

**FACTORS INFLUENCING THE DROPPING OUT OF VOLUNTEER WORKERS AT  
NHLENGELO HOME BASE CARE.**

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## **DECLARATION**

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## **SUMMARY**

### **BACKGROUND**

This research investigates the responses of volunteer workers and ex-volunteer workers at Nhlengelo Home Base Care Centre, situated in Bushbuckridge, Mpumalanga, South Africa. The major aim of this study is to establish the factors which contribute to the drop-out of volunteer workers at Nhlengelo Home Base Care. It was done in the light that Community Based Health Volunteer workers are doing a great job in the community, especially of helping those infected and affected by HIV/AIDS.

### **OBJECTIVES**

The objectives were to:

- to find out why individuals opt to work as volunteers;
- to find out how they experienced the work; and
- to provide guidelines to improve the retention of the home based care volunteer workers.

### **METHODS**

Interviewing respondents is one way of capturing data to answer a research question. According to Henning et al (2004: 50) there are two types of interviews. Data was collected through the method of a semi- structure interviews because a detailed investigation with regard to the experiences of volunteers and reasons why they eventually abandoned their duties was essential. The semi-structured interviews were recorded on audiotape; the researcher made use of an interview schedule with five open-ended questions as a guide. The questions in the interview guide were structured to find out the experiences of the volunteers, reasons why they had opted to work as such, and why they eventually resigned from their work.

### **RESULTS**

The findings indicated among several others that individuals resign as volunteers not only because of poor wages or stipends awarded to them, but also because of the need to secure permanent jobs. It also emerged that among several other reasons, individuals offer to work as volunteers due to the need to secure working experience and the high unemployment rate in the area.

## **CONCLUSION**

The study has explored the factors which contribute to the factors influencing the dropping out of volunteers at Nhlengelo Home Based Care centre in Bushbuckridge, Mpumalanga, South Africa. Recommendations included improving the conditions of work of the volunteers and educating the community to avoid stigma attached.

## **OPSOMMING**

### **AGTERGROND**

Hierdie navorsing ondersoek die antwoorde van die vrywillige werkers en vorige vrywillige werkers by Nhlengelo Home Base Care Centre, geleë in Bosbokrand, Mpumalanga, Suid-Afrika. Die belangrikste doel van hierdie studie is om die faktore wat bydra tot die uitval van vrywillige werkers by Nhlengelo Home Base Care tot stand te bring. Dit was gedoen in die lig dat gemeenskapsgebaseerde vrywillige gesondheidswerkers 'n groot werk in die gemeenskap doen, veral help diegene wat geïnfekteer en geïmpakkeer deur MIV/VIGS.

### **DOELWITTE**

- om uit te vind waarom individue kies om as vrywilligers te werk;
- om uit te vind hoe hulle die werk ervaar, en
- riglyne te verskaf om die behoud van die tuisversorging by vrywillige werkers te verbeter.

### **METODES**

Onderhoudvoering van die respondente is een manier om van die vaslegging van data om 'n navorsingsvraag te beantwoord. Volgens Henning et al (2004: 50) is daar twee tipes onderhoude. Data is ingesamel deur middel van die metode van semi-gestruktureerde onderhoude omdat 'n volledige ondersoek met betrekking tot die ervarings van vrywilligers en die redes waarom hulle uiteindelik hul pligte laat vaar is noodsaaklik. Die semi-gestruktureerde onderhoude is op oudioband opgeneem en die navorser h gebruik gemaak van 'n onderhoudskedule met vyf oop vrae as 'n riglyn. Die vrae in die onderhoud gids is saamgestel om die ervarings van die vrywilligers, die redes waarom hulle gekies het om te werk as sodanig, en waarom hulle uiteindelik hul werk bedank het uit te vind.

### **RESULTATE**

Die bevindinge het aangedui dat individue bedank as vrywilligers nie net as gevolg van swak lone of toelae wat aan hulle toegestaan word nie, maar ook as gevolg van die behoefte om permanente werk te kry.

## **GEVOLGTREKKING**

Die studie het die faktore ondersoek wat bydra tot die faktore wat die uitval van die vrywilligers by Nhlengelo Home Based Care-sentrum in Bosbokrand, Mpumalanga, Suid-Afrika. Aanbevelings is gemaak wat die verbetering van die omstandighede van die werk van die vrywilligers en die opvoeding van die gemeenskap stigma te vermy.

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## **CHAPTER 1: BACKGROUND**

### **1.1 INTRODUCTION**

The HIV/AIDS problem is a worldwide one that has refused to go away. The African Medical Research Foundation [AMRF] (2007:1) has noted that Sub-Saharan Africa for example accounted for nearly 65% of the estimated 40, 3 million people living with HIV/AIDS. Van Dyk (2001:326) indicates that because the disease infects millions of people world-wide, hospitalization of people suffering from HIV/AIDS is a huge problem and institutions of care are overflowing with AIDS patients.

In responding to problems associated with institutionalization such as overcrowding and the high costs, the South African Government has introduced alternative care options like home-based care. This alternative care option is based on a number of policy documents that provide guidelines for the practice. These documents include the final Draft: National Guidelines on Community-base Care (CC) and Home-based Care (HBC) as an integral part of a continuum of care (2000),(hereafter referred to as the Final Draft, National Guidelines on HBC); the HIV/AIDS/STD Strategic Plan for South Africa 2000-2005(2000), (hereafter referred to as the Strategic Plan); Draft Guideline for Community Home Base Care and Palliative Care for people living with AIDS (1998), (hereafter referred to as the Draft Guidelines for CBC0 and the Integrated Home/Community Based Model Option (2001),( hereafter referred to as Integrated Care Model) (Sobuce, 2007:1).

Sobuce (2007) further indicate that the home-based Care policy documents mentioned above provide guide-lines on the prevention, care and treatment of those infected by HIV/AIDS. In terms of the Home-based Care policy a number of stakeholders need to be involved and among these are the volunteers. Unfortunately there is a tendency of volunteers abdicating their duties in many home based care centres. In this study I seek to establish the factors which contribute to the drop-out of volunteer workers for Nhlengelo Home-Based Care in the Bushbuckridge at Mpumalanga in South Africa.

The Nhlengelo centre was established with the aim of providing more cost-effective means of assisting PLWHA. The organisation provides food to orphans and the orphans are given meals after each and every school day. Individuals as well as organisation provide donations to the NGO running the programme in the form of money as well as clothing which is distributed to the homes in need. The volunteers are trained for two to three weeks. Most of

the volunteers are HIV-positive and are still fit to work. They prepare food for the children at the centre and also visit the homes of PLWHA twice a week to provide social, emotional physical support as well as giving basic information about HIV/AIDS and to advise those who are very sick to visit the nearest health centre.

## **1.2 RESEARCH PROBLEM**

People Living with HIV/AIDS (PLWHA) have to endure numerous challenges. Apart from dealing with the disease itself, they have also got to deal with the stigma attached to it. In Saselani and Arthurstone villages where the Nhlengelo centre is established, it is not uncommon to see many PLWHA left alone without anyone to take care of them. Many of these people are living with children or very old people who cannot provide the necessary help they might need. The establishment of Nhlengelo Home Base Care an NGO in these communities, and the employment of volunteers to assist the needy was indeed a welcome relief. Each volunteer is allocated four to six patients. Although the volunteers are initially filled with enthusiasm to work, their motivation eventually wanes away, leading to their complete abdication of their duties. This negatively affects the PLWHA as they are denied the care they require.

## **1.3 RESEARCH QUESTION**

What are the factors which contribute to the drop-out of volunteer workers at Nhlengelo Home Based Care centre?

## **1.4 AIM / OBJECTIVES**

The major aim of this study is to establish the factors which contribute to the drop-outs of volunteer workers for Nhlengelo Home Base Care. But the investigation is also structured:

- to find out why individuals opt to work as volunteers;
- to find out how they experienced the work; and
- to provide guidelines to improve the retention of the home based care volunteer workers.

## **1.5 SIGNIFICANCE OF THE STUDY**

This research is significant in a sense that it is structured to investigate the factors / reasons that account for the high drop out of volunteer workers at Nhlengelo home based care centre. By finding out such factors it will be possible to make recommendations to the management

of the centre to ensure retention. The findings will also be helpful to policy makers and will hopefully guide them in the process of crafting better policies regarding the future of all South African Home-Based Caregivers. It is the researcher's contention that the findings and recommendations that will be given at the end of this study will also contribute to the fulfilment of both the centre's and volunteers' objectives to the advantage of the community.

## **1.6 CONCLUSION**

This was an introductory chapter that focused on the background to the study. The research problem, aims and objectives of the study were stated, and the research question given. The significance of the study was also given. It was indicated in this chapter that in responding to problems associated with institutionalization such as overcrowding and the high costs, the South African Government introduced alternative care options like home-based care. Unfortunately there is a tendency of volunteers abdicating their duties in many home based care centres. It was indeed indicated that this was intended to explore the reasons why volunteer workers for Nhlengelo Home-Based Care in the Bushbuckridge at Mpumalanga in South Africa usually give up their jobs as care givers.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

In chapter one the statement of problem, aims of the study, research methods and sampling of the study were discussed and conceptualized. In this chapter, the literature pertaining to home based care and the participation of volunteers is explored. A comprehensive definition of what constitutes home based care is given. This is followed by a comprehensive explanation of what constitutes Home Based Care, its origins and advantages. The focus of the chapter then shifts to factors that facilitate the work of volunteers. The reasons why individuals volunteer are explored and the challenges that face stake holders in home based care are highlighted. In exploring the reasons that motivate volunteers to work, it will be possible to see why on the other hand they abandon their jobs. But before this is done, the definition, origins and advantages of home based care are given in the section that follows.

### **2.2 DEFINITION OF HOME BASED CARE (HBC), ITS ORIGINS AND ADVANTAGES**

According to the draft Guidelines for CBC, 1998:4, Home based care is "the care given to individuals in their own homes supported by their families, the extended family or those of their choice, supported by a multi-disciplinary team and complementary caregivers to meet the specific needs of the individual and family". As an alternative care option, HBC was not started due to the HIV/AIDS epidemic. Bailey (1996: 29-30; De Kock, 1996:14-16; Means and Smith, 1998; Ryan and Thomas, 1993:242-244) reveal that this form of care has its origins in many Western, Scandinavian and North American countries to care for the elderly, mental patients and those suffering from other debilitating diseases

The home-based care idea came as a result of financial considerations and cost effectiveness (Bailey, 1996:29). Nevertheless its emphasis and rationale were placed on the accessibility of social care services based on community participation and local helping networks (Audit Commission and Higginbotham in Bailey, (1996:29); and hence the involvement of Non Governmental Organisations and volunteer workers.

The idea of deinstitutionalization in South Africa and elsewhere in the world was the result of the high costs involved in caring for the elderly, the mentally ill and those living with HIV/AIDS. According to the Final Draft, National Guidelines on HBC (2000:3), home-based

care is meant for various people including older persons, people with severe functional disabilities, those recovering from illnesses, the terminally ill, as well as those living with HIV/AIDS and other debilitating diseases.

It is a system with numerous advantages that include, but not limited to, early identification and referral of those living with HIV/AIDS, reduction in hospital expenses, reduction in overcrowding in hospitals, the sharing of resources and complementing existing health services. Furthermore family and friends are around the patient, the community participates, and care is holistic, comprehensive and needs based (Final Draft, National Guidelines on HBC, 2000:5; Van Dyk, 2001:328).

## **2.3 FACTORS FACILITATING THE WORK OF VOLUNTEERS**

Volunteering is a challenging and stressful job. However, individuals who opt to work as volunteers are encouraged by a number of factors. Some of these factors are explained in the ensuing paragraphs.

### **2.3.1 Assistance given by the home-based care project**

Research on home based care and volunteering work indicates that the volunteers are normally attached to the care centres. Thus central to the practice of home-based care by most of these volunteers is their affiliation to the Project itself. Most of what the volunteers do is planned, organized and facilitated by project. The projects do not only provide training to them but they also provide them with material assistance, professional and emotional support.

With regard to training, most of the volunteers usually undergo some form of training that is provided by the project (Bradner, 1995:74; Kowie in Lombard & Modise, 2002:6). Such training and orientation is aimed at familiarizing volunteers with “the broad mission and Function of the agency so that the volunteer sees his or her job as an important part of that mission”. (Lombard and Modise, 2002:6). According to Lombard and Modise (2002:6), whilst orientation integrates the newly recruited volunteer into the structure of the organization, training imparts to volunteers a sense of belonging and status within the organization. Furthermore, it demonstrates that the organization values the volunteers and their contribution to the mission of the institution.

Training may be specialized and thus determined by the work that volunteers will do for example home-based care training; (Lombard and Modise, 2002:7). But though training standards and norms may vary from institution to institution, training is vital, given that “volunteers represent a precious resource for communities struggling to come to grips with the HIV epidemic” (Kaleeba, Kadowe, Kalinaki & Williams, 2000:28).

### **2.3.2 Provision of material assistance**

As employees at home based care centres, volunteers expect to be accorded with some form of material assistance. According to Ife (1995:270), volunteer work is a “challenging and difficult task. It is personally demanding and frustrating, and at times depressing and disillusioning”.

It is therefore necessary for one involved in community work to have access to personal and expert support. Such support could be in form of money, food parcels, assistance with school fees and so forth. One of the sources of personal and expert support identified by Ife (1995:270) is the employer (Home-based care centre). Material support is also expected by the clients visited by the volunteers. These clients expect volunteers to give them some material support in form of food parcels as well as some form of treatment. Indeed a voluntary in possession of material assistance for his/her clients will be more willing to go out there and visit the clients. It is against this background that Uys (2003:10) observes that it is totally impossible to be involved in home-based care and not to be involved in some form of poverty relief.

### **2.3.3 Volunteer motivation**

One other reason why volunteers work is due to the motivation to do so. But the question to be asked at this moment is what exactly motivates volunteers? According to Swanepoel & De Beer, (2006:103-104) people are not motivated by a single common factor. This means that different people are motivated by their unique reasons. Some authors have highlighted a number of reasons why people volunteer and they mention altruism, sociability, self-interest, use of one’s spare time, reciprocity, therapeutic reasons, religious reasons, a need to be adventurous, job experience, doing something useful, filling the empty nest, helping those less fortunate etc (Bradner, 1995:66-67; Kruger & Schreuder, 1999:336; Lombard & Modise, 2002:2-3). Some of these reasons are further explained below.



### **2.3.3.1 Religious considerations.**

Mahilall and Akintola (2006, 80) concurs that there are also religious consideration in volunteering as caregivers. According to Akintola (2004) some volunteers indicate that it is godly to volunteer.

### **2.3.3.2 Experience of HIV/AIDS in the family.**

According to Mahilall (2006, 80) many of the home-based cares experience HIV/AIDS in their households and therefore feel the need to acquire skills to deal with the situation. Mahilall further argue that some of the people who enrol as home based cares recognize the need to give adequate supportive care to HIV/AIDS patients, and the complex nature of the activities that required caring properly for the sick. Akintola in Mahilall (2006, 80) supports the above arguments by stating that some volunteers experience multiple illnesses in their families and believe that if they are trained to care for the sick it will be of great help to them in dealing with their own families.

### **2.3.3.3 Previous experience or interest in paramedic or community work.**

In his study Uys (2001) reports that many of the subjects in her study of home-based care of the Department of Health in the seven pilot sites in South Africa, had previous experiences in community or paramedic work. This might due to the fact that some home-based care models require one to have previous experience in community care, before they can be recruited to the programme.

### **2.3.3.4 Hope of securing employment.**

The high rate of unemployment in the study communities is a major reason why some volunteer (Akintola, 2006: 11). UNAIDS and Uys (as cited in Mahilall,2006: 81) notes that some studies indicate some 'volunteer' home-based care centres receive some form of stipend to cover some of their expenses. Uys (2003,56) further highlight that due to high unemployment levels, by joining volunteerism, volunteers have a legitimate hope that remuneration or stipend would be paid so that they can buy food and maintain their families. Akintola (2006,12) notes that many of the volunteers who had earlier cited the need to help others as reason for enrolling in the programme had some other underlying reasons such as acquisition of some knowledge, skills and experience. These, they believe, will put them in a good stead to get a job in the future.

### **2.3.3.5 Unemployment, Hope of future reward and reciprocity**

In one study Aknitola (2006) indicate that people were volunteering because of a lack of job or something to do. It is further stated that volunteers who belong to this category continue volunteering until they get a job. For them volunteering is a means to an end. They keep themselves busy in volunteering while they continue in their job search. Others believed that the knowledge, skills and experience acquired would come in handy should any member of the family fall ill (Akintola, 2006; 12). According to Mahilall (2009, 79) the hope of future reward was a pervasive theme given by home based cares for volunteering. It is seen by other home-based cares as 'sowing a seed that will later be rewarded'.

Ross, Greenfield and Bennett (as cited in Marincowitz, 2004: 29) found that, amongst volunteers, dropout was more associated with being overwhelmed by the stressors and burnout than with the lack of rewards. Marincowitz (2004:29) further indicate that the rewards of being home-based care volunteers are perceptions of personal effectiveness as well as emotional and social support. The stressors of volunteer caregivers include emotional overload, patient problems, lack of support and lack of training (Ross, Greenfield and Bennett, 1999).

## **2.4 PERSONALITY TRAITS**

A volunteer's personality has a lot to do with the way he/she performs the job. According to Kruger & Schreuder (1999:336) and Sims and Moss (1995:15) a good personality highlight motivates and encourages a sick person to live positively in spite of HIV/AIDS personality traits of volunteers thus determine the quality of services rendered. A volunteer with a good personality is resourceful, has relations with clients and families, is committed and communicates effectively. Such volunteers do also exhibit certain personal qualities that enable them to work effectively. They are patient with their clients, are approachable, reliable, and show understanding of their clients, families and communities. They must be able to demonstrate confidentiality. Confidentiality according to Dryden (in Van Rooyen & Engelbrecht, 2001:86) means clients being "able to disclose themselves in privacy without the fear that others may use the information to their detriment". they are able to work with their clients if their clients believe that what they share with volunteers will be kept confidential and will not be used for any other purpose other than helping the client concerned (Sims and Moss, 1995:16; Van Dyk and Van Dyk, 2003:5&8; Van Dyk, 2001:9; Van Dyk, 1999:111).

## **2.5 GUIDANCE AND SUPPORT BY PEERS**

When volunteering and working with people with HIV/AIDS, one needs a lot of support and guidance from the peers. Thus though community work is a difficult, it is certainly not a lonely one (Ife, 1995:270). If one is not supported and guided one is certainly at some point likely to abandon the job. This is because working alone is contradictory to the basic philosophy and values of community development. According to Ife (1995:270), those who work with communities need to be well connected to an efficient, effective, supportive support network because community work is a “challenging and difficult task, which is personally demanding and frustrating, and at times depressing and disillusioning.” What this implies is that, someone working with communities should ensure that he/she identifies sources of personal and expert support for personal survival in the field. Volunteers assist each other in the field. They communicate with each other and give each other support, for example, when one has a difficult case they invite each other to the specific client to handle the client together. When a volunteer does not have treatment or working tools they help each other with such materials.

## **2.6 ASSISTANCE BY EXTENDED FAMILY, NEIGHBOURS AND TRADITIONAL AUTHORITIES**

Volunteers' work is made easier if there is assistance from the sick persons' extended families, neighbours and traditional authorities (Blinkhoff et al., 1999:15; Graham in Kemm and Close, 1995:287). The extended family takes care of the needs of the clients and others cooperate in burying deceased clients. Meanwhile, care is provided by spouses, family members, neighbours and friends (Blinkhoff et al., 1999:15; Graham in Kemm and Close, 1995:287). Lack of this care from the family will certainly make the volunteers' work more challenging.

## **2.7 CONCLUSION**

This was a literature review chapter that focused on the factors. It is evident from this chapter that a number of factors drive volunteers to work. Among several factors, personal trait, family, religious factors were identified as responsible for volunteers to stay in the job. It is vital to note that if any of the identified factors are violated; volunteers are likely to abdicate their duties. In the next chapter the research design and methodology are discussed.

## **CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY**

### **3.1 RESEARCH DESIGN**

A research design is a detailed plan that indicates how a researcher plans to conduct a piece of research (Devos and Fouchie, 1998:123). According to Hopkins (1996:237) it is important that a researcher makes use of research methods and techniques that suit the problem to be investigated. Such methods and techniques should be able to give the most reliable and valid data. In this investigation, the researcher made use of a qualitative design research design. Strauss and Corbin (1990:11) note that a qualitative design is normally used to investigate peoples' lives, stories, behaviours, attitudes, social movements and interactions. It was indeed against this background that the researcher used this design type to listen to the volunteers' stories and experiences to get the reasons why they eventually abdicate their work.

Because the design type was qualitative, the methods used to collect data were also in line with the requirements of a qualitative study.

### **3.2 SAMPLING**

In research, sampling refers to the technical accounting devise that is used to rationalise information (Bless and Higson-Smith, 1995:85). When sampling a researcher sets out to choose in an appropriate manner a restricted set of objects, persons, or events from which he/she draws the actual information. When sampling a researcher takes care to choose a sample that ensures representativeness of the whole population. In the case of this study the sample consisted of 15 volunteers and 15ex-volunteers and the manager of the centre purposefully targeted for inclusion in the sample. Thus purposive sampling was used in the study.

#### **3.2.1 Purposive sampling**

According to Merriam (1998:61) a researcher who uses this form of sampling reaches out to those participants considered to have the information sought. Indeed in this investigation, the current and the departed volunteers would be the most appropriate respondents to be interviewed because of two major reasons: Former volunteers would be the most relevant source of information concerning why they dropped out. On the other hand current volunteers would provide data concerning why they have opted to work as volunteers. Both groups

would be ideal sources of data relating to the volunteers' experiences. The data to answer the research question was solicited from each respondent through a semi-structured interview. This is further explained in the sections that follow.

### **3.4 DATA COLLECTION METHODS AND ANALYSIS**

Data to answer the research question was collected through semi- structured interview.

#### **3.4.1 Data collection**

##### **3.4.1.1 The semi- structured interview**

Interviewing respondents is one way capturing data to answer a research question. According to Henning et al (2004: 50) there are two types of interviews. First, there is the standardized interview and what they term the 'discursive' interview. These are also referred to respectively as the conventional standardized and the non- structured/ non- standardized interviews. The semi- structured interview that was used in this investigation is a strand of the latter. Though the researcher used the semi-structured interview in this investigation, for purposes of mere comparison, the differences between the standardized and the semi-structure interviews are briefly explained.

According to Henning at al (2004: 53) the dominant perception of the standardized interview is that it yields objective and neutral information. The collected information represents reality through the responses of the interviews and it is regarded as credible and believable as long as data was collected in a standardized procedure of non-interference from the researcher. On the other hand, the semi-structured interview is regarded as a social process in which both the interviewer and the interviewee act as co-constructors of meaning and knowledge, intentionally or un-intentionally during the process of information gathering, In a bid to make sense of the respondents' action or way of life, the researcher analyses among several other things the action, language and all images used by the respondent.

In this investigation, the methods of collecting data through a semi- structure interviews was preferred because a detailed investigation with regard to the experiences of volunteers and reasons why they eventually abandoned their duties was essential. Such an in-depth investigation dictated that the respondents are made to be relaxed and are given the freedom to express their views and perceptions, and to explain reasons behind their views. This could only be possible with the use of a semi-structured interview. Charmaz (2002; 679-680) argues

that such an interview gives the respondents the freedom to express their feelings and perception without the restrictions imposed by the structured or standardized interview.

In this investigation, the semi-structured interviews were recorded on audiotape; the researcher made use of an interview schedule with five open-ended questions as a guide. The questions in the interview guide were structured to find out how the experiences of the volunteers, reasons why they had opted to work as such, and why they eventually resigned from their work.

#### **The open-ended question included the following**

- Can you share with me the reasons why you decided to become a volunteer worker at Nhlangelo?
- What are your experiences as a volunteer?
- What is it that you liked or did not like during your time as a volunteer?

The researcher supported the above open-ended questions with probing and clarifying ones (Maykut and Morehouse, 1994:83). Such questions were however asked only in cases where the responses were either unclear or in cases where there was need for examples to illustrate the learners' point of view. Probing and clarifying questions were also used in cases where more information about a respondent's action's or views was needed. The probing questions included the following:

- Why?
- Why not?
- Can you tell me more about that?
- Can you give me an example?

All the tape-recorded interviews were later transcribed verbatim in dialogue form for purposes of analysis. Transcripts were then analysed for recurring themes and patterns following Maykut and Morehouse's (1994:83) constant comparative method.

#### **3.4.1.2 Data Analysis**

After transcribing the interviews, data was analysed through a process called coding. Thus the collected data was compiled, labelled, separated and organized. Accordingly, data

analysis started when data pages were coded to their sources. On top of each page of a transcript a code for the typed data and a page number of a particular data set was placed. The data collected from the first Respondent to be interviewed for example was coded to the source as R1T1-1, meaning Respondent 1 (R1). Transcript 1 page 1 (T1 – 1) Examples of codes used to code data pages and participants are given in table 3.1

**Table 3.1: Examples of codes used to code data pages and the participants**

Code	Meaning
R1T1	First Respondent, Transcript 1
R1T1 – 1	First Respondent transcript 1, page 1
R 1	First Respondent

After coding the first collected data to their sources and transcribing the interviewer, the researcher began reading line by line through the interview with the first Respondent (R1). Following this, units of meaning as proposed by Maykut & Morehouse (1994: 128) were identified. The researcher used different colours (highlighters) to separate the different units of meaning from each other.

Then alongside the highlighted unit, a phrase or a word that contained the essence of the unit of meaning was written. One volunteer's response for example, "I could hardly afford to buy myself a pair of shoes" was highlighted and alongside it the researcher wrote the words "poor remuneration"

From the original transcript all the highlighted units of meaning were cut out. They were then posted on A5 size cards. This enabled the researcher to compare the different units with each other. Through such comparison, it was possible to put each of the identified units of meaning into different preliminary categories. The emerging categories were then written down in a memo notes.

From the interview with R1, a number of provisional categories that explained why volunteers abandoned their work emerged. Some of these categories are reflected in the Table below:

<ul style="list-style-type: none"> <li>• Low morale</li> <li>• Career change</li> </ul>	<ul style="list-style-type: none"> <li>• Management abuse</li> <li>• Degrading work</li> <li>• Psychologically damaging</li> </ul>
---	--

Having identified the provisional categories, the researcher grouped each of the coded data under an appropriate provisional category. This was done according to the Maykut and Morehouses, (1994: 137) look / feel alike criteria. The researcher continued to analyse each of the transcripts and to assign the unitized data to the provisional categories, finding out the volunteers' experiences, reasons why they opted to work as such and thus answer the research question. This process continued until the remaining data could not fit in any of the categories identified. According to Charmaz (2000: 520) this is called a stage of theoretical saturation.

The categories that were identified formed the basis upon which the research findings in this study were made. These research findings are the subject of discussion in chapter 4 of this research report.

### **3.5 TRUSTWORTHINESS**

Issues related to validity and reliability in qualitative designs, are described through strategies for trustworthiness (Maritz and Visagie, 2010). A research is trustworthy if readers of the research findings trust and believe in them (the findings). In this investigation Guba's Model of Trustworthiness as described by Maritz and Visagie (2010) were used to ensure trustworthiness. According to Guba's model, readers will trust in a research findings if they are credible, transferable, consistent (dependability), confirmable and authentic.

#### **3.5.1 Credibility (truth value)**

A research is credible if its findings have a truth value or reflect reality. Any research should therefore be executed in such a way that the likelihood of the findings being found credible is improved. Readers of the findings should agree that the findings are a reflection of reality.

To ensure credibility in this investigation, the researcher bracketed all personal assumptions and beliefs right from the outset of the investigation (Patton 2001; Rolls and Relf, 2006). Credibility was also achieved through the peer examination strategy. In this regard opinions of the researcher's peers and supervisor were sought to ascertain whether the researcher had



have constructed an appropriate interview guide and formulated the right questions. The strategy was also being applied to all the chapters in the study.

### **3.5.2 Transferability (applicability)**

Transferability refers to the ability of the research to be applied in similar contexts. A researcher needs to indicate clearly how a research has been carried out and how conclusions have been made to ensure applicability.

In this inquiry, the researcher described the entire research process in such a way that other researchers can follow similar steps. The findings were also described in depth and where need be, were punctuated with direct quotations from the interviews (Henning et al, 2004; Maritz and Visagie; 2010).

### **3.5.3 Dependability (consistency)**

Findings of an investigation are deemed dependable if they remain consistent if an independent researcher comes to the same conclusions if he analyses the raw data (Maritz and Visagie, 2010). In this investigation consistency was achieved through triangulation. In addition all aspects and processes of the research, including methodology, characteristics of sample, data collection and data analysis were fully described (Henning et al, 2004).

A clear, defensible and traceable audit trail, (from raw data to the findings), indicating each step and justifying the links between each step in this investigation was described. After data analysis, information was presented and interpreted in a coherent manner against the backdrop of the empirical information that had been collected and the conceptual frame work.

### **3.5.4 Conformability (Neutrality)**

Conformability focuses on whether the results of the research could be confirmed by another person. In this research conformability will be achieved through a Conformability audit trail, reflexivity and triangulation. The researcher carried out member checks. This involved opening up channels of communication with the participants, requesting them to clarify uncertainties and to confirm what could be emerging out of the collected data. The provisional findings were shared with the research participants. Their views were solicited to confirm or reject what was emerging (Henning *et al* 2004).

### **3.5.5 Authenticity**

A research is authentic if the researcher is able to show (in the final report) a range of different realities as expressed by all the participants. A research is also authentic if the researcher has been fair to all the informants. Not surprisingly, Guba and Lincoln in Denzin and Lincoln (2005) describe the aspect of fairness as the hall mark of an authentic inquiry. In this inquiry authenticity or fairness will be achieved by honouring all voices that will have been interviewed. Thus all views, perspectives, claims and concerns that will have been expressed will be reflected in the text. Debriefing, researcher interviews and researcher follow ups will also be used as extra strategies to ensure fairness.

### **3.6 ETHICAL CONSIDERATIONS**

A research of this nature is usually guided by a set of principles or rules that govern the involved parties. Strydom (1998:24) notes that such rules and guidelines are acceptable to individuals or groups of individuals involved in the research. These rules are called the ethics of research. Indeed if a researcher disregards such ethics it becomes harmful or potentially harmful to the involved parties.

The following are therefore the ethics that guided the researcher:

- Permission from the centre management to allow me conduct the research at the centre was requested.
- Consent to audio record all the involved volunteers was sought.
- The research participants were assured that the given information would remain anonymous and that the collected information would not in any way be used against them: and that such information was for purely the completion of the research only. Participants were thus requested not to fear any victimisation from the authorities.

### **3.7 CONCLUSION**

In this chapter, the research design, the methods of data collection were discussed. A brief description of the procedure of data analysis was also given. It was indicated that the methods used to collect and analyse data were informed by a qualitative research paradigm in addition to the research question and aims of the study. Thus, it was revealed since the inquiry is qualitative in nature, the methods of data collection and analyses used were

consistent with the requirements of qualitative research. Therefore, the data analysis process included data reduction, data organization and data interpretation. Issues pertaining to the reliability and validity of the research process were also discussed; noting that their use in the traditional sense renders them misfits in a qualitative research like this one. As a result, the researcher tried to ensure the validity and reliability of the research by making use of strategies as suggested by advocates of qualitative research. The ethical considerations that guided the researcher throughout the investigation were also explained.

## **CHAPTER FOUR: DISCUSSION OF RESEARCH FINDINGS**

### **4.1 INTRODUCTION**

According to Rubin & Rubin (1995:226) data analysis constitutes the final stage of hearing what the respondents have said. It entails the interpreting making sense of the collected data. Data analysis in this investigation was informed by the type of design and the methods used. This research is qualitative. Therefore the constant comparative method as put forth by Maykut and Morehouse (1994:128) was used.

### **4.2 THE PROCESS OF DATA ANALYSIS.**

In line with the dictates of a qualitative research, data analysis was done through a number of stages.

#### **4.2.1 Data analysis during data collection**

The analyzed data was collected from 15 volunteers and 15 ex-volunteers and the manager of the institution. As indicated in chapter 3, the semi-structured interview was used to collect data. All interviews were audio taped and transcribed verbatim. Data analysis was simultaneous with data collection. Each interview was transcribed and labelled as soon as it was finished. The researcher used a process called coding during data analysis. Through this process data was compiled, labelled, separated and organized. The researcher commenced data organization and labelling by coding pages to their sources. A code was placed On top of each page of a transcript for the typed data and a page number of a particular data set was indicated. Data secured from the first respondent was for example, coded to the sources as R1T1 – 1, meaning Respondent 1 (R1), transcript 1 page 1 (T1 – 1).

Coding as explained above was followed by reading each of the transcripts to identify units of meaning as recommended by Maykut & Morehouse (1995). Each identified unit of meaning was then highlighted. Alongside each highlighted unit, the researcher wrote a phrase or a word, which contained the essence of the unit of meaning.

All the highlighted units of meaning were cut out from the original transcripts and pasted on A5 size cards, enabling the researcher to compare the different units with each other. This comparison made it possible for each identified unit to be put in a preliminary category. Such categories were written down in a notebook.

From the interview with **R1**, a number of provisional categories regarding the reasons why volunteers abdicate their duties emerged. Some of these categories are reflected in table 4.2.

**Table4.1: Some examples of provisional categories from the interview with R1: Why Volunteers give up their duties**

<ul style="list-style-type: none"> <li>• Low morale</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of management support</li> </ul>
<ul style="list-style-type: none"> <li>• Career change</li> </ul>	<ul style="list-style-type: none"> <li>• Degrading work</li> </ul>
<ul style="list-style-type: none"> <li>• poor reward</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of support</li> </ul>
	<ul style="list-style-type: none"> <li>• Demanding work</li> </ul>

Each of the coded unitized data was grouped under an appropriate provisional category. The researcher used the look / feel alike criteria as put forward by Maykut and Morehouse's (1994:137) .This assignment of unitized data to categories continued until the remaining data could not fit in the identified categories. Data that could not fit into the identified provisional categories was used to begin or form new ones. These categories formed the basis of the research findings in this investigation.

In several cases, when the situation demanded, names assigned to the initial categories were changed as more appropriate ones were developed in the course of data analysis.

The method of data analysis as described in the preceding paragraphs was used to develop categories related to all the areas covered by this investigation namely: why volunteers give up their duties, why individuals opt to work as volunteers; and how volunteers experienced the work. The categories that emerged out of the data analysis process with regard to the above mentioned areas are indicated in the tables below.

**Table 4.2: Categories pertaining to reasons why volunteers abdicate their duties**

Category and sub categories	<i>Outcome Statement</i>
1. Permanent Employment	Most of the interviewed volunteers indicated that if given a permanent job, they would leave their current job. Whilst ex-volunteers indicated that they had left in search of permanent jobs, serving volunteers maintained that they would leave if they found a permanent job.
2. Demanding work	Both ex- and serving volunteers expressed the view that volunteering was a demanding job. While ex-volunteers indicated it was one of the reasons they left, current volunteers indicated that they could use it as a reason to give up the job.
3. Ineffective training.	The majority of ex-volunteers indicated that they struggled doing their job and had to quit because they had not received adequate training to handle the challenges involved. On the other hand serving volunteers indicated that they struggled to execute their jobs because they were not adequately prepared.

4. Low morale.	All ex- and serving volunteers had at a time or another experienced low morale to work. Half of the departed ones cited it as one of the reason that had contributed to their departure.
5. Stigma	Both ex- and serving volunteers indicated that the community members stigmased them because they work with people living with HIV/AIDS. This was reason enough for the majority of them to either resign or want to do so.

**Table 4.3: Categories, pertaining to reasons why people engage in volunteer work**

Category and sub categories	<i>Outcome Statement</i>
1. Need for employment	Most of the interviewed ex – and current volunteers indicated that they engaged in this type of work because they wanted something to keep themselves busy. However they were not prepared for the challenges attached to the work.
2. work experience	The majority of the informants indicated that working as a volunteer was one way of securing some work experience which they would use to get into some other permanent jobs.
3. Anticipation for heavenly reward	A number of volunteers believed that working for a meagre pay as they did, and helping people in need, as the PLWHIV, is Godly. They indeed felt that their efforts would be rewarded by God in heaven.



## 4.3 INTERPRETATION OF THE RESEARCH FINDINGS

### 4.3.1 Introduction

The qualitative method was applied to analyze the data. Data was obtained from ex- and serving volunteers was divided into various sections addressing different aspects as discussed in chapter 2. Several different questions were asked to enable the researcher answer the research question and achieve the aims of the study. Questions were designed to get the respondents' views with regard to why they either worked or work as volunteers at Nhlangelo centre; and why ex volunteers had given up their jobs. The research findings as represented by the categories as put in tables 4.2 and 4.3 are now discussed and interpreted.

### 4.3.2 Reasons why Volunteers at Nhlangelo give up their duties

#### **Finding 1. Need for permanent Employment**

From the literature as explored in chapter 2 it was indicated that one of the reasons why individuals decide to work as volunteers is the need for employment (see section -----) Not surprisingly, when asked why they abdicated their jobs as volunteers in a short period of time, the majority of the respondents indicated that they wanted to secure permanent jobs with benefits that accrued to such jobs. In the words of **R1**, *“that job (volunteering) was an unsecure job. For me I had to leave because I wanted another job. I mean I wanted a job where I would have things like medical aid and probably pension when I retire.”* The respondents indicated that they worked very hard, visiting family after another and yet there was not much given to them in terms of compensation. **R10 aptly** summarizes the situation when she states that *“... at the end of the day we need to put food on the table and we have to think about our future and our children's future. With no permanent job it is impossible to meet our obligations.”*

The above finding is quite in line with Aknitola's (2006) assertion that people do volunteer because of lack of jobs or something to do.

#### **Finding 2: Demanding work**

Both serving and ex – volunteers agreed that the work of a volunteer caring for HIV/AIDS positive people is very demanding. The respondents revealed how they cared for the frail and those who were bed –ridden. Apart from teaching them about the disease and how to look after themselves, many of the respondent indicated that they had to bath them and change

their napkins. In R 3's words "*one has to be a very strong person to continue working as a volunteer indefinitely. Some of these people are like helpless kids. You do everything for them.*" This finding was indeed consistent with Ross, Greenfield and Bennett (as cited in Marinowitz, 2004: 29) view that amongst volunteers, dropout is more associated with being overwhelmed by the stressors and burnout than with the lack of rewards. Marinowitz (2004:29) further indicate that the rewards of being home-based care volunteers are perceptions of personal effectiveness as well as emotional and social support. The stressors of volunteer caregivers include emotional overload, patient problems, lack of support and lack of training (Ross, Greenfield and Bennett, 1999).

### **Finding 3: Ineffective training**

The majority of the respondents revealed that they would have stayed longer in their jobs if they were trained effectively with regard to dealing with the challenges associated with volunteering. Bradner, 1995:74; Kowie in Lombard & Modise, (2002:6) indicate effective volunteering call for effective training of involved individuals. Such training and orientation is aimed at familiarizing volunteers with "the broad mission and Function of the agency so that the volunteer sees his or her job as an important part of that mission". (Lombard and Modise, 2002:6). However, asked why she abandoned her job after only six months, R 7 responded thus, "*...it was a difficult job for me. I was not prepared for what I went through in those six months. It was inevitable for me to give up that job.*" This was a view echoed by many of the respondents.

### **Finding 4: Low morale**

Both ex and working volunteers expressed the view that they were at times demotivated and their morale to work was extremely low, leading to giving up their jobs or poor performance. Among the factors cited for low morale are long working hours, poor stipends and long distances to travel during the course of their work. R4's response to a question that solicited to find out the reasons for her departure epitomizes the general responses to all those who had given up their duties. The respondent stated thus, "*I simply had no more morale to work as one (as a volunteer). I had to look for a motivating job.*"

### **Finding 5: Volunteers resigned their jobs due to Stigma attached to HIV/AIDS**

During their work as volunteers or ex-volunteers many respondents were discriminated against by some sections of the wider community. It emerged from the respondents that due

to the stigma that attached to HIV/AIDS, volunteers working with the HIV/ AIDS victims were also looked at as potential HIV victims. In the words of R 2, which were echoed by many other respondents, “...to some people in this community, it seemed as if we were the actual victims. I think some people had the wrong idea that by constantly being in contact with HIV positive people we were either HIV positive ourselves, or we would contract the disease soon. So many of them shunned us”. It is this shunning that explains why many of the volunteers could not continue in their jobs for a long time.

#### **4.3.3 Findings pertaining to reasons why people engage in volunteer work**

##### **Finding 1: Individuals work as volunteers due to the need for employment**

It emerged from the conducted interviews that all the interviewees volunteered to work due to the high unemployment rate in the area. Respondent R4 for instance indicates that “*at least the small amount of money we were promised encouraged me to take up the work.*” R4’s answer was also reflected in the majority of the answer given by the other respondents. These responses were indeed in line with Uys as quoted by Mahilall; 2006: 81 (see section 2.3.3.5). In a study carried out, Uys concluded that the high rate of unemployment compelled individuals to work as volunteers.

##### **Finding 2: Individuals work as volunteers due to the need for work experience**

Both serving and ex - volunteers indicated that experience in any kind of job was vital if one has to secure a job in future. **R8** indicated that she had applied for jobs on numerous occasions but all potential employers requested experience. Given that reality she had no alternative but to accept working as a volunteer temporarily after which she hoped she would get a permanent job.

##### **Finding 3: Individuals anticipation for heavenly reward motivates them to work as volunteers**

A few of the respondents believed that serving the needy like HIV positive people was a Godly act. They indeed were serving as volunteers for heavenly rewards in the after world. In the words of **R9**, “... with me, God will reward me when I go to heaven. I believe if one works for a good cause one pleases God”. This finding applied mostly to the six respondents who described themselves as born-again Christians. This finding is consistent with the literature as presented in section 2.3.3.1.

#### **4.4 CONCLUSION**

This chapter dealt with the process through which data was analysed and interpreted the results. It also presented the findings as got from the data analysis. The data was interpreted against the theoretical background of the research, emerging from the literature review in chapter 2. The findings indicated among several others that individuals resign as volunteers not only because of poor wages or stipends awarded to them, but also because of the need to secure permanent jobs. It also emerged that among several other reasons, individuals offer to work as volunteers due to the need to secure working experience and the high unemployment rate in the area.

## **CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS**

### **5.1 INTRODUCTION**

The aim of this study was to explore the reasons that motivate individuals to work as volunteers and yet resign after short periods of working at Nhlangelo Home based centre. The questions that were posed by the researcher made it possible for her to answer the research questions in form of findings provided in chapter 4.

Data to answer the research question were collected from the thirty respondents, fifteen ex-volunteers and fifteen serving volunteers. The researcher purposely included them in the sample because they had the sought information to answer the research question.

The major research question of the study was: What are the factors which contribute to the drop-out of volunteer workers at Nhlengelo Home Based Care centre?

Data to answer the above stated question were collected following the dictates of qualitative research. Through the use of semi-structured interviews the researcher collected and analyzed data in order to answer the research question and sub-question and achieve the objectives of the study.

The study was divided into five chapters. In chapter 1, the problem statement, aims of the study, research design and methods and sampling of the study were discussed and conceptualised. Chapter 2 explored the literature concerning factors that motivate individuals to work as volunteers and then abandon the job providing a theoretical framework against which respondents' responses were investigated.

The focus of Chapter 3 was on the research design and methods used to collect the data. A qualitative research design was used in the planning and execution of the investigation. Data was thus collected and analysed following the dictates of qualitative research.

Chapter 4 dealt with the interpretation and analysis of data and presented the findings obtained from the data analysis. The data was interpreted against the theoretical background of the research, emerging from the literature review in chapter 2. The present chapter, Chapter 5, gives the final conclusion and recommendations.

## 5.2 RECOMMENDATIONS

**Based on the findings as given in chapter 4, the following recommendations are given.**

### **Recommendation 1**

In view of the fact that volunteers give a vital service with regard to caring for the sick in this case, a need exists for their conditions of work to be improved so that they can stay in their jobs for longer periods of time.

### **Recommendation 2**

Volunteering as discussed in the literature review is quite a challenging work. In view of the finding that many drop out due to poor training and lack of knowledge with regard to executing their roles, there is need for effective induction programmes for the recruited volunteers.

### **Recommendation 3**

To address the issue of low morale on part of the volunteers, it is recommended that incentives like some form of medical aid and transport allowance be given to serving volunteers.

### **Recommendation 4**

There is need for an effective community programme concerning HIV/AIDS. Such programmes should address issues like how HIV is transmitted and emphasise that caring for the victims does not in any way negatively affect the health of the care givers. If implemented, this will address the problem of stigma as explained in the literature chapter.

## 5.3 CONCLUSION

This study was structured to investigate the factors that are responsible for volunteers' drop out from their services as care givers at Nhlangelo home based care centre in Bushbuckridge, Mpumalanga province. The need to investigate these factors was based on the premises that unless volunteers stayed for longer periods in service, effective care would not be given to the clients of the care centre. The majority of the respondents indicated that they left their jobs as volunteers due to lower morale as a result of poor remunerations and lack of benefits. A number of recommendations to solve the identified causes of the problems were given. Such

recommendations included *interalia*, improving to HIV/AIDS the conditions of work of the volunteers and educating the community to avoid stigma attached. It is the researcher's wish that these recommendations are implemented. Hopefully when implemented, the centre will be able to retain the volunteers and provide better services to its clients.

**REFERENCES**

Akintola, O. (2004a). A gendered analysis of the burden of care on family and volunteer caregivers in Uganda and South Africa. A Research Report, Health Economic and HIV/AIDS Research Division.

Akintola, O. (2004b). Home-based care: A gendered analysis of informal care giving for people living with HIV/AIDS in a semi-rural South African setting. Unpublished PhD thesis: University of kwa-Zulu Natal, Durban, South Africa.

Akintola, O (2006). Community Responses to HIV/AIDS: The role of volunteers in home-based care for people living with HIV/AIDS IN South Africa: School of Psychology. University of KwaZulu-Natal.

Bailey, L. 1996. Community based care-policy issues. *Social Work Practice*. Vol. 2(96), 29-32.

Bless C. and Higson-Smith C. (1995). *Fundamental of social Research Methods: African perspective*.

Blinkhoff, P., Bukanga, E., Syamalevwe, B. & Williams, G. 1999. *Under the Mapundu Tree: Volunteers in home care for people with HIV/AIDS and T.B. in Zambia's Copperbelt*. London: Actionaid.

Bradner, J.H. 1995. Recruitment, Orientation and Retention. In *The Volunteer Management Handbook*, Edited by T.D. Connor. New York: Wiley & Sons.

Charmaz, K. (2000). Grounded Theory: Objectivist & Constructivist Methods. In Denzin, N & Lincoln, Y.S. (Eds.), *Handbook of Qualitative Research*, 2<sup>nd</sup> Edition (pp.509-535). Thousand Oaks: Sage.

Charmaz, K. 2002) 'Stories and Silences: Disclosures and Self in Chronic Illness' *Qualitative Inquiry* Vol.8. pp. 302-328 [online] available at: <http://qix.sagepub.com/cgi/reprint/8/3/302> Date accessed 17 November 2008 56



Charmaz, K. 2002. "Qualitative interviewing and grounded theory analysis". In Gubrium, J.F. & Holstein, J.A. (eds.), Handbook of interview research: context and Method. London: Sage

Dentin, NK & Lincoln, YS 2005. Qualitative research, 3<sup>rd</sup> Ed. Thousand oaks: SAGE.

Department of Health (2001). National Guidelines on Home Based Care/Community Based Care.<http://196.36.153/doh/docs/facts-f.html>. South Africa: Department of Health.

De Kock, D. (1996). The role of the Social Worker, Volunteer and Community-based CareWorker in the Social Welfare Team. Social Work Practice Vol.2 (96), 14 - 17.

De Vos, A.S. & Fouche, C.B., (1998). General introduction to research design, Data collection methods and data analysis. In Research at grassroots: A primer for the caring professions, edited by A.S.De Vos. Pretoria: J.L. Van Schalk.

De Vos, A.S (Ed) (1998). Research at grassroots. A primer for caring Professions. Pretoria: JL. Van Schawk.

Groenewald, T. 2004. A phenomenological research design illustrated. *International journal of qualitative methods*, 3(1).

Henning, E., Van Rensburg, W. & Smit, B. (2004). Finding your way in qualitative research .Pretoria: Van Schaik

Holliday, A. R. (2007). Doing and Writing Qualitative Research, 2nd Edition. London: Sage. Publications

Isabirye, A.K. (2002) .Employee Participation in post-apartheid South Africa as a tool for global competitiveness. Un published M.A dissertation. University of Johannesburg. Johannesburg.

Maritz, J. & Visagie, R. (2010). Methodological Rigour and Ethics of Accountability within a Qualitative framework. Paper presented to academic staff at UNISA. Pretoria, March.

Mellion, L.S. & Tovin, M.M. (2002). Grounded theory: a qualitative research methodology for Physical therapy: *Physiotherapy and practice*, 18. 109 -120.

Ife, J. (1995). *Community Development: Creating community alternatives-vision, analysis and practice*. Sydney: Longman.

Maykut, P. and Morehouse, R (1994). *Beginning Qualitative research. A Philosophical and practical guide*. The Falmer. London.

Merriam, S.B (1998). *Qualitative research and case study applications in education*. San Francisco. Jossey-Bass.

Kemm, J. & Close, A. (1995). *Health Promotion: Theory and practice*. Houndmills: Palgrave.  
Kruger, S.P. & Schreuder, M. 1999. The effective utilization of volunteers. *Social Work/Maatskalike Werk*. Vol. 35(4), 333-342.

Kaleeba, N., Kadowe, J.N., Kalinaki, D. & Williams, G. 2000. *Open secret: People facing up to HIV and AIDS in Uganda*. London: Actionaid.

Lombard, A. & Modise, V.M. (2002). Retaining volunteers in African communities with specific reference to the Cancer Association of South Africa. *Social Work/Maatskalike Werk*. Vol. 38(1), 1-14.

Mahillal, R. (2009). Motivations and expectations of locally specific group of volunteer based carers serving people with HIV/AIDS. Marian hill Region.

Means, P. & Smith, R. 1998 (2nd edition). *Community care: policy and practice*. Hampshire: Macmillan.

Mahillal, R. (2009). Motivations and expectations of locally specific group of volunteer based carers serving people with HIV/AIDS. Marian hill Region.

Osborne, S.P. (1996). What is voluntary about the voluntary and non-profit sector? In *managing in the Voluntary sector: A handbook for Managers in Charitable and non-Profit Organisation*, Edited by S.P. Osborne, London: Thomson.

Patton M, Q. (2001). *Qualitative Research and Evaluation Methods* (2<sup>nd</sup> Edition). Thousand Oaks, CA: Sage publications.

Rolls, L. And Relf, M. (2006). Bracketing interviews: Addressing methodological challenges in qualitative interviewing in palliative care and bereavement mortality, 11, 3, 286-305.

Rubin, H. & Rubin, I. (1995). *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA: Sage.

Ryan, J. & Thomas, F. (1993). Concepts of Normalisation. In *Community Care: A Reader*, Edited by M.Bornat et al. Houndmills: Macmillan.

Sims, R. & Moss, V.A. 1995 (2nd edition). *Palliative Care for People with AIDS*. London: Edward Arnold.

Sobuce, N.W. (2007). The experiences of volunteers involved in Home-Based Care of people living with HIV/AIDS.

Steyn, GM. & Van Niekerk, E.J. (2002). Human Resource Management in Education. Pretoria. University of Pretoria

Strauss, A. & Corbin, J (1990). *Basics of qualitative research: Grounded Theory procedures and techniques*. Newbury Park: Sage.

Strauss, A & Corbin, J. (1998). Basics of Qualitative research: techniques and procedures for developing grounded theory. 2nd.ed Sage publications, Thousand Oaks, CA

Strydom, H. 1998. Ethical aspects of research in the caring professions. In *Research At grassroots: A primer for the caring professions*, Edited by A.S.De Vos. Pretoria: Van Schaik Publishers.

Swanepoel, B., Erasmus, B., Van Wyk, M. & Schenk, H. (2003). Training and Developing Employees: Organisational Perspective. In Swanepoel, B (Ed). Human Resource Management. Theory and Practice. Cape Town. Juta

Swanepoel, H. & De Beer, F. 2006 (4th edition). *Community Development, Breaking the cycle of poverty*. Lansdowne: Juta and Co. LTD.

Uys, L. 2003. A model for home-based care. In Home-based HIV/AIDS care, Edited by L.Uys & S.Cameron. Cape Town: Oxford University Press.

Uys, L. 2003. A model for home-based care. In Home-based HIV/AIDS care, Edited by L.Uys & S.Cameron. Cape Town: Oxford University Press.

Uys, L.R. 2002. The practice of community caregivers in a home-based HIV/AIDS project in South Africa. *Journal of Clinical Nursing*. Vol. 11, 99-108.

Van Dyk, A. 2001 (2nd edition). *HIV/AIDS care & Counselling: A multidisciplinary approach*. Cape Town: Pearson Education.

Van Dyk, A.C. 2001. "Why me and not my neighbour?" HIV/AIDS care and counseling in a traditional African context. *Curationis*. Vol. 24(3), 4-10.

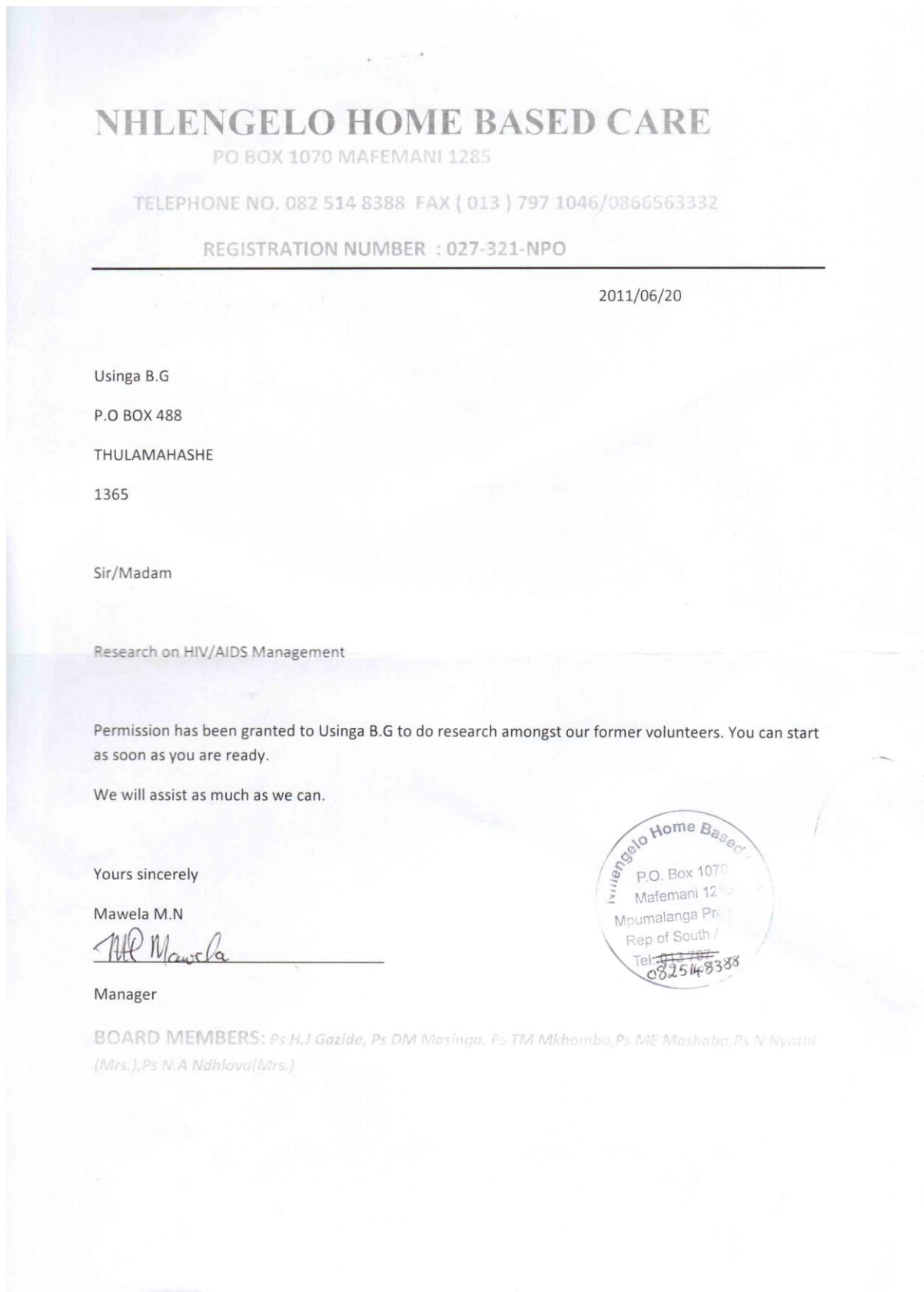
Van Dyk, A.C. 1999. *AIDS Care and Counselling: a practical guide for nurses, doctors, counselors and social workers in the multi cultural South African context*. Cape Town: Maskew Miller Longman.

Van Dyk, A.C. & van Dyk, P.J. 2003. "To know or not to know": Service-related barriers to voluntary HIV Counselling and Testing (VCT) in South Africa. *Curationis*. Vol. 26(1), 4-9.

Van Rooyen, C.A.J. & Engelbrecht, A.N. 2001. Confidentiality: Investigating the impact of breaches of confidentiality on teenage children in care. *Social Work/Maatskaplike Werk*. Vol. 37(1), 84-97.

Webb, LD., Montello, PA. & Griffin, HF. 1999. Personal administration in Education. Columbus, Ohio: Merrill.

## Appendix A



## Appendix B



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**STELLENBOSCH UNIVERSITY**  
**CONSENT TO PARTICIPATE IN RESEARCH (for currently volunteer workers and ex-volunteer workers)**

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**TITLE:** Factors influencing the dropping out of volunteer workers at Nhlengelo Home Base Care.

You are asked to participate in a research study conducted by Beatrice Getrude, Usinga, from the Africa Centre for HIV/AIDS and the Management Sciences Faculty at Stellenbosch University. The result of this study will anonymously be processed into the study report on: Factors influencing the dropping out of volunteer workers at Nhlengelo Home Base Care. You were selected as a possible participant in this study as a result of your working for a NGO that has been selected to participate in this study.

### 1. PURPOSE OF THE STUDY

The purpose of this study is to establish the factors which contribute to the drop-outs of volunteer workers at Nhlengelo Home Base Care.

### 2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following:

#### QUESTIONNAIRES.

Complete a questionnaire about your experience of working as a volunteer and the reasons which make people to do the work. This will take approximately 30 minutes of your time at a time this has been identified as convenient.

### 3. POTENTIAL RISKS AND DISCOMFORTS

Information required by the interviewer will require prior knowledge of the organization's activities, which may seem to be disloyal. However, the intention of the study is to assist the organization in retaining the volunteer workers and further reassurances will be provided if needed. Participant will be provided free counseling arranged by the researcher if need arises.

#### **4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

##### **PAYMENT FOR PARTICIPATION**

There will be no payment for participation. This is a voluntary exercise that is contingent on your participation.

#### **5. CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of storing the data in storage container and kept outside word protected of public access along with current private information. Data will be captured on a personal computer which is password protected anonymity will be maintained. The records will only be utilized by them in carrying out their obligations relating to this study.

#### **6. PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

#### **7. IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact Beatrice Getrude Usinga at work telephone: 013 7971917 (day) cell: 0825548390, email: [bgusinga@webmail.co.za](mailto:bgusinga@webmail.co.za) or Dr Qubuda (study leader) on 021 8083999.

#### **8. RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [[mfouche@sun.ac.za](mailto:mfouche@sun.ac.za); 021 808 4622] at the Division for Research Development.

**SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE**

The information above was described to \_\_\_\_\_ by Beatrice Getrude Usinga in English and I am in command of this language. I \_\_\_\_\_ was given the opportunity to ask questions and these questions were answered to my satisfaction. I am aware that the results of the study will anonymously be processed into a study report and that at any stage I can withdraw my consent voluntarily to participate in this study. I have been given a copy of this form.

\_\_\_\_\_  
**Name of Subject/Participant**

\_\_\_\_\_  
**Name of Legal Representative (if applicable)**

\_\_\_\_\_  
**Signature of Subject/Participant or Legal Representative**

\_\_\_\_\_  
**Date**

**SIGNATURE OF INVESTIGATOR**

I declare that I explained the information given in this document to \_\_\_\_\_. She was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

\_\_\_\_\_  
**Signature of Investigator**

\_\_\_\_\_  
**Date**



## Appendix C

Dear Respondent/Participant

### **Re: Factors influencing the dropping out of volunteer workers at Nhlengelo Home Based Care.**

In partial fulfilment of the requirements of the Master Philosophy Degree in HIV/AIDS Management from the Africa Centre of HIV/AIDS Management at Stellenbosch University. I am carrying out a study with the above title. The information you will supply is for academic purposes and will be treated with confidence. The purpose of this study is to establish the factors which contribute to the drop-outs of volunteer workers for Nhlengelo Home Based Care in order to provide recommendations or guidelines to improve the retention of the volunteers. Through the questionnaire I intend to ask the following research question- What are the factors which contribute to the drop-out of volunteer workers at Nhlengelo Home Based Care?

#### **AIM AND OBJECTIVES.**

The aim of this study is to establish the factors which contribute to the drop-out of volunteer workers for Nhlengelo Home Based Care in order to provide recommendations or guidelines to improve the retention of the volunteers.

#### **The study objectives are as follows-**

- To establish what the drop-out rate is.
- To find out why do people volunteer to do the work
- To find out how they experienced the work.
- To provide guidelines to improve the retention of the home base care volunteer workers.

Please feel free to contact me should you have any questions or you need clarification. Thank you.

Yours sincerely

Usinga B.G (Mrs)

## Appendix D



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11 October 2011

Tel.: 021 - 808-9183  
Enquiries: Sidney Engelbrecht  
Email: [sidney@sun.ac.za](mailto:sidney@sun.ac.za)

**Reference No. 670/2011**

Ms BG Usinga  
Africa Centre for HIV/Aids Management  
University of Stellenbosch  
**STELLENBOSCH**  
7602

Ms BG Usinga

**LETTER OF ETHICS CLEARANCE**

With regard to your application, I would like to inform you that the project, *Factors influencing the dropping out of volunteer workers at Nhlengelo Home Base Care*, has been approved on condition that:

1. The researcher will remain within the procedures and protocols indicated in the proposal, particularly in terms of any undertakings made in terms of the confidentiality of the information gathered.
2. The research will again be submitted for ethical clearance if there is any substantial departure from the existing proposal.
3. The researcher will remain within the parameters of any applicable national legislation, institutional guidelines and scientific standards relevant to the specific field of research.
4. The researcher will consider and implement the foregoing suggestions to lower the ethical risk associated with the research.
5. This ethics clearance is valid for one year from 11 October 2011 to 10 October 2012.

We wish you success with your research activities.

Best regards



*SF Engelbrecht*  
**MR SF ENGELBRECHT**

REC Coordinator: Research Ethics Committee: Human Research (Humaniora)  
Registered with the National Health Research Ethics Council (NHREC): REC-050411-032



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