

The three questionnaires

Volunteer Self Assessment Questionnaire

The first instrument was designed for MRC volunteers who participated in the activity. The topic areas addressed in this survey include MRC volunteers' 'level of confidence with ICS', 'training', 'confidence in interacting with clients and/or patients', 'team work', 'personal preparedness' and 'motivations for volunteering'.

The first topic addressed in this instrument is confidence with ICS. ICS is a standardized incident management concept based on providing a common framework for the response organization to operate effectively. This provides an infrastructure that allows people who do not usually work together to work effectively as a team.

The second topic addressed in this instrument is 'training'. First, MRC volunteers are asked how useful they found the training that they received to prepare them to perform in their role at the event. When volunteers report that the training was not useful, a series of follow up questions explore the reasons why and possible areas for improvement. In particular, four answer options are provided:

1. The training was not related to the functions performed at the event
2. The training was too difficult to remember
3. Given my background and experience I was able to perform the functions
I was asked to do without being trained
4. Training received was too generic and not practice oriented

‘Confidence in interacting with clients and/or patients’ is the next section of Instrument One. In this section, the questions address whether the volunteers felt comfortable and confident in the role they were assigned and also focuses on specific aspects of ‘team work’. MRC volunteers are then asked questions about ‘personal preparedness’ and arrangements they had to make in order to participate. Finally, ‘motivations for volunteering’ are assessed, exploring seven aspects related to the reasons for their engagement. These include:

1. Volunteering is good for their professional development
2. Volunteering gives them the opportunity to make new friends
3. Volunteering helps them through personal emotional development
4. Volunteering is an important way to help others
5. Volunteering makes them feel more connected to the community
6. Volunteering makes them feel good
7. Volunteering allows them to use their skills that are useful to the community

Barriers to Volunteering Questionnaire

The second survey instrument targets those MRC volunteers who were unable to attend the event. The first set of questions is designed to find out why the MRC volunteer could not participate in the activity. Answer options include not having available paid time off from work, job duties interfering with the time of volunteering, health problems, lack of transportation, lack of childcare and lack of time because of prior commitments.

Next there is a short series of questions addressing the reasons for not being able to volunteer at the event related to skills and motivations.

The survey instrument also addresses whether the MRC volunteers felt that their skills were adequate, they had received enough training and they had enough information to volunteer. Finally, a section on motivations for volunteering is presented with questions identical to those in Instrument One so that the factors impacting the level of motivation of those who attended the event could be compared to those who were not able to attend.

LHD Staff Questionnaire on MRC Volunteers

The third survey instrument is designed to gather data on the experience of LHD staff in engaging MRC volunteers in public health activities. The topic areas investigated in this survey are similar to those assessed with the self assessment forms given to the volunteers. In the first section of this instrument LHD staff are asked two open-ended questions about MRC volunteers. The first question is about unique characteristics and/or professional abilities of the MRC unit engaged in the activity being observed. The second question is about specific aspects of an MRC unit that need to be improved in terms of competencies and/or composition of professional roles.

The following section of this instrument addresses competence. LHD staff are first asked how confident they thought the MRC volunteers were in fulfilling their roles during the event and how confident the MRC volunteers were in working within the incident command structure. Whether MRC volunteers seemed to understand what was expected of them is also assessed by LHD staff in Instrument Three.

Next, LHD staff are asked whether they thought MRC volunteers were well trained, and what additional training could have been beneficial. They are also asked whether they thought the MRC volunteers were prepared by virtue of their professional backgrounds, prior training, and Just-In-Time training to assume their assigned roles. The LHD staff are asked about how much time and effort it took to organize the event, and whether having MRC volunteers participate made this process easier.

Finally, there is a question directed to the MRC Coordinator asking what were the three most challenging factors experienced in engaging the MRC unit. Choices include:

1. Recruiting a sufficient number of volunteers
2. Recruiting competent and trained volunteers for specific functions
3. Recruiting motivated volunteers
4. Engaging MRC volunteers on the day of the event
5. Providing sufficient training
6. Identifying roles appropriate to the volunteers' background and experience
7. Supervising the volunteers' work during the event's activities
8. Providing meaningful and sufficient feed-back to the work done
9. Identifying roles and tasks for all volunteers that came to the event

How were the questionnaires developed?

The instruments evolved as they were being tested. In developing the first draft of the survey instruments, previous sets of surveys widely used by non-profit organizations

for the management of volunteers were identified and consulted, which provided the basis for these surveys (Colon-Emeric, 2006; Davies, 2008).

The instruments presented in this Toolkit have been tested in terms of reliability and validity in the context of flu clinics. Data were gathered during seven flu clinics during the fall and winter of 2008-2009 at the following locations: Somerville, NJ, Asbury Park, NJ, Boston, MA, Belmont, MA, Cambridge, MA, Summit County, OH, and Sacramento, CA. Prior to implementing the instruments, their face and content validity were assessed by gathering feed-back from end users (MRC coordinator and LHD staff) during a flu clinic in Cambridge, MA. End users were actively engaged in the development phase of the instruments as well as in the interpretation of the results. A meeting was held with MRC coordinators and NACCHO staff in San Diego, CA during the NACCHO 2009 Public Health Preparedness Summit, and further revisions were made to the survey instruments as a result of this meeting. Once collected, the data from the seven locations were analyzed in a statistical factor analysis and Cronbach's alpha values were calculated to assess the internal consistency and construct validity of the questionnaires. Questions that did not appear to be consistent with the topics being examined were excluded from the final version of the instruments presented in this Toolkit (Appendix A). The surveys were revised as problems arose with implementation. Therefore, the instruments presented in this Toolkit are an improved version of the surveys that were used at the various locations. A summary of the validation analysis is being prepared for publication.