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Burnout in HIV/AIDS Volunteers: A Socio-Cultural Analysis among Latino Gay, Bisexual Men, and Transgender People

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Abstract

Understanding factors associated with burnout among HIV/AIDS volunteers has long-ranging implications for community organizations and prevention. Using a cross-sectional sample of Latino gay/bisexual men and transgender people (N=309), we assess potential correlates of burnout identified by multiple theories, including factors associated with volunteering (experiences, motives) and contextual factors (stigma, sense of community). Reporting negative volunteering experiences was positively associated with burnout, while being motivated by personal HIV/AIDS experiences and having a greater sense of GLBT community was negatively related to burnout. The study highlights central challenges and opportunities to retain volunteers from marginalized communities.

Keywords

burnout; gay men; Latinos; activists; volunteers; HIV/AIDS

Gay, lesbian, bisexual, and transgender people (GLBT) have been a primary force in the fight against HIV/AIDS through their volunteerism and activism (Chambre, 1991; Kayal, 1994; Kobasa & Ouellette, 1991). There is a growing body of research on sexual and ethnic minority HIV volunteers (Jennings & Andersen, 2003; Harris, 2014; Melton, 2014; Tester, 2004). Nonetheless, research concerning HIV volunteers who identify as sexual *and* ethnic minorities is still fairly rare (Swank & Fahs, 2013). Data on the size of the Latino GBT volunteer community are limited, but a study of 912 Latino gay men from Los Angeles, Miami, and New York City found that 58% reported involvement in gay and/or Latino rights organizations, with rates ranging from 37% to 63% (Ramirez-Valles, & Diaz, 2005). Little

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further is known about the negative consequences of involvement, such as burnout. Burnout occurs when chronic stress from an activity, such as volunteer work, results in exhaustion, depersonalization, and a reduced sense of personal accomplishment (Maslach & Jackson, 1981; Maslach & Jackson, 1984; Maslach, 2011). Studying burnout is important, as it has been associated with quitting volunteer activities (Allen & Mueller, 2013; Claxton, Catalan, & Burgess, 1998; Jiménez, Fuentes, & Abad, 2010; Lafer, 1991; Ross, Greenfield, Bennett, 1999). To increase efficiency in non-profit and volunteer settings via volunteer retention, researchers have sought to characterize and minimize burnout.

Extant literature has focused primarily on volunteers' actual experiences and motives to volunteer (Demmer, 2004; Bria, B ban, & Dumitra cu, 2012; Cooper et al., 2016; Khamisa, Peltzer, & Oldenburg, 2013; described in "Volunteering Factors and Burnout" below). Of which we are aware, no existing models have included factors associated with marginalized identities (e.g., ethnicity, gender nonconformity, sexual orientation). Studying all potential correlates simultaneously is important. Factors associated with volunteerism, including experiences and motives, may be more relevant for burnout and 'universal' in their impact on burnout across race/ethnicity, sexual orientation, and gender identity. Alternatively, burnout may be associated with both factors associated with volunteerism as well as minority-specific contextual factors (e.g., racism, homophobia) and responses to sociopolitical contexts (e.g., sense of community, collective efficacy). We draw on the strengths of several existing models. With regard to volunteering factors, we incorporate aspects of the Job Demands Resource Model (JDRM) and Job Characteristics Theory (JCT). With regard to motives to begin to volunteer, we incorporate aspects of the Fundamental Theory of Motivation (FTM). With regard to contextual factors impacting ethnic and sexual minorities, we incorporate aspects of Stigma theory and the Theory of Sense of Community (TSC).

Volunteering Factors and Burnout: Drawing from JDRM, JCT and FTM

JDRM and JCT models posit that high job/volunteering demand may cumulatively result in greater burnout (Bakker & Demerouti, 2014; Bakker, Demerouti, & Verbeke, 2004; Demerouti, Nachreiner, & Schaufeli, 2001; Van den Broeck, Vansteenkiste, De Witte, & Lens, 2008; Nirel, Goldwag, Feigenberg, Abadi, & Halpern, 2008; Schaufeli & Taris, 2014). Demand has been conceptualized in quantitative and qualitative ways. Under the quantitative conceptualization of JDRM, greater amount of work (e.g., frequency of work and duration of being in a position) may result in more burnout (Bennett, Michie, & Kippax, 1991; Bria et al., 2012; Cooper et al., 2016). Under the qualitative conceptualization of JDRM and JCT, burnout depends on the type of experience volunteers have. Negative experiences (e.g., demanding undertakings, tedious activities) have been associated with greater burnout (Bennett, Kehalher, & Ross, 1996; Beheshtifar & Omidvar, 2013; Hamama, 2012; Montero-Marín et al., 2013; Ross et al., 1999). Conversely, job resources are associated with reduced burnout. For example, burnout is less likely to occur if work that is perceived to be meaningful, to result in increased responsibility, and to have tangible, accessible results. This construct identifies potential protective factors for burnout, including positive task- and interpersonal-based components of a job, including social meaningfulness and fulfilling experiences (Crook et al., 2006; Vecina, Chacón, Sueiro, & Barrón, 2012). These

associations are posited to exist in a cumulative manner. Specifically, negative experiences result in a growing amount of emotional exhaustion and worse emotional states, resulting finally in greater burnout. Conversely, positive experiences may result in greater self-esteem and positive emotional states, leading to lower levels of burnout.

Hypothesis #1

We predict that greater overall length and frequency of volunteering and negative experiences within volunteer organizations will be associated with higher burnout. Conversely, we expect socially meaningful and fulfilling experiences within volunteer organizations will be negatively associated to burnout.

Volunteers' motives may also affect burnout, as they shape perceptions of workload, organizational interactions, and subsequent satisfaction as a volunteer (Claxton et al., 1998; Jiménez et al., 2010; Maslanka, 1996; Moreno-Jiménez & Villodres, 2010). We utilize FTM to understand how motives may be associated with burnout (Coursey, Brudney, Littlepage, & Perry, 2011; Finkelstein, 2011). FTM posits that people are motivated to engage in activities such as volunteerism that match their anticipations of their motives being met. The types of motivations that may be associated with lower burnout would be those wherein adverse job demands (e.g., long work hours, negative experiences) are included in individuals' perceptions of what they will face in volunteering and not be contrary to their anticipated work consequences. This theory helps to explain the inverse associations found between motivations to be volunteer because of experience with HIV (e.g., loved ones with HIV/AIDS) and moral values (e.g., obligation/reciprocity, social change) with greater frequency of volunteerism (Kuhns & Ramirez-Valles, 2016) and burnout (Moreno-Jiménez & Villodres, 2010). Individuals who are motivated to volunteer because of previous experiences or high levels of obligation/reciprocity may be more aware of the unique challenges of volunteering in the context of HIV and therefore better equipped to cope negative experiences. Conversely, volunteers who are motivated to volunteer for personal gains, such as an interest in better understanding HIV and personal awards (e.g., social connections, esteem enhancement, understanding issues) appear to be more prone to burnout in some (Moreno-Jiménez & Villodres, 2010), but not all populations (Omoto & Snyder, 1995). Volunteers who are motivated by personal gains may not anticipate adverse jobs demands. They may, simultaneously, perceive these demands as contrary to what they anticipated they would gain from volunteering (e.g., better self-esteem, more social support). Given this, understanding HIV and personal awards may be positively associated with burnout.

Hypothesis #2

We predict that motivations related to experiences with HIV/AIDS, social change, and reciprocity will be associated with lower burnout. Conversely, motivations of understanding HIV, social connection and esteem enhancement will be associated with higher burnout.

Contextual Factors and Burnout: Drawing from Stigma theory and TSC

Latino GBT persons navigate a unique social context that may influence their burnout when volunteering. Stigma and sense of community have been linked to cumulative emotional exhaustion and may, in particular, impact the likelihood of burnout among Latino GBT volunteers. We draw on classic theories about these constructs, which focus on interpersonal processes that result in greater or less risk of emotional health problems, including burnout, among minority populations (Goffman, 1963; McMillan & Chavis, 1986).

Stigma theory operationalizes stigma as a social process of discrediting a group based on the assignment of a negative attribute or “mark”, which results in worse mental and physical health (Goffman, 1963; Earnshaw & Chadoir, 2009; Herek, Capitano, & Widaman, 2002; Meyer, 2003). Latino GBT encounter layered stigma based on race, homosexuality or gender non-conformity, and HIV (Ayala & Diaz, 2001; Diaz, Ayala, Bein, Henne, & Marin, 2001). Participating in HIV/AIDS-related work might, inadvertently, exacerbate enacted and perceived stigma and subsequent burnout in terms of two specific “marks” or forms of stigma: one based on homosexuality or gender non-conformity and one based on HIV/AIDS. Both homosexual and HIV/AIDS stigma has been previously associated with worse mental health and health risk behaviors in general populations and among Latino GBT volunteers (Ramirez-Valles et al., 2010). In this study, we examine two types of stigma in relation to homosexuality or gender non-conformity and HIV/AIDS: enacted and perceived stigma. Enacted stigma refers to individuals’ experiences with prejudice and discrimination (Earnshaw & Chadoir, 2009; Meyer, 2003). For the current study, we describe enacted stigma at the interpersonal level, although others have discussed structural enacted stigma (Hatzenbuehler et al., 2014). Accordingly, prejudice is defined here as a negative emotional reaction (e.g., disgust, fear, anger) directed to GLBT and HIV seropositive individuals by other individuals. Discrimination is described as a negative behavioral reaction (e.g., explicit rejection, microaggressions) directed to GLBT and HIV seropositive individuals by other individuals. Whereas enacted stigma is an external, at minimum interpersonal stressor, perceived stigma is an intrapersonal, felt stressor (Earnshaw & Chadoir, 2009; Meyer, 2003). Perceived stigma is described here as GLBT and HIV seropositive individuals’ 1) awareness and expectations of societal negative views towards their reference group and 2) expectations of future experiences with prejudice and discrimination at interpersonal and societal levels. Of these different types of stigma, enacted stigma has been particularly associated with health outcomes in previous research on Latino GBT (Ramirez-Valles et al., 2010; Molina & Ramirez-Valles, 2013). Both manifestations of stigma may be heightened by individuals’ involvement in HIV/AIDS work. For example, HIV volunteering experiences may involve an increased amount of interaction with the general public and result in some volunteers gaining a greater awareness of the negative attitudes society has toward GLBT and HIV seropositive individuals and anticipate more future prejudice and discrimination. These perceptions may be due to some volunteers experiencing prejudice-fueled discrimination during interactions with the public. For example, volunteers may experience greater discrimination concerning their GLBT identity when engaging the community about HIV issues. Individuals with greater perceived and enacted stigma as a result of their volunteerism may be more prone to stress, leading to a greater possibility of burnout.

Sense of community has, conversely, been characterized as a process by which perception of interpersonal closeness and individual importance is derived from membership in a group (McMillan & Chavis, 1986). Although historically challenging to conceptualize and measure, it is well-documented that a sense of community can buffer stress (Peterson, Speer, & McMillan, 2008; Proescholdbell, Roosa, & Nemeroff, 2006), especially among ethnic and sexual minorities (Gray, Mendelsohn, & Omoto, 2015; Harper & Schneider, 2003; Kertzner, Meyer, Frost, & Stirratt, 2008; Kwon, 2013; Meyer, 2003; Russell & Richards, 2003). For example, a sense of GLBT community has been associated with better psychological well-being among GLBT individuals (Gray, Mendelsohn, & Omoto, 2015; Halpin & Allen, 2004; Kwon, 2013). Further, some research suggests that a sense of GLBT community may be a motive to volunteer in HIV/AIDS work (Omoto & Snyder, 2002). A sense of GLBT community may further buffer stress from volunteering experiences and be associated with reduced burnout, especially among Latino GBT, who form unique and resilient social bonds that enable a sense of GLBT community— what Ramirez-Valles refers to as “*compañerismo*” (2011). Sense of GLBT community may thus be associated with lower burnout due to greater perception of available social support from one’s community as well as potential motivation to volunteer, despite personal challenges, to support one’s community.

Hypothesis #3

We predict that perceived and enacted homosexual stigma and perceived HIV/AIDS stigma will be independently and positively associated with burnout. In contrast, we hypothesize that sense of GLBT community will be negatively related burnout.

Current study

Relying on a sample of Latino GBT HIV/AIDS involved in HIV/AIDS work in Chicago and San Francisco, we empirically test our new framework. We first test hypotheses described above regarding how burnout is independently associated with volunteering and contextual factors. Second, we build a parsimonious integrated model that incorporates simultaneously volunteering and contextual correlates.

Methods

Sample

Recruitment occurred between summer and fall months of 2004 within the Chicago and San Francisco areas. Respondent-Driven Sampling (RDS) was used, which is a peer referral method that enables enrollment of often hidden and stigmatized populations and serves to control for selection bias (Heckathorn, 1997; Heckathorn, 2002). Our sample size was based on a priori power calculations concerning the number of seed participants warranted to recruit a sufficient sample to examine the larger study’s hypotheses. In this case, 38 members were first recruited from community organizations and social venues. Of these initial participants, 30 individuals were screened, consented, and interviewed in the study ($n = 38$); these “seed” participants varied by predominant language spoken (English, Spanish), HIV status (seropositive, seronegative), gender (male, transgender woman), and sexual orientation (gay, bisexual). “Seed” participants consequently recruited up to three members

of their social network to participate in the study for an incentive of \$20 per person successfully recruited. Our referral chains were sufficiently long (>4 waves), such that the composition of the final sample with respect to characteristics described above was independent of “seed” participants (Heckathorn, 1997; Heckathorn, 2002). To be eligible in the study, respondents had to be 18 years or older and self-identify as of Latin American descent and gay, bisexual, or transgender (male to female). Interested individuals were screened, consented, and completed questionnaires with computer-assisted self-interviews in English or Spanish, based on the participant’s preference. Consequently, participants received \$50 for their time and effort. For more detail, please see references (Ramirez-Valles, Garcia, Campbell, Diaz, & Heckathorn, 2008; Ramirez-Valles et al., 2010).

The larger project from which this current study is based, which draws from a respondent-driven sample of 643 Latino GBT individuals in Chicago and San Francisco, found 77% of individuals had volunteered and 55% had specifically volunteered for gay, HIV/AIDS, and/or Latino causes. This study focuses on the subgroup that reported being involved as volunteers in HIV/AIDS and/or GLBT organizations at any point in their lives (N=309). We are cognizant that the location of HIV/AIDS-related volunteer work is not exclusive to HIV/AIDS organizations. It also takes place, primarily, in GLBT organizations. Given this, we study the experiences of volunteers engaged in HIV/AIDS-related volunteer work in HIV/AIDS and GLBT organizations. Of the 309 participants, 16% (n=49) have done HIV/AIDS work in HIV/AIDS organizations, 37% (n=114) have done HIV/AIDS work in GLBT organizations, and 47% (n= 146) have done HIV/AIDS work in both types of organizations. We include volunteers in both types of organizations because many GLBT organizations in both cities engage in HIV/AIDS work (Cantu, 2000; Ramirez-Valles, 2011). Table 1 contains descriptive information for the sample.

Measures—The interview instrument was first pilot tested with an independent sample of 200 Latino GBT from Chicago and San Francisco. Psychometric testing was conducted, including assessments of internal reliability and construct validity for each instrument. Instruments were then modified, as was needed, for the current study. For the current study, the interview instrument was available in English and Spanish, and administered via Computer Assisted Self-Interviewing (CASI).

Socio-demographic variables—Standard questions assessed participants’ sexual orientation and gender identity (i.e., identification as gay/bisexual/transgender), city of residence, country of birth, age, education, HIV serostatus, and income.

Burnout—Item content for this construct was informed by Maslach’s work on burnout (Maslach & Jackson, 1981; Maslach & Jackson, 1984; Maslach, 2011) and formative qualitative research for the study. We then developed seven items and pilot-tested them with an independent sample of 200 Latino GBT, as described above. For the current study sample (n= 309), we conducted an exploratory factor analysis (EFA) with weighted least squares with adjustment for means and variance estimation for categorical variables (WLSMV). EFA, scree plots, and initial eigenvalues suggested a 1-factor solution. Table 2 presents the items (along with mean and standard deviation) and their factor loadings. Cronbach’s alpha

for this scale was 0.85. Response categories were on a 4-point Likert scale (1 = Strongly disagree to 4 = Strongly agree).

Volunteering Factors

Overall length and frequency of experiences: Participants reported their lifetime length of involvement in HIV/AIDS and GLBT organizations (1 = Less than a month/few days to 6 = More than 3 years) as well as the frequency of volunteering within the last 12 months (1 = Have not volunteered to 7 = Daily).

Quality of experiences: Based on our formative research with Latino GBT volunteers, we developed a measure that assessed three elements of the most recent volunteering experience: negative experiences, socially meaningful connections, and fulfilling experiences. Similar methods were used as those described for the burnout measure. EFA, scree plots, and initial eigenvalues for the current sample indicated a 3-factor solution. The first refers to undesirable perceptions of the volunteering experience (4 items, $\alpha = 0.76$; e.g., “I was bored with the work”; “I felt the work was too tiring or overwhelming”). Socially meaningful connections address perceptions of social support within the organization itself (3 items, $\alpha = 0.78$; e.g., “In this organization, I found a very supportive group of people”; “I felt that I belonged to or was part of this organization”). Fulfilling experiences means satisfaction and engagement within the organization (4 items, $\alpha = 0.77$; e.g., “I felt challenged to do my best”; “I felt that I was given important tasks”). Response categories were on a 4-point Likert scale (1 = Strongly disagree to 4 = Strongly agree).

Motives to volunteer: We developed this measure based on formative qualitative research and existing literature (Omoto & Snyder, 1995; Omoto & Snyder, 2002). EFA, scree plots, and initial eigenvalues for the current sample indicated a 6-factor solution for this instrument: social connection (6 items, $\alpha = 0.83$; e.g., “to meet potential boyfriends or partners”); understanding HIV (5 items, $\alpha = 0.84$; e.g., “to learn how to prevent HIV/AIDS”); experience with HIV (8 items, $\alpha = 0.88$; e.g., “because of my experience caring for a person with HIV/AIDS”); esteem enhancement (4 items, $\alpha = 0.82$; e.g. “to do something meaningful with my life”); social change (5 items, $\alpha = 0.90$; e.g., “to change the world or society”); and reciprocity (10 items, $\alpha = 0.91$; e.g., “because I feel the need to do something for others”). Response categories were on a 4-point Likert scale (1 = Not at all important to 4 = Extremely important).

Contextual Factors

Homosexual Stigma: We assessed perceived and enacted stigma, which are distinct factors identified through previous EFA. Perceived homosexual stigma includes 17 items (Cronbach’s $\alpha = 0.95$; e.g., “People believe gay men are effeminate”). Enacted homosexual stigma comprises 20 items (Cronbach’s $\alpha = 0.90$; e.g., “How often has your family made fun of you or called you names because of your sexual orientation?”). Response categories were on a 4-point Likert scale (1 = Never to 4 = Many times).

HIV/AIDS Stigma: Perceived HIV/AIDS stigma comprises 15 items and represents a unique factor of stigma, according to a previous EFA. Cronbach’s alpha for this sample was

0.96. An example item is “People don’t want to hug, kiss, or touch people with HIV/AIDS.” Response categories were on a 4-point Likert scale (1= Strongly Agree to 4= Strongly Disagree).

Sense of GLBT Community: This measure is based on the Kippax and colleagues’ work (Kippax et al., 1990). Similar methods were used as those described for the burnout measure. EFA, scree plots, and initial eigenvalues for the current sample indicated a 1-factor solution. The measure has 8 items, including “My participation in the gay community is important” and “I feel part of the gay community in my city.” Cronbach’s alpha was 0.96. Response categories were on a 4-point Likert scale (1 =Strongly Disagree to 4 =Strongly Agree).

Analysis Plan

We conducted three linear regression models to predict burnout, all of which accounted for socio-demographic covariates. The first model included the following volunteering factors: overall length, overall frequency, quality of experiences (i.e., negative experiences, socially meaningful connections, fulfilling experiences), and motives to volunteer (i.e., social connection, understanding HIV, experience with HIV, esteem enhancement, social change, and reciprocity). The second model assessed contextual factors: perceived and enacted homosexual stigma, perceived HIV/AIDS stigma, and sense of GLBT community. In the final step, we tested an integrated model based on those variables that showed statistical significance in the two previous models. Using G*Power 3.1.9.2, we calculated the minimal detectable effect size (MDES; Cohen’s f^2) for a multivariable linear regression model with burnout as the outcome, given $n = 309$, $\alpha = 0.05$, power= 0.80, and two-tailed tests. Power was calculated first for 11 volunteering factors and 7 socio-demographic covariates; second for 4 contextual factors and 7 covariates; and finally for 15 predictors and 7 covariates. These power analyses showed sufficient power for these analyses, with the ability to detect effects between small and medium in size (Cohen’s $f^2 = 0.05, 0.04, \text{ and } 0.06$, respectively).

Results

Our sample has a very low amount of missing data for the major study variables of interest (0–0.3%). Thus, we use pairwise case deletion techniques, which are considered adequate ways to handle low amounts of missing data (Schafer & Graham, 2002).

Burnout varied by gender identity and sexual orientation. Transgender women reported lower burnout scores ($M = 21.08, SD = 4.95$) than gay men ($M = 23.07, SD = 3.85, p = .02$). Burnout was positively associated with education ($r = .23, df = 308, p < .0001$), but not linked to age, income, city of residence, birthplace, or HIV serostatus. Subsequent regression models are adjusted for all seven socio-demographic variables.

Table 3 shows the model regressing burnout on volunteering experiences. Negative experiences were positively associated with burnout. Volunteers who reported more negative volunteering experiences also reported greater burnout. Two of the six motives to volunteer were significantly associated with burnout: understanding HIV/AIDS and experience with HIV/AIDS. Volunteers who were motivated to volunteer to learn about HIV/AIDS reported

greater burnout. Conversely, volunteers who were motivated to volunteer because of their experiences with HIV/AIDS reported less burnout. Enacted homosexual stigma was negatively related to burnout, but perceived homosexual and HIV/AIDS stigma were not. Sense of GLBT community was negatively related to burnout. Volunteers with more experiences of stigmatization due to being GLBT and a greater sense of being part of a GLBT community reported less burnout.

The final model, also shown in Table 3, included negative volunteering experiences, two motives to volunteer (i.e., experience with HIV/AIDS, understanding HIV/AIDS), enacted homosexual stigma, and sense of GLBT community. After adjusting for covariates, the model explained approximately 20% of the variance in burnout, $R^2 = 0.20$, $F(5, 273) = 15.03$, $p < .0001$. Negative volunteering experiences remained positively associated with burnout. In contrast, being motivated to volunteer because of the HIV/AIDS experience and having a greater sense of GLBT community remained negatively associated with burnout.

Discussion

Our claim in this paper has been that volunteers' burnout is shaped not only by the features of the actual volunteer work and motives, but also by the larger sociocultural context. To support this claim, we developed a new, integrated framework that draws from theories pertaining to volunteerism/job factors (e.g., JDRM, JCT, FTM) and contextual factors (Stigma theory, TSC). We proposed that burnout among HIV/AIDS volunteers, and GLBT of Latin American descent in particular, is shaped by their experiences within the volunteer environment, their motives to volunteer, as well as layered stigma and a sense of belonging to a GLBT community. Our empirical examination identified three important correlates for burnout: having negative volunteering experiences, personal experience with HIV/AIDS as a motive to begin volunteering, and a sense of GLBT community.

Negative volunteering experiences were positively linked to burnout, which aligns with JDRM and JCT. One of the strengths of this paper is the multiple facets of the volunteer experience we assessed. Our efforts highlight the importance of assessing simultaneously qualitative and quantitative conceptualizations. Neither overall length nor frequency of experiences was associated to burnout, when the self-reported quality of the volunteer work and the motives to volunteer were included. This finding suggests that qualitative conceptualizations of demand may be more powerful predictors of burnout, potentially due to their nuanced nature. Future work may expand upon our work through assessing interactive effects of quantitative and qualitative conceptualizations (Bakker et al., 2004).

Volunteers endorsing the idea of being involved because of their personal experiences with HIV/AIDS were less likely to report burnout. This aligns with FTM, which suggests that motives are proxies for anticipations about volunteering/job experiences. According to FTM, individuals who are motivated to volunteer because of prior experiences with HIV may have increased awareness of the challenges associated with volunteerism and thus be less susceptible to burnout. Further, the experience of HIV/AIDS has a powerful impact on mobilizing individual and collective action, as noted in the case of polio volunteers by Sills (1957) and by a number of scholars in the AIDS movement (Gabard, 1995; Ouellette,

Cassel, Maslanka, Wong, 1995). Factors associated with personal gain have been shown to be important in other volunteer populations in the context of burnout (Omoto & Snyder, 1995). Our results however hint at the idea that experience with HIV might be stronger in relation to burnout than understanding HIV/AIDS, esteem enhancement, and other motives in preventing volunteer burnout among Latino GBT volunteers in HIV/AIDS work. Future research is needed to confirm this idea, especially given that collinearity may have played a role in analyses, as, for example, reciprocity and experience with HIV are generally interrelated (Polletta & Jasper, 2001).

In line with TSC, sense of community was related to a lower risk of burnout. Feeling part of a GLBT community may prevent burnout in HIV/AIDS volunteer work via strong commitment and satisfaction (Omoto & Snyder, 2002). Also, the actual experience of volunteering might enrich the sense of community. As we noted before, the actual experience of the HIV epidemic heightened a sense of community among GLBT individuals (Gould, 2009). Notably, however, there was a lack of association between stigma and burnout, in contrast to Stigma theory. In the model with contextual factors only, enacted homosexual stigma was negatively associated with burnout. This implies that experiencing stigmatization might actually work to reinforce commitment-- very much like a motive would do. But this association was no longer significant in our integrated model. This could be attributed to the data on one hand or, on the other hand, motives and the quality of experience may override the effects of stigma on burnout.

It is worthwhile to note that certain demographic factors were associated with burnout, over and beyond volunteering and contextual factors. As levels of education increase, so did levels of burnout. This has been noted previously (Claxton et al., 1998) and could be explained by the multiple and diverse demands that those with certain educational credentials (e.g., accounting, social work) face compared to those with lower levels of formal education. Transgender people were at lower risk of burnout than the gay and bisexual men. This is surprising, given that they are not only marginalized by the larger society, but also within GLBT communities (Ramirez-Valles, 2011) and their sheer number within organizations doing HIV/AIDS work is likely small. It is plausible that transgender women gain some sort of unmeasured benefit or protective factor against burnout in their involvement that gay and bisexual men do not obtain. Yet, our subsample of transgender women was small, warranting further research.

Our findings, overall, have implications for our understanding of burnout and for the recruitment and retention of volunteers, especially those from marginalized communities. But several limitations should be acknowledged. Most significant is the cross-sectional nature of our data. Without longitudinal data or a randomized control design, it is not possible to ascertain causal direction. Likewise, our sample is not representative of Latino GBT individuals volunteering in HIV/AIDS work. Indeed, there are relatively few studies that have employed population-based sampling to examine the prevalence of volunteerism among Latino GBT individuals. Further, it should be noted that the original study was conducted in 2004: future research should assess if the patterns found in the current study are generalizable across time or if there are cohort effects. For example, the protective effects of community involvement may be stronger today, due to a growing number of

opportunities to volunteer in community-based participatory HIV/AIDS research (Rhodes et al., 2014; Sun et al., 2015). Relatedly, a growing body of work has focused on the unique needs of gender minorities (Hendricks & Testa, 2012; Kosenko, Rintamaki, Raney, & Maness, 2013; Sevelius, 2013), which has implications for our findings concerning transgender women. Simultaneously, other relationships, such as those pertaining to negative volunteering experiences, may persist across changing sociocultural contexts. We do not know what biases the recruitment and selection process introduced in the assessment of our variables. Indeed, although RDS serves to control for selection bias (Heckathorn, 1997), our study concerned a subsample of the project and thus our findings may not be generalizable. Self-report data, social desirability, and recall bias may further have weakened the validity of variables. Yet, the use of CASI for data collection could have offset some of those potential biases (Couper, Singer, & Tourangeau, 2003). Ideally, future research would collect both volunteers' and organizations' data in either a longitudinal fashion or experimental design. Still, this is a unique study that sheds light on burnout, the experiences of ethnic and sexual minorities in HIV/AIDS volunteer work, and, generally, on the AIDS movement. Finally, our final model explains about 20% of the variance in burnout among participants – this suggests that other factors are at play. Future research that explores other potential predictors of burnout would be helpful.

These findings, considering the limitations of the study, offer questions for future research and implications for organizations doing HIV/AIDS work. What organizational elements (e.g., number of GLBT volunteers, volunteer support) affect burnout and how they interact with individual-level factors? Would the findings be the same in different samples, say for instance, White gay men? How does living with HIV/AIDS affect volunteers' burnout, in terms of fatigue and apathy about the condition (Davis, 2004; Kamat et al., 2012)? We believe these are important questions to follow, not only to further our understanding of burnout, but to sustain a robust volunteer force. Our measure of negative experiences characterized volunteers' perceptions of boredom, over-exhaustion, and organizations using them in an unethical manner. Subsequent qualitative research is warranted to understand experiences resulting in these perceptions of volunteering experience in order to develop interventions to diminish burnout. Further, it is possible that providing individuals with personal experiences about HIV/AIDS early in their volunteering career and adapting the working environment to instill a sense of GLBT community may lead to comparable associations as those found in this study with regard to motives to volunteer.

There are several implications for non-profit organizations doing HIV/AIDS work in terms of recruitment and retention of Latino GBT volunteers. First, our findings suggest that routine check-ins concerning negative experiences may be helpful to implement in management of volunteers. Check-ins may include qualitative, open-ended questions or may rely on short targeted questionnaires, such as used in this study. Second, our research suggests that recruiting individuals with personal experience with HIV/AIDS may be helpful for attracting a group of volunteers with lower risk of burnout. As well, potentially, it may be worthwhile to engage volunteers in a way that they gain personal experience through volunteering that inspires them to continue to volunteer. Third, given our findings regarding sense of community, organizations doing HIV/AIDS work may need to constantly emphasize that they, as their volunteers, are embedded in communities. Organizations may

specifically have greater retention if they frame volunteer work as part of building community.

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Biographies

Dr. Molina received her doctorate in Psychology in 2009 at the University of Washington. She has subsequently transitioned into Health Services Research (University of Washington,

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Jesus Ramirez-Valles is a scholar, filmmaker, and an advocate of Latino and GLBT health. He is author of the award-winning book, "*Compañeros: Latino Activists in the Face of AIDS*" (2011, University of Illinois Press) and creator of a documentary, *Tal Como Somos/ Just As We Are*. He was named one of the "Top Gay Latino Activists who Have Broken Boundaries" by the Huffington Post. He is professor and director of Community Health Sciences at the University of Illinois-Chicago's School of Public Health

Table 1

Distribution of study variables among Latino gay, bisexual, and transgender volunteers in Chicago and San Francisco (N = 309).

Variable	n	%
Sexual orientation and gender identity		
Gay	227	73.7
Bisexual	44	12.3
Transgender	37	12.0
City of residence		
Chicago	124	40.1
San Francisco	185	59.9
Birth country		
USA	71	23.0
Other	238	77.0
HIV serostatus		
Positive	103	33.3
Negative	185	59.9
Don't know/refuse	21	6.8
	M (SD)	Range
Age	35.98 (9.73)	18–73
Education ¹	3.06 (1.57)	1–6
Income	15,000–19,999 (25,000)	<10,000–75,000
Burnout	12.31 (4.04)	7–28
Volunteering Factors		
Overall length of volunteering ²	4.08 (1.76)	1–6
Overall frequency of volunteering ³	3.66 (2.06)	1–7
Quality of experience ⁴		
Negative experiences	13.81 (2.47)	4–17
Socially meaningful connections	9.80 (2.01)	1–12
Fulfilling experiences	13.77 (2.16)	4–16
Motives ⁵		
Social connection	15.34 (4.91)	6–24
Understanding HIV/AIDS	9.52 (2.56)	3–12
Experiences with HIV/AIDS	20.25 (5.90)	7–28
Esteem Enhancement	33.24 (5.58)	14–40
Social change	15.34 (4.91)	6–24
Reciprocity	20.25 (5.90)	7–28
Contextual Factors		
Homosexual stigma ⁴		
Enacted	44.78 (12.34)	20–77

Variable	n	%
Perceived	48.31 (12.03)	17–68
HIV/AIDS stigma ⁴		
Perceived	39.68 (11.94)	15–60
Sense of GLBT community ⁴	34.81 (5.91)	13–46

Notes.

¹ 1 = <less than high school to 6 = Graduate degree.

² 1 = <Month/few days to 6 = >3 years.

³ 1 = Have not volunteered in the last 12 months to 7 = A few times a week, 8 = Daily.

⁴ 1 = Strongly disagree to 4 = Strongly agree.

⁵ 1 = Not at all important to 4 = Extremely important.

Factor loadings, means, and standard deviations for burnout among Latino gay, bisexual, and transgender volunteers in Chicago and San Francisco.

Table 2

Item	M (SD)	Factor loading
I feel emotionally drained by community work.	3.07 (0.84)	0.69
I have become insensitive toward people since I have been doing community work.	3.22 (0.83)	0.71
I feel burned out by my community work.	3.27 (0.74)	0.83
I feel frustrated by the cause(s).	3.20 (0.79)	0.72
I feel that I am working too hard on my community.	3.32 (0.67)	0.78
My community work has made me insensitive.	3.37 (0.71)	0.79
Working with people puts too much stress on me.	3.24 (0.77)	0.79

Table 3

Standardized regression coefficients for three regression models predicting burnout among Latino gay, bisexual, and transgender volunteers in Chicago and San Francisco: volunteering factors, contextual factors, and the integrated model.

	B	t
Model 1: Volunteering Factors (df = 268)		
Overall length	0.07	1.11
Overall frequency	0.007	0.11
Quality of experiences		
Negative experiences	0.34	5.90***
Socially meaningful connections	0.08	1.38
Fulfilling experiences	0.03	0.50
Motives		
Social connection	0.13	1.67
Understanding HIV/AIDS	0.16	2.13*
Experience with HIV/AIDS	-0.19	-2.55**
Esteem Enhancement	0.003	0.04
Social change	0.03	0.43
Reciprocity	-0.08	-1.00
Model 2: Contextual Factors (df = 274)		
Homosexual stigma		
Enacted	-0.14	-2.18*
Perceived	0.09	1.20
HIV/AIDS stigma		
Perceived	0.02	0.26
Sense of GLBT community	-0.17	-2.68**
Model 3: Integrated Model (df = 273)		
Volunteering Factors		
Quality of experiences		
Negative experiences	0.39	7.40***
Motives		
Understanding HIV/AIDS	0.11	1.84
Experience with HIV/AIDS	-0.19	-2.75**
Contextual Factors		
Homosexual stigma		
Enacted	0.08	1.32
Sense of GLBT community	-0.13	-2.29*

* $p < .05$,

**
 $p < .01$,
**
 $p < .001$

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