly supported, and legally empowered volunteers are as effective as paid staff in most situations (1995). Even so, the ombudsman movement's heavy reliance on volunteers may be threatened in the future by changing patterns of volunteer participation, growing competition for volunteers (particularly among government programs), and the increasing complexity of the long-term care system itself (Gidron, 1985; IM, 1995; NCSLTCOR, 1989).

The maturing scholarship on how to manage, motivate, and maintain volunteers might diminish some of the negative consequences of these potential threats. Research on sociodemographic characteristics, volunteer needs and goals, and social role theories have contributed to a better understanding of how to gain, encourage, and sustain effective volunteer action (Chambre, 1987; Lee & Burden, 1991; Sundeen, 1992). This study is intended to add to this literature, but takes a less-traveled path by drawing on the sociopsychological perspectives from the field of organizational behavior. Its purpose is twofold: to discover which job-context factors motivate and sustain effective volunteer participation and which factors discourage it. It does this by examining volunteer work perceptions as shaped by the organizational climate.

The focus of this study is the Oregon Office of the Long-Term Care Ombudsman, which relies on volunteers to accomplish many organizational objectives. Oregon is one of only five state ombudsman offices that require initial and ongoing training programs and certification exams for its volunteers. Despite the fact that the Oregon paid-staff-to-volunteer ratio of 1:100 is among

the lowest in the nation (IM, 1995), the Oregon program was cited by the U.S. Office of the Inspector General as one of the nation's twelve model programs (ranked fifth) for its use, training, and retention of volunteers, frequent facility visitations, "expeditious handling of complaints, high visibility," strong enabling legislation, and legal support (IM, 1995, p. 188; OIG, 1991, pp. 5–8).

Oregon-certified ombudsmen are recruited and screened by other volunteers who sit on twenty-one local committees throughout the state. Approved applicants must undergo forty-eight hours of initial training covering a broad range of topics on ombudsman involvement. Subjects include investigation procedures, problem resolution techniques, residents' rights, care issues, long-term care law, and various aspects of applied gerontology. Those who pass the certification exam are required to spend an average of four hours each week in their facility assignments.

Once certified, volunteers report to county-level supervisors who are themselves carefully selected, highly experienced, and specially trained volunteers (offsetting the low paid-staff-to-volunteer ratio cited in the IM study). They, in turn, report to three paid regional managers (field officers) who provide additional technical support and leadership. All volunteers must attend twenty four hours of continuing education annually and are encouraged to attend monthly support group meetings.

Model of Volunteer Organizational Effectiveness

Factors examined in this study flow from a model of organizational effectiveness that suggests that motivation is influenced by the volunteer's psychological interaction with organization and work environments as mediated by the volunteer's work role. Although these job-context variables have been extensively studied and verified as important to the motivation of paid workers, they have received scant attention by scholars of voluntarism, despite having clear affinities to non-paid work. Selected variables relate to feelings of loyalty, achievement, and satisfaction that are the volunteer's "motivational paychecks" (Scheier, 1980, p. 115). On the downside, they include feelings of frustration and failure—the death knells of volunteer involvement. Specifically, job-context variables include organizational commitment, psychological burnout, job involvement, role conflict and ambiguity, as well as the collaborator, advocate, and therapist roles that are unique to LTC ombudsman programs. At the macro level, these variables determine ombudsman organizational values and strategy perspectives. At the individual level, they determine appropriate ombudsman role behavior.

Organizational Commitment

Organizational commitment reflects the volunteer's acceptance and support of the organization's goals and values (Mowday, Steers, & Porter, 1979; Newton, 1995). Organizational commitment has been identified as a key to understanding

volunteer loyalty, because that loyalty is fostered by an integration of personal and organizational values (Newton, 1995). This is especially true for helping and human service organizations in which volunteers are likely to have stronger feelings about the organization's vision, philosophy, and purpose (DeCotiss & Summers, 1987; Ilsley, 1990; Schaubroeck & Ganster, 1991; Sundeen, 1992). It is for these reasons that Monk and Kaye suggest that organizational commitment is especially important to volunteer ombudsman performance (1982b).

Although organizational commitment is a cognitive and an affective state, it has important behavioral components. It is linked to job satisfaction and volunteer "effort, performance, and time worked" (Newton, 1995, p. 2; Schaubroeck & Ganster, 1991). On the negative side, low organizational commitment has been associated with dissatisfaction, intention to quit, and other forms of job disengagement (Blau & Boal, 1987; Newton, 1995).

Ground-breaking research by Monk and Kaye identified three primary role orientations for ombudsmen: the classical ombudsman model of the impartial mediator, the partisan resident advocate, and a noncontest role directed to the therapeutic support of residents (1982a, 1982b, 1982c). Monk and Kaye noted that ombudsmen tend to fall into one of two conflicting strategy orientations: the collaborator (win/win) or advocate (win/lose), with the therapist role underlying both. The Oregon program, however, sees the contest strategies as being less dichotomous and promotes a contingency paradigm incorporating both the collaborator and advocate orientations on a problem-solving continuum. The Oregon program upholds the advocate role as its ultimately guiding value, but encourages collaboration as the first step to problem-solving (Nelson, 1995). However, when circumstances require stronger action or quick decisions, collaboration is abandoned for more competitive advocacy tactics. The Oregon program also sanctions the therapist role as expressed in the volunteer's educator, facilitator, and friendly visitor duties. Thus, in Oregon, all three roles are expected to have some bearing on ombudsman organizational effectiveness and commitment.

Organizational commitment has also been linked to the worker's psychological identification with the job, a concept operationalized in this study as job involvement (Blau & Boal, 1987; Mathieu & Zajac, 1990). This linkage is based on the idea that the psychological gratification resulting from rewarding work experience enhances the volunteer's ego identification with the job and positive attachment to the larger organization. Organizational commitment has also been linked to role conflict and ambiguity, because workers who are confused by their roles or who hold incompatible role expectations are likely to be less committed to organizational values (Mathieu & Zajac, 1990).

Burnout

Burnout is a multidimensional syndrome resulting from the constant impact of job-related stress and strain. Burnout has been characterized by three aspects: emotional exhaustion, client depersonalization, and a diminished sense of per-

sonal accomplishment (Maslach, 1982). It has been consistently linked to various forms of job disengagement, dissatisfaction, and reduced productivity (Jackson, Schwab, & Schuler, 1986). Human service workers are especially at risk for burnout (Cherniss, 1980; Meier, 1983). Maslach and Jackson (1981b) linked burnout to prolonged intense involvement with an unending stream of hard or impossible-to-resolve client problems that leads to emotional exhaustion, client depersonalization (as a coping response), and feelings of low personal accomplishment.

Kessler argued that "volunteers are just as susceptible to burnout as (paid) staff" (1991, p. 18). Kaye and Monk warned that the threats of stress and discouragement for volunteer ombudsmen would be especially daunting (1988). Reported sources of volunteer ombudsman stress include isolation, lack of organizational supports, and "resistance by nursing home administrators" (Litwin & Monk, 1984, p. 101).

Lower burnout has been theoretically linked to higher job involvement because high job stress and strain undermine successful performance and erode the worker's psychological attachment to the job. Lower job involvement has been linked to role stress and client depersonalization (Wallace & Brinkerhoff, 1991).

Burnout has also been tied to role conflict (Jackson, Schwab, & Schuler, 1986). Role conflict results when providers, clients, and other involved parties differ in their expectations about appropriate ombudsman role behavior. For example, volunteer ombudsmen are told to develop positive lines of communication with care providers, but also to pursue sanctions for providers' errant actions. They are trained to be impartial fact-finders but also partisan watchdogs. Although volunteers may hold collaborative contest orientations, they are instructed to follow situational problem resolution strategies that may end in conflict and emotional turmoil. They are legal agents of the state with considerable statutory authority, but also citizen volunteers whose status is widely perceived to be lower than that of a paid professional. These cross-currents are fertile ground for role conflict. Moreover, Lauffer observed that role conflict is more prevalent in situations where the role-holder comes into "contact with the external environment . . . [and] must satisfy expectations with people both within the organization and without it" (1984, p. 41). This is precisely the situation of volunteer ombudsmen who have more routine contact with potentially adversarial caregivers than with their own peers and supervisors. Additionally, volunteer ombudsmen may have difficulty differentiating between the roles of layman and trained paraprofessional (Zischka & Jones, 1987).

Researchers have found even stronger connections between burnout and role ambiguity. Role ambiguity results when the job holder is confused about appropriate role behaviors. For ombudsmen, proper role behavior is determined by law and rule as interpreted and promoted by organizational lines of authority and policies. In Oregon, the essential ambiguity of the ombudsman role is complicated by the program's prescription for contingent role behaviors. This formula demands that the volunteer employ a "sophisticated

sequencing of [conflicting] interventive modalities" (Litwin, Kaye, & Monk, 1984). The ombudsman job also contains several noncontest responsibilities. Although ombudsman program training, supervision, and support structures are designed to promote clear role expectations and guidelines, this may not be enough. The extreme fluidity of the ombudsman's job, coupled with the complexity and unpredictability of the work environment, suggests a high risk for excessive role ambiguity. It seems likely that volunteers might have difficulties in identifying and adopting situationally appropriate role behaviors. This confusion can lead to frustration, anxiety, tension, depression, reduced self-esteem, psychological withdrawal, inappropriate job emphasis, and other factors relating to burnout (Van Sell, Brief, & Schuler, 1981).

The psychological dynamics of ombudsman advocate, collaborator, and therapist roles also have implications for burnout. It is logical that the advocacy role may be more closely linked to burnout than the collaborator orientation (Litwin & Monk, 1984). This is consistent with contest theories, which hold that adversarialism leads to tension, anxiety, anger, and frustration. Early research on the ombudsman program showed that advocates were more threatened by their work environment than collaborative ombudsmen and were particularly drained by facility staff opposition (Litwin & Monk, 1984; Monk & Kaye, 1982a, 1982b, 1982c). Conversely, it seems logical that the noncontest, informal therapy role will be less subject to role tension and burnout than either the collaborator or the advocate roles.

Finally, there is a well-established connection between age and burnout, with older workers experiencing less burnout than younger workers (Maslach, 1982). Perhaps this is because older workers have broader bases of experience for handling stressful events. Evidence also suggests that women are more susceptible to general burnout than men, but that men, who are perceived as less empathetic, are more prone to depersonalize clients (Etzion & Pines, 1986; Ogus, Greenglass, & Burke, 1990). Finally, evidence also indicates that more highly educated workers are more susceptible to general burnout than less educated workers (Rogers & Dodson, 1988).

Hypotheses

The reviewed literature suggests the following hypotheses:
  1. Higher levels of organizational commitment will be correlated with higher job involvement, the advocacy orientation, higher personal accomplishment, older age, longer job tenure, lower levels of role conflict and role ambiguity, higher education, lower emotional exhaustion, and depersonalization (burnout subscales).
  2. Higher burnout in terms of higher levels of emotional exhaustion, depersonalization, and lower levels of personal accomplishment will be correlated with higher role conflict and ambiguity, greater education, and with lower job involvement and organizational commitment.

Methods

Population. This research was conducted on the population of volunteer ombudsmen serving Oregon's Office of the Long-Term Care Ombudsmen. In September 1992, when the survey was disseminated, there were 274 volunteers. By January 1993, 255 volunteers had responded representing 93 percent of the population.

Measures. Data were collected with 108 forced-response, Likert scale questions designed to capture psychological perceptions about study variables and to record demographic information. Study instruments measured only intrinsic work factors and rewards. The only survey modification necessary was substituting the phrase "volunteer work" for "paid work" when necessary. Negatively phrased items in all but the personal accomplishment scales were recorded so that low scores consistently represented the more positive alternative (for example, lower scores represent lower role conflict and ambiguity, lower emotional exhaustion, and lower depersonalization, but lower scores also represented higher job involvement and organizational commitment). Conversely, lower personal accomplishment scores represented a lower expression of personal accomplishment.

This study used the fifteen-item Organizational Commitment Questionnaire, which assessed subjects' feelings about their organizational participation (that is, strength of loyalty, willingness to work on the organization's behalf, alignment of values, intentions to quit, concern about organizational health, and so forth [Mowday, Steers, & Porter, 1979]). Lodahl and Kejner's twenty-item Job Involvement Questionnaire assessed the importance of the job to the volunteer's self-concept (1965). Respondents rated the extent to which they agreed or disagreed with statements such as "The most important things that happen to me involve my volunteer work" or "the major satisfaction in my life comes from my volunteer job." Rizzo, House, and Lirtzman's (1970) fourteen-item role conflict and ambiguity scale assessed role conflict with statements such as "I work with two groups who operate quite differently" and role ambiguity with statements such as "There are clear, planned goals and objectives for my job." Monk and Kaye's (1982a, 1982b, 1982c) role orientation instrument assessed the volunteers' role perceptions by asking them the extent to which they agreed or disagreed with statements characterizing their work role (advocate: "arguing the cause of the resident"; collaborator: "serving as a middleman between the facility and the resident"; and informal therapist: "providing emotional support to the resident"). Internal consistency estimates were satisfactory for all three role dimensions (Cronbach's alpha: advocate = .70, collaborator = .60, and neutral therapist = .62). Finally, Maslach and Jackson's (1981a) influential Burnout Inventory (MBI) was used to assess burnout in its aspects of emotional exhaustion ("I feel emotionally drained by my work"), depersonalization ("I feel I treat some residents as if they were impersonal objects") and personal accomplishment ("I feel exhilarated after working

closely with my residents"). The MBI is comprised of twenty-two statements with two response categories: frequency, with a range from one to six, and intensity, ranging from one to five. In this study, the six subscales were reduced to three by multiplying the frequency by the intensity scores.

It is important to point out that with the exception of personal accomplishment and depersonalization, the reliability of indices for the current research are quite consistent with the alpha coefficients reported by the original researchers. For personal accomplishment (combined frequency and intensity), Cronbach's alpha for the current study is .90 as compared to the original measure of .74 for both frequency and intensity (Maslach & Jackson, 1981b). For depersonalization, the current coefficient for the combined measure registered at .42, which is lower than the originally reported .77 for frequency and .72 for intensity. (See Table 1 for Cronbach's alpha reliability coefficients for scales used in this research).

Table 1. Means, Standard Deviations by Gender, Reliability Coefficients, and Ranges for Instrument Scale Variables for the Oregon Long-Term Care Ombudsman Population, 1993

Variable (Range)	(Alpha)	Male (n = 73)		Female (n = 176)		Total (n = 249)	
		M	SD	M	SD	M	SD
Organizational commitment (1–7)	(.84)	2.5	.86	2.4	.94	2.5	.92
Job involvement (1–4)	(.79)	2.4	.29	2.4	.35	2.4	.33
Role conflict (1–7)	(.83)	4.1	.68	3.9	.94	4.0	.97
Role ambiguity (1–7)	(.85)	2.7	.94	2.7	1.1	2.7	1.1
Advocate (1–5)	(.70)	1.8	.51	1.8	.64	1.8	.64
Collaborative (1–5)	(.60)	2.1	.67	1.9	.78	2.0	.75
Neutral therapeutic (1–5)	(.62)	1.9	.52	1.8	.57	1.9	.56
Emotional exhaustion (0–30)	(.86)	2.3	2.0	2.4	2.5	2.4	2.4
Depersonalization (0–30)	(.42)	.98	1.3	.59	1.1	.71	1.2
Personal accomplishment[a] (0–30)	(.90)	11.1	4.2	13.0	5.4	12.3	5.2

[a] Low scores represent the better alternative except with respect to personal accomplishment, where a low score represents lower levels of personal accomplishment.

Procedure. Surveys were distributed through the mail to all ombudsmen on the September 1992 volunteer roster maintained by the Office of the Long-Term Care Ombudsman. Instructions were sent with a cover letter that addressed the practical intent of the research and emphasized the anonymity of the respondent. A follow-up postcard was sent during the second week to everyone on the mailing list. Questionnaires were coded so that subsequent mailings were sent only to nonrespondents. At the fourth week a replacement questionnaire and special appeal were sent to the nonrespondents. At the ninth week another letter was sent via certified mail to any ombudsman not responding. In this way, data were collected in a period of nineteen weeks from September 4, 1992 to January 10, 1993. A total of 255 responses were received. Only nineteen ombudsmen (7 percent of the population) failed to respond.

Demographic Variables. Nominal-level forced-response items were used to identify gender and level of education, and to verify program status. The ombudsmen were also asked their age.

Analyses. Statistical procedures to analyze all data were performed by the Statistical Package for the Social Sciences (SPSS). Analyses included descriptive statistics and zero-order correlations. *T* tests and univariate ANOVAs were used to respectively determine mean differences in gender and education and to derive p values for inclusion in subsequent regression models. Factors with a p value less than .05 were included in four regression models to explain the joint, simultaneous effect of independent variables on the dependent variables. The first regression model regressed the dependent variable of organizational commitment on the independent variables and on the three burnout subscale variables. Three additional models regressed the three dependent burnout factors on the independent variables, including organizational commitment, which was now treated as an independent variable.

Respondent Characteristics. The mean age was sixty-three years old ($N = 254$; SD = twelve years). Male ombudsmen were significantly older than female ombudsmen with a mean age of sixty-seven, compared to the female mean age of sixty-one. The majority of ombudsmen (71 percent) were female ($N = 176$), seventy-three men reported, and five respondents failed to reveal their gender. The average duration of service for the respondents was 2.48 years (SD = 2.38). Consistent with previous research showing that volunteers are highly educated (Chambre, 1987), fully 85 percent of those surveyed had at least some college education. Not surprisingly, older ombudsmen reported less education than younger volunteers (Table 1).

Organizational Commitment. Statistically significant correlations in the hypothesized directions were found between organizational commitment and all variables except gender, education, and years of service (Table 2). Especially important relationships were found between higher organizational commitment and higher job involvement ($r = .50$), higher personal accomplishment ($r = -.41$), and lower role ambiguity ($r = .38$). Thus, ombudsmen who were more loyal to the organization showed greater psychological identification with their jobs, felt more efficacious in their work, and expressed greater role clarity.

Table 2. Correlation Matrix

	1	2	3	4	5	6	7	8	9	10	11
Organizational commitment											
Job involvement	.50**										
Role conflict	.11*	NS									
Role ambiguity	.38***	.32**	.34*								
Advocate	.31***	.31***	.19**	.30**							
Collaborative	.21***	.23***	.14*	.21***	.31**						
Neutral therapeutic	.30***	.36***	.12*	.26***	.42**	.62**					
Emotional exhaustion	.16***	.12*	.24***	.18*	NS	NS	NS				
Depersonalization	.11*	NS	NS	NS	NS	NS	NS	.42**			
Personal accomplishment	-.41***	-.50**	-.13*	-.31**	-.26**	-.24**	-.36**	NS	-.11*		
Age	-.11*	NS	NS	NS	NS	NS	NS	NS	NS	-.25**	
Service time	NS	NS	NS	-.19**	NS	-.10*	-.12*	.11*	.17**	NS	.27**

Note: N=254
*p ≤ .05
**p ≤ .01

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A shared ideology embracing contingent role values is reflected in the link between higher organizational commitment and both contest orientations (advocate, $r = .31$; collaborator, $r = .21$), and also the noncontest therapist role ($r = .30$).

Finally, weak but significant correlations showed that more highly committed volunteers were older ($r = -.11$) and experienced less role conflict ($r = .11$).

Of great surprise are the significant but generally weak links between higher organizational commitment and lower emotional exhaustion ($r = .16$) and lower depersonalization ($r = .11$). In fact, the burnout data is quite puzzling. Burnout scores (excluding the robust findings for the positive effect of personal accomplishment) suggest that emotional exhaustion and depersonalization have very little to do with the Oregon volunteer ombudsman job.

Burnout. The most important findings for burnout relate to role conflict and ambiguity. Volunteers experiencing higher emotional exhaustion also report higher role conflict ($r = .24$) and ambiguity ($r = .18$). Volunteers prone to burnout are also less job-involved ($r = .12$) and, surprisingly, newer to the program ($r = .11$). The predicted relationship between higher educational attainment and greater emotional exhaustion did not achieve significance, nor did emotional exhaustion vary by gender.

As hypothesized, the t test for gender differences revealed a significant difference in means between men and women, with men reporting higher levels of depersonalization ($t = 2.39$, df $= 239$, $p = .018$, $p < .05$). However, a comparison of means showed this relationship to be unimportant (men, M $= .98$; women, M $= .59$). Aside from the anticipated finding that newer ombudsmen were less likely to depersonalize clients ($r = .17$), other variables were insignificant for depersonalization.

Correlations for personal accomplishment were generally stronger and, with the exception of role conflict (significant at the $p < .05$ level), highly significant. Predictably, volunteers who had a greater sense of personal accomplishment reported less role conflict ($r = -.13$), less ambiguity ($r = -.31$), higher job involvement ($r = -.50$), and greater organizational commitment ($r = -.41$). Although older volunteers felt less personally accomplished than younger volunteers ($r = -.25$), ombudsmen in general expressed feelings toward all three role orientations (advocate, $r = -.26$; therapist, $r = -.36$, and collaborator, $r = -.24$; significant at the $p < .01$ level). Interestingly, ombudsmen felt more efficacious performing the noncontest therapist role than in either the collaborator and advocate contest orientations. Lastly, a review of personal accomplishment by gender indicated a statistically significant but modest difference between men and women, with women reporting higher levels of personal accomplishment ($t = 2.52$, df $= 228$, $p = .012$, $p < .05$). Once again, the ANOVA for education indicated no significant differences in personal accomplishment by educational levels.

Predicting Organizational Commitment and Burnout. Independent variables that were significantly correlated ($p < .05$) with organizational commitment were included in four regression models with organizational commitment;

the three burnout dimensions were dependent variables. Organizational commitment and the burnout dimensions were alternatively treated as independent variables when regressed on each other.

The results of multivariate analysis for emotional exhaustion and depersonalization, although significant, accounted for only minimal variance in these factors (emotional exhaustion, $R^2 = 11$; depersonalization, $R^2 = 6$) (Table 3). The regression for emotional exhaustion showed that higher role conflict and shorter service time were significant to emotional exhaustion when working together. The only significant predictors for depersonalization were gender (male) and years of service (Table 3), indicating that although men had greater tendencies to depersonalize clients, newer ombudsmen were less likely to depersonalize the client than senior volunteers.

The model predicting organizational commitment explained 35 percent of the variance in this factor (F[10, 213] = 11.26, $p < .0001$; $R^2 = .35$) (Table 3). Only four of the variables made important joint contributions: job involvement, age, role ambiguity, and personal accomplishment. Of these, higher job involvement emerged as the best predictor of stronger organizational loyalty, followed by a higher sense of personal accomplishment, lower role ambiguity, and older age.

Higher job involvement and younger age were the best predictors of increased feelings of personal accomplishment ($p < .01$), followed by greater organizational commitment and lower role ambiguity ($p < .05$), (Table 3). The overall equation was important, explaining 42 percent of total variance in personal accomplishment (F[9, 213] = 16.93, $p < .00$; $R^2 = .42$).

Discussion

This study supports the idea that a job's psychological benefits are important to motivating and sustaining effective volunteer action. Specifically, volunteer organizational commitment strengthens as individuals become more egoistically identified with their work (higher job involvement), experience clearer work expectations, encounter fewer inconsistent job demands, share dominant organizational values, and enjoy a greater sense of personal accomplishment. They also experience less emotional exhaustion and depersonalization. Perhaps this study's most striking finding was the strong relationship between job involvement and organizational commitment, which predicted a full 25 percent (r squared) of the variance in these factors. Personal accomplishment and role ambiguity also proved to be important in understanding volunteer ombudsman organizational effectiveness.

The regression for organizational commitment affirmed the predictive value of role ambiguity and age, and even more strongly affirmed the importance of personal accomplishment and job involvement. Indeed, the strong showing of job involvement provides new evidence for Blau and Boal's (1987, p. 289) theory that organizational commitment and job involvement "function

Table 3. Multiple Regression Analyses
for Organizational Commitment and Burnout

	Organizational Commitment		Emotional Exhaustion		Depersonalization		Personal Accomplishment	
	Beta	p-value	Beta	p-value	Beta	p-value	Beta	p-value
Organizational commitment			.08	.27	.10	.12	-.15	.02*
Job involvement	.29	.00**	.08	.26			-.34	.00***
Role conflict	7.5	.91	.21	.00***			-.05	.36
Role ambiguity	.17	.01*	.07	.29			-.13	.04*
Advocate	.11	.10					-.01	.82
Collaborative	-.05	.46					-.08	.25
Neutral therapeutic	.05	.52					-.09	.21
Age	-.15	.02*					-.27	.00***
Gender			.15	.02**			-.10	.07
Service time	.04	.54			.15	.02*		
Emotional exhaustion	.06	.35			.18	.01**		
Depersonalization	-.19	.01**						
Personal accomplishment								
	$R^2 = 35$		$R^2 = 11$		$R^2 = 06$		$R^2 = 42$	

*$p \leq .05$;
**$p \leq .01$;
***$p \leq .001$.

as interactive orientations." This reciprocal interplay might result from the role-holder's commitment to and internalization of the social and moral aspects of the organization's values as factors contributing to the volunteer's self-imagery and self-esteem (Lodahl & Kejner, 1965).

Additional support for this connection is found in the strong correlation between organizational commitment and personal accomplishment, and by personal accomplishment's even stronger correlation with job involvement. These relationships may also be reciprocal. Research by Dailey (1986) linked job involvement to volunteer achievement, lending support to the idea that achievement inspires a heightened sense of personal accomplishment, which spurs further achievement, builds self-esteem, gratifies the ego, and psychologically binds the volunteer to the job and to the organization itself—the structural system for this esteem-boosting process of psychological gratification (Reitz & Jewell, 1979). Even though this study lays no claim to proving causality, it lends support to the idea that volunteers "with high levels of both job involvement and organizational commitment should be the most motivated because they are attracted to the job and the organization" (Blau & Boal, 1987, p. 289).

Regarding organizational commitment's relation to role stress and strain, this study's results support Miles's argument (1975) that role ambiguity is a more important influence on job-related attitudes than role conflict. Role ambiguity explained 14 percent (r squared) of the variance in organizational commitment and 10 percent (r squared) of the variance in personal accomplishment; role conflict explained less than 2 percent for each. One explanation might be that a pervasive lack of basic role clarity (role ambiguity) is more devitalizing than role conflict, which is more often caused by fleeting external circumstances. Moreover, the harsher aspects of role conflict may be muted by the ombudsman training process, which is often designed to create realistic expectations about the potentially incompatible role demands often placed on volunteers by different parties.

There is no such buffer for role ambiguity. The extreme complexity of the ombudsman job, to say nothing of the Byzantine long-term care system, seems to invite confusion. The ombudsman role embraces diverse knowledge fields and conflicting strategy orientations, and requires highly sophisticated interpersonal skills. It seems unlikely that forty-eight hours of initial training, no matter how intense or well-designed, will eliminate all or even most ambiguity regarding such a diverse and fluid job. Furthermore, it seems reasonable to suppose that a fundamental misunderstanding of the ombudsman role places the volunteer at greater risk for a more biting form of frustration than that resulting from the more concrete, external, and transient influences of role conflict. Worse, this inner confusion may be blamed on the organization itself. After all, volunteers who feel poorly trained and ill-prepared for the job may feel let down by the program, leading to dissatisfaction and disaffection.

Despite moderate feelings of role stress and strain among Oregon volunteers, psychological burnout does not seem to be much of a problem. This was

a major surprise given the widely touted difficulty of the ombudsman job. This finding, however, draws attention to a notable study limitation. This research was performed only on active ombudsmen who may, in fact, be "survivors" who have successfully learned how to cope with the stress of ombudsman work. It ignores those who have selectively disengaged. Even so, it would seem reasonable to expect higher burnout scores than were found in this study. For example, out of a possible score of thirty points for depersonalization, the total reported mean for ombudsmen was less than one (.71). Findings for emotional exhaustion were only slightly higher, averaging 2.4 on the same thirty-point scale. This seems to defy the reasonable assumption that in any work force where burnout was even a modest influence on attrition, higher burnout would be found developing among active participants building toward intentions to quit. The virtually nonexistent burnout scores of this study fail to even hint at such a process.

One general explanation is that the unpaid nature of the ombudsman job accords the volunteer almost absolute control over patterns of work participation. This job control translates into stress control, because, unlike paid workers, if things become unbearable, volunteers can shift gears, take breaks, not show up for a while, or simply withdraw permanently. This selective withdrawal is probably a bigger influence on volunteer organizations than on paid work organizations.

Weak though they are, it is nevertheless important to emphasize that the burnout findings generally support the second hypothesis. Results suggest that volunteers who are role-conflicted and confused, newer to the program, less job involved, less committed, and who feel less personally accomplished are (as expected) more susceptible to emotional exhaustion and client depersonalization.

Conversely, with the exception of age and duration of service, the findings for personal accomplishment are far more robust. They lend strong support to the idea that a higher sense of personal accomplishment is an intrinsic motivator that binds the volunteer more closely to both the job and to the organization (Lodahl & Kejner, 1965; Rabinowitz & Hall, 1977). Findings also show that unambiguous job knowledge and, to a lesser extent, lower role conflict, are important to a higher sense of personal efficacy.

Although the role orientation measure failed to be predictive, bivariate correlations showed all three roles to be important to personal accomplishment. This is not surprising given the simultaneous expression of these values among surveyed volunteers. As early as 1984, Litwin, Kaye, and Monk speculated that ombudsman programs could "follow each of the orientations . . . at certain points, depending on the types of grievances elicited (p. 279). Oregon's integrated mission approaches Felton's model of a health care generalist combining several role functions (1974, cited in Monk & Kaye, 1982c, p. 195). This situational approach is drilled into new ombudsmen during the initial training, which is designed to reconcile the seemingly inharmonious advocate, collaborator, and

neutral therapist roles (Nelson, 1995). Still, despite discriminate analysis show-
ing the three roles to be distinct (Litwin, 1982; Monk & Kaye, 1982c), it seems
that Monk and Kaye's instrument fails to sufficiently spread out the scores among
Oregon volunteers. All three roles are highly interrelated and are tied to most
other factors (though in ways that seem logically consistent with Oregon's inte-
grated role philosophy).

A fair summary of the role orientation findings is that insofar as Oregon
ombudsmen take on all three roles, they identify psychologically with their jobs,
show greater organizational loyalty and higher personal accomplishment, and
experience less role conflict and ambiguity. A more detailed analysis of role ori-
entation relationships suggests further logical connections. For example, the
advocate role (the ombudsman program's primary ideological value) is more
strongly tied to desirable job context outcomes (higher organizational commit-
ment, job involvement, and personal accomplishment, and lower role conflict
and ambiguity) than the consensus-seeking collaborative role. Results for the
therapist role, however, show even stronger ties to job involvement and per-
sonal accomplishment, suggesting that this positive, helpful, noncontest role is
the most psychologically gratifying and binding of ombudsman orientations.

Notwithstanding these intuitively appealing connections, the study's gen-
erally cloudy role orientation findings raise legitimate questions about the use-
fulness of Monk and Kaye's instrument in situations where all three roles are
formally reconciled and espoused by the ombudsman organization. To settle
this issue, further research is needed regarding the instrument's discriminant
validity when used with hybrid (integrated orientation) ombudsman programs.

A final aspect of this study relates to demographic factors. There are two
interesting findings regarding age. First, in support of earlier research, older
ombudsmen were more loyal to the program than younger ombudsmen (Larson
& Spreitzer, 1973). The traditional rationale for this is that older volunteers are
more committed because of their prolonged positive interaction with the pro-
gram, which brings them tenure, promotions, expanded responsibility, and
strengthened interpersonal associations. But because this study found the
hypothesized relationship between job tenure and organizational commitment
to be insignificant, this time-dependent view seems unsatisfactory. A better expla-
nation might be that younger people have more competing interests, commit-
ments, and options that work against stronger organizational commitment.
Though lacking empirical support, another explanation might be found in the
widely held assumption that older volunteers tend to be more interdependent
in their association with the volunteer organization than younger volunteers,
because older volunteers tend to see the organization itself as an important social
network—a source of informal support and a means to meet self-esteem needs,
express autonomy, and replace lost roles (Payne & Bull, 1985). However,
research by Chambre suggests that role replacement is not an issue for older vol-
unteers and that volunteering is in fact linked to "stronger ties to work and fam-
ily" (1987, p. 30).

Findings for age and personal accomplishment were no less perplexing. Of the nine variables found important to personal accomplishment, all were in the expected direction except for age; older ombudsmen reported lower personal accomplishment. This unexpected finding may be influenced by age discrimination. Ombudsmen largely interact with younger professionals who may see older volunteers as having diminished capacity, knowledge, skills, and intelligence, simply because they are older. These ageist biases may even be internalized by the volunteers themselves (Carmichael, Botan, & Hawkins, 1988). This prejudice may subtly work against the older volunteer who is "trying to become involved in community organizations, or trying to get services from a bureaucracy," both of which define the ombudsman's function (Atchley, 1988, p. 270). Lower perceptions of efficacy may also relate to an anti-volunteer bias that may be held not only by the care providers, but also by the younger paid ombudsman staff, and even the volunteer ombudsmen themselves. Ageism coupled with anti-voluntarism could create a strong perception that older volunteers, doing work that is worth less (because it is not paid), are without relative power and influence. Worse, the older volunteers themselves may perceive their work as less efficacious than it really is.

Finally, although highly speculative, it might be that older volunteers may have greater empathy for nursing home residents because of closeness in age. This may lead to stronger rescue intentions that are hard to fulfill, resulting in inflated perceptions of failure and a reduced sense of personal accomplishment.

Also intriguing are findings regarding ties between gender and personal accomplishment. Women reported higher levels of personal accomplishment than males (female $M = 13$; male $M = 5.2$). This finding is wide open to speculation. One interpretation is that female ombudsmen (mean age, 61) see their volunteer work as more important than do their male counterparts. There could be any number of reasons for this. Men are more likely to have relinquished higher-status paid jobs (Chambre, 1987) and may also feel stigmatized by voluntarism, which is still largely (and falsely) perceived to be a female phenomenon (Chambre, 1987). Anti-volunteer biases internalized by men may be at greater odds with inflated male status expectations than with female status expectations. The male ombudsmen's greater age may also influence this effect; the men in this study are older than the women and may be more prone to reduced self-efficacy perceptions as previously discussed.

Implications

Although the reader should use caution in generalizing these results beyond the population of Oregon volunteer ombudsmen, it is likely that findings regarding job context and work role factors will be important to other ombudsmen programs and for the general volunteer population. Specifically, this study strongly confirms the theory that organizational commitment is important to

volunteer program effectiveness. More importantly, it affirms the triad of organizational commitment, job involvement, and personal accomplishment as powerful links to volunteer motivation, loyalty, and effective action.

The practical implications are clear. Because organizational commitment is based on volunteer attachment to organizational ideals, a volunteer program manager must take great care to communicate the organization's philosophy. It is the essential, inspiring vision that binds the program's character, social role, goals, and objectives to the volunteer's self-image. When the volunteer links this vision to his or her own self-image, the "cornerstone for productivity in the volunteer organization" is established (Connelly, 1989, p. 1). For ombudsman programs, this vision must address the ombudsman's role regarding residents and caregivers as well as strategic choices on how to resolve problems and improve resident conditions (through the collaborator, advocate, and therapist strategies). Volunteer managers and trainers must continuously communicate and reinforce these values, not only to promote the integration of personal and organizational goals, but to clarify role expectations, serve as a framework for skills development, combat role stress and strain, prevent inappropriate job emphasis, and reduce volunteer attrition.

Most importantly, study results strongly confirm that program loyalty grows as volunteers become psychologically identified with their jobs. Volunteer program managers must encourage this involvement by promoting intrinsic sources of satisfaction that meet individual needs and agendas. Jobs should be designed with the goal of reconciling job-related values to the individual's hopes, goals, and values. The result is heightened job ownership with all its motivational benefits. This process can be enhanced by allowing volunteers to design their own training and jobs, by encouraging them to participate in planning and problem-solving processes, and by involving them in the general shaping of the organizational culture. Job enrichment and job enlargement programs should also be employed to ensure meaningful, realistic, and flexible work goals that match changing volunteer skill levels and growth needs to organizational objectives.

Also, because job involvement relates to positive work-related self-imagery, perceptions of personal achievement should be the focus of the highest supervisory encouragement and reward. Positive feedback, negative feedback offered motivationally, and meaningful recognition programs are important to empowering volunteers with a sense of self-efficacy—the best guarantee of future performance.

It is important to point out that factors that encourage job ownership and involvement are especially motivating to older volunteers (Kouri, 1990). Volunteer program managers must be sensitive to possible ageism that may influence not only paid staff, organizational leaders, and younger volunteers, but perhaps even the older volunteers themselves.

In sum, this study argues for the continued examination of organizational commitment, job involvement, role ambiguity, personal accomplishment, and

age as factors important to effective volunteer organizational participation. It provides strong direction for developing a more complete model of organizational effectiveness and sets a course for exploring other job context factors. These might include perceptions of supervisor support and job satisfaction as well as personality characteristics and social support variables not previously examined.

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