An Observation of the Operational Processes of Community-Based, Non-Profit Organizations Through Use of Volunteers

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AN OBSERVATION OF THE OPERATIONAL PROCESSES OF COMMUNITY-BASED, NON-PROFIT ORGANIZATIONS THROUGH USE OF VOLUNTEERS

A Thesis
Presented to
the Graduate School of
Clemson University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
Management

by:
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Accepted by:
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Abstract

This paper is an observational analysis of five (5) non-profit organizations located in upstate South Carolina. The organizations are community based, non-profits that represent diverse communities. Each organization relies on the assistance of volunteer workers to accomplish operative goals. The analysis of each organization was completed through the use of observation and personal interview processes. Value stream mapping was used to detail process maps to analyze the effectiveness of each organization’s operations. The mapping detailed the intake, decision, and exit processes. It utilized value stream mapping to suggest possible improvements for the organizations’ processes to increase their efficiency.

The analysis considers the effects of altering the processes to decrease length of wait times, improve intake, and increase volunteer participation. The results suggest that the proper utilization of volunteers is beneficial to the operational process for each of the programs. With the proper training and education of volunteers, intake efficiency can increase and the wait times can decrease significantly. Ultimately, increasing the program capacity through the number of skilled workers employed by the programs will certainly reduce wait-times. The results of the observation and analysis are presented such that they can be used as an aid to the organizations for improvement of outreach, operations and efficiency of valued time.
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1 Introduction

The purpose of this paper is to explore the processes of non-profit, community-based organizations and how they can improve the operations of their organization’s efforts through effective volunteerism and process management. Value stream mapping is utilized to depict and dissect each organization’s process in regards to time and resource management. The assumption is to increase each organization’s outreach to clients and their target communities. Increasing a program’s outreach can have many positive implications for the organization, their populations, as well as, surrounding communities.

There are multiple factors that could affect community-based, non-profit organizations in position and negative ways. Through observations, areas of concern were identified, researched, and these issues were evaluated. The topics that were observed and discussed in this paper includes the composition of communities and how organizations within them are affected. Many community based organizations are centered around the health, wellness, and sustainability of their inhabitants. Therefore, improving the processes of these organizations is an important topic of concern for community organizations and those they serve.

As a complex topic, there are multiple factors that can greatly affect a community organizations’ efficiency and productivity. To increase both efficiency and productivity to increase outreach, a sequence of essential topics were identified to create a value cycle. Within this paper, each topic is identified. The following figure depicts a value cycle created to show relational values of the discussed topics.
The creation of a virtuous cycles depicts primary components that directly increase community outreach for non-profit, healthcare organizations. To improve these organizations, multiple factors have to be considered.

There are five identifiable topics in this value cycles that are discussed to give breadth this papers overall purpose. Volunteer motivation, business and community
partnerships, board involvement, funding, and agency activities all impact the deliverables of community-based, non-profit organizations. Communities and the organizations within them can impact one or many community factions. And as the focal of discussion, the topic of community must be established and explored.

Studying community and non-profit organization is a very broad topic. And the inclusion of community health is important. Community health encompasses the wellness of community. It [community health] tends to focus on geographical areas rather than just people with shared characteristics (“Community health,” n.d.). It includes healthcare, socio-economic standings, and poverty levels as it can impact a community’s overall wellness. For this paper, community health will be widely and generally discussed. The goal of most community-based organization is to impact communities in positive ways. Positive impacts and increasing the outreach of community-based, non-profits, while improving processes is the ultimate deliverable goal.

Non-profit organizations could easily be combined in the discussion of community organizations. But for research purposes, non-profit organizations will be discussed independently. Sharing many similarities with community organizations, such as clientele and goals, they also present unique issues. Not all community-based organizations are non-profit and they may or may have a large volunteer workforce. Therefore, the is a major distinction is in the solicitation and use of volunteer workers in community based and non-profit organizations.
Beginning with the topic of volunteers, subject disposition as it gives way to the topic of motivation. As a grossly conversed topic, motivation for the giving or one’s time has many theories. Many desire the knowledge of why volunteers do what they do. Knowing and understanding an individual’s motivation can impact the involvement and productivity within an organization. This can affect experiences, impact resources, and have consequences. As well, volunteers and the utilization of them can have a positive or adverse impact on an organization.

The establishment of business and community partnerships can be crucial to the effectiveness of a community organization. With the proper establishment of community partnerships the outreach for a non-profit can increase. And by increasing an organization’s outreach, their productivity may be positively affected. Effective partnerships can also affect their business counterparts in progressive ways. Therefore, the importance of partnerships can create opportunities and lead to other entities of sustainability for non-profit, community organizations.

The creation of a community boards can aid in the efforts to sustain non-profit, community based organizations. As organized business units, non-profits have similar operations to those of for-profit organizations. Many companies create boards to assist in the decision making for a firm’s operations. Strategically, the directions of non-profit organizations are more important than those of other business entities. And, the establishment and sustainability of funding is at the core of operational strategy.

Funding is needed to support community organizations. Funding is of great importance for sustainability. Not-for-profit organizations rely heavily on charitable
donations or government funds to operate. Therefore, fundraising is top priority. As a priority, funding improves outreach and operational improvement for community organizations.

Lastly, agency activities and the improvement of their activities are the desired result. Improving the utilization for the members and the communities they serve is the ultimate objective. Each component of the cycle has the ability to positively or negatively affect non-profit, community organizations. With the proper infrastructure of an organization, the organizations can focus more of their attention on their purpose.

Five community-based, non-profit organizations were observed for the purpose of this study. Through observations, strengths, inefficiencies, and recommendations were identified within each organization. And recommendations for possible improvement were formed. These recommendations are only suggestions for improvement for the organizations profiled in this study. Through the establishment of a value cycle, topics of concern can be identified, assessed for their strength, weakness, and effectiveness. Each topic of the value cycle will be discussed later in the paper.

2 Literary Review

The literary review conducted for this observational analysis will cover the motivation for volunteers in community organizations and the composition of community and non-profit organizations. The utilization and effectiveness of volunteers in these organizations will be discussed in relation to volunteerism and operational activities. Lastly, the activities of non-profit, community-based organizations are given distinct
consideration for the creation of partnerships for community boards and funding. The creation of business-community partnerships and community boards are important for sustainability and operation of non-profit, community-based organizations.

2.1 Volunteer Motivation

The motivation for volunteer workers includes the different capacities in which they are used. Community organizations, community health, and non-profits all utilize the work efforts of volunteers. Many volunteers participate in various organizations for different reasons. Each of the community and non-profit organizations must be defined and their impacts explained to describe possible the motives of volunteers. The impact of organizations are explain in the effective use of volunteers

Solidarity may be more common in traditional societies as a trigger for helping others. This changes the motivation factors as it becomes less a matter of providing a utility to others and more a way of expressing a desire to connect with others. The personal desire to express or strengthen one’s sense of identity also supports the disposition for one to volunteer. Being a labeled a “helper” for some people is their most salient identity and naturally leads them to become involved in volunteer work. Therefore, volunteering can also be a way for people to deal with their problems (Wilson, 2012).

In the review by Wilson, identity theory gives a better explanation to the commitment of volunteering than why people choose to volunteer in the first place. There
are five identities that explain the roles of volunteers (2012). The roles of influencer, helper, faith-based, community, and success roles create the diverse characteristics of volunteers. The influencer volunteers are activist and nonconformist that are serious and value driven; they fight injustice and want to make the world a better place. Helpers are usually benevolent, compassionate individuals who usually bring comfort and understand. Faith-based express religiosity and feel as if they have been called upon by a higher power to bear witness. Community role volunteers value communality, loyalty, solidarity, and generatively. The success role is complementary as it occupies positions of trust, leadership, and being a good citizen. This role is also characterized as taking responsibility, paying back and using talents (Wilson, 2012). But, many volunteers express characteristics for more than one role.

The motivation of an individual to volunteer is complex. The functionalist viewpoint is the best motivational theory used by psychologists as it incorporates reason, purposes, needs, goals, plans and motivations that induce actions. The strongest predictors suggest that people take up volunteering for value-driven reasons. But, the amount of time people contribute has more to do with self-related motivations (Wilson, 2012). For individuals that expressed support for the value of collectivism showed that they rated values and social motives highly. However, collectivists were no more likely to volunteer than individualist; but their reasons were different (Wilson, 2012).

Economist assume that people are motivated by self-interest in the form of rewards; either utilitarian goods or psychological rewards. Wilson uses four “moral schemas” for which volunteers are characterized. Individualistic expression is choosing
to do what makes one feel happy. Utilitarian individualist do what would help get one ahead, while relational individuals follow the advice of a teacher, parent, or other people who they respect. Finally, the theistic schema follows what one thinks God or scripture tells them is right (Wilson, 2012).

Volunteerism also incorporates aspects of human resource management for the dedicated volunteer members. This segment considers gender, race, immigration status, education, work, and income statues. Human resources is used to describe individuals as “assets” that enable people to volunteer or condition their interest in doing volunteer work (Wilson, 2012). Each “asset” is important to proper personnel management and to weaken the occurrence discrimination. Wilson’s review breaks each consideration down as the effect volunteerism.

In consideration of gender, Wilson’s research shows that men and women volunteer at different rates, for different hours, and in different domains (2012). Racial influence is ambiguous as research varies in the measures and control used in analytical models. But, consensus shows that Caucasians are more likely to volunteer than African Americans, Hispanics, and Asians; even after adjustment for social class. Immigration status of volunteer members from minority groups are underreported due the “volunteer work” is less likely done formal organizations. As the most important “asset” for volunteering, it shows that more highly educated people have broader horizons, as measured by attention to current affairs, higher levels of cognitive competence, and higher job status. Therefore, occupation and income are relative as jobs are determinant of social status and develop attitudes and skills that “spill over” into leisure time and
activities. As volunteering is a contribution of one’s time, it is proven that low-income earners volunteer less and likely belong to fewer voluntary organizations (2012).

Life course effects volunteerism as our current behaviors and attitudes have their roots in the past but, they change across the life course with a certain level of predictability (Wilson, 2012). The roots of pro-social behavior are embedded in family origin. Anticipation of poverty, family instability, lack of parental supervision or warmth, weak parental attachment and lack of volunteer role models shape future volunteer work. Adults that spent their childhood in poverty were less likely to volunteer. But, growing up disadvantaged was not to blame; rather it created deleterious effects on life chances for volunteering in adulthood. Therefore, volunteer work has a lot to do with the way in which family and work roles are combined (Wilson, 2012).

People’s behavior is influenced by social context. Social ties make a difference in volunteering as people become socially integrated. Having social ties to a wide range of heterogeneous others concludes that individuals are more likely to hear about volunteer opportunities or meet other volunteers. It’s also believed that others will share their volunteer impulse (Wilson, 2012). Diverse social networks do not automatically lead to more volunteering but, depends on the nature of social ties in the network. Being asked to volunteer by another person creates “bonding” social ties. But, it’s more important to build social ties when a volunteer takes the initiative to contact the volunteer organization.

Location is important as people tend to care more about what’s close to them. We are also more inclined to help those who share common physical characteristics with us.
Therefore, it’s an interesting theory that social diversity has a negative effect on the rate of volunteerism. Diversity has a negative effect as it undermines social trust. The giving of personal time is more widespread where population is homogeneous both racially and economically. This theory is confined to secular volunteering (Wilson, 2012).

2.1.1 Community Organizations

It’s obvious that communities and community organizations are closely related. Community organizations’ existence depends upon the communities they serve; but communities don’t necessarily need organizations to exist. Although, it would be difficult for a community to thrive without organizations that provide support within a community. Community is defined as a group of people with common interests living in a particular area (“Community” n.d.). It is further defined as people who share norms, values, identity and often references a place that is situated in a given geographical area. Community is further defined as the social ties that are as important to people’s identity, practice, and roles. Roles in the social aspects vary from the institutions of family, home, work, government, society, and humanity as a whole. Usually referenced to smaller, more personal ties, a community may also refer to a large group affiliation (“Community,” n.d.).

Community organizations have many different definitions and interpretations. Merriam Webster defines a community organization as social work concentrating upon the organized development of community social welfare through coordination of public
and private agencies (“Community organization,” 2016). The Business Dictionary online defines it as a self-organized network of people with common agenda, cause, or interest, who collaborate by sharing ideas, information, and other resources. Or, more simply put, as a cluster of common interests that arise from association (“community,” n.d.). There is no defined size associated with a community. They vary in size, and are as large as a body of nations or states unified by common interest (“community,” n.d).

But a community goes far beyond any definition or literary notation. Community is the place we, as individuals, call home. And in these places we call home, we typically find solace amongst family and/or friends. The communities we come from, for many individuals, define who they are and it gives them a sense of identity. But, for many the “sense of identity and definition” given by our communities are seen as limitations; limitations on individual’s ability to thrive beyond the boundary of their communal stereotypes. This can contradict the definition of community as it usually implies unity.

We cannot change who we are or where we come from but, we can affect the impact of how our community affects current and future situations and generation. Therefore, the wellness of a community can only be as strong as its weakest link. A weakness can affect the health of every individual living, working, or connected to that specific community. Therefore, the importance of improving communal health becomes a greater topic of concern and importance. And improving the health of a community is initiated in many different ways and in a variety of modes. From healthcare facilities to community centers, community organizations provide comparable balance to providing benefits to a community.
Communities create organizations to support their inhabitants. In the article “Considerations of Community”, both clients and volunteers have important relationships and connections to the service organizations that may contribute to this sense of community. The sense of community is investigated at an individual level, moreover, community is generally conceived of as having physical or clear psychological boundaries (Omota & Snyder, 2002). Therefore, community organization involves various organizations and institutions working together to meet the basic needs of the people in a community (Farooq, 2002). Farooq further states a community organization is defined as a method used to make efforts and directed towards community needs. It is seen as a democratic method which believes in the equality of all men and women and with dignity provided to every individual. These organizations work in the community to develop the living standard of people through their own resources and activities. Ultimately, community organizations motivate people and inculcate the idea of promotion and progress in a community (2002).

Community organizations usually arise from communities that are small relative to personal social ties. They may also refer to large group affiliations such as national communities, international communities, and virtual communities (“community,” n.d.). Omoto and Snyder both suggest that it is possible, and perhaps even advantageous, to consider community in a more purely psychological sense. Community may be a conceptualization that identifies membership, influence, integration and the need of fulfillment, and shared emotional connection as critical elements of community (2002). This broadens the scope of a community as it includes not only people living nearby but
also far away. Otomo and Snyder reference the A.I.D.S. community by stating that including more people than an individual personally knows, a community potentially including more people than an individual(s) with HIV and at risk of it but also the members of their social networks, as well as the volunteers and staff or organizations that provide services (2002).

Community-based organizations have the ability to provide the support of full health coverage to every uninsured citizen, according to the 100%/0 Campaign. As well, they could eliminate the multitude of health disparities experienced by lower-income populations (Folta & Scanlon, 2004). Although social factors including socio-economic status and educational level correlate significantly with health outcomes, they are modifiable environmental determinants such as cellular nutritional inadequacy and adverse exposure frequently experienced by the impoverished, uneducated, poorly housed and socially outcast which provide the pathogenic mechanism to account for much of the disparity (Genius, 2008) Per Green and Ottoson's 1999 text on community and population health the health status of a community and the organized responsibilities of public health, school health, transportation safety, and other tax-supported functions, with voluntary and private actions is to promote and protect the health of local populations identified as communities (Omoto & Snyder, 2002).

Community and community organization influences are likely to provide a source of collective self-esteem and valued social identity for individuals they connect and identify with. The sense of belonging that comes with community also enhances and reaffirms an individual's worth as an individual and as a member of the community.
Therefore, some community members may become models of upward social comparison and motivate others to strive for success and greater community contribution (Omoto & Snyder, 2002). The development of a community incorporates social responsibility. Community development is an adjustment of resources and needs with one another. Many of these organizations that offer welfares are undertaken by the members of that community for the use of resources and needs fulfillment (Farooq, 2012).

As stated before, communities inspire organizations which can benefit many people. Focusing more specifically, the field of community health is anchored in a rich history of innovations in public health methods and programs directed at reducing risk factor prevalence, decreasing acute and chronic disease burdens and injury occurrence (Goodman, Bunnell, & Posner, 2014). Therefore, we should be thankful that we are fortunate to live in an era where interventions have the potential to provide necessary care to preserve well-being. (Genius, 2008). Expansions into community health, organization’s intent is to continue to improve lives and reduce risks.

2.1.2 Non-Profit Organizations

Non-profit organizations are formally defined as a group organized for other purposes than generating profit and no part of the organization's income is distributed to its members, directors, or officers. Non-profit organizations can take many forms of a business construct. They have many characteristics similar to for-profit organizations. These forms include a corporation, an individual enterprise for individual charitable
contributions, unincorporated association, a **partnership**, a foundation, which is distinguished by its endowment by a founder, and a condominium. Condominiums are joint ownership of common areas by owners of adjacent individual unit (“nonprofit organizations,” 1992).

Non-profit organizations must be designated as nonprofit upon their interception and may only pursue purposes permitted by statutes for non-profit organizations. Non-profit organizations include churches, public schools, public charities, public clinics and hospitals, political organizations, legal aid societies, volunteer services organizations, labor unions, professional associations, research institutes, museums, and some governmental agencies. Cornell University’s school of law states these entities are organized under state law. For non-profit corporations, some states have adopted the Revised Model Non-Profit Corporation Act of 1986 (1992).

Not-for-profit organizations possess a mission or purpose statement. A mission statement, for many organizations, articulates the organization's reason for existence. This strategic plan lays out a coherent plan of activities to be undertaken in the fulfillment of the mission for the organization. This is important as staying relevant as an organization is probably the biggest challenge for sustainability (Houle, Sagarin, Kaplan, 2005). Houle et al, also stated that we [non-profit organizations] are competing, we have got our aims and objects and why we exist and all that; but to we must try to make sure that we are fulfilling those aims and objectives (2005).
Non-profit organizations are able to fortify their financial situation by attracting grants and donations from government, foundations, and individuals. This is something that for-profit corporations can only dream about. The non-profit organization can reduce its labor costs by appointing volunteers to do what the corporation must pay employees to do (Friedman, 2004). Non-profit organizations presents a set of unique and distinct resources and capabilities for strategy formulation and implementation. Of particular relevance to human resource management is the participation of volunteers in the human resource pool, creating a cost advantage, and hence a competitive advantage to non-profit organizations that are able to effectively manage these resources (Akinlade and Shalack, 2016).

And unlike profit-seeking organizations, non-profit organizations are seen as more trustworthy (Krashinsky, 1997). In the offering of a level of resolve, there is the idea that idiosyncratic combination of resources that are valuable, rare, inimitable, and non-substitutable namely, employees' skills, knowledge, and behavior, combined with high performance work systems. These are difficult to imitate and as such may be sources of sustained competitive advantage (Akinlade and Shalack, 2016). Primarily, most program outcome measures should capture the degree to which the program achieves its purpose. Thus, clients are an important source of information regarding their perceptions of the program. Inquiring whether clients are satisfied with programs will allow for comparison with objective measures of how well the programs actually served the clients, allowing for exploration into the degree to which the clients have sufficient understanding of the program and the degree to which it suits their needs (Sowa et al., 2004).
Non-profits are not the only way to satisfy consumer demand for public goods—clearly government is an alternative supplier (Krashinsky, 1997). Organizations are oriented primarily to serving community needs and effectiveness would not be gauged in terms of organizational success by exploiting the economic resources of the community. The bottom line is that non-profit organizations must make a profit to sustain. Organizational sustainability has forced non-profit organizations to be proactive in all their operational decisions to achieve greater operational productivity in managing non-profits operations (Weerawarden, McDonald, and Mort, 2010).

The management of a non-profit affects the experiences and attachment an individual may have to a non-profit organization. This has a great possibility of affecting the retention of participants. The ability [of organizations] to leverage their social networks including their personal and institutional connections with a community allows them to recruit from a diverse group of people which is highly valued and is seen as a source of competitive advantage (Akinlade and Shalack, 2016). This also affects the managerial stance as the need for public management can change the relationship between government and non-profit organizations. These changes have increased the competition in the nonprofit sector by attracting for-profit firms into the service markets that were traditionally served by non-profit organizations (Weerawardena et al., 2010).

Non-profit organizations are perceived as warmer and more trustworthy, but also as less competent than for-profit organizations (Helmig et al., 2015). But, a for-profit firm has the incentive and the opportunity to take advantage of customers by providing less service to them than was promised and paid for. A nonprofit firm, in contrast, offers
consumers the advantage that, owing to the non-distribution constraint, those who control the organization are constrained in their ability to benefit personally from providing low-quality services and thus have less incentive to take advantage of customers than do managers of the for-profit firm (Krashinsky, 1997). Therefore, Krashinsky emphasizes the abilities of the non-profits to form and provide for the needs of private individuals more effectively than alternative forms of organization (1997).

But, nonprofits are not the only alternative to market transactions. Consumers my look to government to provide the service, or, in the event of limitations, they may produce it themselves within the family (Krashinsky, 1997). There are different two theories that give motivations to this reasoning. The transaction of non-profit organizations may involve political and employee stimuli. According to public choice theory, public organizations are driven by political reasons and the objective. Therefore, they focus on fulfilling public tasks, usually through efficiency than innovation. And, according to identification theory, the employee values are linked to the organizational values (Helmig et al., 2015).

2.1.3 Community Health

Community health is defined as a multi-sector and multi-disciplinary collaborative enterprise that uses public health science, evidence-based strategies, and other approaches to engage and work with communities in a culturally appropriate manner. This is to optimize the health and quality of life of all persons who live, work, or is otherwise active in a defined community or communities. (Goodman, Bunnell, &
Posner, 2014). Goodmand et al. also refers to the health status of a defined group of people and the actions and conditions that both private and public sectors take to promote, protect, and preserve the health per McKenzie and colleagues in 2005 text (2014).

Helping to improve the health of a community can be initiated in many ways. The creation of various programs with specific initiatives is the most obvious way. Community health affects everyone within a specific location or target demographic from social variability, preventative treatments to the treatment of chronic illnesses. Typically, healthcare is associated with the care of an individual; and as responsible individuals we are expected to take ownership of our individual health. Likely, as responsible individuals, it’s also important to improve the communities we live in and the people we live with in our communities.

With many interpretations, community health is a subject of study within the medical and clinical science which focuses on population groups and communities as opposed to individual patients. It’s a distinct field of study that may be taught within a separate school of public health. Furthermore, it's a discipline that concerns itself with the study and improvement of the health characteristics of biological communities. Ultimately, community health tends to focus on geographical areas rather than people with share characteristics ("community health,” n.d.). Anchored in the methods and programs directed at reducing risk factor prevalence, decreasing acute and chronic disease burden and injury occurrence and promoting health, some states have devoted time and resources towards improving the health in all communities.
The Journal of Preventative Medicine acknowledges that community health is a challenge to define and clearly distinguish from public health practice, community engagement or other related community development activities (Goodman, Bunnell, & Posner, 2014). It is also important to understand that the definition of community health varies from individual states and community agencies. The Georgia Department of Community Health has the mission that their agency is to provide “…access to affordable, quality health care through effective planning, purchasing, and oversight” to their citizens (Goodman et al., 2014). Defining the meaning and scope of community health is broadly interpreted. The article further defines community health with the state of Michigan’s Department of Community Health mission to “…protect, preserve, and promote health and safety of the people of Michigan with particular attention to providing for the needs of vulnerable and underserved populations” (Goodman et al., 2014).

The enterprise of community health and how community health is put into action differs by methods, measures, processes, and outcomes for a community health effort. Intervention is also included in community health. This encompasses the scope of the intervention(s) being delivered within the community and reflects the input, needs, perspectives and goals of communities as they work to improve their health (Goodman et al., 2014). There is great value in the definition for community health that reflects the diversity and values of communities and how communities make decisions. Providing a small degree of order that supports the systematic generation of evidence is critical to the advancement and maturation of the field. The science of community health encompasses
the methods that are used in the field to develop and evaluate the evidence that underlies the conception, design, implementation, evaluation, & dissemination of interventions (Goodman et al., 2014). This is important as Genius writes that most medical education focuses on sickness rather than health (2008).

Any group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings further defines the foundation for community health. The value of developing a definition for "community health" reflects the diversity and values of communities. How communities make decisions while providing some modicum of order that supports the systematic generation of evidence, is critical to the advancement and maturation of the field (Goodman et al., 2014). Therefore, conceptualization of community health is critical to the understanding their significance.

Many of the community health organizations are associated with socio-economic standings or the ethnic backgrounds of the cliental they serve but, community programs need to go beyond those factors. There are many different influences that shape the outcome of people’s lives; as some of the influences are inherited, as many are chosen decisions. Influenced with a wide array of socio-demographic characteristics, relevant variables range from the proportion of the residents of a given age group, to the overall life expectancy of the neighborhood and the community (“community health,” n.d.). Goodman et al. explains that a community encompasses population groups and the locus, as in the place or venue of a program’s intervention, and other actions (2014). Therefore,
health may be defined differently as a function of a community’s experience and expectation.

In a research study conducted by Eugenie Hildebrandt, more than 200 counties in the United States are classified as medically underserved. Community health organizations can assist in the serving medical need of a community, as well as provide encouragement to vulnerable or disadvantaged people (1999). Disadvantages come in the form of poor education, poverty, language barriers, ill health, living in high-risk environments, or social bias related to race, age, or gender. The efforts of those living in these situations to maintain are often ineffective and result in dependence on assistance from programs to meet basic needs. Therefore, focus groups or community-based organizations help build a “culture of participation” aimed at improving services to vulnerable community members (Hildebrandt, 1999).

Community health service organizations include a focus on monitoring health status, investigating health problems and mobilizing community partnerships to identify and solve health problems (Carman, Prybil, & Totten, 2013). Services would include a focus on monitoring health status, investigating health problems, and mobilizing community partnerships to identify and solve health problems (Carman, Prybil, & Totten, 2013). Medical interventions are also aimed at improving the health of a community. Efforts can range from improving access to medical care to public health communication campaigns. Recent research efforts have focused on how the built environment and socio-economic status to affect health (“community health,” n.d.).
Being in poor physical health, such as having a debilitating or a chronic illness, may also cause someone to be more vulnerable of poor psychological or social health (Hildebrandt, 1999). This rise to community health as it is directed toward reducing risk factor prevalence, decreasing acute and chronic disease burden and injury occurrences, and promoting health. Community health strengthens community-level health efforts. This helps communities prevent disease and promote healthy living through an emphasis on reaching people who experience the greatest burden of death, disability, and suffering from chronic disease (Goodman et al., 2014).

With the known positive effects of improving the health of a community, there are also weaknesses. In the 21st century medical service objectives have increasingly approximated fast-food exchanges; rapid service; brief encounters; and the pursuit of immediate satisfaction (Genuis, 2008). Medical service seems more like a transaction than providing care. This can be the same for community health. Placing a band-aide on a problem isn’t fixing it. The biggest challenge is that community health remains challenging to fully define and to clearly distinguish from related areas of public health practice, community engagement, or other related community development activities (Goodman et al., 2014). Even politicians scramble to find solutions as healthcare expenditures continue to escalate, and individuals and groups continue to suffer as the gulf between health, as it is, and health, as it could be, continues to widen. In response, an increasing number of patients are seeking help from contemporary and alternative interventions. Recent studies have reported that in some locations, the number of visits to
alternative health practitioners now exceeds the number of visits to medical doctors (Genuis, 2008). Therefore, this can strengthen the community health initiatives.

Hildebrandt states that strengthening community efforts is enabled through the use of focus group techniques. Focus groups incorporate a diverse group of people that participate in guided discussions about a given topic. These groups are constructed using vulnerable citizens that are usually in lower socio-economic brackets. Focus groups encourage people to build a "culture of participation" for a community health initiative aimed at improving services to the vulnerable population (1999). Within the federal government, the Center for Disease Control's Division of Community Health strengthens community-level health efforts. Helping communities prevent disease and promote healthy living through an emphasis on reaching people who experience the greatest burden of death, disability, and suffering from chronic diseases. Benefiting a whole community, Kaiser Permanente's "Community Health Initiatives" states that a collaboration with community-based organizations and residents to focus on prevention by supporting policies and environmental changes that promote healthy eating and active living in neighborhoods, schools, and workplaces (Goodman et al., 2014).

2.1.4 Effectiveness

It is imperative for each organization to stay effective. Effectiveness is defined in terms of organizational goal attainment and efficiency in terms of satisfaction and cooperation of the organizational participants (Rushing, 1974). This has been noted in scientific management, administrative science, and bureaucratic theory, that efficiency is viewed in terms of goal attainment. Rushing writes that effectiveness in terms of goal
attainment, with efficiency being defined in economic terms is the amount of resources used to produce a unit of output (1974).

Effectiveness of an organization is more than the mere outcomes of the programs it operates or of the service it provides. Through management research, it has shown that values ranging from ethical responsibilities to competitive values which are prerequisites for organizational survival. They can also provide competitive advantages by enhancing organizational performance (Helmig et al., 2015). It is importantly a function of its management structure of how well they operate, and their impact on the most crucial organization resource, its employees (Sowa et al., 2004). Valuing their work force, those values can guide an organization and their people through different situations, including values ranging from humanity to profit maximization.

Akinlade and Shalack stated that one unique nature is that volunteers comprise a significant proportion of the human resource pool of many non-profit organizations. This includes the fact that volunteers are unpaid, they act as community ambassadors for the organization, which subsequently contributes to recruitment of other volunteers, and they generally have a high level of commitment to the mission of their organization. This underscores the importance of volunteers' recruitment and retention to achieving the goals of organizations in non-profit organizations (2016). This plays into the efficiency of an organization. Efficiency is used to refer to "whether a given effect is produced with least cost or, alternately, whether a given amount of resources is used in a way to achieve the greatest result (Rushing, 1974).
Multidimensional and Integrated Model of Nonprofit Organizational Effectiveness (MIMNOE) builds upon debates in the organization theory and nonprofit management research base that a multi-dimensional model represents a promising way to capture nonprofit organizational effectiveness. As many organizations are fundamentally hierarchical; they are multiple levels that together form the whole that is the organization (Sowa et al., 2004). Without losing their unique non-profit identity, practitioners and researchers often assume a unique non-profit value set that provides a nonprofit-specific source of competitive advantages. These values, such as honesty, altruism, trustworthiness, humanity, equality, helpfulness, and self-respect supposedly predominate in non-profit organizations (Helmige et al., 2015).

And by implementing values in an organization can constitute as an important firm asset. Ethics and quality are likely to foster employee satisfaction and productivity as well as patient satisfaction, both directly and indirectly through their contact with employees. A positive impact of innovation as a shared value that has been acknowledges. This innovation and growth value implementation has a positive impact on all organizational performance outcomes. Valuing efficiency and effectiveness is significantly positively related to financial performance; however, it does not translate into positive effects on overall success or occupancy of a non-profit. And as efficiency focuses on organizational values, it might be effective for short-term financial rewards but might also create a working atmosphere which fosters neither employee nor patient satisfaction, and hence does not enable to generate a competitive advantage (Helmig et al., 2015).
By including perceptual measures alongside objective measures of the indicators or effectiveness, scholars may examine the degree to which these structures, processes, and outcomes align with the perceptions of those that participate in the organization on a day-to-day basis and develop a more comprehensive understanding of any possible organizational dysfunctions that may be reducing the effectiveness of the organization (Sowa et al., 2004). And the reduction of effectiveness of non-profit organizations can be enabled by the engagement in efforts to discredit their competitors. Non-profit organizations, like many other organizations or companies, may seek disincentives for clients to cooperate with competitors (Friedman, 2004).

With the increase in competition, globalization, and rapid changes in technology, this has motivated organizations to reconsider the approaches they use to manage their diverse resources and capabilities. Non-profit organizations are no different when trying to achieve competitive advantage (Akinlade and Shalack, 2016). Non-profit organizations are facing increased pressure to become more “professional” or “business-like” entities. This pressures organizations to become more efficient with the use of resources and implement strategies that differentiate them from competitors.

Non-profit organizations increasingly confront efficiency demands, which make it necessary for them to shift their attention from a one-dimensional, mission-driven objective to a broader objective functions that can satisfy multiple goals and expectations. Issues for nonprofit organizations not only include their completion with other non-profits but also with public and private for-profit organizations. The competitive environment requires non-profit organizations to adopt competitive business postures.
These postures are in the areas of funds acquisition and in the delivery of services and to respond like for-profits do to turbulent and competitive environments. Revenue generation is a ubiquitous problem for nonprofits. It is never far from the managers' top of mind (Helmig, 2015).

Competition by non-profit organizations frustrates corporate managers. This is due to non-profit organizations enjoying advantages arising from their tax-exempt status and other conditions. Per Helmig et al., in comparison to for-profit organizations, this gives them significant advantages over for-profit corporation and small businesses that becomes noticeable when both of them are offering the same goods and services. The distinction between non-profit and profit-seeking corporations has blurred is also apparent in decisions by courts and the Internal Revenue Service to confer charitable status on non-profit that concentrate on commercial activities (2015). Therefore, for-profit charity would have an incentive to skimp on the services it provided and to increase profits; because of the non-distribution constraints.

Organizations with clearly defined and easily measurable goals may be assessed using the rational goal model. On the other hand, organizations that are more ambiguous in their goals may be better appraised using other factors, such as fiscal health, the ability to attract and sustain resources, of the ability to satisfy key stakeholders (Sowa, Seldon, Sandfort, 2004). Therefore, management refers to organizational and management characteristics-those characteristics that describe an organization and the actions of managers within it. These measures of management encompass variables that tap
capacity as well as those that represent the outcomes of these management systems and activities.

However, programs refer to the specific service or intervention provided by the organization to their clients. It also has variables that are related to the capacity of the program, as well as the outcomes created by the intervention (Sowa et al., 2004). The concern of capacity is how an organization or program operates, impacts the structure in place, and the operating processes that dictate and direct employee action. Therefore, outcomes are the results produced by management and program activities. And to improve outcomes, organizations need to understand how their structures and processes enable or hinder those outcomes (Sowa et al., 2004).

The capacity of management may be composed of many management practices and systems that seem most relevant for nonprofit organizations. A formal mission statement, a strategic plan, and the human resource systems or systems play important roles in any organization, especially non-profit organizations (Sowa et al., 2004). Human resources and development is important to any business entity. Proper human resource practice can affect how non-profit organizations manage personnel and operations. The management outcomes for an organization should capture how well the management capacity, the structures and processes, work. The degree to which the employees of the organization are successfully managed and the degree to which the management structures and processes help generate sufficient resources to maintain the operations of the organization is very important (Sowa et al., 2004).
Managers of non-profit organizations understand that the organizations' survival depends on the manager’s ability to secure a generous constituency. And in this arena of non-profits tends to require techniques that rival the efforts of the corporate sector in terms of professionalism and determination (Friedman, 2004). A perceptual measure of management capacity, the staff evaluation of how well this management capacity actually operates and serves the needs of the organization allows for scholars to discover any possible disconnected between practices and perceptions. And, for management capacity, or processes and structures, the staff perceptions of program elements are integrally related to how they are carried out each day (Sowa et al., 2004). In an article written by Barry D. Friedman, he writes the following statement by Herrington Bryce who believes the most fundamental change in perspective that is needed to improve the management of non-profit is to view them as economic institutions with the charitable missions of improving the public or community welfare, rather than as charitable institutions with charitable missions (2004).

In the case of workplace spirituality, it is formally defined as a framework of organizational values evidenced in the culture [of an organization] that promote employees' experience of transcendence. This occurs through the work process, facilitating an individual’s sense of being connected to others in a way that provides feelings of completeness and joy. This embraces values such as benevolence, humanism, and trust. Helmig et al. states that other research has shown that religious organizations respond differently to financial incentives than for-profit organizations do and that they conserve a distinct religious identity. This behavior of religious organizations differs
from those of for-profit and public ownership but, not from those of other nonprofit organizations (2015).

In human resources management research, employee satisfaction is often used as the primary indicator of the effectiveness of management systems. But, as a true measurement for management capacity, the perceptual measures help assess the degree to which the objective measure influences day-to-day organizational operations (Sowa et al., 2004). These perceptions should be captured through self-reports from management concerning their perceptions on their organization's financial well-being. Sowa et al., states that the measures that should be included are those concerning the level of material resources provided to a program, including financial resources and personnel resources (2004).

There is great importance in organizational financial health and stability as an outcome of non-profit management systems (Sowa et al., 2004). Economic values in an organization include competition, efficiency, profit maximization, and quality. Other qualities such as ethical values comprise equality, faithfulness, solidarity, respect, and trust in an organization. Therefore, organizational value prioritization and value implementation is likely to overlap to a certain degree and are also linked to structural characteristics of an organization. The links include aspects such as ownership, as well as their relation to organizational ownership and organizational performance (Helmig, Hinz, and Ingerfurth, 2015).
Sowa et al., also states in the article that organizations need resources in order to function effectively (2004). Independent financial audits are indicators of fiscal management, and the ability to report fiscal information in a reliable and consistent manner. Referencing human resource system and processes, many nonprofits agencies directly provide services using people as the conveyors of particular service technologies, and personnel represent their most critical organizational input. This results in human resource systems being particularly important because they can encourage performance among those employees (Sowa et al., 2004). And for every non-profit to be successful, their resources are important.

2.2 Volunteerism

Volunteerism is important component to the functionality of community-based organizations. Volunteerism is defined as the principle of donating time and energy for the benefit of other people in the community as a social responsibility rather than for any financial reward (“Volunteerism,”n.d.). Linda O’Keefe with the Huffington Post states that volunteers are typically very passionate people. When individuals have the opportunity to advance a cause they are passionate about; it is powerful thing. The role of a volunteer is complex as individuals see out opportunities to give back in meaningful ways (O’Keefe, 2015). Therefore, the motivation for volunteers differs greatly.

Volunteerism is a multi-dimensional function that incorporates life course, social context, human resources, and economic approaches to explain the volunteer involvement with organizations. Volunteerism is considered a topic at the core of social science. It is
no longer referred to the statues of a marginal and trivial leisure pursuit or dismissed as an oddity in a world largely given over to the pursuit of self-interest. In trying to understand why people volunteer, psychologists theorize that personality traits, self-concepts and motivation as reasoning. A socialistic theories focus on individual sociodemographic characteristics such as race, gender, & social class. Economic theories see volunteerism as a form of unpaid labor, consuming resources, and motivated by the promise of rewards (Wilson, 2012).

2.2.1 Subjective Disposition

Subjective disposition covers a wide range of concepts including those of personality traits, motives, attitudes, norms and values. Breaking down subjective disposition, the literal definition of subjective is belonging to, proceeding from, or relating to the mind of the thinking subject and not the nature of the object being considered. Therefore, they exist only as perceived and not as a thing in itself (“subjective,” n.d.). Disposition is a person's inherent qualities of mind and character. This incorporates the way in which something is placed or arranged, especially in relation to other things (“disposition,” n.d.).

The commonality is that the term all refers to the way people interpret themselves and the world around themselves. With supportive evidence, personality traits are linked to volunteerism. The traits most associated with volunteerism are extroversion and agreeableness. It is plausible to conclude that empathic people, who are adept at putting themselves in the shoes of others, are more likely to become volunteers. However, it is
believed that the effects of empathic emotions only work if it invokes a feeling of obligation. This indicates that emotion alone is insufficient to the motives of volunteerism (Wilson, 2012).

In continuance of the social aspect of volunteerism, volunteers tend to make more friends or social contacts. This fits with the consumption model as volunteers have more friends than non-volunteers. Subjective disposition also touched on the subject of religious involvement. Religious beliefs, attitudes, and sentiments are fertile source of volunteer motives (Wilson, 2012). The consideration of religion is a central part of one’s sense of identity in the world. For example, in the Christian faith, this is important as religion gives definition of morality, the feeling God has a mission for their lives, or the inspiration of Jesus’s sacrifice.

2.2.2 Volunteers

Popularity and acceptability of volunteer work has increased with modernization. This has influenced who does what kind of volunteer role (Wilson, 2012). Some is attributed to the increase in number of older people who are living alone and outside the family structure. This has created more independence and less dependent on the traditional form of social support. In advanced industrial societies, such as the United States, volunteering is more episodic, and short in duration. Volunteer work is moving away from long term commitments as this is becoming preferred. This contrast with traditional volunteerism as individual, project-based assignments with frequent shifts between organizations is developing weak organizational attachments.
Benefits of volunteerism are go beyond the feeling of satisfaction for participating in communal efforts (Wilson, 2012). Social scientist believes there is a possibility that helping others can be beneficial to one’s mental and physical health. It seems that volunteering enhances mental health and alleviates or protects against symptoms of mental illnesses such as depression. This is confirmed as fewer depression symptoms were reported by volunteers and showed that they felt more “empowered” through their work. Volunteering can also make a difference to the life span respondents. Volunteering for other-oriented reasons experienced reduced mortality risk related to non-volunteers (Wilson, 2012).

Therefore, operations of non-profit organizations rely heavily on the work of volunteers. Each of the organizations in this observation balance operations with paid workers and volunteer workers. Some of the organization’s workforce is occupied by just as many paid workers as non-paid workers. It is suggested that people volunteer for socioeconomic benefits as an aid for their job promotion prospects. But, the principle function of the volunteer role is to inspire effort and commitment while limiting compassion (Wilson, 2012).

This is of great concern as fewer services are being provided, potentially hindering to those in need from receiving services. Volunteers are as vulnerable to economic swing as other sectors. Greg Baldwin with a non-profit, volunteer group believes it is a myth that volunteers organize and engage without any structures in place. Poor participation comes when work processes are poorly structured, job descriptions are unclear, and procedures and daily routines are informal. Low morale also results when
unattractive support duties are shared in fairness rather than being assigned because of capabilities (Wilson, 2012).

Volunteer’s emotional involvement has become a topic of concern. With the primary interest in helping people, they must adjust to bureaucratic limitations on their emotional and personal involvement in their work (Wilson, 2012). Volunteers overestimate their effect on clients and must learn to temper their idealism. Many volunteers become too emotionally attached and involved with client’s and their situations. Certain emotional displays, such as hugging are declared off-limits. Volunteers must not create uncomfortable or questionable situations for clients or themselves.

Volunteering may involve mundane or repetitive work, and for those participating needs to understand the connection between their work and overall issue. Professor James E. Youniss with Catholic University of America simply states, “It’s not that service is bad, but that programs can be bad”. Time constraints and concerns with overt political messages can make it difficult to create programs that offer insight along with community service (Tugend, 2010). With differing motivation, many people volunteer with the mentality that their efforts are instituting a significant change in a community or persons lives. But, for most, their efforts are nil as they become involved in non-productive and dissatisfying assignments. Lack of motivation and participation can greatly affect organizations’ operations and growth through resource allocation if participation declines.
Irrespective of how volunteers heard about the organization, understanding the mission of an organization is instrumental to the recruitment of volunteers (Akinlade and Shalack, 2016). Using volunteers as a factor in everyday business operations presents a unique problem. Many organizational studies have focused on for-profit organizations or the structure of paid workers. In the article by Akinlade and Shalack states, that “levers for retention of paid employees such as remuneration, bonuses, and job security cannot be applied in a volunteer context” (2016). The struggles continue with the quantification of each aspect when volunteers receive no operative benefits.

Programs utilize a mix of paid workers and volunteers. But, each program relies heavily on volunteer workers. Many of the volunteers donate their time willing without any pretense or punitive purpose. Volunteers should be treated that same as any other paid employee in an organization but, unfortunately, they are not. Volunteers pose separate issues for organizations as motivation and consistence become concerns. The article “The Business of Volunteerism” states that keeping employees satisfied and fulfilled is crucial to a company’s growth and stability; some of the most successful companies are also the most socially responsible (O’Keefe, 2015).

With the recognized importance of volunteerism, there has been a decline in volunteerism and social engagement with community organizations (O’Neil, 2015). This is attributed to the lack of trust in public institutions. One noted concern is the internal capacity of nonprofits. O’Neal quotes Ilir Zherka, the executive director for the National Conference on Citizenship, by stating “One of the things we have heard from lot of our partners around the country is, it has not been easy to hire people who manage the
“Volunteers.” Zherka continues that for some organizations and institutions, “… their volunteer numbers are going down because their staff capacity has gone down” (2015).

Volunteers and their efforts given to non-profit, community organizations are integral to operation. Faced with many of the same problems as those of for-profit organizations, good human resource practices are critical. Few studies have found a link between human resource practices such as planning, orientation, training, organizational support, job characteristics, and volunteer retention. In the case by Akinlade and Shalack the concept of mission-driven human resource practices is introduced. This is defined as internally consistent human resource practices designed to attract, develop, and retain volunteers and motivate the commitment to the organization’s mission. This theory nurtures an inclusive climate, which, in turn, promotes volunteer retention (2016). Inclusion is important as the society becomes more diverse, the attraction and retention of adequate pool of volunteers will necessitate organizations to incorporate more diversity into strategic human resource management (Akinland and Shalack, 2016).

As well, the participation of volunteers in human resource pool can create a cost advantage and competitive advantage for non-profit organizations that are able to effectively manage resources. As unpaid workers, volunteers act as community ambassadors for the organization, which can contribute to recruitment of other volunteers. This is important as volunteers typically have a high level of commitment to the mission of their organizations, which highlights the importance of volunteers’ recruitment and retention to achieving the goals of non-profit organizations (Akinland and Shalack, 2016).
Volunteerism requires strategy, leadership, and resources (O’Neil, 2015). Strong volunteer programs are coordinated by healthy, strong organizations that are well resourced. The non-profit sector is not indifferent to a poor economy and the struggle to maintain. There is great curiosity as to why people choose to give their time and what is their motivation. Wilson’s paper quotes, “while no one wonders why someone may assume gainful employment, many ask why would one volunteer” (2012). With the combination of strong leadership, proper resources, and having the correct motivation, creates a strong volunteer network and community relations.

2.3 Business and Community Partnerships

The creation of effective community partnerships between the business and community organization sectors can be very beneficial. The impact of effective business and community partnerships can be felt by the business and community entities alike. More and more, corporations are being challenged to meet their social obligations and to fulfill their citizenship duties. The opinion now, from both the public and private sectors conclude the role of business is to commit to and improve the society rather than just in the areas of management or shareholders. This thought is gaining widespread momentum and support from clients and communities (Loza, 2004).

Companies are beginning to recognize that they are not separated from society and are beginning to acknowledge that they have a social responsibility for the overall well-being of that society. And that they have a social responsibility to a diversity of stakeholders rather than just shareholders. Loza’s article also reveals that serious
community engagement around issues of equality, justice, wealth and poverty are all key issues for sustaining and strengthening communities. But, they are yet to be firmly placed on the corporate agenda (2004). Community engagement is becoming one of the most visible aspects of a company's social responsibility agenda. The business-community partnerships argue that bringing together unique and complementary resources can benefit various participants in the collaboration (Lee, 2011).

Business-community partnerships are defined as a relationship involving private business organizations and non-profit community organizations formed largely to address common interest social issues and causes. These relationships engage the partners on an ongoing basis and are often strongly project oriented. The term "partnership" is understood, and focuses on collaboration motivations for both community and business partners. Working in partnerships can access broader networks, combine complimentary resources and expertise, and share good practice in order to accomplish specific tasks (Lee, 2011).

Working together creates synergy between the business and community partnerships. Some managers discussed the values of cross-sector partnerships in terms of sharing resources and expertise to tackle societal problems drawing on the logic of collaborative advantage. Sustaining interaction is the working together to plan and implement projects implying a high level of interaction and sustained engagement between key managers of the organizations involved (Lee, 2011). Creating a mutual benefit closely links to the logic of collaborative advantage is the idea that partnerships
are a way of organizing the under addressed societal issues. It also provides benefits for all involved.

The Reciprocal advantage is particularly strong element in the business accounts of what partnership might mean. And as one business manager comments: "we obviously want benefit form partnering these organizations but we want them to benefit from it as well, we don't see it just as a handout, much more as a two-way relationship. Business motivations for business-community partnerships involve the degree to which the business is seeking to further its own business interest versus furthering broader societal issues (Lee, 2011). The "pragmatic" versions of partnership are more concerned with the self-interests of the partnerships rather than shared community concerns.

Partnerships may ideally be associated with shared societal concerns and collective interests; these findings indicate that there was a very strong focus on individual organizational objectives. Partnerships with business organizations should always enhance the primary social goals of a community organization (Lee, 2011). Voluntary and collaborative partnerships can be beneficial, especially in times of limited resources. Collaboration can make the best possible use of limited resources and improve community health and quality of life (Carman et al, 2013). Therefore, partnerships aim to improve the internal weaknesses of the organizations by building on its existing strengths. It is used as a tool to aid nonprofits to meet the challenges of a rapidly changing external environment and to serve their communities (Loza, 2004).

Weaknesses of partnerships include the loss of reputation, criticism and distrust from the community. This inevitably threatens the sustainability of a business.
Consequently, non-government organizations and corporations have been increasingly engaging each other in order to improve corporate, social, environment and ethical performance. Therefore, non-profits are no realizing that they cannot promote an active, civil society in isolation since they are merely one agent. Nonprofits must be effective collaborators and participators with other stakeholders (Loza, 2004).

The reason for business-community partnerships is that it encompasses community involvement that includes the contribution of money, products, services, and human resources. This is in such forms as time, skills, and leadership to meet the social and economic needs of the community in what the business is embedded by connecting business objectives with the communities in which the business operates (Loza, 2004). This created "new economy" according to Loza, which is characterized by a variety of shifts that have led to radical configuration and a blurring of boundaries in the duties and obligations of the government and business sectors (2004). The London Benchmarking Group, was one example that found that community investments that involved employees, customers and suppliers had direct benefits on the corporation. These benefits came by increasing profits, improving the company’s image, reducing costs, improving employee morale and increasing customer loyalty.

Increasing community involvement includes contributing money, products, services, and human resources such as time, skills, and leadership to meet the social and economic needs of the community. This is what the business is embedded by; connecting business objectives with them. The globalization process has resulted in greater complexity and interdependence of community and business partnerships.
Resources have become too scarce for any one organization or business sector to effectively respond to today's business or wider challenges and opportunities in communities (Loza, 2004).

Loza, included a conceptual framework that reflected the organizations understanding of the world. An organizational attitude that incorporates the confidence and ability to act in a way that the organization believes is effective. It also has an impact and takes responsibility for the social and physical conditions of the external environment. It includes a clear organizational mission statement and strategies. As well as having a defined organizational structures and procedures that reflect and support the mission statement. The framework is concluded by having the necessary skills and competencies in place and adequate material resource (2011).

As stated before, businesses are facing increasing pressure to play more active and social roles in addressing community issues. Business-community partnerships encompass a variety of other competing definitions. Related terms include "strategic alliances", "social partnerships, and "social alliances". And the definition of cross-sector partnerships involve some combination of business, government, and civil constituencies working together to address common societal issues that aims by combining their resources and competencies. Community organizations may also view these partnerships as ways to become more important institutional actors or to influence social change (Lee, 2011).

Community organizations need wide support to accomplish their advocacy goals and deliver services to clients. Therefore, identifying partner interest and motivations is
an important issue in understanding business-community partnerships. And the importance of identifying the motivation of "doing apparently good work for bad reasons" is not the same as doing “good work for good reasons” in business-community partnerships. The motivations driving the involvement of an organization in a partnership will have a vast influence on their behavior in collaboration. Thus, ethical motivations include the actions designed by a business to address social goals and how they benefit others. It is often suggesting philanthropic motives for corporate community involvement (Lee, 2001).

The reputation and creation of an image of good corporate citizen with external constituencies includes government, customers, and employees. Enhancing a businesses’ reputation is another key motivation for forming business-community partnerships. Engaging stakeholder requires organizations to consider the interest of stakeholders and stakeholder engagement. One way to understanding the motives that drives partnership activities is to assess the attention businesses pay to particular stakeholders (Lee, 2011). This affects the effectiveness of business-community partnerships. Businesses and community partnership are increasing in number. The effects create a win-win for both sectors.

Indeed, community partnerships can be seen as a new way of doing business for the corporate and community sectors, whereby there is an acknowledgement that shareholder value and societal values are intrinsically linked. Commitment to working together strategically, in order to grow business sustainability together, is good business sense and can create an enabling environment to address social issues. Claims that there
is strong evidence to suggest that companies who are active in their corporate
commitment to invest in citizenship commitment strategy mm can generate more trust in
businesses from the community as well as giving that businesses a competitive edge
(Loza, 2004).

The effectiveness of partnerships build local ownership and self-reliance amongst
communities and the businesses that serve them. Practicing genuine partnerships is
understanding the context specificity of its capacity and its development. Effect
partnerships also include examining the capacities in a context specificity of its
development. This includes systems and strategic management. Having a long-term
commitment of partners and exercising the process thinking in all phases of capacity
building for effect partnerships is critical (Loza, 2004).

The activities of implementing the programs design, such as training, or
networking need sufficient time and commitment to succeed. Long term investment
views of capacity building initiatives involve certain cost, time, and resources. Loza
breaks the activities down into eight factors. First, a partnership should be mutually
beneficial. The internal weakness of the organization must be strengthened. Identify
what ways has the organization fulfilled its mission. Does the partnership enable the
organization to be self-reliant and are the processes and outcomes of the programs
monitored and evaluated? The outcomes of the program must be viable once the
partnership ceases. The question of has capacity building program achieved its aims and
objectives must be asked. And, finally, in what ways has strengthening the capacity of
the organization contributed positively to the communities served by that organization (2004).

A partnership is more than just funding. For many managers in this study, understanding of philanthropy was directly contrasted with notions of mutual benefits perceived to be inherent in a "partnership". One business manager explained: "I think the term "partnership" is our way of trying to define a relationship that's not philanthropic. It's not about giving money to a cause, or an organization or a program because it's a jolly good idea and its doing a lot of really good work out there and is deserving of support. "Partnership" is a term we hit on because it means that it does have the two-way element to the relationship…I owe it to my shareholders to develop a partnership that is good for our business" (Lee, 2011).

Building brand recognition is done to generate greater brand recognition and meet marketing and communications objectives. Enhancing organizations credibility may be accomplished when community organizations view partnerships as ways to enhance an organization's trustworthiness (Lee, 2011). This can strengthen the overall idea of business-community partnerships. These partnerships can provide partner-specific benefits. Benefits for business include: obtaining a competitive advantage, building trust in communities, managing external perceptions by enhancing public relation, increasing attractiveness to prospective employees, improving stakeholder relations.

Study suggests that business community partnership behavior is positioned by the businesses as both an ethical and a strategic activity. Therefore, businesses use the frameworks of corporate social responsibility, corporate citizenship or sustainability to
position themselves as exemplary citizens (Lee, 2011). On the other hand, an equally compelling motive is the strategic desire for business community sector engagement to meet both business related objectives and increase long-term political legitimacy. Overall, with the proper establishment of partnerships, business-community collaboration can be very beneficial with substantial returns.

2.4 Agency Activities

The activity of an agency is important when discussing the effectiveness of an organization. Activities of community-based, non-profit organizations include the creation of community boards and procurement of funding. Community boards can create alliances between community organizations and business entities for partnerships that will benefit both. And, a benefit of effective partnerships is the creation to funding. In the end, funding is necessary for the sustainability of organizations.

2.4.1 Community Boards

The creation of boards for non-profit and community based organizations give platforms for people to become involved and impact organizations. It was quoted that Mike Denman, Global Business Manager for Microsoft that he volunteers his time and skills by serving on community boards for national organizations and explains that he was drawn to the nonprofit because of his interest in healthy living, but finds it fulfilling in so many ways. He continues to state that “serving on the board gives me an
opportunity to devote time and resources to something where I feel like I can have a tangible impact. While many people contribute to a variety of groups and organizations, sometimes we struggle to see the direct impact of our efforts. By serving on the Board and being involved with a number of initiatives, including the technology efforts, I am close enough to see how we are impacting the kids. This is humbling and it is also inspiring when you see what the kids are capable of” (O’Keefe, 2015).

Community boards are generally created for the improvement of an organization. Non-profit community boards monitor the operations of a non-profit organization. It concerns itself with the study and improvement of the health characteristics of biological communities. Community-based, healthcare organizations have the ability to benefit all persons residing in the communities, as well as those outside of the community. Therefore, a community health improvement plan emphasizes the importance of a board engagement from the beginning of the process (Carman et al, 2013). Effective nonprofit boards, in contrast to their corporate counterparts, also play operational roles. Board members typically help with fund-raising for non-profits, both in terms of personal giving and in terms of soliciting funding. They act as what O’Regan and Oster have written as "boundary spanners" in connecting nonprofits with other organizations in their environment (2002).

Governing boards are elected or appointed individuals who have been given the command to direct the policies of an organization. Governing boards can help by encouraging the partnerships between business and community organizations. To achieve goals, organizations such as hospitals & public health departments share initiative to
improve both individual and population health (Provan and Kenis, 2008). The greatest benefit of community boards is the approaches and sources of leadership that mark the "models that work." These models are created to be productive entities. Ultimately, the solution is a new partnership amongst local government, multiple health-system providers, the faith-based community, and the philanthropic and business sectors (Roussos and Fawcett, 2000).

The concept of community boards is aiding in the development a community health plans, and emphasizing the importance of board engagement from the beginning of the assessment process. Board involvement demonstrates to the community the importance of the process and provides a mechanism for integrating community health findings into a health care organization's method of prioritization (Provan and Kenis, 2008). The evolution of public health has led to substantial changes in approaches to improving the health of members of communities. The concept and strategic significance of community health remain challenging to fully define and to clearly distinguish from related areas of public health practices, community engagement, or other related community development activities. (Lee and Cole, 2003).

There are several downfalls to community boards. Weaknesses include the number of differences in board practices that are thought to affect board performance. This includes formal orientation of board members, having formal conflict or interests policies, and term limits for board members. The most general economic models of charity predict some crowding out in donations (O’Regan and Oster, 2002). Crowding out is in either personal or governmental donations.
In most models, there are imperfect substitution between individual’s own contributions and revenue earned by the organization from other sources, including government. This substitution gives rise, to some degree of "crowding out". This occurs when other revenue sources increase and all else remains equal, making donations fall. Government funding has no impact on the likelihood of seeking more funds from the government or other foundations. But, the giving significantly decreases the likelihood that board members will fund-raise from private donors, corporations, or seek fees for service (O’Regan and Oster, 2002).

O’Regan and Oster continue that community board weaknesses create trust issues for the board amongst the community and business partners. Most of the uncertainty surrounds funding for sustainability. The higher receipt of government funding significantly increases the probability that an organization limits its board members' ability to engage in commercial transactions with the nonprofit. This rule can be seen as a protection against self-enrichment on the part of board members (2002).

Using the structure of a healthcare facility, such as a hospital, it is plausible to assume that there is less conflict between the group of for-profit than in non-profit hospitals. If for no other reason than that ownership and control are more likely to be lodged in the hand of one group such as those of physicians. Physicians and administrators have no community board of trust to which to answer and physicians may control the administration in profit-making more than in nonprofit making hospitals (Rushing, 1974). This can adversely affect the effectiveness of a board organization.
Board members of an organization receiving more government funding are significantly more likely to describe their board as passive. This is a disturbing finding, as it does not simply indicate a shift of board focus in which there are likely tradeoffs, but potentially a decline in overall performance of the board (O’Regan and Oster, 2002). Therefore, boards with a high degree of government funding do not behave identically to other boards. Boards of these organizations tend to focus less on some of the traditional function, like fund raising and more on fiduciary and boundary spanning type of activities.

In the situation of an ex ante selection, non-profits with board behavior not well aligned with governmental selection criteria will simply receive little government funding. And those of the ex post effect, in which the receipt of government funding is causing a displacement of board activity. This results from a dynamic process, in which organizations that work with government, evolve their boards to meet the needs of that funder. This is striking in the consistent finding of decreased fund-raising activity of all types and the increased reporting of passive boards for nonprofits receiving more government funding (O’Regan and Osten, 2002).

2.4.2 Funding

Funding received from the creation and utilization of boards is important for the sustainability of any organization. And funding for non-profit, community based organization can be obtained in many different modes. Boards with proactive members are necessary for fundraising efforts of a non-profit. Board members who do undertake fundraising, government funding appears to decrease the breadth of fund-raising for the
government funding has no impact on the likelihood of fund-raising from the government or foundations. It does significantly decrease the likelihood that a board member will fund raise from private donors, corporations, or fees for services. (O’Regan and Oster, 2016)

Many social problems have grown in enormity and complexity for traditional funding sources and organizational capacities within the community sector that have not kept pace with changing expectations. The general expectation is for organizations to raise more money within shorter amounts of time for their programs. The need to constantly raise capital means non-profits are always running to reach funding goals. With organizations racing to catch up with their mission work, creates a struggle for them to get through to their core issues (Keane, 2016).

*The NonProfit Times* simply states that a common mistake is to think that passion for a cause is enough to sustain an organization (2016). Therefore, for community organizations, the need to access funds and technical resources can be a strong driver for engaging collaboratively with business organizations (Lee, 2011). And a strong collaborative effort can benefit an organization and business through funding and exposure in their communities. But, with capital restrictions to grants limiting how funds can be used, the private sector is forced to be constantly innovative in how traditional charities are to remain relevant (Keane, 2016).

The government has been the traditional funding source for non-profit organization. This has generated an increase in the competition in the nonprofit sector by attracting for-
profit firms to service markets that were traditionally served by non-profit organizations (O’Regan and Oster, 2005). Hence, non-profits may acquire influence through lobbying and government regulation. Many non-profit organizations have set into motion an interesting, vicious circle in which they lobby the government for funds and then used some of the funds to lobby the government for more funds (Gazley and Brundy, 2007). This creates concerns that the for-profit competitors might be reducing government's willingness to fund the non-profit organizations. And, when not-for-profit providers complain to the government and say we are finding it very difficult to make ends meet, they will point to the number of for-profit providers that are coming in and will basically tell them to stop complaining (O’Reagan and Oster, 2005).

3 Methodology

For exploratory purposes, I chose to profile five (5) very different community-based organizations located in the upstate of South Carolina. Each of the five (5) organizations are identified by using pseudo-names of Organization A, B, C, D, E. As each one of the programs has defined participation qualifications, each program goes beyond the stereotypical racial-socio-economic standards. And as these programs may differ, a shared commonality is that every organization encourages and promotes education for the individuals they serve and for the overall community benefit. Table 3.1 and Table 3.2 gave information about each organization that was observed.
With the commonality of being community based non-profits, and demographic location, each of the five (5) organizations serves very diverse target population (see Table 3.1). Improving the health of those they serve is not only by providing care but, access to other resources. A facilitator can be the greatest help you by providing someone with no outlook or options other resources. The health of an individual includes the physical, mental, & spiritual health. Therefore, I have chosen organizations that target to improve all three in various aspects.

Finding proper medical attention in the form of primary care physicians and access to needed medications can be a hardship. Therefore, Organization A, located Oconee County, targets those living in poverty according to federal income standards, find primary care physicians who will be their medical home. Along with physician care they also seek provisions for clients to receive necessary medications with discounted methods and grant funds. Lack of insurance and its availability for many to obtain it has hindered people with illnesses from receiving proper care. Ultimately helping their clients find medical homes to improve physical health and to prevent other subsequent issues is the end goal. With the confidence of being physically cared for, the importance and need for mental health becomes emphasized.

With mental health being highly debated on the national and state level, it’s comforting to find an organization that strives to help those plagued with mental illnesses. The Organization B of Greenville County helps those with mental illnesses; while working to educate family members and community workers alike. Mental illness does not yield to race, gender, social status or wealth. It’s a non-discriminatory disease
that many communities struggle to deal with. And the initiation for the treatment of mental health in communities begins with acceptance and education. With counseling, group therapies, and educational courses, the organization empowers individuals and communities with the edification to recognize the illnesses when seen and proactively strive to provide support.

Accepting people for their individuality and providing education to the people in a community helps a community grow. Communities can be like seeds that cannot grow unless they are nurtured and cared for. Organization C located in Anderson County is an establishment that is deeply rooted in its local community. Challenged with serving a widely diverse population, this organization encourages individual growth through practical education, emergency resources, domestic assistance, and counseling options. The goal is to reduce the need for assistance. Originated as a conglomerate to accommodate and represent many different religious denominations, this organization uses compassion and mentions self-sufficiency as their leading feature. Continual progress is important in any community; regardless of the creed or color of the individuals that reside in the community.

Change is the only thing constant in this world. Therefore, the need for a program that attempts to accommodate the inevitable changes of a community has incredible benefits. Unexpected life changes, such as a pregnancy can be overwhelming. And for the individuals that choose abortion or adoption options for their children can suffer a devastating loss. Organization D located in Oconee County offers education, counseling, basic pregnancy care, and domestic resources to individuals regardless of their residency.
They target Oconee county, but will serve Pickens county as well. As a faith-based organization, they receive minimal opposition from those that identify with different religions or religious practices. Regardless of religious affiliation, no individual is excluded and encouraged to utilize the program and program resources. As the only organization with mobile options, this is a mini-bus, parks in a communal area that will allow clients to walk to the mini-bus for service. They are truly able to meet the clients in their communities.

Uncertainty is desired by no one. Through my final organization the offering of hope is powerful in any community. Through Organization E of Greenville, they offer hope and compassion together to encourage individuals with Acquired Immune Deficiency Syndrome (AIDS) to improve their personal health. Most clients are vagrants and all have experienced homelessness at some time. These clients tend to neglect their personal health in efforts to satisfy more important needs, such as food & shelter. This program provides temporary and permanent shelter and food to alleviate those burdens. And then, the consumers of the program focus on personal wellness. By improving personal wellness, it works to improve the health of their community families and partners. As another non-discriminatory disease, it incorporates a lot of stereotypes and hate. But, like other diseases, change starts with education, treatment, and prevention.

Improving an organization’s operations can be very beneficial for the organization and the population they serve. Choosing to conduct this case study was done to gain insight into the operational processes for non-profit, community based organizations. Each of the five (5) organization profiled in this study serve very diverse populations that
benefit greatly from the outreach. It is understood that each organization has the potential of greatly impacting their communities in positive, substantial methods. Therefore, the potential outcomes, from these observations could produce measurable improvements in their operations.

Conducting research for this analysis was completed through onsite interviews and observations, as well as, electronic inquiries. The qualitative approach of the case study was conducted using a series of interview questions that inquired about the programs target demographic, qualification criterion, and operational procedures. The observation of the program operations was used as the primary source of date for this analysis. The observation of each program individually, enabled research and further dialog about the program’s goals and mission.

Initially, the five (5) organizations were contacted via telephone or email to create points of contacts with their directors or managers. After initial contacts were made with the programs, the establishment of a respectful rapport became very important. The phone calls and written messages were brief and lasted less than twenty (20) minutes. The greatest importance of this correspondence is that the electronic interviews were preludes to the personal meetings and later observations. With the establishment of trust, each program allowed me to enter their facilities to interview and observer their operations.

No personal interviews were conducted with the consumers or patients of each of the organizations. Interviews for the program managers or directors were scheduled to be
convenient for the organizations and to not disrupt any of their daily operations. The semi-structured design interview questions (see Figure 3.1: Interview Questions) for all of the organizations were for comparison across interviews while follow-up questions permitted the capture of distinctive perspectives (see Figure 3.2: Follow-up Interview Question). The distinctive perspectives enabled process analysis and the creation of value stream mapping.
Figure 3.1: Interview Questions

1. Background of program/project (what they do?)
2. Goals of the program/project
3. Target sectors/communities
4. Location(s) of the organization
   a. Percentage of population within target demographic living in surrounding area
5. What’s the process?
   a. Outreach
   b. Intake
      i. Referral processes
   c. Procedure for services
   d. Barriers
      i. Waiting times
      ii. Communication
      iii. Technology
   e. Utilization of resources (over/under)
6. Staffing
   a. Volunteers
   b. Paid workers
   c. Worker’s program knowledge
7. Governance Issues/Limitations
   a. Leadership (only if inefficient due to waiting on leadership decisions)
8. Reimbursement/Compensation (billing or insurance)
9. Program Goals (Long/short term care)
   a. Effects on ER/emergency services
Figure 3.2: Follow-up Interview Questions

1. If your program has any incomplete applications, approximately how many do you have weekly?
2. And if so, approximately how many return?
3. How long does it take for those referrals to return to your program?
4. Does your program operate any outside of normal business hours?
   a. If so, approximately how many hours weekly?
5. How many hours do part-time employees work weekly?
6. Approximately how many volunteers does your program utilize weekly?
   a. How many hours does your program utilize volunteers weekly?
Value stream mapping was used to analyze the current state of each organization. It depicts the series of events from the process beginning through to the delivery of service to their customer. The same techniques were used to analyze each organization. This was ensured by arrangement of the processes and continued through the breakdown of each service they offered. The depiction represents the current or desired future steps in a value system (Black & Miller, 2008).

Intake for each of the five (5) organizations followed very common practices. Applicants began the process for each program with the referral process. As referral forms may differ by the information obtained, but each form contained basic demographic information. Criterion information is also obtained for qualification of program services. Methods of referral receipt by the programs come in the form of telephone, fax, email, or personal submission. And upon the inception of this information, most referrals received their first correspondence with the program. For select organizations, applicants made contact with organizations upon initiation.

The following tables describe each aspect of the organizations profiled for this paper. Table 3.1 and Table 3.1 are neither complete nor exhaustive. The summarizations explain the goals, services provided, coordination, target sectors, and the value each organization adds to their communities. The goals for each organization are attainable through the service they provide with proper coordination with other agencies. Each community group is effective in providing service in their communities and to their targets sectors. This has a positive impact on the value added to communities.
<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>GOAL(S)</th>
<th>SERVICES PROVIDED</th>
<th>COORDINATION (w/ other agencies)</th>
<th>LOCATION/TARGET POPULATION</th>
</tr>
</thead>
</table>
| Organization A | • Help patients with chronic illnesses receive medical care  
• Keep chronically ill patients out of the Emergency Rooms for unnecessary visits  
• Help prevent chronically ill patients from calling Emergency Responders for help  
• Improve dental hygiene for patients that can’t afford dental work & don’t have health coverage | • Pair patients with appropriate medical care to treat their conditions  
• Find patients medical homes  
• Help find patients with education for their conditions  
• Follow-up on patients to make sure they’re receiving services  
• Improve dental conditions of patients  
• Provide dental care | • Free clinics  
• Rosa Clark Clinic  
• Community care facilities  
• FQHC (Federally Qualified Health Centers) – Foothills Community Care Centers in Pickens & Oconee county  
• HOP (Healthy Outcomes Plan) funded doctor offices | • Located in Oconee county  
• Serves Oconee & Pickens counties  
• Chronically ill patients  
• Lower income – lives between 194-200% of federal poverty level  
• Non-insured patients |
| Organization B | • Improve stereotypes of mental health conditions  
• Educate families about mental illnesses  
• Increase awareness of mental health needs in communities  
• Understand how the individuals with mental health conditions act & react  
• Decrease Emergency Room visits for patients with mental health disorders | • Counseling for mental patients  
• Counseling for families with mental patients  
• Family & patient support groups  
• Grief counseling  
• Classes for teachers, police & other public servants for how to deal with mental patients  
• Certification courses for mentoring programs | • Department of Mental Health  
• Private mental health counselors  
• Churches  
• Schools  
• Law enforcement agencies  
• Mental Health hospitals  
• Hospital Emergency Departments | • State based organization  
• Office located in Greenville county  
• Supports Greenville county residences but, will assist patients that live in neighboring counties  
• No income requirements  
• Assists patient with documented mental health conditions  
• Assists families with a member that has a mental disorder |
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<tr>
<th>ORGANIZATION</th>
<th>GOAL(S)</th>
<th>SERVICES PROVIDED</th>
<th>SERVICE COORDINATION (w/ other agencies)</th>
<th>LOCATION/TARGET POPULATION</th>
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</table>
| Organization C | • Empower clients to become self-sufficient and decrease reliance on emergency help or government assistance  
• Improving living conditions  
• Educate & encourage young mothers  
• Reduce “toxic charity”-repetitive giving by charities  
• Provide emergency & temporary support (counseling, housing, or food) for clients | • Food back  
• Career counseling  
• Literacy assistance  
• Temporary housing  
• Emergency utilities assistance  
• Mentoring  
• Needs assessment  
• Living/housing improvements | • Local churches  
• Local universities – Clemson & Anderson universities  
• Department of Health & Human Services  
• Department of Social Services  
• Department of Mental Health  
• Vocational Rehabilitation  
• Department of Behavioral Health | • Located in Anderson County  
• Only serves residence that live in Anderson county  
• Lower income (income levels differ w/ the need of service)  
• SNAP recipients  
• Mothers w/ only 1 child |
| Organization D | • Educate clients about pregnancy & parenthood  
• Provide parents with knowledge to be better parents  
• Prevent any injuries of children  
• Improve pregnancies  
• Prevent unplanned pregnancies  
• Provide basic sex-health education | • Provide grief counseling  
• Provide counseling for new parents  
• Provide clothing, diapers, & formula resources for babies  
• Adoption counseling  
• Abortion prevention  
• Teach life skills to parents  
• Provide faith-based, Bible counseling  
• Provide ultrasounds | • DSS  
• Doctor offices  
• Law enforcement – pretrial intervention program  
• Local church organizations  
• Local university’s student life organizations  
• DHEC | • Located in Oconee county but will serve any client that comes to the program  
• Residence nor citizenship is a non-factor  
• Mobile care unit will service clients in the Oconee & Pickens areas  
• Typically lower income patients – no income level requirement  
• First-time mothers  
• Young mothers  
• Families that have suffered the loss of a child – either through natural causes or as that result of abortion |
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<tr>
<th>ORGANIZATION</th>
<th>GOAL(S)</th>
<th>SERVICES PROVIDED</th>
<th>SERVICE COORDINATION (w/ other agencies)</th>
<th>LOCATION/TARGET POPULATION</th>
</tr>
</thead>
</table>
| Organization E | • Providing temporary housing for HIV positive people  
• Finding permanent housing for HIV positive people  
• Improving HIV patient’s health through reliable housing, food, and regular doctor care | • Provide housing  
• Provide adequate nutrition for patients  
• Ensure patients maintain proper healthcare regimens and doctor appointments | • AIDS Upstate  
• United Way 211 referral line  
• Local physician offices  
• Local & state-wide hospitals | • Located in Greenville  
• Accepts patients outside of county & state, as long as they are able to find transportation to program location  
• All consumers in program have to be HIV positive  
• All consumers are referred in from a healthcare agency  
• No or lower income patients – have to be homeless or prove unstable living conditions |
**Table 3.4: Organizational Processes**

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>Outreach</th>
<th>Intake</th>
<th>Volunteer Role in Outreach</th>
</tr>
</thead>
</table>
| Organization A | • Doctor offices  
• Other healthcare agencies that work with  
• Word of mouth from other patients | • Phone, email, fax or in-person patient referrals  
• Interview patient & intake paperwork – extensive intake forms  
• Pull medical records  
• Program capability & intent explained | • n/a outreach  
• Assist in patient intake by working front desk. Can be first point of patient contact |
| Organization B | • Mental health agencies  
• Churches  
• Community groups  
• Schools  
• Public service sectors | • Phone or in-person referrals  
• Email solicitation for services  
• Interview patients or family member(s)  
• Intake paperwork completed  
• Documentation of mental illness or family member’s illness | • Assist in community outreach  
• Use community buildings for support groups  
• Assist in outreach for community or public service personnel educational forums |
<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>PROCESSES</th>
<th>VOLUNTEER ROLE IN OUTREACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization C</td>
<td>Outreach: Schools &amp; universities, Churches, Other community programs, Hospital Emergency Rooms</td>
<td>Intake: Phone or self/ in-person referrals, Differs by departments and service that the client is seeking, Intake paperwork completed, Needs assessment obtained, Proof of income submitted, Program capabilities explained if patient is eligible and seeking more than one (1) service</td>
</tr>
<tr>
<td>Organization D</td>
<td>Outreach: Client referrals, Jail ministries, Local church ministries, Mobile care unit travels to locations to meet patient needs</td>
<td>Intake: Self, phone, or fax patient referral, Intake paperwork completed by staff, Basic medical information obtained, Pregnancy test done, Ultrasound done eligible patients, Needs assessment obtained, Program capabilities explained if patient is eligible and seeking more than one (1) service</td>
</tr>
<tr>
<td>Organization E</td>
<td>Outreach: Little to no outreach done, Other healthcare agencies refer patients into program – doctor offices, hospital Emergency Room, Social workers from various state agencies, Word of mouth paired with prison release program</td>
<td>Intake: Phone, fax or in-person client referrals, Contact from a primary care agency(s), Program meets with patient, Intake paperwork completed, Medical records obtained</td>
</tr>
</tbody>
</table>
Table 3.5: Organizational Resources

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>STAFFING</th>
<th>FUNDING</th>
<th>REPORT DOCUMENTATION</th>
<th>VALUE ADDED</th>
</tr>
</thead>
</table>
| Organization A | • Random time of volunteers utilized at front desk – usually 2 volunteers  
• 6 full-time employees over patient case load. | • Duke Endowment funding  
• Healthy Outcomes Plan (HOP) funding | • Paper documentation of some documents for program purpose due to grant standards  
• Upgrading to computerized recording | • Certifies for private physicians that:  
  o Clients are in compliance with program  
  o Each client has a real medical need  
• Ensure client will have transportation for doctor appointment |
| Organization B | • Utilize multiple volunteers in various positions as needed by program.  
• All staff & volunteers are National Alliance of Mental Illness (NAMI) trained through the same state facility – White Oaks  
• 1 full-time employee  
• 2 part-time employees | • Funding raising event  
• Private & corporate donations  
• Services provided are free (no billing) – gives resources | • Quarterly reporting of funding required for board of directors & operational expectations | • Train volunteers to be mental health counselors or mentors for community outreach programs  
• Assist uninsured clients find counseling services  
• Provide education to emergency responders and educational professionals on how to deescalate situations with mental health patients |
<table>
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<tr>
<th>ORGANIZATION</th>
<th>STAFFING</th>
<th>FUNDING</th>
<th>REPORT DOCUMENTATION</th>
<th>VALUE ADDED</th>
</tr>
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<tbody>
<tr>
<td>Organization C</td>
<td>• 25 full-time employees&lt;br&gt;• 80/weekly volunteers used&lt;br&gt;• Some educational areas contracted out&lt;br&gt;• Sub-contracted construction companies used for living condition improvements</td>
<td>• 140 churches associated with the program and donate throughout the year&lt;br&gt;• Foundations &amp; grants&lt;br&gt;• Duke Endowment&lt;br&gt;• Department of Social Service (DSS)&lt;br&gt;• Federal Emergency Management Agency (FEMA)&lt;br&gt;• Sponsorships</td>
<td>• Monthly &amp; quarterly reports generated as required for funding&lt;br&gt;• Internal &amp; external audits&lt;br&gt;• Adhere to state housing codes&lt;br&gt;• Report for insurance coverage</td>
<td>• Provides food, housing, education, and childcare&lt;br&gt;• Education programs that offer General Education Development (GED) and financial management to increase self-sufficiency&lt;br&gt;Provide mentor services in small groups settings</td>
</tr>
<tr>
<td>Organization D</td>
<td>• 4 full-time employees&lt;br&gt;• Utilize volunteer to cover administrative duties&lt;br&gt;• Volunteers used in patient support roles &amp; advocates</td>
<td>• all funding received in the form of donation from churches or faith-based organizations</td>
<td>• Paper based documentation&lt;br&gt;• Database maintained for performance reviews and board of directors monitoring</td>
<td>• Provide education and counseling to provide good parenting skills to prevent referrals to child proactive services&lt;br&gt;• Supplement items provide as needed</td>
</tr>
<tr>
<td>ORGANIZATION</td>
<td>STAFFING</td>
<td>FUNDING</td>
<td>REPORT DOCUMENTATION</td>
<td>VALUE ADDED</td>
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| Organization E | • 3 paid workers  
• None or few volunteers | • Grants  
• Stephens House charitable donation | • Housing Opportunities for Persons with AIDS (HOPWA)  
• Housing and Urban Development (HUD)  
• PRIDE organization  
• Provide documentation from secondary source for habitual unstable & inhabitable living conditions  
• Homeless Management Information System (HMIS) system used for patient records | • Provide temporary shelter as transition to permanent housing  
• Manage group home of residents  
• Provide services through referrals to private physicians |
4 Assessment of Volunteer Usage

The first contact with each referral into Organizations A, B, C, D, and E is done by a program volunteer when the referrals are received (see Figures 4.1, Figure 4.2, Figure 4.3, Figure 4.4, and Figure 4.5). The effort is minimal and work is simplistic for most volunteers. The initiative is proposed for standard work for each volunteer. This is a repeatable sequence or action that balances the amount of time for individual actions. The maximum amount of time in which a product needs to be completely processed in order to satisfy customer demand is difficult to determine. For purpose of this case study the product is clients and consumers of the organizations. Creating a rhythm in their processes ensures continuous flow and utilization of capacities. Takt time ensures that all the capacity in a business is planned and utilized and still meets overall customer demand (Aggarwal, 2010).

The time it takes to process referrals varies for each program. Cycle time (CT) is the amount of time it takes to complete a task or process (Black & Miller, 2008). It is commonly referred to the total elapsed time to move a unit of work from the beginning to the end of a physical process (“Cycle Time,” n.d). The variance in cycle time was contingent upon the level of completion of each referral and how often the program received referrals. A higher volume of referrals affected the time. Therefore, the cycle time is segmented out by each step in the overall process.

Average flow rates or throughput (R) for referrals were very unpredictable and had a great deal of variance. For some organizations, their variance was influenced by
seasons, holidays, and the allotment of funding. And much of the funding uncertainty came from government or charitable donations that were seasonal or it only allowed the programs specific distribution. This directly affects the average inventory or number of referrals received by the programs. When resources were readily available, there was a sharp increase in referral. All five organizations strive to regulate time and standardize the times spent with referrals and clients. The value stream maps are to show the flow of customers through each of the organizations observed. This is depicted in the following figures (see Figures 4.1, Figure 4.2, Figure 4.3, Figure 4.4, and Figure 4.5).

As referral are received by the program the number of referral decrease as they flow through the process. This is due to some referrals being incomplete and rejected by the programs during intake or being sent back for completion. Not all referrals are accepted into the programs for various reasons. If referrals do not meet program or organizational requirements, they are rejected from the program. Fund availability or the capacity of specific programs also affects referral retention. But, in the case of limitations created by funding or capacity, the referrals are held during the intake process and then pushed through the process as availability is created.

Bottlenecks or hindrance in the flow of clients into the organizations are created when a large number or referrals were received by the program with fewer workers to process the referrals. Most of the organizations operate with a large number of volunteer workers and with fewer paid workers. Lack of number of volunteer workers to process the referrals creates a negative flow of the referrals through the process. And with the decrease in the number of volunteer workers, the paid workers in the organizations have
an increase in work duties. This negative flow increases the wait time for the referrals. And with the increase in wait time, the organizations are less effective in fulfilling their purpose in communities.

In any operation, its process is as effective as its bottleneck. With an inefficient process, clients are not receiving necessary help or resources. This creates a negative situation for the entire organization. And ineffective organizational process has a “downstream” consequence. The consequence is when organizational boards are not seeing expected results or outcomes from the organization. Community-business partnerships are negatively impacted. Without expected outcomes, funding can be effective. And, without funding the organization will not be able to function.

The assessment of the processes for the five organizations is to improve their processes. Each organization’s goal is to improve the swift and even flow of materials, in this case clients, through a process. The process is getting patients into the programs to receive the necessary help or resources. In determining how to best improve quality; we must first ensure that work flow is logical in theory and complete (Thomsett, 2005, p.11). Through observation, each organization flow is logical but, incomplete due to customer flow. Customer flow is very ambiguous in the number of clients accepted into the programs or active participants in the program.
Figure 4.2

Organization B

Legend:
- Represents services that have been outsourced by the organization

Email
Fax
Telephone
In-person
Other
Referral
Referral reviewed by program worker
Referral accepts program services. YES/NO
Program waits for clients to consider options
Client waits for counseling center to contact
Client waits for support group
Client waits to be contacted by program
Waits for client to accept services
NO - Referral declines service
NO - Referral declines
NO - Client released from program. Services
Client released from program.
Client offers more services
YES/NO

CT = 60 min/each (+/- 30 min)
CT = 45 min/each (+/- 15 min)
CT = 30 min/each (+/- 15 min)
CT = 10 min/each (+/- 5 min)
CT = 5 min/each (+/- 3 min)
CT = 1 min/each (+/- 1 sec)

FYP = 1.0000
FYP = n.a
FYP = 0.9000
FYP = 0.5556
FYP = 0.2222
FYP = 0.6667

Rin = 1.8
Rin = 4.5
Rin = 10

Rout = 0.1923
Rout = 0.1923

Where: I = 520
T = 52 weeks/yr
R = 10

Program waits for clients to consider options
Client waits for support group
Client waits for appointment
Waits for client to accept services
NO - Referral declines service
NO - Referral declines
NO - Client released from program. Services
Client released from program.
Client offers more services
YES/NO

CT = 60 min/each (+/- 30 min)
CT = 45 min/each (+/- 15 min)
CT = 30 min/each (+/- 15 min)
CT = 10 min/each (+/- 5 min)
CT = 5 min/each (+/- 3 min)
CT = 1 min/each (+/- 1 sec)

FYP = 1.0000
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Program waits for clients to consider options
Client waits for support group
Client waits for appointment
Waits for client to accept services
NO - Referral declines service
NO - Referral declines
NO - Client released from program. Services
Client released from program.
Client offers more services
YES/NO

CT = 60 min/each (+/- 30 min)
CT = 45 min/each (+/- 15 min)
CT = 30 min/each (+/- 15 min)
CT = 10 min/each (+/- 5 min)
CT = 5 min/each (+/- 3 min)
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Where: I = 520
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Program waits for clients to consider options
Client waits for support group
Client waits for appointment
Waits for client to accept services
NO - Referral declines service
NO - Referral declines
NO - Client released from program. Services
Client released from program.
Client offers more services
YES/NO

CT = 60 min/each (+/- 30 min)
CT = 45 min/each (+/- 15 min)
CT = 30 min/each (+/- 15 min)
CT = 10 min/each (+/- 5 min)
CT = 5 min/each (+/- 3 min)
CT = 1 min/each (+/- 1 sec)
Figure 4.4

Organization D

[Diagram of workflow for Organization D with various decision points and service options, including referral, telephone, and in-person communications.]

Referral reviewed by program worker.

Referral seen by program for crisis assistance.

Referral considered for other assistance.

YES/NO

Referral accepts program assistance.

YES/NO

Program waits for clients to consider options.

Client waits for assistance.

Referral seen by program for crisis assistance.

Referral considered for other assistance.

YES/NO

Referral sees program worker.

Referral seen by program for crisis assistance.

Referral considered for other assistance.

YES/NO

Referral sees program worker.

Referral seen by program for crisis assistance.

Referral considered for other assistance.

YES/NO

Referral sees program worker.
Figure 4.5

Organization E

Program worker informed of referral

Referral contacted

Program worker discusses application with referral

Applicant meets program requirements

YES: Applicant completes application process w/lab work

Wait for lab work

Request patient medical records

Assess applicant's information

Apply for program w/ program expectations explained

Program offered to applicant. YES/NO

NO: Applicant rejected by program

Program worker

R= 3 weekly
FYP= 0.2
C= 20 min/each (+/- 10 min)

Program worker

R= 3 weekly
FYP= 1
C= 30 min/each (+/- 30 min)

YES: Applicant completes program for reassessment

Patient meets w/ program for reassessment

Patient compliant w/ program

Patient contacted by program for follow-up

YES: Patient compliant w/ program

Service discontinued

NO: Patient non-compliant. Service discontinued

Patient offered reassessment

Program offered to applicant. YES/NO

NO: Patient non-compliant. Service discontinued

Recipient worker

R= 15 weekly
FYP= 1.5
C= 90 min/each (+/- 30 min)

Program offered to applicant. YES/NO

NO: Applicant rejected by program

Recipient worker

R= 15 weekly
FYP= n/a
C= n/a

Recruiter worker

R= 15 weekly
FYP= 1
C= 60 min/each (+/- 10 min)

YES: Applicant completes application process w/lab work

Wait for lab work

Request patient medical records

Assess applicant's information

Apply for program w/ program expectations explained

Program offered to applicant. YES/NO

NO: Applicant rejected by program

YES- Applicant completes application process w/ lab work

Program offered to applicant. YES/NO

Patient waits for appointment

YES: Patient complies w/ program for reassessment

Service discontinued

NO: Patient non-compliant. Service discontinued

Patient offered reassessment

Program offered to applicant. YES/NO

NO: Patient non-compliant. Service discontinued

Recipient worker

R= 15 weekly
FYP= 1.5
C= 90 min/each (+/- 30 min)

Program offered to applicant. YES/NO

NO: Applicant rejected by program

Recipient worker

R= 15 weekly
FYP= n/a
C= n/a

Recruiter worker

R= 15 weekly
FYP= 1
C= 60 min/each (+/- 10 min)

YES: Applicant completes application process w/lab work

Wait for lab work

Request patient medical records

Assess applicant's information

Apply for program w/ program expectations explained

Program offered to applicant. YES/NO

NO: Applicant rejected by program

YES- Applicant completes application process w/ lab work

Program offered to applicant. YES/NO

Patient waits for appointment

YES: Patient complies w/ program for reassessment

Service discontinued

NO: Patient non-compliant. Service discontinued

Patient offered reassessment

Program offered to applicant. YES/NO

NO: Patient non-compliant. Service discontinued

Recipient worker

R= 15 weekly
FYP= 1.5
C= 90 min/each (+/- 30 min)

Program offered to applicant. YES/NO

NO: Applicant rejected by program

Recipient worker

R= 15 weekly
FYP= n/a
C= n/a

Recruiter worker

R= 15 weekly
FYP= 1
C= 60 min/each (+/- 10 min)

YES: Applicant completes application process w/lab work

Wait for lab work

Request patient medical records

Assess applicant's information

Apply for program w/ program expectations explained

Program offered to applicant. YES/NO

NO: Applicant rejected by program

YES- Applicant completes application process w/ lab work

Program offered to applicant. YES/NO

Patient waits for appointment

YES: Patient complies w/ program for reassessment

Service discontinued

NO: Patient non-compliant. Service discontinued

Patient offered reassessment

Program offered to applicant. YES/NO

NO: Patient non-compliant. Service discontinued

Recipient worker

R= 15 weekly
FYP= 1.5
C= 90 min/each (+/- 30 min)

Program offered to applicant. YES/NO

NO: Applicant rejected by program

Recipient worker

R= 15 weekly
FYP= n/a
C= n/a

Recruiter worker

R= 15 weekly
FYP= 1
C= 60 min/each (+/- 10 min)

YES: Applicant completes application process w/lab work

Wait for lab work

Request patient medical records

Assess applicant's information

Apply for program w/ program expectations explained

Program offered to applicant. YES/NO

NO: Applicant rejected by program

YES- Applicant completes application process w/ lab work

Program offered to applicant. YES/NO

Patient waits for appointment

YES: Patient complies w/ program for reassessment

Service discontinued

NO: Patient non-compliant. Service discontinued

Patient offered reassessment

Program offered to applicant. YES/NO

NO: Patient non-compliant. Service discontinued

Recipient worker

R= 15 weekly
FYP= 1.5
C= 90 min/each (+/- 30 min)

Program offered to applicant. YES/NO

NO: Applicant rejected by program

Recipient worker

R= 15 weekly
FYP= n/a
C= n/a

Recruiter worker

R= 15 weekly
FYP= 1
C= 60 min/each (+/- 10 min)
5 Applying Organizational Improvement to Community Organizations

Organizational improvement discusses methods in common use for improving community-based, non-profit organizations. Leaders inspire higher levels of performance by inspiring others with vision (Olson and Eoyang, 2001, p.35). Leadership and standardization of processes are discussed for quality improvements. Improvement methods for volunteers include management as the usual leaders of the organizations. Organizational use of volunteers for operations and the improvement of their utilization is important for sustainability.

5.1 Methods in Common Use

To be a community-based, organization, each program must engage the community. This engagement is created through effective business and community collaboration. These collaborations engage people from different community factions and encourage them to work together to attain the common goal of increasing outreach. This fosters a sense of civic pride by helping the community you live in or one you can identify with. Fostering the desire for increased involvement leads to the creation of organizational boards or panels which help provide structure and governance to very amorphous environments.

Fundamental to the resource-based argument within strategic human resource management is the idea of a combination of resources that are valuable, rare, inimitable, and non-substitutable. Employees’ skills, knowledge, and behavior are difficult to imitate
and may be sources of sustained competitive advantage (Akinland and Shalack, 2016). Therefore, proper orientation and training, and providing volunteers with enough information so that they feel competent to carry out their task efficiently is advantageous. But, proper supervision of resources and utilization of staff, including volunteers, begins with management.

The use of different approaches can impact the improvement of an organization. And in the operations of the organizations profiled in this paper Six Sigma can be utilized. Typically used in the operation processes for manufacturing, this framework can be utilized in the operations of the non-profit organizations for more effective operations. As well, through leadership and organizational structure, goals are defined and the objectives set in the organizational process. A leader sets a tone and course to achieve an objective (Thomsett, 2005, p.21). A sponsor is an individual that acts as a problem solver for an ongoing project. Usually a senior manager within the company, the sponsor implements the leadership council’s orders and smoothers out any conflicts that arise (Thomsett, 2005, p.22)

The implementation of strong leader or director is responsible for overseeing the entire effort. They support the leadership team and recommends people for important roles on a team. Those that assume this role, ensures success of the implemented plan & solving problems as they arise. Their duties also include training as needed and assisting sponsors in motivating the team. This position is usually held by one individual but, some organizations have more than one to assume this role. This usually occurs when there are
multiple working shifts or departments. But, to maintain balance these positions must be kept at a minimum.

A coach implies a trainer or guide that serves as an expert or consultant to the team and its member (Thomsett, 2005, p. 23). This position is important as training is a critical part of operations that consist of paid employees and volunteer workers. Team leaders possess the responsibility that includes communication with the sponsor in defining project goals and rationalizing them. Every leader in an operational process affects the team members involved. And, team members refer to a group of people working together from different units or departments.

After figuring out the leadership for process improvements, it ends with the process owner. The process owner ends up with an improved procedure, or is assigned responsibility for executing processes that have been newly designed by the team (Thomsett, 2005, p.24). The service at all levels is a point of view, or a philosophical approach that is more than responding to complaint. The ultimate result is improving profits and reducing workloads. Service is, or should be at the core of every organization (Thomsett, 2005, p.51). Service outcomes are important as most quality programs are focused on the idea of how processes can be done more cheaply or more quickly (Thomsett, 2005, p.87).

Companies with job involvement approaches to employee participation also are high on two measurements: customer satisfaction monitoring and cost-of-quality monitoring (Lawler, Mohrman, Ledford, 1995, p.56). The ultimate criteria of
organizational success are adaptability and sustainability in the face of environmental pressures (Olson and Eoyang, 2001, p. 145) Communication analysis is one common problem to most processes high in defects. This is poor communication (Thomsett, 2005, p.107). Quality control is the ultimate purpose in control for overall assurance that a high standard of quality is met. Control is inherently associated with quality.

The creation of standardization is one feature of smooth processing that is to enable processes go as smoothly as possible. Standardization is making all the processes conform to one standard or norm. The need to devise a control feature to operational processes is so that the majority of work is managed in standardized manner. Control methods and alternatives are the development of a new process and requires the development of procedures to control work flow. This usually means devising a form to track information (Thomsett, 2005, p.111). This is essential as patient information is track in the programs observed in this paper.

Quality management can affect employee and cost management. Quality management programs place a strong emphasis on employee involvement in addition to calling for a series of specific practices that are aimed at improving quality. (Lawler et al., 1995, p.2) The most intriguing suggestion about how to improve performance of an employee was that organizations change their organizational and management systems to be more participative by involving employees in problem solving, decision making, and the financial success of the business. . (Lawler et al., 1995, p.1)] Suggestion involvement entails the power to make suggestions for change but not the power to make decisions
This can increase job involvement amongst employees and volunteers alike.

Job involvement is based on changes in work design, so that employees have more control over day-to-day decisions relevant to their jobs. And business involvement encompasses job involvement and suggests involvement but goes further. It stresses the involvement of employees in managing the business (Lawler et al., 1995, p.33) Employee involvement emphasizes the motivational system in the organization, including the design of motivating jobs and ways of setting goals and reviewing and rewarding employee performance (Lawler et al., 1995, p.51-52). Basing rewards on organizational performance is one way to ensure that employees are involved in and care about the performance of their company (Lawler et al., 1995, p.18). When pay is based on knowledge and skill, it rewards individuals for their capability and flexibility to contribute more to the organization (Lawler et al., 1995, p.23).

Quality management also includes cost management of an organization. According to Phil Crosby the cost of quality is assessed in four ways. This includes the cost of prevention, the cost of detection, the cost of correction, and the cost of failure. He argued that the company that devoted efforts to prevention, if there were cost associated with those efforts, saved as there was no expense of detection, correction, and failure (Townsend and Gebhardt, 2007, p.22). The Capacity for work is impacted on the bottom line. When ideas for an improvement makes it possible to eliminate a particular set of steps or to alter some sequence to speed up a process, a savings is involved (Townsend and Gebhardt, 2007, p.23)
5.2 How to Use Improvement Methods with Volunteers

Effective management is important in any organization. There is belief that two kinds of employees exist. There are employees who see customers and those who do not. Volunteers tend to be the employees that seen customers or clients as the individuals they are. When any employee, especially a volunteer doesn’t, it is damaging to morale and impedes the development of a quality control system (Thomsett, 2005, p.27). Developing a quality control system is important for community-based, non-profit organizations. Problem with management is in the failure to lead a quality effort (Thomsett, 2005, p.59).

Management's primary leadership role is to define methods that improve the quality of a company's service. Management sets the tone for an organization (Thomsett, 2005, p.81). For management to set the proper tone, they must recruit the proper personnel. Upon recruiting the right worker, they must be trained properly. It is imperative to recruit workers that fit into your organization that will fulfill its mission and goals. Volunteer workers are no different, as they must be willing to support the organization’s mission and goal.

Every employee that works in an organization must receive proper training. Volunteer workers, must like paid workers need to be knowledgeable about the organization and the task(s) they may be performing. Many of the task(s) performed by the volunteers are critical to the organization’s operations. The task(s) performed by volunteers must be respected like any other position in an organization. Management
must understand that roper recruitment and training can result in retention of productive, knowledgeable volunteers.

There is the desire to create a work environment with improved effectiveness and efficiency. Management has to contend with a number of realities; the political power struggles that exist between departments and sections of the natural resistance to change. This creates cynicism about quality control in general, and the high-stress of organizational life. Bringing order and certainty to the chaotic and stressful environment of the workplace is the duty of management (Thomsett, 2005, p.92).

The reactive approach is appropriate for some kinds of problems, notably those that managers cannot anticipate. Removing failure points, or the invitations to defects, it immediately improves overall efficiency, cost, and end-user satisfaction. Management by exception works in some situations but, not in a service. By the time you have to react, the damage has already been done (Thomsett, 2005, p.131) Leadership is a behavior, not a position. Thus, leadership is at every level. Leadership and fellowship are not disjointed opposites. They are rather, different points in the same field of interest with team-ship being the bridge that describes the spectrum of a working relationship (Townsend and Geghardt, 2007, p.30)

6 Conclusion

Previously stated in the paper, the context of this case study was all community based non-profit organizations located in three upstate counties. The three counties
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consist of Anderson, Greenville, and Oconee, South Carolina. Each county’s population and density varies greatly. Greenville county is has the largest population with 481,752 residents, followed by Anderson county with 192,810 and concluded with Oconee county that is occupied by 75,192 residents (indexMundi, 2015). Each county has experienced exponential growth over the recent years. And as population growth ordinarily signals prosperity, it can also mean an increase in the number of people who utilizing community organizations.

Education is the most powerful way to reduce risks and institute change. With similar sentiments, Dr. Anshu Jain states that as medical professional you can become distracted (2017). Doctors spend considerable amounts of time with patients; educating them on their health issues and treatment options. But, the most powerful and somewhat overlooked aspect of patient education is the empowerment of patients as vehicles for change. Therefore, when teaching patients, they must empower them to make better decisions for themselves and share that learning with those around them, whether it be family, friends, or others in their communities (Jain, 2017).

Salamon et al. (2012) followed a different approach and asked nonprofit organizations to which degree of importance are values defined. And a pre-defined set of values include being productive, effective, enriching, empowering, responsive, reliable and caring. This is important for the nonprofit sector. It is discovered that nonprofit organizations believe they exemplify all seven of the core values better than the government and the three core values of "caring", "enriching", and "empowering" better
than for-profits. These sector comparisons, however, are only based on the non-profit perception of an organization's perceptual values (Helmig et al., 2015).

Volunteerism requires strategy, leadership, and resources (O’Neil, 2015). Strong volunteer programs are coordinated by healthy, strong organizations that are well resourced. The non-profit sector is not indifferent to a poor economy and the struggle to maintain. There is great curiosity as to why people choose to give their time and what their motivation is. Wilson’s paper quotes, “while no one wonders why someone may assume gainful employment, many ask why would one volunteer” (2012). With the combination of strong leadership, proper resources, and having the correct motivation, creates a strong volunteer network and community relations.

Through communities, full health coverage to every uninsured citizen could be provided. As well, they could eliminate the multitude of health disparities experienced by lower-income populations (Folta & Scanlon, 2004). The services would include a focus on monitoring health status, investigating health problems, and mobilizing community partnerships to identify problems (Carman, Prybil, & Totten, 2013). Voluntary and collaborative partnerships can be beneficial, especially in times of limited resources. Collaboration can make the best possible use of limited resources and improve community health and quality of life (Carman et al, 2013).

Jennifer Folta and John Scanlon concluded that a solution to these issues would be the creation of a new partnership among local government, multiple health-system providers, the faith community, and the philanthropic and business sectors (2004).
Gaining a deeper understanding of and encouraging the partnerships to address community health needs is one way boards can help fulfill their organization’s fundamental mission to improve community health. Community-based, healthcare organizations have the ability to benefit all persons residing in the communities, as well as those outside of the community. Therefore, a community health improvement plan emphasizes the importance of a board engagement from the beginning of the process (Carman et al., 2013).

One aspect that is undeniably distinct in all five (5) organizations is the loyalty and care these programs express for the clients and communities they serve. Many organizations, in particular nonprofit organization, are specifically designed to create demonstrable changes in the lives of those they serve (Sowa et al., 2004). To associate the work being done by these organizations as simple acts of generosity or kindness would be incredible understatement. With countless hours of overtime worked, the diligent work of program directors, case workers, counselors, and educators could not have been accomplished without the volunteers who worked in these programs. Effective stewards of their jobs, each organization has developed effective outreach programs.

Every community organization has the opportunity to greatly affect the consumers and communities they serve. The five community-based, nonprofit organizations profiled operate with scarce resources. And every organization has to have qualifiers for their resource allocation. Proper resource allocation improves sustainability for each organization. The creation of boards can create bridges by gathering people of different backgrounds onto one platform. And they can also lead to increase funding opportunities.
Funding is necessary in the operation of any organization. This is extremely important for community-based, non-profit organizations that rely heavily on grant funding or an individual’s benevolence through charitable contributions.

The performance pressure of management is also strongly associated with investing in the skills of lower-level employees. In many organizations the lower level employees are volunteer works. It is a misconception that volunteers are less important to an organization’s operation. This misconception is true as many important, daily tasks were performed by volunteer workers in the profile organizations. Organization A, B, C, D, and E had a strong management base that constant looked for improvements. Improved management decision making skills improved organizational process procedures.

And one improved procedure by management was the establishment of consistency. Each organization strived to be consistent in their procedures for both paid and volunteer workers. There was difficulty in doing creating constancy as the motivation for working in these organizations differ between paid workers and volunteer worker. Paid workers usually work for the compensation they receive and know the repercussion for lack in performance will be the loss of their job. A volunteer’s motivation is completely different and is generally tied to personal or emotional attachment with the organization’s mission or goals.

To increase participation of non-profit, community health organizations there are several factors that must be considered for organizational success of non-profits.
Creation of a virtuous cycle provides visual representation of how each factor works together to increase community outreach for non-profit, healthcare organizations. For many organizations volunteers are the true “men behind the machine”. Not always seeing the work they do, volunteers are beneficial and necessary in daily operations. With most organizations operating with limited resources, they are the undocumented workers. With all the potential good volunteers could bring to an organization, there are negatives associated with their efforts in the form of lack of program knowledge, social awareness, and unpredictable work hours.

Organization A utilized volunteers for much of the front-desk duties. The simple, mundane tasks were appropriate as many of the volunteer that worked in the program were older individuals who sought tasks to occupy a few hours of their day. This creates interference when multiple referrals are received by Organization A and the volunteers are not able to assist program representatives with referrals or current clients after intake. I believe volunteers with an interest in the organization’s mission should be recruited and trained. Currently they do referral screenings. They could do additional cross functional trainig. This would increase the training for each volunteer. This would help the flow of referrals through the program and decreasing bottlenecks.

Organization B and C differ greatly in their outreach to the community but, they both rely heavily on the use of volunteer workers. Each organization offers multiple programs to their clients. With multiple program offerings, this creates a higher need for education and training of volunteer workers. Both organizations conduct an interview process for potential volunteers and then require volunteers to complete training
modules. Front-line volunteer workers for Organization B’s do no interviews of the referrals and only ensure the referrals are completed.

Organization B’s training for their volunteer workers are more extensive as the training is streamlined on a state level for different locations to follow. As the initial training for volunteers in this organization is more extensive, the duties of the volunteers are not cross-functional. The volunteer duties are segmented and volunteers usually choose a specific duty and stick to that one duty. The volunteer training is informative to teach volunteers about the overall program offerings and mental health awareness. Volunteers in Organization B have the opportunity to become mentors in the program if they choose to do so.

Organization C’s training is more cross-functional to insure liability for their volunteers and workers. The volunteer workers can ensure the referral applications are completed and some volunteer workers have taken additional training to become program workers in the capacity of mentors. Utilizing a large number of volunteer workers, they are also used in multiple capacities of outreach into the community.

Organization B is a local non-profit that is state-based. And their sources of funding are government allocations with some charitable giving by individuals and other businesses in the community. Organization C is local non-profit that serves its local community. They rely heavily on charitable donations from churches or personal giving. With a difference in sustainability sources, Organization B fundraising focus is more seasonal focusing on a few main events. Organization C, on the other hand, puts great effort into fundraising throughout the year. Therefore, I would suggest Organization B
should invest in cross-functional training for volunteer workers that could assist in organization operation and outreach for coordination with other agencies. And, Organization C should invest in continual training for their volunteer workers to keep them informed.

Organization D serves women in the communities they are located in and individuals that are a reasonable distance outside their community as well. With their target demographic being young, pregnant women, all their volunteers are women. This benefits the clients when personal information is divulged for service allocation. A downfall is that not every volunteer has in the program has experience childbirth or motherhood. As well, sex, pregnancy, and abortions are touchy topics the many people have strong opinions about. Therefore, it is a constant task for management to ensure volunteers to not discuss their personal opinions and remain objective. Therefore, I would recommend continual training for staff and volunteers to reiterate the organizations mission and keeping non-paid workers just as informed as paid workers.

Organization E differs from the other four organizations as they utilize very few volunteer workers. Dealing with clientele that are homeless and plagued by a terminal illness, the organization strives to establish consistency in the lives of their clients. There is serious liability to using volunteers within this program. It means Organization E must make a large investment of time and education for each volunteer to ensure the volunteer is safe and to build emotional support and trust with the client. Every volunteer has to be trained as if they may have contact with clients and their personal belongings and must be trained in how to handle individuals with Autoimmune Deficiency Syndrome.
(AIDS). Therefore, it is recommended for volunteers be willing to commit to long-term volunteering.

Volunteerism is strengthened by community involvement and through the creation of partnerships. Through the completion of this analysis there is the conclusion that no one factor effects the operations of non-profit, community based organization and their effective use of volunteers. Community boards, partnerships, resource allocation, and funding all play a part in the non-profit, community based organizations. Volunteer are great resources that can provide a great cost-benefit for any organization. But, the cost benefit can be adversely off-set if they are not properly trained and utilized. Lack of training or utilization of volunteers can result from the lack of resources possessed by organizations. Funding also play a key role due in resource limitation in the form of lack of funds to recruit or maintain man-power. Nevertheless, without the proper implementation of processes and procedures in an organization, non-profit and for-profit organizations alike, will have difficulty succeeding.
7 Bibliography


