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# A Critical Examination of the Social Organizations within Canadian NGOs in the Provision of HIV/AIDS Health Work in Tanzania

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Nursing

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A CRITICAL EXAMINATION OF THE SOCIAL ORGANIZATIONS WITHIN  
CANADIAN NGOS IN THE PROVISION OF HIV/AIDS HEALTH WORK IN  
TANZANIA

(Thesis format: Integrated Article)

by

Oona M. St-Amant

Graduate Program in Nursing

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy

The School of Graduate and Postdoctoral Studies  
The University of Western Ontario  
London, Ontario, Canada

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## Abstract

The purpose of this study was to critically examine the social organizations within Canadian non-government organizations (NGOs) in the provision of HIV/AIDS health work in Tanzania. Using a post-Marxist theoretical framework, I employed the tools of institutional ethnography to understand how distinct forms of coordinated work are reproduced and embedded within the institution of Canadian NGOs at the local site of lived experiences.

Multiple, concurrent methods, including text analysis, participant observation and in-depth interviews, were utilized. Data collection occurred over approximately a 19-month period of time in Tanzania and Canada. Interviews were conducted with health work volunteers, NGO administrators and staff and bilateral agency employees. Participant observation was used to record insights from the interviews as well as observations of the participants' everyday work experiences. Further, since text-based forms of knowledge are essential in understanding ideologies, working activities, and power relations of an institution, text-analysis was used as a data collection technique.

The findings, implications and recommendations of this study were theoretically derived. Neoliberalism and neo-colonialism ruled the coordination of international volunteer health work. In this study, three social relational levels were exposed: interpersonal social relations, organizational social relations, institutional social relation. *Gender, race and class* were the interpersonal social relations that advantaged the international volunteer health workers as 'experts' over the local community. *'Volunteer as client', 'experience as commodity'* and *'free market evaluation'* were the organizational social relations pervasive in talk and text. Neoliberal ideology and the third sector were interwoven and worked

together to inform values and activities of international health work volunteers. Finally, the three institutional social relations, '*favoring private sector interests*', '*hegemonic accountability*' and '*reality disconnected from rhetoric*' exposed the conflation between aid and trade bilaterally. This study has extended our understanding of the ways in which health work volunteers, NGO administrators, and bilateral agency employees come together to produce health work in Tanzania. The findings illuminate the need to generate additional awareness and response related to social inequities embedded in international volunteer 'health work' beyond who constitutes 'the expert'. Health promotion strategies include challenging the role of neoliberalism, including foreign trade, in the delivery of international aid.

*Keywords:* international volunteer work, institutional ethnography, critical social theory, post-Marxism, social organizations.

### **Co-Authorship Statement**

Oona St-Amant performed the work for this thesis under the supervision of Dr. Catherine Ward-Griffin, Dr. Helene Berman, and Dr. Arja Vainio-Mattila who will be co-authors on the publications resulting from chapters three, four, and five of this dissertation.

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## Chapter 1: Introduction and Review of the Literature

### Introduction

Non-government organizations (NGOs) play a vital role in the legitimization, participation, and collaboration of international development by servicing impoverished and marginalized groups across diverse areas of health and social development, including HIV/AIDS healthcare (McKee, Zwi, Koupilova, Sethi & Leon, 2000; Motin & Taher, 2001).

Notwithstanding their important role, it has been argued that the proliferation of NGOs working in Africa does not reflect a pinnacle of genuine civil society. In other words, the social arena that exists between state and individuals/families is an adaptation of local conditions by local interests to meet criteria pre-determined by the mandate of foreign aid donors (Vodopivec & Jaffe, 2011). NGOs' participation in promoting 'public' interests may not be clearly delineated. For example, while an NGO's mission may be to reach out to a particular vulnerable group, the overall goal may not be to provide broader public good. Because NGOs have a wide range of interests based on factors such as gender, wealth, geography and religion, there may be competition of values, agendas and interests.

In 1997, there were at least 55, 000 registered NGOs in Canada (Canadian Council for International Co-operation (CCIC), 1996). This figure increases significantly to 72,000 when accounting for small registered charities such as churches, university-affiliated organizations and hospitals (CCIC, 1996). Since 1997, the official number of Canadian NGOs is unknown. NGOs are a small piece of a larger sector entitled the third sector, also known as the voluntary sector. Not all NGOs in Canada are registered charities; however NGOs can apply for charitable status and issue tax receipts. It is important to note that not all voluntary participation occurs through registered NGOs, as many groups participate in community activism and advocacy outside of formalized organizations. In Canada, NGOs are defined as not-for-profit voluntary sector

organizations (CCIC, 2013). The term ‘NGO’ is often used interchangeably with civil society organizations ‘CSO’. CSO is an international term and tends to emphasize civil society engagement rather than its “non-governmental” relations. Both CSOs and NGOs include voluntary sector participation and exclude governments, political parties, government-created organizations and for-profit private sector (CCIC, 2013). Throughout the dissertation, I employ the term ‘NGO’, which refers to a voluntary citizen group with a common interest to perform a variety of humanitarian functions organized around a specific issue such as health, human right or environment. More specifically, I focus on NGOs engaged in international health work.

According to the World Health Organization (WHO), people, as participants in civil society, are at the fundamental core of health systems (WHO, 2009). Financial contributions, use of services, and role as caregivers are pivotal to the function of health service delivery. Those who invest should have a voice in health policies and shaping the healthcare system. In recent years, NGOs have taken new action to health services including delivering healthcare, advocating for basic health rights, and providing health resources (WHO, 2009). Although there is general recognition that NGOs can have competing interests pertaining to human relations and development, little is known about the broader context in which NGOs exists. Furthermore, little attention is paid to human relations **within** NGOs and how the enactments of social organizations at various social relational levels, including interpersonal, organizational and institutional, shapes health work.

The purpose of this ethnographic study was to examine the social organizations within Canadian NGOs in the delivery of HIV/AIDS health work in Tanzania, Africa. I examined how social relations were reproduced and interfaced with work activities within the institutional complex of Canadian NGOs at the local site of lived experiences. This study is particularly

timely given the recent proliferation of NGOs in past few decades, as well as the current status of our understanding and appreciation for volunteer health work in international development. In particular, I was interested in illuminating the potential opportunities to enhance and refine the development and implementation of equitable policies related to Canadian NGOs providing health work in Tanzania.

## **Background**

To understand why NGOs have emerged as an important tool in delivering aid, it is important to understand the historical context through which international aid to developing nations has been applied. The modern concept of aid delivery emerged post-Second World War when Europe was in need of substantial funds in order to rebuild economies, infrastructure and political stability. The Bretton Woods Conference in 1944 specifically addressed the need to innovatively expand capitalist-based economies across the globe (The World Bank Group, 2013a). Assuming that the cornerstone to successfully achieve this goal required restructuring the international financial system, the Conference laid the foundation for three organizations: the International Bank for Reconstruction and Development (also known as the World Bank), the International Monetary Fund (IMF), and the International Trade Organization. At the time, the mandate of the World Bank was to facilitate capital investment for restructuring; in other words, rather than having one nation take on foreign lending, all member countries of the bank would underwrite the risk involved in lending. Today, the World Bank's mission has evolved into worldwide poverty alleviation in conjunction with its affiliates: the International Development Association, International Finance Corporation (IFC), the Multilateral Guarantee Agency (MIGA), and the International Centre for Settlement of Investment Disputes (ICSID) (World Bank, 2010).



Alongside the World Bank, the IMF has been assumed to be instrumental in restructuring economic systems in the post-war era by promoting stability of the international economy. The IMF did so by overseeing and supervising a system of exchange rates and international payments, specifically ensuring that member nations eliminate exchange restrictions that hinder trade. The role played by these institutions after the Second World War contributed to the aid-led economic framework that was supposedly needed to restore the world economy. In 1947, the Marshall Plan was an aggressive attempt on behalf of the United States (US) to lend fourteen European nations over 15 billion United States Dollars (USD) in five years (The World Bank Group, 2013b). The explicit purpose of this plan was to provide stimulus funding to revive a formerly well-functioning economy. Seemingly, this plan was a success for the West because the aid provided by the US allowed for the restoration of infrastructure and purportedly contributed to political stability in Europe. In turn, the US ostensibly benefited through international economic prosperity and security (The World Bank Group, 2013b).

Historically, aid was perceived as a viable option to rebuild nations in distress, and the agenda that ensued, similar to Europe, assumed that the developing nations simply lacked the financial capital to grow. Therefore, a widely accepted view by policy makers of the West was that foreign aid was the best vehicle for developing nations to attract private investors and as a result grow economically (Buchan, 2006). After the US lent Europe monies through the Marshall Plan, resources were available through the World Bank and the IMF and restructuring was directed towards the development agenda (Buchan, 2006). Subsequently, an aid-framework that supposedly worked well in Europe was applied to developing nations, with little consideration for the specific needs of individual countries. This approach ignored the relation between development and Western notions of modernity and economic growth.

Since the post-war, the delivery of international aid has evolved. By and large, aid is distributed in three ways: 1) as humanitarian or emergency aid (i.e. in response to a national catastrophe or crisis such as earthquake in Haiti in 2010); 2) charity-based aid or NGO aid (i.e. aid provided by charity groups/nongovernmental organizations); and 3) systematic aid (i.e. aid is dispensed directly to governments). Systematic aid has traditionally been dispersed in one of two ways: as loans or grants. Loans in the form of aid were intended to create a business-like relationship between the borrowing nation and the lending institution with the alleged objective of creating timelines on development programs and ensuring positive financial outcomes. During the debt crisis of the 1970s when inflation caused interest rates to soar in the West, developing nations such as Mexico, Angola, Cameroon, Nigeria and Tanzania were no longer able to meet their debt obligations. In response and as the price for restructuring their debts, the IMF and the World Bank imposed strict spending limits on these nations' public sector. Unfortunately, the end result was not a more prosperous private sector, but rather, greater aid-dependency and more debt. Therefore, while aid in the form of a loan may have initially promoted accountability and responsibility for earnings, the outcome for many nations in the Global South in the 1970s was unmanageable debt.

Concessional loans, also known as soft loans, are more common today, offering lower than market interest rates and extended periods for repayment. Whereas grants are a form of aid donated without the expectation of repayment, in other words, funds are dispensed for free. There is tremendous debate as to how aid should be dispensed in order to ultimately mobilize the Global South's economic systems. This raises the question of how lending institutions measure accountability, value for money, and program results, including monies channeled through NGOs.

On one hand, loans with the prospect of repayment are expected, in theory, to encourage governments to use funds wisely, mobilize taxes, promote innovative solutions to revenue production and return the capital to the lender. Along this same logic, grants can be perceived as de-motivating because aid can be a substitute for public sector revenue. Accountability for use of funds is difficult to assess and program results can be very long-term. On the other hand, concessional loans have been purported to provide capital at below market rates and thus artificially benefit national Balance Sheets by spreading the cost of repayment over a much longer term with lower interest payments (Organization for Economic Co-operation and development (OECD), 2009). Meanwhile, many countries in the Global South's spending are controlled by multilateral (external) organizations that prioritize debt-repayment over public sector growth. Conditions imposed by the IMF and World Bank on loans to the Global South have placed restrictions on the use of funds to develop their public sector. Without a strong public sector and governmental infrastructure, the delivery of national programs in healthcare, education and community is impacted by the lack of human and financial capital. Additionally, the explicit objectives of many international lending programs recognize market, economic and political stability as the core ingredients needed to develop a supposed 'vibrant private sector'. However, these objectives become threatened by the absence of trade laws, managerial expertise, and workforce development.

Although foreign-aid was historically intended to assist with the reform of economic systems, it has been argued that aid has also been used as a tool for political leverage. For example, in the 1950s aid became a mechanism to advance the communist or capitalist agenda. Throughout the Cold War, the US and the USSR would compete to win over countries in their competition for world hegemony through aid contributions. Such events spurred, in part, quid

pro quo aid (an item or service in exchange for something). Today, a significant proportion of systematic aid is 'tied', which essentially refers to aid that benefits the donor country, by way of mandating the purchase of goods and services and employing citizens from such countries, and/or through economic or political policies mandated by the donor country. Tied aid can be viewed as a strategy to entice donor countries to increase their exports, develop trade relationships and gain political leverage in the Global South. The proportion of tied bilateral aid dropped progressively from 54% in 1999-2001 to 24% in 2007 (OECD, 2009). Proponents of untied aid argue that tied aid is a less efficient way to deliver development aid and can raise the cost of goods and services by 15 to 30 percent on average (OECD, 2001). Untied aid can service up to 50 percent more beneficiaries than tied aid does (The International Bank for Reconstruction and Development, 2005). Tied aid has also been criticized for favoring capital intensive imports or donor-based technical expertise rather than programs focused on vulnerable people. Also, tying aid prioritizes commercial interests and can undermine self-determination by controlling nations in Global South.

In the mid-1950s, Africa experienced profound changes; several African nations gained their independence as the West slowly relinquished colonial control. Between 1956 and 1966, over 30 African countries gained their independence. Although these nations were independent in theory, many countries were still financially dependent on their former colonial power. By 1965, over 90 million USD in aid monies was funneled from rich nations to Africa in order to build (and not re-build) infrastructure in countries such as Zambia, Kenya, and Malawi (Moyo, 2009). Despite efforts to build Africa in the 1960s, the oil crisis in the 1970s created insurmountable financial pressure on Africa, resulting in an unprecedented debt crisis. In their

infancy of independence, many nations could not overcome the declining income from trade rates in the 1980s.

According to the OECD over 134 billion USD has been distributed from rich nations to the Global South in the past 50 years (OECD, 2013). And yet, as many as 30 countries in the Global South, mainly in Africa, have not developed sustainable economies and some nations have even regressed. In the 1980s, there was a surge of official donors that turned to NGOs for ‘pragmatic considerations’; these organizations were perceived to be able to reach poor and vulnerable populations untouched by official agencies (Scholte & Schnabel, 2002). Around the same time, there was a ‘transfer of loyalties’ from state to civil society in international development. Civil society, an uncoerced collective action by people for people, was perceived as the ‘honest broker of people’s interest’ (Kamat, 2003), a ‘third sector’ separate from market and state. Over time, NGOs grew out of civil society, in other words, free citizens contending with state and market as self-regulated, self-managed organizations destined to act upon matters of general welfare. The explosion in the growth of NGOs over the past decades has been referred to as an ‘associational revolution’ (Salamon, 2010). The proportion of World Bank financed NGO initiatives grew from 20% in 1989 to 52% in 1999 (Pfeiffer, 2003). NGOs seemed like an attractive solution to the ‘aid problem’ because of their public support, their ability to reach the ‘unreachable’ and a relatively low-cost approach to providing assistance (Salamon, 2010).

As NGOs evolved, they have increasingly shifted away from their traditional moral base as non-state organizations (United Nations Educational, Scientific and Cultural Organization, 2009). This drift can be attributed to several factors including the relative power relation of staff versus volunteers, the prioritization of administrative procedures over program outcomes, a lack of organizational structure and a decline in fundraising (Salamon, 2010). The voluntary

sector was not immune to the shrinking welfare state (Salamon, 2010). In addition to NGOs receiving government funds, other factors, such as neo-liberal ideologies have shaped the influence of state on NGOs, ultimately putting into question their 'non-state' relation (Baines, 2010). A more thorough examination of the literature will reveal those broader processes that inform the international, organizational and institutional relations embedded within NGO work.

### **Review of the Literature**

In this section, I present a review of the literature on international NGO work, focusing primarily on volunteer health work in Africa. I examine various types of unpaid labour and contrast volunteer work as a privileged form of work compared to caregiving or housework. Further, I examine literature related to individual motivations for volunteering and propose that these motivations must be contextually situated with additional consideration for gender, race and social class. In this section, I also provide an overview of the NGO context in Canada and abroad, and how although this work is typically described as 'non market' and 'non state', it indeed has attributes of both the private and public sector and this informs how NGOs are socially organized. Finally, I briefly provide an overview of Canada and Africa relations, and demonstrate a lack of empirical work that examines this bilateral relationship. The review of literature is focused on health work rather than other forms of volunteer work such as advocacy, experiential learning or environmental work. The structure of this literature review mimics the social relations embedded within the institutional complex, more specifically the interpersonal, organizational and institutional social relations. The ultimate goal of this review is to identify gaps that exist in international volunteer health work and NGOs, and set the stage for the research questions. In all, 192 theoretical and empirical articles were reviewed.

The following search engines were used to review the literature on MEDLINE, CINAHL, PsycINFO, HEALTHSTAR, EMBASE, and SocialScien Citation Index, using the following key words: global aid, Non-government Organizations (NGOs), health care, volunteerism, volunteer tourism, HIV/AIDS, Africa, Tanzania, healthcare sector, international healthcare providers, international humanitarian nursing work, third sector paid work, unpaid work, and social justice. The following includes literature from 1960 to 2013 inclusive. A 50-year spread was appropriate in order to historically understand the nature of NGOs internationally while also accounting for recent developments in the literature, particularly given the changes to this body work over the past few decades. The focus of this literature review is primarily on empirical research studies, however when such literature was unavailable, I provide theoretical or grey literature to substantiate the claim for additional work. The following sub-headings are used to review and organize the literature: *'interpersonal social relations and unpaid work'*, *'organizational social relations and the NGO context'*, *'institutional social relations: Canada and Africa'*.

### **Interpersonal Social Relations and Unpaid Work**

On average, Canadians contribute over 25 million hours of unpaid work each year to activities such as caregiving, housework and volunteering (Statistics Canada, 2006). Two-thirds of all unpaid labour is performed by women (Armstrong and Armstrong, 2001; Beneria, 1999; Kome, 2000; Zukewich, 2002). Unpaid work is often marginalized as a measure of a nation's economic activity and wealth because 'work' has traditionally been defined by economist as paid activities linked to the market (Beneria, 1999). And yet, in Canada, unpaid work is estimated to be worth up to \$319 billion dollars per year or 41% of Canada's GDP (Kome, 2000).

There are several subcategories of unpaid work: unpaid informal caregiving, volunteering, unpaid domestic work, unpaid subsistence activities, unpaid family work, shadow

work and unpaid work in paid workplaces. Several authors have explored volunteerism as a form of unpaid work (Beneria, 1999; Mahalingam, Zukewich, Scott-Dixon, 2001). Volunteer work is varied and extensive (Zukewich, 2002). According to Beneria (1999), what distinguishes volunteer work from other forms of unpaid work is that it is performed for recipients who are not members of the immediate family and for which there is no direct payment. According to the United Nations (2001), volunteer work is a non-wage activity undertaken free of will to benefit someone other than the volunteer. Volunteer work is typically recognized as a non-market activity like other forms of unpaid work. It is often homogenized in the same category as housework and leisure activities, and as such very few statistical offices collect data on volunteering as part of its regular mandate (Anheier & Salamon, 1999). Volunteer work can include work performed for a formal non-government organization (NGO) and/or informally by individuals for other individuals (Anheier & Salamon, 1999). Similar to other forms of unpaid work, volunteerism is shaped by gender relations as they intersect with other social locations such as class and race (Cook, 2007; Hirshman, 1995). For example, in their examination of sex segregation in volunteer work, Rotolo and Wilson (2007) claim that gendered roles exist in volunteer work similar to in the workplace and home.

Several factors have been taken into account when studying volunteerism, including the motivations to volunteer (Omoto & Snyder, 1995; Rehberg, 2005), predictors of burnout among volunteers (Moreno-Jimenez & Villodres, 2010) and to some degree, the situational and organizational variables that influence volunteerism (Haski-Leventhal & Bar-Gal, 2008; Sherraden, Lough & McBride, 2008). By and large, the majority of the literature related to motivations for volunteerism falls within the personality and social psychology body of work. Although the writings related to pro-social behaviors (i.e. doing work that benefits others) are



well described, contemporary work in social, personality and developmental psychology has moved away from theoretical understandings of volunteer work towards individual-focused motivational states (Houle, Sagarin, & Kaplan, 2005). As such, a considerable amount of literature has been generated on this phenomenon since the 1980s.

While the literature demonstrates a growth in the participation of volunteers internationally, very little is known about the volunteers that travel abroad each year, in what capacity or even the impact of their volunteerism. Additionally, the bulk of the literature focuses on volunteering at home and there may be other factors such as work performed in developing countries, with developing infrastructure that require our attention (Sherraden, Lough & McBride, 2008). There is a need to understand issues of efficiency, empowerment and sustainability of volunteer work as there is little evidence to support the long-term success of volunteering to improve conditions for the most vulnerable (Sherraden et al., 2008). Further, volunteer work is intrinsically perceived as ‘good’, ‘helping’ and/or an altruistic act, with often assumed motivations of beneficence. However, according to a study by Rehberg (2005), only eleven percent of the young Swiss adults sampled displayed altruistic motivations for volunteering. A qualitative analysis yielded 12 different motives, which could be categorized into three different groups: achieving something positive for others; quest for the new; and quest for oneself (Rehberg, 2005). An evaluation of volunteer contribution is seldom examined in the literature, but when reviewed, it tends to focus on the tasks of volunteering with little consideration of power or the politically nature of volunteerism.

Volunteerism has rarely been examined in relation to health professional enhancement. Additionally, few studies have examined volunteer work among practicing health professionals. Several studies have focused on experiential learning among students (Anderson, Lawton,

Rexeison, Hubbard, 2006; Bond, 2012; Cameron, 2014; Desforges, 1998; Desrosier & Thomson, 2014; Lutterman-Aguilar & Gingerich, 2002; Norris & Gillespie, 2009). It is important to distinguish volunteer work provided under the guise of a learning experience, compared to those intending to contribute their skills and knowledge as an expert. This is not to suggest that students do not take on an expert role, but rather to note the unique experience of an individual who may presume that he or she is already clinically competent.

According to Zinsli and Smythe (2009), it is important to encourage nurses to volunteer internationally because in ‘severely poor, war-torn disarranged’ places “nurses are on the forefront of those who respond to the call to support their fellow human being, regardless of race, religion, or personal danger” (Zinsli & Smythe, 2009 p. 234). The authors promote international humanitarian nursing work as beneficial to the nurse because of the opportunity to make a difference, emphasizing a civil duty of nurses to work in a humanitarian (voluntary) capacity. While the authors are well intended in their depictions of the nurses as humanitarian agents, the authors do not allude to the context of nursing participation in international work. Instead, there is an over-emphasis on the image of the altruistic nurse participating in desperate situations. Further research is needed to understand the potential advantages and disadvantages of professional involvement in volunteer work at both the individual and professional level and to consider how professional imaging shapes participation in international NGOs.

Volunteer labour is meant to be used as a good or service provided free of charge (United Nations, 2001). Further, because volunteers typically are not pursuing wages, there is something of value to be gained from the act of volunteering. There seems to be a paradox for healthcare practitioners who provide healthcare work in a voluntary capacity. On one hand, they are expected to utilize the knowledge, skill, beliefs, values and practices that have been shaped by

public and/or private sector and yet do so in a voluntary non-government/third sector way. On the other hand, as a volunteer, they are supposed to ‘work’ within the constraints of the third sector without the resources of their public/private domains.

### **Organizational Social Relations and the NGO Context**

Despite being supported by multilateral and bilateral funding agencies and the private sector, NGOs still face several funding challenges: funding formulas are often project specific (Steedman & Rabinovicz, 2006), and NGOs can have difficulty meeting their overhead costs (Berman, Brooks, & Murphy, 2006); funding is usually only temporarily available through grants or contracts; and international donors often favour start-up costs or supporting capital investments (Gilson, Sen, Mohammed & Mujinja, 1994). These funding challenges have meant a greater reliance on private fundraising and other precarious solutions to maintain operations (Baines, 2010). It is important to consider the role of NGOs in working with and developing public sector services, and how NGO funding models shape this collaboration. NGOs are assumed to reach poor and vulnerable communities more effectively and compassionately than the direct efforts of bilateral and multilateral organizations (Pfeiffer, 2003). However, NGOs are rarely subjected to a comprehensive monitoring of resource use or activities (Gilson, Sen, Mohammed, & Mujinja, 1994).

Presently, there is little evaluation of NGOs apart from self-reporting mandated by funding agencies. The regulation of these organizations is dependent upon their charitable status, which in Canada is overseen by Canada Revenue Agency. Scarce funding generates competition among agencies, which increases the risk for redundancy and duplication in program delivery also increases. Organizations are less likely to share their lessons from the field when there is a need to maintain a competitive edge for funding. Agencies are also more likely to undercut

themselves and others in order to maintain competitiveness for much needed funding (Mullett, Jung, & Hills, 2004). Further, NGOs are often required to take the most cost efficient approach to service delivery because of limited resources; however, sometimes such approaches are at the expense of optimal service. Grant applications, fundraising initiatives and financial reporting requirements have increased the amount of administrative tasks required of NGO staff, taking away from direct service delivery and client care (Baines, 2004; Considine, 2000). The issue of cost-containment becomes a moral dilemma when NGOs risk providing sub-optimal service, for example, using in-kind donations of medical supplies such as expired medication to provide healthcare service delivery. Further, cost-containment risks leave NGOs vulnerable to the privatization and corporatization of its sector (Considine, 2000; Evans, Richmond & Shields, 2005).

NGOs reflect social values such as inclusion and collectivity that influence their organizational culture (Haski-Leventhal & Bargal, 2008). The authors explored the stages by which volunteers become socialized in the organizational culture of an NGO, which is the process through which an individual works, internalizes the goals and values of the organization, and grows as an engaged and competent volunteer (Haski-Leventhal & Bargal, 2008). The volunteer stages of the transitional model developed by Haski-Leventhal and Bargal (2008) can be described in five phases of socialization for volunteers: nominee, newcomer, emotional involvement, established volunteer and retiring. Similarly, Omoto and Snyder (2002) developed the 'life cycle of volunteer' which depicts another type of acculturation, the process of socialization in three modules: antecedents, the volunteer experience, and consequences of volunteering. Both the transitional model and the life cycle model recognize structure (the organizational culture of the NGO) and agency (the volunteer) as integral components that shape

the volunteer experience. In order to gain an understanding of the volunteer experience, it is vital to describe NGOs at an organizational level.

During the past two decades, NGOs have assumed an increasingly important role in the delivery of healthcare and social services in both domestic and international communities. NGOs have been promoted to fill the gap in public service created by the World Bank and IMF's imposed funding restrictions (Pfeiffer, 2003). Cuts to government healthcare spending have positioned NGOs as alternative healthcare providers to the state (Gilson, Sen, Mohammed, & Mujinja, 1994). Before the 1980s, the World Bank did not provide health sector loans or grants; however, by the 1990s, it became the most important external donor internationally. In the 1990s, there was an increase of 23% of funding directed to NGOs working in the health sector (Michaud & Murray, 1994). This increase in donor funding gave impetus to a rapid succession of NGOs working in developing nations.

With the proliferation of NGOs providing healthcare, came an abundance of 'projects' that are temporarily, individually funded specific endeavors to be carried out by NGOs (United Nationals Research Institute for Social Development, 2006). The 'project' approach ultimately undermined national priorities in developing nations, such as employment rates, by creating competition for already scarce skilled workers. This shift from 'project' to 'sector' aid led to the inflation of salaries and benefits, spending energy and salience on temporary donor goals and essentially blurring the lines of authority between NGOs and the state (Buse & Walt, 1997). Specifically, organizations providing aid had to justify how they would collaborate with the state, rather than work against it. It was important that external investments were compatible with national reform objectives to ensure ministerial compliance. While the shift towards 'sector'

aid improved the delivery of care slightly, NGO work in the healthcare sector still lacks coordination, which ultimately impacts service provision.

Gilson, Sen, Mohammed, and Mujinja (1994) identified four health sector functions for NGOs: 1) service provision; 2) social welfare activities; 3) support activities; and 4) research and advocacy. Service provision can range from working with local health facilities to addressing a specific issue within a community, such as HIV/AIDS. Service provision by NGOs is often targeted at vulnerable and often difficult to access populations such as those in rural communities, urban 'slum' dwellers, tribal groups, and women and children. Social welfare activities include activities such as providing care for disabled children. For example, the Save the Children Fund and CARE, address the social determinants of health such as, providing access to safe and clean water, and provide peer to peer health promotion and educational programs. Support activities are those actions that compliment healthcare service delivery, such as shipping medical supplies or importing medications. Finally, research and advocacy activities include action-research programs such as the development and implementation of primary healthcare concepts, or showcasing examples of 'good practice' for government to emulate (Gilson et al., 1994). NGOs are not restricted to performing one of the listed activities; in fact, many NGOs perform all four-health sector functions.

Some literature has examined the effectiveness of NGO work in the health sector; Gilson, Sen, Mohammed, and Mujinja (1994) outline some of the strengths and weaknesses of providing such care. The strengths include: a motivated work-force, willingness on behalf of NGOs to work in remote areas, a relatively non-bureaucratic operational style, a close relationship with the community, ability to experiment with patterns of provision of care, and their ability to deliver care at a low cost. The weaknesses included: a vulnerable financial base, high-priced fees

for service, isolated operations with little regard for the greater health care system, minimal participation in district healthcare planning, reluctance to adopt government national health policies, poor information systems and weak management capacities. Further to Gilson et al.'s (1994) examination of the role of NGOs in the delivery of healthcare services, other considerations include how NGOs use and access resources, whether NGOs pursue profits and role of religion in the delivery of healthcare service.

A qualitative study by Sarriot et al. (2004) examined the sustainability of healthcare projects implemented by NGOs. Semi-structured interviews with 30 NGO staff revealed that while international NGOs share key values about sustainability, many project managers and informants from NGOs admitted that their approaches to sustainability are disconnected from the field. The authors identified three factors that influence sustainability for NGOs: the project design and implementation, the organizational setting, and the community environment. Sarriot et al. suggested a systematic approach, focusing both on process and outcomes, to address issues of sustainability.

### **Institutional Social Relations: Canada and Africa**

Staff employed by NGOs in Global South, often earn far more than their counterparts in the public sector (Pfeiffer, 2003). According to Pfeiffer (2003), expatriate healthcare workers can be employed by international agencies in a variety of regions from the capital cities to remote villages. The activities provided by the persons working within these agencies may align with the Ministry programs or may have entirely different goals conducted completely outside the public system. Further, primary healthcare policies and programs have been profoundly shaped by the presence of these international agencies in developing nations. The highly educated and skilled staff from rich nations who work at these agencies interface with communities experiencing

extreme poverty, and relationships of power and inequality are enacted (Pfeiffer, 2003). Ultimately, this enactment leads to the disempowerment of the public sector when wealthy donors exercise power over their target population (including local health care workers).

The pressure from multilateral and bilateral institutions to grow economic systems at the expense of social goods has also led to the rapid pace of urbanization in Africa, creating a new set of problems including population concentration, housing issues and social discontent. As a result, many countries do not have the capacity to create employment, finance healthcare and deliver services effectively (Sherraden, Lough & McBride, 2008). The problem is often compounded when multilateral and bilateral agencies have private interests in nations receiving aid, such as Tanzania. For instance, the mining industry in Tanzania is a major lure for private investors, including bilateral agencies. In Tanzania, the mining industry accounts for approximately 5% of Tanzania's gross domestic product (Revenue Watch Institute, 2013). Mining in Tanzania relies primarily on foreign direct investments and multinational corporations to facilitate business, including Canadian companies. Canadian mining companies are among the largest foreign investors in Tanzania. Further research is needed to understand Canada's economic interests in Tanzania, and in particular, what role mining and other investments play in bilateral decisions to provide aid to Tanzania.

In Tanzania, private sector growth is often synonymous with the mining industry. Tanzania is the fourth largest gold mining producer in Africa (Revenue Watch Institute, 2013). Approximately 5% of Tanzania's gross domestic product and a little over half of its exports come from mining (Revenue Watch Institute, 2013). Dissimilar from other industries such as manufacturing or service, the mining sector is based on the extraction of natural resources from a particular environment (Kapelus, 2002). According to Newenham-Kahindi (2011), the extraction



of natural resources is often conducted near communities, which can affect the local environment including water supplies, recreation, livestock and natural vegetation. In 2003, the United Nations Industrial Development Organization conducted an environmental and health assessment study in a small-scale mining area in Tanzania. The results compared mercury concentrations in urine, blood and hair samples from participants living in the region affected by mining (n=180) and a control group (n=31). The study findings revealed that persons living in mining regions had a statistically significant higher concentration of mercury biomarkers than the control group. The authors concluded that small-scale mining is a serious health hazard for local communities in Tanzania.

A recent report by the Human Rights Watch (2013) has urged the Tanzanian government to “curb child labour in small-scale mining” (p. 2); accordingly the report suggests that thousands of children work in licensed and unlicensed small-scale gold mines in Tanzania (Human Rights Watch Report). The Human Rights Watch conducted interviews with 200 participants, including 80 children. The report states that children work underground for shifts up to 24 hours, with risk of injury as well as long-term damage from exposure to mercury (Human Rights Watch Report, 2013).

### **Civil Society in Tanzania**

In 2008, the population of Tanzania was just over 42 million (World Bank, 2010). According to the World Health Organization (WHO) (2010), some of the major health concerns for Tanzania are: poor nutrition (21.8% underweight children, 37.7% stunting of children); significant food poverty (22% below the food poverty line and 39% below basic needs poverty line); gender inequalities; low literacy levels (especially for women); and an HIV/AIDS

prevalence recorded at 7% in 2004, a decline from 9.9% in 2000 (United Nations Development Programme (UNDP), 2000).

The healthcare services structure in Tanzania comprises of six levels of service delivery: 1) Village Health Services (offer in-home preventative services, this level is considered the most basic level of care); 2) Dispensary Services (offers health services targeted for smaller villages, services approximately 6000-10000 people); 3) Health Centre Services (offers clinic-style health care delivery); 4) District Hospitals (these hospitals can be subsidized by government funds or NGO-led hospitals); 5) Regional Hospitals (offers specialized services); 6) Referral/Consultant Hospitals (considered the highest level of care, there are four referral hospital located in populated areas). This healthcare structure is aimed to offer services across all regions, but predominantly offers higher-level service to urbanized regions. And yet, over 70 percent of the population of Tanzania lives in rural regions, with 85 percent of the country's poor people living in rural areas (International Fund for Agricultural Development, 2010). Further, 20 percent of rural people live in extreme poverty and about 39 percent are considered poor (International Fund for Agricultural Development, 2010). Considering Tanzania's rural population, this healthcare structure may not target the country's most vulnerable. Further research is needed to investigate whether the health needs of those living in rural or remote regions are receiving adequate service and the role of NGOs in meeting such health needs.

The effectiveness of NGO care in Tanzania is up for debate; various studies have revealed mixed findings. Most available data related to the effectiveness of health care delivery are several decades old and many aspects of effectiveness related to NGOs has likely changed; however, few studies have examined this work provided by NGOs. A survey of health care practices in Tanzania found that 45% of respondents always preferred to use an NGO health

facility over government-subsidized or private facilities because of the availability of medication and ‘good service’ (Mujinja, Urassa, Mnyika, 1993). Another study by Andersson-Brolin, Ole-Memiri, Michanel, and Ndagala (1991) found that the organizational functioning of NGO facilities and health outcomes was better than state facilities. Kanji, Kilima, and Munishi (1992) found that the staff at NGO facilities has improved technical skills over government staff. In contrast, however, Gilson, Sen, Mohammed, and Mujinja (1994) found that outreach activities were on average of poorer quality. NGO healthcare workers performed more poorly at duties than government workers, particularly in ante-natal care, and NGO employees were more likely to be untrained or poorly trained compared to government staff. These studies primarily focused on comparisons between NGO care and government care, despite the healthcare system being predominantly privately-led.

### **Summary of Literature Review**

The literature review identifies some of the challenges faced by NGOs today such as cost-containment at the expense of quality service, reliance on donor-funds at the risk of corporatization, and funding competition at the price of information sharing. It further puts into question NGOs ‘non-market’ and ‘non-state’ relations. Ultimately, the concern with such challenges is not whether NGOs sit in the public or private camp, but rather, whether these challenges have an impact on the delivery of service. This becomes even more difficult to decipher when the emphasis for monitoring and evaluation of NGOs is on spending rather than on the impact of service. This study exposes the relationship between the context in which NGOs operate and the provision of service through an institutional ethnographic lens that seeks to examine the interplay of power relations and work activities.

An increase in donor funding for healthcare in the 1980s gave impetus to a rapid progression of NGOs working in the healthcare sector. Some of the unintended consequences of the proliferations of NGOs providing healthcare were competition for already scarce human resources, service implementation disconnected from the greater healthcare system and national policies. In Africa, the presence of highly educated and skilled staff from rich nations interfacing with extreme poverty has led to inequities in power, which contributes to the disempowerment of the public sector. And yet, it is still unclear how NGOs work with public sectors in developing nations because scarce information exists on how the Canadian context of NGOs shapes this working relationship. For example, it is important to consider how funding from bilateral organizations relates or is conditioned by the development of public sector infrastructure in the developing nation. This dissertation research investigates the relationship between NGOs and the public sector, as well as those social organizations embedded with Canadian NGOs. Study findings contribute to our understanding of NGOs providing health work in Tanzania and more specifically, how the provision of care shapes and are shaped by the social context.

The influence of Structural Adjustment Programs (SAPs) by the IMF and World Bank in Tanzania has shaped the roles and responsibilities of the civil sector. These programs have contributed to the downsizing of the public sector, which has meant that social goods such as healthcare and education have either been passed onto the third sector or taken up by the private sector. The effectiveness of third sector interventions however, is still unclear. Further research is needed to understand how NGO healthcare service delivery compares with other types of healthcare services (i.e. private care). Institutional ethnography takes for its entry point into the everyday experiences of the participants, and links those accounts as a constituent of the

institution (Smith, 1999). Therefore, through the accounts of those working with NGOs, I seek to expose how this work relates to other forms of service.

In order to shed light on the context of NGO work, it is essential to understand how this work is enacted at the individual level. In the literature, there tends to be an over-emphasis on personal motivations related to volunteerism. Few studies have examined how the organizational structure of NGOs shapes volunteer contributions and they are dated. And yet, we know that the culture of civil engagement in Canada has shaped the way in which people participate in ‘active citizenry’, that is, civil engagement in public sector services. The intersections between ‘paid’ and ‘unpaid’ work and specifically professionals who ‘volunteer’ their skills and knowledge require further consideration within the context of international aid. This study illuminates some of the consequences of healthcare professionals providing their service ‘for free’, and ultimately how this interface shapes and is shaped by the social organizations of NGOs.

### **Study Purpose**

The purpose of this study was to critically examine the social organizations within Canadian NGOs in the delivery of HIV/AIDS healthcare in Tanzania. I explored how social organizations, such as neoliberalism and neo-colonialism, transcended the institutional complex. Further, I examined how social relations occurred on multiple relational levels including interpersonal, organizational and institutional.

Firstly, because NGOs are perceived to be manifestations of social movements and are generally intended to advocate as a voice for vulnerable persons, there is a general acceptance that NGOs ‘do good’. The reified mind tends not to challenge the service or deliverables of NGOs, in part, because their location is between market and state (as neutral), and therefore, it is assumed that there is no interest or investment in the dominant position. Indeed, NGOs are even

viewed as agents that challenge or resist dominant discourses such as neoliberalism. While the intentions of those individuals who work with NGOs may be to resist the dominant paradigm, some may inadvertently reproduce it. Therefore, it is crucial to understand the context in which NGOs thrive in Canada, particularly in instances where NGOs are situated in the dominant discourse by way of bilateral and private funding, in-kind donations, volunteer recruitment and the delivery of services.

Secondly, because NGOs tend to be perceived as grass-root organizations, it can be assumed that NGOs are a representation of the needs and wants of the poor and vulnerable. The trend towards partnerships with community leaders or representatives of a particular population or group, such as those living with HIV/AIDS, has become a formalized process and an obligation for funding bodies such as the Canadian International Development Agency (CIDA). While it seems intuitive to include those for which a service is being offered, the nature and structure of NGOs may not allow for it. This study sought to understand some of those taken-for-granted processes of the institutional complex of NGOs in Canada. Institutions are the intersection where people and policy meet to produce 'work'. Therefore, I used the tools of institutional ethnography to emphasize work processes, and how they are coordinated, through texts and discourse as a fundamental grounding for social life.

### **Study Significance**

Despite a lack of evidence, many scholars have asserted that international volunteer work should be promoted as an opportunity for people to engage in shared knowledge across cultures and have a positive impact on overall development of cross-cultural sensitivity (Anderson, Lawton, Rexeisen, & Hubbard, 2006). More recently there is a growing interest and prevalence in international volunteer service worldwide (Moore-McBride, Lough & Sherraden, 2012), and

yet, there is very little research that has acknowledged this volunteer work outside of experiential learning. There is a need for research that draws a link between the social, political and economic context in which Canadian NGOs operate and the provision of health work internationally. This study generates new knowledge regarding the enactment of interpersonal social relations, such as gender, race, and class, within Canadian NGOs providing HIV/AIDS healthcare in Tanzania. It is important to consider social relations when examining NGOs for several reasons: 1) they have tremendous influence over national and international policy; 2) billions of dollars are channeled through NGOs on a global scale; and 3) NGOs have been called upon to meet the needs of the most vulnerable. Despite the tremendous reliance on NGO 'work' internationally, there are few mechanisms in place to ensure that the provision of care is evaluated regularly. Further, there is little understanding about how Canadian standards for high quality healthcare are applied internationally. This study extends our understanding of the ways in which health work volunteers, NGO administrators and staff, and bilateral agency employees come together to produce work Tanzania. Recruitment was based on the participants' potential to effectively address three research questions, which were: 1) How are interpersonal social relations enacted by international health work volunteers in Tanzania; 2) How do organizational social relations coordinate international volunteer health work in Tanzania; and, 3) How are institutional social relations connected to the international health work volunteer experience?

The results of this study are particularly useful in the refinement of the practice guidelines for future health work volunteers interested in international work. It also contributes to the development of social and healthcare policies related to specific health professions, such as nursing. By way of exposing the social relations that coordinate the international health work,

this study offers new insights and stimulates further empirical and theoretical work in this important area.

### **Overview of Chapters**

This thesis follows the integrated-article format as accepted by Graduate Studies at Western University. Chapter 2 provides a comprehensive examination of the methodology and application of methods, including text-analysis, participant observation and interviews. Chapters 3, 4, and 5 are written as integrated manuscripts to be considered for publication. More specifically, Chapter 3 investigates the interpersonal social relations, Chapter 4 addresses the organizational social relations and Chapter 5 covers the institutional social relations that shape international health work. Finally, Chapter 6 presents the implications and contributions of this research in relation to social, education and practice policies.



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## Chapter 2: Methodology

### **Introduction**

The purpose of this study was to critically examine the social organizations within Canadian NGOs in the provision of HIV/AIDS health work in Tanzania using the tools of critical ethnography. Consistent with the critical paradigm, in this research study I expose those taken-for-granted practices that contribute to social inequity in international volunteer work with the goal of creating empowerment and social change. More specifically, I expose those work processes embedded within the institution of Canadian NGOs at the local site of lived experiences, through an examination of the intersections of paid and unpaid health work. When distinct forms of coordinated work are reproduced they become social organizations. In this study, the social relations occurred on three levels: interpersonal, organizational and institutional. The social relations were reproduced as social organizations. This institutional ethnography addressed the following questions: 1) How are interpersonal social relations enacted by international health work volunteers in Tanzania; 2) How do organizational social relations coordinate international volunteer health work in Tanzania; and, 3) How are institutional social relations connected to the international health work volunteer experience? In this chapter, I provide an overview of post-Marxism as a theoretical framework, a description of institutional ethnography and how I employed it, the methods I used to collect data, and finally, how I analyzed the data.

### **Post-Marxism as a Theoretical Framework**

I selected a post-Marxist theoretical framework to guide this research for several reasons. Post-Marxism: 1) acknowledges the historical/political context; 2) recognizes the ‘economy’ as a

mechanism that shapes social outcomes; 3) offers insights into work relations by deconstructing the social character of the workforce and the influence of capitalist relations on work; and 4) identifies the dialectic of ethnic collective identity, for example, how the access to NGO resources has promoted the rise of ethnic movements. Disparities in the labour market combined with social, political and racial inequities have meant that, in many cases internationally, the gap between 'resourced' and 'under resourced' nations is widening. As such, these nations are less competitively positioned in the neoliberal global context. As the western economies see advances in underdeveloped economies such as private sector development, there are increasing needs to 'assist' these developing nations. This often takes form in 'third sector' offerings, specifically NGO involvement.

Hall and other critics of the West's interference internationally describe it as 'humanitarian imperialism' (Hall, 1980). It is sometimes seen as a moralistic approach to the developing world, which has had a historical influence on the ways in which humanitarianism is delivered (Mindry, 2001). Hall further elaborates on race as a 'floating signifier', referring to skin color is a signifier which has meaning in a culture. The meaning of skin color is not always the same but rather relational and unfixed, therefore it changes (Hall, 1996). Hall (1996) acknowledges how race as a signifier functions to express and reproduce dominant power relations.

When considering how Western nations provide 'service' to developing nations by way of NGOs, it is important to consider the influence of labour/capitalism as 'baggage' for those providing the service. Kamat (2003) stipulates that because the emphasis in the debate related to NGOs is on the government/non-government or state, NGOs today are silently rooted in capitalist economy. Further, he argues that disengagement from the state and market is

illusory. Instead, NGOs are rooted in globalization. Therefore, when a ‘worker’ or ‘human resource’ offers service in a voluntary capacity, it is important to acknowledge the context in which labour (paid or unpaid) has been conceptualized. If service has traditionally been valued as a commodity, then it is difficult for the individual to separate his/herself from their service contribution. Since post-Marxism has either focused on a broader interpretation of Marxist economic theory or expanded the political struggles to include any vulnerable group, it has moved away from a narrow model as defined by Marx’s Labour Theory. This theory was a major pillar in early Marxist economics, which recognized that the value of commodity should only be objectively measured by the average number of hours required to produce that commodity. Although relevant at the time, Marxist belief that labour is purely dictated by the laws of ‘supply’ and ‘demand’ has evolved in order to be relevant in modern economies. Post-Marxism acknowledges the influence of market forces of supply and demand, but incorporates other relevant factors at play in the globalization of a world economy and the corporate giants that influence the free market today.

Post-Marxist theory evolved out of traditional Marxism as the dynamics of world economies changed (Laclau & Mouffe, 1985). Several theorists have identified two basic schools of thought which explains how this ‘evolution’ took place: 1) those who rejected Marxist tendencies towards authoritarianism, totalitarianism and the need for control and focused only on Marxist economic theory; and 2) those who preferred to reformulate Marxist theory by building on social class struggles to include sexual, racial, ethnic and age divisions of Western society. It is important for researchers to understand how this theory evolved with the changing world economies, but more importantly, what makes it relevant as a framework for explaining power. This evolution is evident in the writings of theorists, such as Althusser and Foucault, who revised

Marx's work from a monistic theory, emphasizing class struggle as a singular form of oppression, to a pluralistic (post-modern) worldview, which recognized broader social constructs such as gender, race and age as contributing to social inequalities (McMullin, 2005). Other authors, such as Darder and Torres (2004) and McLaren and Scatamburlo D'Annibale (2004), have argued that social class, as described by Marx, is 'reductionist'. This is due, at least in part, to the recognition that social classes are not the only social location influenced by globalization of the world economies.

This theory is relevant as a theoretical framework for this study because it expands our knowledge beyond 'deficit' and 'surplus', elucidating how the economic process is enacted through power and political inequities. In order to understand the changing context in which people work, including health care workers, it is relevant to use a politico-economic exemplary like post-Marxist theory as a framework to conceptualize power and labour (human resources) in the changing world economy. This is particularly relevant to this study for two reasons. First, this framework fits well with the examination of the intersections of paid and unpaid health work because it acknowledges power as a fundamental denominator in how work is valued and rewarded (including volunteer work). Second, it recognizes that class and other forms of power extend beyond the individual level and are embedded in structure. The work that is performed by Canadians in Tanzania is ultimately a reflection of the Canadian and Tanzanian relationship. The post-Marxist framework is also useful in helping us conceptualize work knowledge.

### **Work Knowledge**

In keeping with a post-Marxist framework, institutional ethnography (IE) employs 'work' in the generous sense (Smith, 2005). In other words, it extends beyond paid employment to anything done by a person, that takes time and effort and that is intentionally done (Smith, 2005).

‘Work’ exists outside of a job. It includes unpaid work that sustains paid work in society and even sustains capitalism (Smith, 2005). For example, housework performed by women sustains other forms of paid work by relieving activities in the home that are required to be accomplished in order for work outside the home to be successful. This work can even extend beyond women’s work to include any activities, such as driving a car or banking. Smith argues that there is an underground of invisible and unpaid work that people do not recognize as work nor as a contribution to the economy. The concept of work becomes an important guide when considering assembling and mapping work knowledge. The purpose of exploring work processes is not to reinterpret or assign value to work that the participant does not claim. Rather, the researcher analyzes the different perspectives of work knowledge (as defined by the participant) as they contribute to the social organization that is coordinated by the achievements of people’s work. What makes IE unique from other research approaches is the emphasis on inter-individual relations and how people come together to produce work. The individual experience is viewed as an entry point into understanding the larger institution, which is essentially synonymous with ‘work’. Ultimately, this approach seeks to understand the coordination of people’s work rather than the individual experience; thus, the unit of analysis is the collective. This focus on the collective is appropriate to this research study because it pays attention to the broader social relations that coordinate people’s work.

### **Institutional Ethnography: Unravelling Standpoint**

Following the work of Canadian sociologist, Dorothy E. Smith, Institutional Ethnography (IE) refers to a method of inquiry that investigates the linkages among local settings of everyday life, organizations and trans-local processes of administration and governance (Devault & McCoy, 2001). IE “begins from the site of people’s experience” (Smith, 1990). With this in

mind, a theoretical framework is especially important in identifying ‘the standpoint’. Smith’s earlier work focused on women’s standpoint, because women share a common social relation that contributes to their exclusion (Walby, 2007). The notion of ‘standpoint’ is broadly akin to ‘invisibility’ or one who disappears on account of their exclusion. In other words, it exposes power inequities at the individual level in order to shed light on the complex institution. The conceptual enactment of power through gender, class and race is fundamental to understanding the standpoint of the participant. I would argue that one’s conceptualization of power, an intricate and complex social construction, should be theoretically informed. A theoretical framework such as post-Marxism offers a systematic approach to understanding both subjective experiences and how these are shaped by the social contexts. In particular, post-Marxism emphasizes social inequities resulting from economic disparity as well as other forms of power, such as gender and race. Furthermore, it provides direction in the exploration of the ruling relations – those objectified forms of consciousness and organizational oppression (Smith, 2005). Finally, a theoretical framework provides a historical context to inform the one’s conceptualization of power. While I can relate to Smith’s concern of theory being overly dogmatic, in the context of this study, a theoretical framework is broadly applied to inform and enrich the research process – and specifically informs how I conceptualize power.

Theory in IE is often applied cautiously, as Smith has stated that “institutional ethnography’s project of inquiry and discovery rejects the dominance of theory” (Smith, 2005, p.49) because, according to Smith, findings are considered to be predetermined by the conceptual framework. Furthermore, Smith describes theory as problematic when regulating how data can be interpreted and as a conceptual practice of power associated with positivism. While Smith states that she rejects theory, other authors have argued that IE is indeed theoretically driven, as

are all social scientific practices – and through discovery, IE illuminates parts of people’s lives not otherwise visible to them (DeVault, 1999; Walby, 2007).

While Smith argues that the implementation of theory is prescriptive, she also draws on the thinking of Marx, Mead and Bakhtin as important resources that inform her conceptualization of ruling relations (Smith, 2005). For example, Smith implements Marx’s conceptualization of political economy and the coordination of people’s work, including activities on a large scale (Smith, 1986; Smith, 1987). More specifically, Smith (1990a) draws on Marx’s view of political economy arising from work; it departs from other ethnographic methodology because the institutional ethnographer starts from the ‘common-sense’ knowledge of people and how they talk about their work.

### **Institutional Ethnography: A Sociological Approach**

Institutional ethnography (IE) is considered to be less prescriptive and allows the researcher to inquire beyond nominalism into extra-local social relations by way of preserving the presence of the participant and transcending objectification (Walby, 2007). More specifically, Smith conceives IE as extending beyond traditional research approaches that subordinate the research participant, to recognizing our own participation in the reproduction of discourse that contributes to the ruling of our lives (Smith, 1999). Smith makes the case for IE as an innovative approach to overcoming objectification, and Walby (2007) suggests that Smith is one of many theorists within the critical paradigm who prioritize a participant-centered approach. Furthermore, Walby (2007) argues that eliminating objectification entirely is an impossible feat—and in fact that objectification is not in and of itself problematic, but rather becomes problematic when the researcher has authority over knowledge production. I agree with Walby’s (2007) position that objectification in research cannot be removed entirely; furthermore, I concede that

Smith is not the only researcher to pay attention to power between the researcher and participant. As suggested by Walby (2007), reflexivity is an essential practice to combat or reduce the negative aspects of objectification and will be discussed later on.

Smith (1986) claims that in order to problematize the everyday world, one must understand how it is socially organized. In accordance with the post-Marxian view of social reality as always under construction, IE builds on the view of power and knowledge in contemporary society as ruling relations. According to Smith, the ruling relations are those dominant forms of power in structure and agency. The author refers to Giddens (1984) work related to 'structuration' – the interplay between individual action and structure – in which agency is shaped by structure and vice-versa. Agency refers to human deliberate action and navigation in an environment of constraints; structure refers to the complexes of social institutions within which people live and act (Giddens, 1984; Jenkins, 2002). Traditional Marxist theory would be limited to those relations of ruling linked to class oppression in the nineteenth century. Instead, Smith acknowledges other forms of dominant power such as capitalism and professionalism to be similar to post-Marxist theory.

Consistent with all ethnographies, IE is the study of a particular group/culture in their 'natural' state rather than a synthetic environment. What distinguishes IE from other ethnographies is the emphasis on institution as an entity, and the experiences of individuals as entry points in understanding how power relations connect with social organizations (Smith, 2005). The ethnographic focus also acknowledges that although texts are only a constituent of the social organizations, it is through the activation of these texts by human beings that the texts play a central aspect in understanding the broader institution. The aim of IE as a method of inquiry is two-fold: 1) to produce for people a conceptual map of ruling relations; and 2) to build



knowledge and methods of discovering the institutions – more specifically the ruling relations (Smith). In order to accomplish these aims, the research should follow a three-step sequence: 1) identify the experience; 2) identify some of the institutional processes that are shaping that experience; and 3) investigate those processes in order to describe analytically how they operate as the grounds of the experiences (DeVault & McCoy, 2001).

Therefore, in this study, I focus on how people read, interpret, take up and inscribe texts into their work and what informs the activation of such texts. For example, how context shapes a health work volunteer's uptake of a volunteer description as posted by an NGO and what power relations are at play. I used a conceptual 'map' to help further enhance my understanding of how the processes interconnect to make up the institution. Institutions are the intersection where people and policy meet to produce 'work'. IE emphasizes work processes and how they are coordinated, through texts and discourse, as a fundamental grounding for social life. DeVault (2006) reports that 'work' is typically shaped by institutional ideologies. Institutions complexly consist of social organizations coordinated around a distinctive function (Smith, 1987). In this study, the influence of market and state on non-government organizations (NGOs), the role of professionalism and the nature of paid and unpaid health work are important considerations in understanding the institution.

## **Data Collection**

### **Sample Description**

According to DeVault and McCoy (2002), institutional ethnographers are less concerned with a descriptive reporting on a population and are more oriented towards selecting participants living in different circumstances who share a common set of social organizations. The aim in recruitment, therefore, was not a categorical description of a particular sample but an

illumination of diverse experiences in order to gain understanding of the broader picture (DeVault & McCoy, 2002). To know how power relations are enacted in the everyday world of Canadian NGOs providing HIV/AIDS health care in Tanzania, I needed to understand the multiple perspectives of health work volunteers, NGO administrators and staff, and Canadian International Development Agency (CIDA) employees in their natural settings.

In sampling, health work volunteers, NGO administrators/staff, as well as bilateral organization employees were recruited in Canada and Tanzania based on their potential for enriching the findings of this study. This was determined by my own assessment as well as their self-identification of their work in relation to the NGO and HIV/AIDS in Tanzania, in addition to the inclusion criteria listed below (Table 1). The criteria for participation broadly included: English speaking participants and paid or unpaid workers affiliated with a Canadian NGO providing some kind of HIV/AIDS health work in Tanzania. A 'health work volunteer' refers to someone with or without a professional designation who provides direct or indirect HIV/AIDS service through an NGO. Health in this study refers to "a resource of everyday life, not the object of living, and is a positive concept emphasizing social and personal resources as well as physical capabilities" (World Health Organization (WHO), 1986, p. 2). Given this broad definition of health, health work constitutes anyone involved in enhancing health as a resource for everyday living. This definition of health was selected because it is congruent with international health policy as set out by the WHO. Because IE seeks to illuminate coordinated work activities, I chose to focus on individuals in relation to his or her work as defined by the participants rather than solely emphasizing his or her professional designation as the only measure of participation in 'health' work. Furthermore, this approach allowed me to make comparisons between those with 'official' participation in health work by way of professional designation and those who are

‘unofficially’ viewed as participants in health work. Professional designation and resulting status will be further discussed in the findings.

Participants were selected based on the work they performed and how they identified themselves in relation to health work. For example, this may include a nurse who volunteers for a Canadian HIV/AIDS clinic in Moshi, an engineer developing/building a birthing unit for mothers/babies with HIV/AIDS or a general health work volunteer without a health specialization working in an HIV/AIDS orphanage. An NGO administrator or staff refers to someone who works for an NGO administratively and who is familiar with the interworking of the NGO. A bilateral organization employee refers to someone who is employed by a bilateral institution such as the Canadian International Development Agency (CIDA). Given that this study examined volunteer health work at the intersections of paid and unpaid work, the emphasis was not on experiential learners. Rather, I was interested in volunteers who employed their paid skills in a voluntary capacity. Since student learning is intended to be formative, students volunteering with the intention of experiential learning were not included in this study. Although I was ideally interested in the volunteer experience as it was occurring (i.e. – in Tanzania), I was also interested in understanding the work experience both prior to and post departure. A six month time elapse for volunteers returning from an international experience was applied in order to capture relatively fresh experiences in which the participants could remember enough detail about their international work while also being able to reflect on their adjustment at home. I felt that a time elapse of greater than six months may elicit deep reflection without sufficient details about their actual work processes.

Table 1 *Inclusion Criteria*

Health Worker Volunteers	NGO Staff/Administrators	Bilateral Organization Employees
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<ul style="list-style-type: none"> <li>• English speaking</li> <li>• Currently volunteering with a Canadian NGO providing HIV/AIDS-related health work in Tanzania</li> <li>• Preparing to volunteer with a Canadian NGO providing HIV/AIDS-related health work in Tanzania (departing within 2 months)</li> <li>• Recently volunteered with a Canadian NGO providing HIV/AIDS-related health work in Tanzania (returned within the past 6 months)</li> </ul>	<ul style="list-style-type: none"> <li>• English speaking</li> <li>• Employed by a Canadian NGO providing HIV/AIDS-related health care in Tanzania</li> </ul>	<ul style="list-style-type: none"> <li>• English speaking</li> <li>• Employed by a Bilateral Agency that funds NGOs providing HIV/AIDS-related health care in Tanzania</li> </ul>
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All of the NGOs in this study had a Canadian affiliation, either by way of registration in Canada or by way of receiving bilateral Canadian funds. I was particularly interested in Canadian NGOs for several reasons, because: 1) there are many Canadian NGOs and international work is centrally coordinated; 2) Canada has membership as a OECD/DAC member and has involvement in high level policy development; and 3) I am a Canadian researcher interested in making recommendations for future work. In addition to the aforementioned criteria, NGOs that provided emergency relief services were excluded from the data set. The nature of these services vary in intent and purpose from the delivery of primary health care and tend to be provided on an ‘as required’ basis depending on crisis, war or natural disaster.

Determining an adequate sample size in qualitative research is ultimately a matter of judgment related to the study purpose. Adequacy is attained when sufficient data have been collected and saturation occurs (no new patterns emerge) and almost all variation is both

accounted for and understood (Morse, 1994). The sample size in the study was flexible and yet it included a sufficient number of participants to elicit a variety of experiences (Sandelowski, 1995a). Data collection continued until saturation of the theoretical categories. A sample size of 37 individuals produced a rich data set for institutional ethnography. This was an adequate sample to obtain comprehensive descriptions sufficient for ethnographic research (Morse, 1995a) and to elicit an in-depth understanding of the relationships between and among the participants, with sampling (Morse, 1991a). Recruitment for participant interviews continued until I reached saturation of the social relations at play (Morse, 1995b; Sandelowski, 1995a). Every attempt was made to obtain a diverse sample of 1) health work volunteers (i.e., sex, professional status, degree of involvement with NGOs, previous experience in Tanzania and types of professional employment –emergency room, homecare, HIV/AIDS care); 2) NGO administrators and other staff (i.e., sex, employment status [full time/part time], years of experience working with NGOs, educational background and degree of involvement with healthcare in Tanzania); and 3) CIDA official employees (i.e., sex, position within organization, degree of involvement with NGOs and role within the organizations [decision-making, administrative]). This type of purposive sampling made obvious those patterns of commonalities and differences that exist between and among participants, such as professional influence on work (Sandelowski). It was essential to recruit more health work volunteers than other participants, as this perspective varied tremendously based on the volunteers' positionality, their work activities, and the length of time they worked and the length of time until their departure. Saturation of the NGO administrator sample group occurred after fewer participants than the health work volunteers. The discrepancy in sample groups may be attributed to the similarities in their NGO administrator work compared with volunteer health work, which can vary tremendously. For example, many NGO

administrators experienced the same fiscal restraints as a limitation to providing comprehensive services. Many participants were interviewed in Canada (and not Tanzania) because of the nature and demand of their work.

Furthermore, the number of CIDA officials interviewed depended entirely on the number of personnel available. I was able to interview four CIDA employees working in Tanzania. A demographic questionnaire was distributed to each participant who partook in an interview (see Appendices H-1; H-2). Of the 37 participants, 23 were female and 14 were male. Only 25% of the entire sample was married, while the rest were single (no divorced or widowed participants). A total of 30 health worker volunteers, four bilateral employees and three NGO staff/administrators were recruited. The professional status of the sample varied: five medical doctors (MDs), five registered nurses (RNs), one occupational therapist (OT), one professor with a PhD, five engineers, four official delegates and 16 'other' who were baccalaureate -prepared were recruited in the study (see Appendix B: Data Chart).

**Initial recruitment.** For the purpose of this study, institution refers to Canadian NGOs that provide HIV/AIDS healthcare in Tanzania, a coordinated work process historically rooted in global aid and a course of action on an international scale. The first four months took place in Canada and entailed contacting NGOs via telephone and in person to determine whether there would be volunteers 'on the grounds' in Tanzania during the months of September – December, 2011. The initial recruitment of participants was informed by textual analysis, beginning with a particular Canadian NGO providing HIV/AIDS healthcare in Tanzania. According to DeVault and McCoy (2004), the institutional ethnographer commences their exploration from the standpoint of the individuals whose experience provides a starting place for the 'problematic'. The 'problematic' according to Smith (2005) is not one specific problem identified by a

participant but rather an imbalance of power relations within the social organizations. Given that the overall purpose of this study is to understand how NGOs are socially organized and ultimately, how this shapes the provision of HIV/AIDS care, I commenced my recruitment from the perspective of the health work volunteer. This particular perspective exposes the enactment of ‘work’ central to the institution. I contacted approximately 30 organizations in preparation for recruiting volunteers in Tanzania.

My selection of NGOs was informed by text-analysis, a method that will be discussed further on. Essentially, the text published by the NGOs helped me to gain an understanding of the NGOs’ mission and mandate, as well as countries they served. Based on my text analysis of the NGO website, I was able to reach out to 30 organizations; however, only six organizations were initially responsive to participating in the research study. The 24 other organizations were either not interested in partaking in the study, did not provide volunteer services in Tanzania or did not have services related to HIV/AIDS. At the time, I was satisfied with the number of organizations because I expected to recruit between three and six organizations given the variability in mandate and objectives that exist between NGOs. Ultimately however, I ended up recruiting participants from thirteen different organizations, rather than six, for pragmatic purposes (see Appendix B: Data Chart). More specifically, because rosters/registries to track Canadian volunteers working in Tanzania do not exist, it was imperative for me to recruit in the field rather than try to work out interviews ahead of time. For example, many volunteers were going to Tanzania for the first time and it was difficult for them to predict where exactly they would be at a specified time – therefore people were reluctant to commit to an interview ahead of time without knowing the circumstances of their trip. Or in some cases, the volunteer planned on

arriving in Tanzania and assessing what was needed to be done within the NGO once they arrived.

Because of these restraints, the majority of recruitment took place in Tanzania rather than in Canada ahead of time. I visited several locations in order to gain an understanding of how the Canadian site had a bearing on the enactment of work abroad and vice versa. For example, I attended volunteer preparation sessions to witness the enactment of work. These preparatory sessions comprised of learning about the 'Tanzanian culture', broadly speaking, and primarily from the standpoint of a tourist (rather than volunteer/worker), a lot of the details provided at these sessions mimicked what could be found in a guide book. The sessions also provided basic handouts for teaching Swahili, an official language of Tanzania. These encounters allowed for participant observation of preparatory work. Throughout these sessions, I documented my perception of how 'work' was defined in the context of the NGO and by whom – for example, I would note how goals were typically communicated to the group of volunteers-in-preparation as well as their individual and specific objectives for the trip. Often the NGO staff omitted details related to the process of achieving certain goals, such as how to effectively develop a partnering relationship with the Tanzanian community. Furthermore, I observed how the volunteers interacted with each other and, more specifically, how power was enacted prior to their departure. For example, volunteers-in-preparation tended to group based on their professional status – nurses would congregate together and often exercised their authority on health matters, while other health workers tended to speak on community development issues. This status afforded some status based on their specialized area, even though the process of volunteering abroad was novel to most participants.



**In the field date collection: Tanzania.** The following two months took place in various sites in Tanzania. The purpose of data collection in Tanzania was to gain an understanding of how work is enacted in the field, more specifically how care is enacted with people living with HIV/AIDS in Tanzania. Tanzania was selected as a country of focus for two reasons: 1) my previous experience as a nurse in Tanzania; and 2) the concentration of Canadian NGOs in this country.

The specific regions in Tanzania were selected because of the prolific amount of NGOs in the areas as well as the prevalence of HIV/AIDS healthcare services (not necessary the prevalence of HIV/AIDS). Service provision by NGOs is often targeted at vulnerable people and difficult-to-access populations, such as those in rural communities, persons living with HIV/AIDS, women and children. This is noteworthy because it demonstrates how the distribution of resources does not necessarily correlate with the needs of the community, but rather shows there are other factors that influence why services are available in particular areas. This will be discussed further in the findings chapters. Data collection primarily occurred in the Kilema Region, near Mt. Kilimanjaro because there were several Canadian NGOs in this area. Additionally, these areas represent both rural and urban settings.

**Zanzibar.** Zanzibar is an island approximately 50 km off the coast of Tanzania in the Indian Ocean. Zanzibar has been a part of the United Republic of Tanzania since its independence in 1964. There are considerable disparities in wealth in this area of Tanzania; approximately half of the population lives below the poverty line (Zanzibar UNGASS Reporting, 2012). The average annual income in this region is \$250USD and there are considerable economic differences between rural and urban populations. The prevalence of HIV/AIDS among the Zanzibar population is 0.6 percent, compared to the national average of 5.6 percent (Tanzania

Health Profile, 2012). There is an emphasis on HIV/AIDS work in this region with the Zanzibar NGO Cluster of HIV/AIDS (ZANGOC) – a network of NGOs working together to build capacity, coordinate HIV/AIDS activities and enhance information sharing. I spent five days in this region and interviewed three health work volunteers. These participants were primarily involved in HIV/AIDS health work at a policy level, although one participant worked in a school with HIV/AIDS orphans.

*Dar es Salaam.* Dar es Salaam is the largest city in Tanzania with a population of 3.5 million residents. Although the Tanzanian capital is Dodoma, Dar es Salaam remains the center for government agencies, including foreign government. This region was selected in order to interview bilateral organization employees from the Canadian International Development Agency (CIDA), as their offices were shared with the Canadian Consulate. I spent ten days in this region and interviewed four CIDA officials.

*Moshi.* Moshi is situated at the base of Mt. Kilimanjaro, a popular tourist destination in Africa. It is near the Kenyan border and is situated close to the Serengeti. The municipality of Moshi has a population of approximately 150,000 residents, including a mixture of both urban and rural regions. Moshi is renowned as a hub for international health work, as several North American institutions such as Duke University and Ottawa University are affiliated with the Kilimanjaro Christian Medical Centre (KCMC). Several Canadian NGOs are established and/or have partnerships in this region. It is difficult to approximate how many NGOs from Canada provide work in this area. Unfortunately this information is challenging to track and there is no central registry to account for the work that is being done by Canadians or other nations in this area. I spent 21 days in this region and interviewed twelve health work volunteers. I spent the

most time in Moshi because of the availability of volunteers in this region. There are several Canadian-led clinics in this region with both short-term and long-term volunteers.

*Arusha.* Arusha is also situated near the base of Mt. Kilimanjaro. Arusha is a much larger city than Moshi, with a population of 1.2 million residents. This city is renowned for its proximity to national parks, including the Serengeti, Ngorongoro Crater and Lake Manyara. This city is a common stop-over for tourists preparing for safari. There are several NGOs in this region that provide ‘voluntourism’ – an opportunity for travelers to provide a couple of days of volunteer work on their holiday before they continue on safari or other tourist expeditions. I spent 17 days in this region and interviewed eleven health work volunteers. I spent additional time in Arusha because of the number of volunteers working in this region. Arusha has several international NGOs in the area, as well as several hostels for volunteers to reside.

## **Methods**

In keeping with institutional ethnography (IE), data collection methods were used to elucidate the power relations at the local site of the lived experience. IE relies on interviews transcripts, field notes from participant observation, and texts as sources of data (Walby, 2005). IE differs from other ethnographies, however, because it treats those sources of data as entry points into webs of power relations and work, rather than as objects of interest (Campbell, 1998). Therefore, the participants are not considered a source of data themselves but rather, the way in which their experiences or accounts illuminate the social organizations of the institution becomes the focus of data collection. This notion contrasts with other methodologies that seek to gain an understanding of the individual lived experience.

Data collection and data analysis occurred simultaneously through a number of dialogues. The primary dialogue occurred between the research participant and me in the form of an

interview; during this dialogue I reflexively monitored my own position as participant and how this positionality shaped the interview process. More specifically, I considered my former role as a health work volunteer in Moshi when I worked and volunteered for a Canadian NGO with headquarters in Ottawa – as well, my prior role as a nurse allowed me to relate to the volunteers who provided direct patient care because the need for health care is so dire in some areas. However, as a researcher, I reflected on how there were better mechanisms for providing care and that it was actually the health care system that was in need of repair. The needs of the system at large seemed to be in juxtaposition to providing direct patient care. Therefore, the primary dialogue consisted of preliminary insights from the interview, participant observation and textual analysis, which informed the secondary dialogue.

The secondary dialogue occurred between the data and me (i.e., the interview transcripts, field notes and text). I reflexively considered ‘what is going on?’ and ‘how does this inform the institution of volunteer work?’ I recorded detailed field notes of my reflections and participant observations. During this dialogue, how my own experiences related to the participant’s experiences become even more obvious. For example, I questioned what is systemically shaping the volunteer experience and what impact this has on the international relationships. More specifically, if I notice power imbalances at the individual level, what does that mean for the broader system in which aid is delivered in Tanzania and what does that mean for the Canada–Tanzania relationship? This iterative process of data collection and analysis helped determine the ‘next steps’ for my data sampling, including who to recruit.

According to Smith (2005), IE is an analytic process of discovery where the researcher shifts from various methods of data collection to enhance understanding of the institution. This

data collection took place simultaneously and/or interchangeably to investigate the social organizations of Canadian NGOs.

**Text analysis.** I commenced data collection with text analysis, although the data collection process was iterative. Starting with text analysis allowed me to gain a sense of the textual practices in operation as well as a general landscape of Canadian NGOs. Texts are particularly relevant when employing IE because there is a general assumption that text-based forms of knowledge are essential in understanding ideologies, working activities and power relations of an institution (Chouliarki & Fairclough, 2004). People participate in discursive activity, and when activated, texts influence work, whether they are texts of market, state, professional discourses or mass media. Texts are documents or representations that have relatively fixed or replicable character (Smith, 2005).

By and large, I used texts from three sources: 1) Professional Healthcare Organizations; 2) Canadian NGOs; and 3) CIDA policies. These three sources were selected to represent discursive texts from the three perspectives – text analysis, however, was not only limited to these three categories. My approach was primarily web-based, seeking information off of public websites. On a couple of occasions, I received specific policy documents such as a strategic plan for a specific NGO or government sector in Tanzania. What was especially notable in my search for texts was the absence of certain documents or textual information for Canadians preparing for a volunteer health experience. For example, little information exists to help potential volunteers select an NGO. Furthermore, other than charity ‘watch dog’ sites, there is very little information for volunteers to evaluate what constitutes a ‘good’ NGO.

I used the text analysis guide to organize the data (see Appendices G-1; G-2; G-3); the purpose of this guide was to ensure a systematic approach to selecting textual sources by placing

parameters on the search and assisting with narrowing the selection of pertinent information. For example, when seeking text on Canadian NGOs, this guide allowed me to focus on a specific region in Tanzania where data collection took place. Furthermore, the guide helped to inform data collection as considerable text analysis occurred prior to my departure from Canada. This analysis allowed me to make comparisons between the various activities performed by NGOs as well. This illuminates the variety and breadth of work that is being done in the field of HIV/AIDS health work in Tanzania as well as interventions varied from direct-patient care to empowering women affected by HIV/AIDS in the Kilimanjaro region.

Parker (2004)'s criteria was selected for three reasons; it : 1) deals with different levels of discourse while ultimately bringing the researcher back to the overall goal; 2) considers the role of institutions, power and ideologies; and 3) is a preparatory step for critical discourse analysis, an analysis technique that will be described further on. Because data collection and analysis are iterative processes, textual data collection also depended upon interviews with the participants. Once I organized the texts, I was able to apply Parker's (2004) ten criteria to help further eliminate/reduce the quantity of text; a discourse 1) is realized in texts; 2) is about objects; 3) contains subjects; 3) is a coherent system of meanings; 4) refers to other discourses; 5) reflects its own way of speaking; 7) is historically located; 8) supports institutions; 9) reproduces power; and 10) has ideological effects. Essentially, I employed these criteria as an initial step in selecting text. It allowed me to cast a 'wide net' for texts while also being attentive to the purpose of the text. For example, I paid particular attention to those discourses that met the 9<sup>th</sup> criteria (discourses reproduce power) and flagged such text to be able to review with the research participants. Ultimately, I produced 167 different texts with this search. In order to further narrow the selection of texts, I chose to further review texts that met criteria 5–10. The purpose

of this refinement to the process was to facilitate gaining knowledge beyond the descriptive and push on those texts that shape the enactment of work. With further refinement, I was able to narrow my search to 45 texts.

Unlike other ethnographies that explore a narrow institution such as ‘quality assurance’ in a particular field or setting, my approach was broad. Therefore, multiple texts played a central role from various perspectives. From the perspective of the health work volunteers, texts that mediated a sequence of action depended on the standpoint of the individual and the timing of their volunteer experience. Prior to the departure, the health work volunteer’s action were coordinated by texts provided to them by the NGO, such as a description of their volunteer experience or pre-departure tips for the volunteer. These texts would determine the work expectation for the volunteer, as well as their expectations of the local community. For example, the texts dictated the volunteers’ expectations of their work in an acute care setting with a specific set out responsibilities. For example, the volunteers would bring their Western knowledge and understanding of acute care to that setting and work as such. From the perspective of the health work volunteers, there is no single guiding policy document that informed health work, instead multiple texts sources shaped their work and will be explored in the findings chapters. From the perspective of NGOs, there were several policy documents that coordinated action, including the individual NGO mission statement or mandate. These documents were used as the ‘fall back’ documents for which NGO administrators would justify their actions and rationalize the involvement in a particular community.

Another example of volunteers applying their expert knowledge, consisted of the Canadian International Development Agency (CIDA) criteria for funding. Often NGO administrators described the organizational directions as fitting with criteria set out by CIDA.

The process of exploring these documents with the participants was iterative. At the beginning of the interview, I had an initial understanding of the texts used by the participants either because of I asked them in advance or because I reviewed available texts in advance of the interview. Additionally, I would ask the participants in the interview to describe other texts that have coordinated their work. From the perspective of the bilateral agency employee, texts were explicitly utilized. The Paris Declaration of Aid Effectiveness was a policy document described and explored with most bilateral agency employees, including how this document has informed their work. At an institutional level, this document determined both their bilateral relationship with the Tanzanian government, as well as broadly informed their selection of NGOs to fund.

By and large, the textual sources of data extended back to the past five years in order to ‘capture the current’ while accounting for the fact that many organizations do not update their sources of information regularly. A five year time frame would allow for the inclusion of third-sector work that may not be resourced enough to share information in the most timely way. That stated, it is essential to understand the problems in ‘real time’ (Smith, 1999), and while a five year account may provide some historical context, it is important to focus on what is currently being enacted. Although these criteria are rather broad, they assisted me in determining which texts were relevant and useful, and whether these texts were actually describing the social world (Parker, 2004). According to Perakyla (2005), researchers using text analysis do not necessarily follow a predefined protocol for accessing texts and one text source may lead to another. This was certainly the case in the selection and accumulation of the sources of text for my research.

**Participant observation.** The second essential component of data collection was participant observation, which was an ongoing process that occurred over several months (Knoblauch, 2005). This timeframe allowed me to meet with a variety of participants and gain



an extensive understanding of the setting (Knoblauch, 2005). Participant observation explored the ‘social in motion’, a dimension of social life that is foundational to the ontology of institutional ethnography (Diamond, 2006). Smith (1999) makes the distinction between observation and observational research, emphasizing that observational research is less concerned with an objective observer, but rather is grounded in the researcher’s description of events and stories. Participant observation relies on the researcher’s sensory and sensual dimensions, for example, what the researcher sees and their ‘gut feelings’ or reactions in relation to events (Diamond, 2006).

I employed participant observation in two ways: 1) ‘in the field’ as an observational tool to describe the participants’ actions and my own reflections on the power relations at play; and 2) ‘during the interview’ in order to capture the nonverbal forms of communication and the implications for the social organizations. This is not to suggest a dichotomy between what is considered field work and the interview process; however, it is to recognize the difference in the extent of field notes for each type of participant observation. Because I was often reflecting on another question, it was challenging to take comprehensive notes about the participants’ (re)actions to our verbal dialogue. I was able to witness their response to certain questions. For example, whether a question provoked an inflammatory response such as backing away from me or crossing their arms – I was able to note the non-verbal reactions, which were very telling about their way of being and whether this contradicted their verbal response. When observing in the field, I did not engage with the participants to probe further about their actions; however I was able to spend time and reflect more fully on the participants’ practices. Most often, I was able to observe the participants with whom I had an interview, in which case I was able to take note of their actions in relation to what they reported, as well as any contradictions.

Two separate field note guides (see Appendices F-1; F-2; F-3) were used to capture those insights ‘during the interview’ and ‘in the field’. The purpose of the guide was to ensure a comprehensive account of what was occurring according to my observations. This guide also allowed me to self-reflect on my role as an observing participant (Diamond, 2006). Participant observation ‘in the field’ occurred in a formal setting, such as in the waiting room at the Canadian Consulate in Tanzania (where CIDA is housed) or at a Canadian owned and run clinic in Moshi. The ‘in field’ observation occurred informally, for example at the ‘coffee house’ in Moshi, an exclusive setting where only volunteers can eat/drink. Given that NGOs are often grassroots- and community-based, it was important to observe the informal setting in which power relations are enacted as well as some of the contradictions of being grassroots and ‘hanging’ out at primarily exclusive locations. Smith (2005) describes both formal and informal participant observation and how the research process is not intended to be limited to a specific formalized setting. The process of ‘hanging out’ and accounting for connections made in informal environments, such as a coffee shop or bus terminal, enabled this study to come to fruition. A highly structured research design would have severely limited recruitment and would not have allowed for valuable insights that were gained through participant observation.

Participant observation ‘during the interview’ allowed me to gain a personal account of naturally occurring language, insights and nonverbal expressions that illustrate potential contradictions or taken-for-granted assumptions of the institution, and the subtle and explicit ways in which power relations operate (Smith, 1999). For example, a physiotherapist had described how difficult it was for her to escape Canadian time restrictions, acknowledging that in Tanzania things take longer and you often have to wait. Despite this, however, the same participant was also three hours late for our interview.

Diamond (2006) describes participant observation as a technique that is situated between interviews and text; I used this data collection method as a means of bridging the participants' experiences and text. For example, there were often contradictions in what an employee at CIDA 'thought' was a funded project and what was written regarding 'funded projects'. In particular, when meeting with the medical director at CIDA, despite him indicating that medical caravans did not receive funding from CIDA, we later noted, via text, that some caravans were indeed funded. The text was a useful tool for illuminating what is thought to be true – and what was a legitimate reality. Furthermore, it was especially important to observe the interviewee's reaction to text during the interview. Texts hold and generate power in our society (Smith, 1990a) and the physicality of texts is fundamental to institutional organization (Smith, 1986). "Texts are physical things located in the same locales as the embodied text activators, they are active constituents of social relations and are the means by which work and social activity is coordinated beyond the particular local setting of reading/writing" (Smith, 1999, p.9).

**Interviews.** A third of data collection was comprised of interviews. Interviews were used as a method of eliciting talk that illuminated those power relations that have generalizing effects (DeVault & McCoy, 2004). Institutional ethnography takes for its entry point the everyday experiences of the participants, and links those accounts as a constituent of the institution (Smith, 1999). In other words, the purpose of the interviews is to locate and trace points of connection among the individuals. IE interviewing is an open-ended inquiry (DeVault & McCoy).

The overall goal of the interview was to gain an understanding of 'how things work' (Smith, 1999). As a point of entry into work processes and activities of the people who perform them, I interviewed people with three different perspectives: 1) health work volunteers; 2) NGO administrator and staff; and 3) multilateral/bilateral organization employees. I have distinguished

these broad groups based on the assumption that their work activities differ and are also informed by their paid and unpaid experiences.

According to Smith (1999), interviews should not be standardized. Instead, the researcher should learn about a particular individual's experience and how it relates to the broader social organizations. In order to ensure that the research questions are covered sufficiently, I used semi-structured interview guides that represented main themes to be discussed with the participants (see Appendices E-1; E-2; E-3). These guides were updated and revised as I became more aware of additional questions that needed attention (DeVault & McCoy, 2004). For example, once I had a greater understanding for the culture of volunteer work in a particular area, I was able to reference landmarks and/or activities that better reflected the institution. This was important to illuminate 'culture-integration as currency' (a theme to be discussed later on) that some volunteers enacted. While some volunteers found it to be perfectly reasonable to congregate as groups in exclusive coffee houses, others questioned the exclusivity attached to this habit. Becoming familiar with the culture of volunteers and knowing what questions to ask about their values, beliefs and practices helped to expose the greater institution. Therefore, the interview guide was ever-evolving and was refined for each interview. Furthermore, the guides were tailored to reflect each perspective – for example, CIDA employees were asked broader questions pertaining to policy and funding/resource management while volunteers were asked more specific questions relating to the implementation of resources.

In order to elicit talk that reflected the participants' positioning within their social surroundings, I offered the participants the option of individual or group interviews. According to DeVault and McCoy (2004), talking with people is not necessarily accomplished in an individual way; group conversations may expose shared experiences (Campbell, 1998; DeVault

& McCoy, 2004). One-to-one interviews, however, offered a more conducive space to share an honest account of the lived experience. By and large, the participants seemed to be more candid and overall the interview was less superficial when they were interviewed alone. Some participants, however, preferred a group setting. For example, a group of Canadian engineers building a maternal-child and HIV/AIDS healthcare clinic in a rural region outside of Arusha insisted it would be less redundant to be interviewed as a group. Furthermore, because they only had three hours in Arusha prior to their departure to the airport returning to Canada, time was also a constraint that influenced that group setting. Although the content was a little more superficial than other interviews, this experience offered insight into the group dynamics – particularly since there was only one female in the group and she was consistently deferred to for all the questions related to their living conditions and wellbeing. The interview process was a balance of leading with open-ended questions, while also following the lead of the participant. According to Smith (1999), discovering ‘what you don’t know’ is an important aspect of the interview process. Therefore, it was necessary that I directed the interview towards research goals while also encouraging the participant to speak to their own experiences (DeVault & McCoy). To facilitate this balance, I treated the interview process as a ‘co-investigation’; a fully reflexive process where the participant and I constructed knowledge together (Kinsman & Gentile, 1998).

### **Data Analysis**

There is no ‘one way’ to conduct data analysis of an institutional ethnographic investigation; rather the analytic process can be realized in diverse ways. DeVault and McCoy (2001) compare analysis to grabbing a thread from a ball of string and pulling it out. Although

the process of inquiry is rarely specifically planned out in advance, there are some common trajectories of data analysis.

Immediately after each interview, data were preliminarily transcribed in order to ensure simultaneous data collection and analysis. Following Campbell and Gregor (2002), there are two types of data: entry-level data and level-two data. Entry-level data informed the data collection and, more specifically, helped to enhance and revise the semi-structured interview guide; these data provided insights into what additional questions should be asked or what texts required further investigation to enhance level-two data. Entry-level data analysis was essentially a preliminary analysis that informed the ‘next steps’ for data collection. In order to facilitate this level of data analysis, I clearly tracked which sources of data had been collected, what contribution(s) it had to the overall analysis and a description of any decisions I made about further data collection – specifically, what questions on the interview guide were revised. Level-two data were used to understand the nature of the connections between people and explanations of the social organizations. For example, when a health work volunteer identified a particular practice such as drinking local water as being symbolic of the volunteers’ degree of integration into the Tanzanian culture, I was able to ask other volunteers about their experience of this and how it positioned them with their peers in the production of ‘work’ (Campbell & Gregor, 2002).

Data were analyzed with three aims, specifically, to identify: 1) interpersonal social relations; 2) organizational social relations; and 3) institutional social relations. Dialectically, these aims were also informed by the data. In order to facilitate data analysis, I developed a chart for each participant that integrated all three types of data (text, observations and interviews). The chart provided a brief summary of each participant, including biographical data such as their age, Canadian region of origin, their professional status, length of time in Tanzania,

NGO-affiliation, length of employment at CIDA (if applicable), and duration of experience, among other demographics. An additional summary that incorporated ‘text’ from the related NGO was also included – for example, I retrieved the mission statement and/or goals related to a volunteer experience from the website of the NGO to make comparisons between what was ‘said to be true’ and what was the reality as described by the participant. Few studies have examined ‘policy in action’ in international NGO work and compared texts to the coordination of work. This study utilized text as a tool to understand how it informs international NGO volunteer health work.

The transcribed data from the participant interviews was broken down into four columns: 1) interpersonal social relations; 2) organizations social relations; 3) institutional social relations; and 4) overall insights. The first column represented gestalt impressions. Unlike thematic analysis that typically requires line by line coding, I was able to integrate and account for different types of data in my analysis. Because the experience is the entry point into understanding the institution, I started with a summary of each participant (by way of a chart) and then, eventually, broadened my lens to see a bigger picture of what was occurring.

The interpersonal social relations elucidate how the participant perceived power relations. Power relations can be described individually with the understanding that they are all interconnected. Race, gender and social class provided examples of how power was enacted, as well as individually and collectively shaped how health work was provided. Power relations are also historically relevant – volunteer health work was at times rooted in colonial practices, for example.

Organizational social relations represented the culmination/enactment of power relations at the organizational level. NGOs are perceived and described as real entities – something that is

branded and packaged that requires preservation and work to sustain. At this level, members acted collectively to deliver work on behalf of the organization. Furthermore, it was at this level that additional comparisons were made between what is stated in text and what is enacted in everyday life. The evaluation of 'health work' is also shaped by the enactment of power relations.

Finally, the institutional social relations broadly reflected how Canadian work is enacted, defined, sustained and evaluated in Tanzania. It illuminated those policy and practice contradictions on a national level. This fourth column related to insights and was a place to pull all three columns together and identify the common 'thread' that transcended the three columns. Finally, in a different text colour, I embedded field notes from my participant observation throughout the chart in order to contrast what was stated by the participants with what was noted in text.

Once a chart was generated for each participant, I was able to attend to the structural order of data including the interactional, interdiscursive and linguistic/semiotic, dimensions of discourse. The five main stages of discourse analysis according to Chouliaraki and Fairclough (1999) are: 1) identify a problem; and ask 2) what are the practices that enable the problem?; 3) how does discourse inform those practices?; 3) what are the implications of the problem within practice?; 4) what opportunities exists for the problem to be overcome?; and 5) what are my own reflections on the analysis process? These five stages assisted me in making comparisons between and among the insights outlined for each participant in the chart. Furthermore, it facilitated bringing my attention to the broader institution, as each individual experience is meant to be connected to the broader institution. The ultimate purpose of the analysis template was to



track those occurring processes in order to inform a social cartography and generate a social map of the institution

### **Protection of Human Rights**

I obtained permission to carry out the proposed research from the Ethics Review Committee at the University of Western of Ontario (see Appendix A, C, D). I provided all participants and appropriate personnel with a detailed account of the nature and purpose of the study through a letter of information and consent form. Participation in interviews and participant observation was strictly voluntary. I obtained written consent from all participants prior to the first interview. Interview transcripts and field notes were kept confidential and saved on an encrypted flash drive. All identifying information was removed from the data and replaced with pseudonyms. I also assigned code numbers to completed transcripts, which were kept in separate, locked locations. Audio recordings will be destroyed upon study completion. Recognizing that textual sources of data are public record, ethical considerations were given to any documents obtained confidentially. I ensured that such documents were kept in a locked location and any identifying information was removed.

According to Smith (1990b), when conducting IE, additional ethical and political consideration should be assigned to ‘what we write and those for whom we write’ as a researcher. Therefore, because IE is a form of social activism, I have the ethical/moral responsibility to ensure that this work is a socially just interpretation of what the participants are living in everyday life. In order to account for this, I consulted regularly with participants in this study regarding preliminary findings and reflections. I often asked them what they thought should come of this research study and how they would describe the findings of the study based on their experiences.

## **Reflexivity**

IE recognizes that the researcher is not separate from the world in which the study takes place and the purpose of the exploration is not to be removed or objective but rather subsumed in the research (Smith, 2005). As such, IE assumes the knower's discursive position as transcending the everyday world of people's experiences. I struggled with how much to share with the participants about my own familiarities with international volunteer work, as I wanted to hear their experience without taking for granted what I already know. For example, in my earlier interviews I noticed a lot of participants stated 'well, you know what it's like...', which may have limited my understanding of their experience. And yet, when I curbed sharing my experience I felt that it was almost deceptive to the participant. I reconciled this issue by sharing some of my experiences with the participants after the interview was complete. This allowed me to forthcoming with the participant and relate to them, without my having my experience interfere with how they shared their experience.

Lukacs (1971) states that in order to problematize the everyday world one first needs to recognize the automatic acceptance of existing social arrangements also known as the 'reified mind'. According to Lukacs, social processes are perceived to be beyond the control of human beings (Lukacs). Similar to Marx's position, Lukacs acknowledges that the reified mind is particularly unchallenged by those who accept the dominant discourse, such as those from the standpoint of the bourgeoisie. Lukacs stipulates that this unawareness also happens to be in preservation of interests that lie precisely in the immediacies of investment in the dominant position.

Taken-for-granted social arrangements are particularly relevant to the third sector, whereby all processes are assumed as beneficial. Firstly, because NGOs are perceived to be

manifestations of social movements and are generally intended to advocate as a voice for the vulnerable, there is a general acceptance that NGOs 'do good'. The reified mind tends not to challenge the service or deliverables of NGOs in part because their location is between market and state, and therefore, it is assumed that there is no interest or investment in the dominant position. Indeed, NGOs are even viewed as agents that challenge or resist dominant discourses, such as neoliberalism. While the intentions of those individuals who work with NGOs may be to resist the dominant paradigm, it is crucial to understand the context in which NGOs thrive in Canada, particularly in instances where NGOs are supported by the dominant discourse by way of funding, in-kind donations and recruitment of staff or services.

Secondly, because NGOs tend to be perceived as grassroots organizations, it can be assumed that NGOs are a representation of the needs and wants of the poor and vulnerable. The trend towards partnerships with community leaders or representatives of a particular population or group, such as those living with HIV/AIDS, has become a formalized process and an obligation for funding bodies such as the Canadian International Development Agency (CIDA). While it seems intuitive to include those for which a service is being offered, the nature and structure of NGOs may not allow for it. It was important for me to reflect on my positionality in obtaining such information and illuminating what is considered to be a well-intentioned endeavor. I did so by keeping a detailed research journal of my experiences. I had to be sensitive to the 'alternative' – meaning being considerate of what would happen in the event of withdrawal of such work, while also evaluating what happens when the work does more harm than good. Because this study examines work involving direct patient care, I was particularly sensitive to the potential for harm or exploitation. I was consistently mindful of the optics of spending time with Canadian practitioners in Tanzania, as many Tanzanians thought I was also

there to provide care and were disappointed when I was unable to meet their health needs. Furthermore, my positionality as a white, female researcher also influenced my accessibility to not only data, but also resources within certain organizations and I had to be attentive to what the re-assignment of such resources meant for others. For example, there were certain instances where I sought out Canadian participants in hospitals and I was invited to bypass a long line of people with very serious health conditions waiting to be seen by a practitioner. Because of my privileged position as a white researcher I was immediately brought to a high-ranking official in the hospital and even wasted Tanzanian health care practitioners' time away from patients to locate Canadian volunteers. I stayed in hotels with armed guards and electric fences. I paid local community members to assist me with scouting out Canadian NGOs. I used my wealth and status to advance my own research interests. The unintended consequences of these actions ultimately resulted in the diversion of limited resources for the advancement of my own study.

Further, there was a fine line between fitting in with the volunteers and attempting to resist some of the disadvantageous practices that reinforced inequities described in the findings. For example, coffee houses and internet cafes were elitist places – they were places that had specialty (luxury) items that were not available or affordable to most Tanzanians, such as lattes and decadent chocolate cakes. These coffee houses were anomalies in what was otherwise widespread poverty, but also provided havens for volunteers.

Recognizing that research has an inherently subjective aspect and the researcher alters the context in which they participate for research, it was essential for me to be self-reflective on my influence in relation to the socio-political context (Tsekeris, 2010). This extends beyond my theoretical and/or epistemological assumptions about the world to my personal experience with the research phenomenon. I have a vested interest in this topic because of my previous work

experience as both an NGO administrator and a health work volunteer. On two separate occasions, I volunteered in a health service delivery capacity in Africa. When I reflect on my role, I wonder if my actions as a novice/under-prepared practitioner actually ensued unintended damage to the community. It was important for me to take a critical look at not just the health work that was being delivered, but the broader power implications for a community that already experienced marginalization. Furthermore, I was formally paid to coordinate/arrange medical missions to Gabon, Tanzania and Uganda. My role as administrator was not limited to the coordination of medical work but also included fundraising, collecting and stocking medications and other medical equipment for distribution, recruiting new volunteers, generating/creating awareness about the organization, and when possible, building capacity with our international partners. Because of my paid role, I was able to participate voluntarily as a nursing student in medical caravans. During this time, my role as a practitioner far exceeded my abilities and skills. I was often in a position to provide care that was outside of my scope of practice and/or knowledge base. At the time, I would ask other practitioners around me to assist in my practice but they, too, were overwhelmed with their workload. This experience led me to wonder about the quality of care that was provided and whether it was possible that I was actually doing more harm to the community as an amateur practitioner than good. My experience served a major role in the formulation of my research questions.

### **Critique of Institutional Ethnography**

I selected this methodology for several reasons. Firstly, it lends itself nicely to the potentially divisive nature of the study. NGO work has historically been portrayed as ‘do good’ work at the grassroots level that gives voice to those who are marginalized and volunteering, in particular, tends to be a highly valued form of work, rewarded with social capital. A study that

exposes power inequities embedded in NGOs and potentially describes the ‘do-good’ work as oppressive risks, being more inflammatory than productive if not done properly. It was important for me to expose ‘ideology’ as influencing action rather than finger-pointing at individuals. To date, the bulk of the literature related to volunteer work has been on ‘agency’ and personal motivations for volunteering. Institutional ethnography is especially appropriate because it is concerned with the individual experience only as an entry point into understanding the institution. Rather than focusing solely on an individual, IE emphasizes the collective and, more importantly, the collective action that results. This methodology did not dichotomize participant and policy, but rather utilized the ‘person’ as the knower of the everyday world and examined how policy coordinates action. It problematizes the broad institution and makes explicit links between what people do and social structures – but most importantly, because it is situated in the critical paradigm, it is also concerned with the question ‘how do we create social change?’

Secondly, I selected IE as a methodology because, like most ethnographies, it is concerned with the ‘everyday world’ but with a focus on ‘work’ – it attempts to uncover those mundane practices, language and actions related to work. In order to gain a rich understanding of this topic it was imperative to explore different types of work. IE allowed me to gain entry into volunteer, NGO and bilateral work and connect how each type of work was informed by the other. For example, the emphasis on ‘work’ is particularly appropriate because this study sought to understand volunteer work – and how people seek reward (i.e., power and privilege) if not through monetary compensation and whether other forms of privilege were exaggerated. This form of work was also textually mediated by NGO work which sought to recruit volunteers to work abroad.

Finally, I selected IE as a methodology because it sought to piece together a social cartography that illuminates ‘the problematic’ broadly. This study was complex because it involved multiple differing perspectives with many stakeholders – for example, the third sector in Canada is incredible diverse, each NGO is uniquely different and it would be impossible for a methodology to make generalizations about all NGOs in Canada. Fortunately, generalizability was not the purpose of IE here – instead, this methodology allowed me to gain multiple, differing perspectives and pull them together, recognizing their differences rather than generating a melting pot.

In light of these attributes of IE, there are also several challenges to employing this methodology. Firstly, in an attempt to avoid being overly prescriptive, Dorothy Smith has left a lot of her work on IE open to interpretation and it is ambiguous at times. This was challenging when executing a study, particularly for the first time. Her approach did not lend itself well to the pragmatics that all researchers encounter, such as an ethical review. This may account for the variety of applications in the literature. IE tends to be taken up in many different ways. And yet, although this methodology is described as a sociology for the people, and Smith reiterates that it is not meant to be prescriptive, there still seems to be ‘one right way’ to apply this methodology. This is not necessarily discussed in written work, but is rather an understanding in informal channels among IE researchers. There is a distinct and exclusive following of IE researchers that, in my opinion, is contradictory to the nature of the methodology, which is supposedly intended to expose social inequities and challenge ruling discourses (rather than reinforce them).

Secondly, there was very little evaluation criteria available/accessible to those who are conducting an IE – which left me to draw conclusions about rigor from qualitative research in general rather than specific to the methodology. This was troubling at times because the

semantics related to IE could be cumbersome and it would have been helpful to know if the jargon was not being used the way it was intended. As a novice researcher, I struggled with the breadth of the methodology particularly when recruiting participants. The lack of structure was uncomfortable and stressful at times. I essentially departed for Tanzania with a general sense of recruitment, knowing only locations where Canadian volunteers tended to work. My recruitment strategy seemed to rely heavily on serendipitous encounters, which is beneficial for offering new insights (as these participants may not have been recruited otherwise); however, it is also difficult, especially when managing the uncertainty. Finally, and most importantly, while IE is most certainly situated in the critical paradigm and its ontology is critical in nature, the broadness of this methodology is simultaneously advantageous and disadvantageous. While it is helpful to broadly identify the 'problematic', it is also difficult to incite social change if the problematic is too broad. I think that Dorothy Smith's earlier work on feminism in the academia can attest to some of the challenges in creating social change if the topic is too broad – it is difficult to change an institution all at once. With that stated, it is both an art and a science to identify the problematic while keeping in mind the implications for social change. I addressed this by giving equal primacy to all three data collection methods.



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### Chapter 3: Social Relations ‘In Action’: Race, Class and Gender

#### **Abstract**

Acting as a ‘global citizen’ has gained popularity in recent years in Canada. In fact, international volunteer service is growing globally (Davis, Smith, Ellis, & Brewis, 2005; Powell & Bratovic, 2006). And yet, little is known about how this work is actually enacted. Using a post-Marxist theoretical framework, the purpose of this institutional ethnography was to critically examine the social organizations within Canadian NGOs in the provision of HIV/AIDS health work in Tanzania. Multiple, concurrent data collection methods, including text analysis, participant observation and in-depth interviews, were utilized. Data collection occurred over approximately a 19-month period of time in Tanzania and Canada. Interviews were conducted with health work volunteers, NGO administrators and bilateral agency employees. This work is an exploration of three interpersonal social relations, including ‘*race*’, ‘*class*’ and ‘*gender*’, which exposed how study participants used their privilege as volunteers to advantage themselves relative to local community members. More specifically, the interpersonal social relations coordinated the volunteers’ everyday activities and reinforced their position as expert by way of ‘who’ they are and where come from. The enactment of interpersonal social relations ultimately contributed to an asymmetrical relationship between the health work volunteers and the community’s members by way of privileging Western values over local values.

## Introduction

According to the 2007 National Survey of Giving, Volunteering and Participating (NSGVP) (n=14724), 46% of Canadians aged 15 years and older volunteered time to charitable or nonprofit organizations (Statistics Canada, 2009). The survey revealed that higher levels of volunteer participation were associated with increased age, high levels of education and household income, employment and having children in the household (Statistics Canada, 2009). The study noted that Canadian immigrants were slightly less likely than native-born Canadians to volunteer (40% vs. 49%) (Statistics Canada, 2009). Among the surveyed Canadian volunteers, most agreed that contributing to community was an important reason to volunteer (93%). Other frequently reported responses included developing skills and experience (77%), and having been personally affected by the cause the organization supports (59%). Despite the relatively high proportion of Canadians who reported volunteer activity, only 11% accounted for the bulk (77%) of the 2.1 billion hours of volunteerism that transpire each year (Statistics Canada, 2009).

Although there is a growing reliance on volunteer work in the non-profit sector, it is a misconception to think that volunteering is a widely occurring behavior among Canadians (Reed & Selbee, 2001). According to the authors there is a 'civic core' that participates in volunteer work, questionably attributable to those who are able to volunteer Canadians (Reed & Selbee, 2001). The most reported barrier to volunteering among Canadians included the availability of time (68%), though a smaller proportion reported financial cost as a hindrance (18%) (Statistics Canada, 2009).

Active citizenship is a value espoused by many Canadians. It can be perceived as a mechanism for citizens to accept responsibility for maintaining an equitable, sustainable, healthy and knowledgeable society. The philosophy of 'giving back to society' has become an integral

component of the Canadian high school curriculum, with many schools instituting minimum volunteer hour requirements for students. Forms of mandatory and quasi-mandatory volunteerism also arise within the public and private sectors as a result of directives and performance measurement programs that include community activities. (Volunteer Canada, 2006).

According to Meinhard and Foster (1998), community service programs have been part of the Canadian high school curriculum for several years. In the United States, 83% of all public high schools have some element of a community service program (Scales & Roehlkepartain, 2004). Although the education environment provides some direct data on mandatory volunteerism, the incidences of mandatory community service programs in other sectors is not known. Despite this, compulsory ‘volunteerism’ has been critiqued as a counter-intuitive method to promote volunteer work. Less coercive incentives, such as educational admission requirements and internships that lead to paid positions, have also contributed to the culture of volunteerism in Canada. Both, it would seem, ensure that there are bodies available to fill volunteer need, but neither guarantee intellectual commitment to achieving the objectives of the not-for-profit organization.

Volunteerism has rarely been examined in relation to health professional enhancement. According to the NSGVP 2007 Survey, 6% of volunteers engaged in health related activities (Statistics Canada, 2009). Historically, health care professionals have been encouraged to volunteer internationally on the premise that in ‘severely poor, war-torn disarranged’ places “nurses are on the forefront of those who respond to the call to support their fellow human being, regardless of race, religion, or personal danger” (Zinsli & Smythe, 2009, p. 234). The authors emphasize the civil duty of nurses to work in a humanitarian (voluntary) capacity in international



settings, and promote the opportunity to make a difference as a key benefit to the nurses (Zinsli & Smythe, 2009). And yet, the role of health professionals ‘volunteering’ their services is underrepresented in research.

Acting as a ‘global citizen’ has gained popularity in recent years in Canada. In fact, international service is growing in prevalence globally (Davis, Smith, Ellis, & Brewis, 2005; Powell & Bratovic, 2006). In 2008, over one million Americans reported volunteering abroad. This figure has seen a steady increase since the 2004 reported number of 145,000 volunteers working overseas (Lough, 2010). Little is known about how this work is actually enacted; additionally, comparable Canadian figures are unknown.

This chapter examines volunteer health work with NGOs in Tanzania. More specifically, a critical lens examines not only ‘who’ volunteers, but also the interpersonal social relations that shape the health work they provide voluntarily. Specifically, this research explores three interpersonal social relations: race, class and gender, and how they are enacted to coordinate work among Canadian volunteers.

## **Review of the Literature**

### **Value, Motivations and Social Capital**

Several factors have been taken into account when studying volunteerism, including motivations to volunteer (Rehberg, 2005), predictors of burnout among volunteers (Moreno-Jimenez & Villodres, 2010), and the situational and organizational variables that influence volunteerism (Cnaan & Cascio, 1999; Haski-Leventhal & Bargal, 2008). The majority of literature related to motivations for volunteerism falls within the personality and social psychology body of work. Although the writings related to pro-social behaviors (i.e. doing work that benefits others) are well described, contemporary work in social, personality and

developmental psychology has moved away from theoretical understandings of volunteer work towards individual-focused motivations (Rehberg, 2005; Houle, Sagarin, & Kaplan, 2005). As such, a considerable amount of literature has been generated on this phenomenon since the 1980s. The proliferation of research in this field may be attributable to the expansion of the third sector in recent decades.

While the literature demonstrates a growth in volunteer work internationally, very little is known about the nature or impact of this work (Sherraden, Lough, & McBride, 2008). There is insufficient evidence to support volunteering actually improves conditions for vulnerable populations long-term. Further examination of issues of efficiency, empowerment and sustainability of volunteer work is required (McBride, Lough & Sherraden, 2012). Additionally, volunteer work is often perceived as intrinsically ‘good’, ‘helping act’ and/or an altruistic act, with volunteers’ assumed motivations to be beneficence (Dovidio, Piliavin, Schroeder & Penner, 2006; Graziano & Habashi, 2010; Rehberg, 2005). An evaluation of volunteers’ actual roles and contributions is rarely examined in the literature, but when reviewed it tends to focus on specific tasks with little consideration of the power dynamics or politics that can influence the nature of volunteerism.

Volunteers have been described as the ‘social glue that links disparate members of a multicultural society, contributing to the greater public good through the creation of social capital’ (Stukas, Worth, Clary & Snyder, 2008, p. 6). ‘Helping’ is usually construed as a pro-social activity with the intent to benefit others without regard for oneself (Graziano & Habashi, 2010). Several mechanisms can trigger the act of helping, including empathy, agreeableness, and conflict reduction (Graziano & Habashi, 2010). Other authors have explored motivations for volunteering. For example, Clary and Snyder (1991) reviewed data from an American national

survey (n=2761) that reported on participants volunteer experiences. The study revealed the following six psychological and social motivations engaged through volunteerism: 1) an expression of personal values/the wish to manifest humanitarian personal values; 2) a need to learn more/gain new experiences and understanding about the world, and an opportunity to exercise knowledge and skills; 3) a desire to strengthen or build relationships with others/developing social networks; 4) a need to reduce negative feelings of self/ protect the ego from the negative aspects of personal life; 5) a psychological self-development/personal enhancement; and 6) an opportunity to gain career related experience to enhance professional life (Clary & Snyder). Several of these factors have also been studied by other authors.

Held (2007) identified volunteering as a route to paid work. According to the Institute for Volunteering Research (2009), job seekers are encouraged by governments, employers, volunteering agencies and educational institutions to use volunteering as a stepping stone to paid work. Bennett, Ross and Sunderland (1996) reported that rewards and recognition for work well done are also of importance when examining volunteerism. Omoto, Snyder and Martino (2000) later found that volunteerism is a method of enhancing life satisfaction among older adults. Several of the motivational factors identified in the literature have related to enhancing 'self' rather than 'others', assuming of course that interests of 'self' can be separated from interests of 'others' (Cialdini, Brown, Lewis, Luce & Newberg, 1997). According to Wegner (2002), assessing intent in self and others is laden with complexities and contains tremendous opportunity for error and bias, particularly when examined quantitatively. While there is value in understanding why people volunteer on an individual level, it is important to note the broader social relations that permit access to resources and privilege. More specifically, it is important to

understand how power shapes the volunteer-abroad experiences of those working with marginalized communities.

### **Power and Volunteer Work**

Unpaid work is often marginalized as a measure of a nation's economic activity and wealth because 'work' has traditionally been defined by economists as paid activities linked to the market (Beneria, 1999). And yet, in Canada unpaid work is estimated to be worth up to \$319 billion dollars per year or 41% of Canada's GDP (Kome, 2000). There are several subcategories of unpaid work: informal caregiving, volunteering, domestic work, subsistence activities, family work, shadow work and unpaid work in paid workplaces (Baines, 2001). Although volunteerism does not officially fit into Statistics Canada's conceptualization of unpaid work, other authors have explored it from this perspective (Beneria; Mahalingam, Zukewich, Scott-Dixon, 2001). Volunteer work is varied and extensive (Zukewich, 2002). What distinguishes volunteer work from other forms of unpaid work is that it is performed for recipients who are not members of the immediate family and for which there is no direct payment (Beneria, 1999). And yet, compared to other forms of unpaid work, the privilege and status that is attached to volunteer work has been examined. Volunteer work can include that performed formally for a non-government organization (NGO) and/or informally by individuals for other individuals (Beneria, 1999). Similar to other forms of unpaid work, volunteerism is shaped by gender relations as they intersect with other social locations such as class and race.

Gendered differences related to paid labour have been relatively well documented in the past several decades (Armstrong & Armstrong, 2001). 'Occupational segregation' is a term often used by economists to describe a gender-based division of labour in which men and women are responsible for different kinds of tasks (Leidner, 1991). Within this division, women are

perceived as primarily responsible for activities related to the home, while men participate in income-generating activities related to the economy and polity. Because men's activities are perceived to be congruent with social central institutions (i.e. producing money), they tend to be valued more than women's work activities. Additionally, when women and men perform paid work, men's work is still more valued (Armstrong, 2004). Consequently, greater privilege is assigned to men's work while women's work tends to be systemically unrewarded (Leidner, 1991). How gender shapes other domains of work, particularly volunteer work, however, has been an issue of contention in the literature. According to Rotolo and Wilson (2008), there are two schools of thought related to volunteering, that is, what people do in their presumably 'spare' time, by choice. On one hand, the authors discuss a spillover hypothesis whereby occupational sex segregation enacted in the workplace and home, would 'spillover' into the third sector (volunteer sector), and therefore the division of labour based on gender would extend from one domain of work to another. In this case, work practices have a spillover effect on non-work practices. On the other hand, they stipulate that because volunteering is a self-selected obligation in which is assumingly free to absolve oneself when the conditions are no longer agreeable, volunteer work would be exempt from gendered patterns located in other spheres of work (Rotolo & Wilson, 2008). In this case, leisure time pursuits are different than paid pursuits. Ultimately, the authors conclude that both hypotheses have merit: however, the spillover hypothesis tends to be better supported by sex segregation research among volunteers (Fischer, Rapkin, & Rappaport, 1991; Geurts & Demerouti, 2003).

In contrast to the spillover hypothesis, Moore and Whitt (2000) examined the sex composition of nonprofit board of directors in the United States and found that men were more likely to be a trustee than women when controlling for class. Similarly, Hooghe (2004) found

that men are more likely to sit on a board of directors for a nonprofit organization than women. A Canadian study by Mailloux, Horak and Godin (2002) found that women were more likely to participate in activities such as fundraising, providing care and support, and collecting food, while men were more likely to coach, teach, maintain/repair facilities or provide transportation. Furthermore, men tended to describe themselves as leaders (42% of men surveyed) compared to women (31% of women surveyed) in volunteer positions. According to Rotolo and Wilson (2008), gender differences emerge between 'line' and 'staff' positions. The authors describe line positions as hierarchical in nature and laden with authority and decision-making, while staff positions consists primarily of support work such as fundraising and planning social events. Men were more likely to fill 'line' positions while women tended to fill 'staff' positions (Thompson, 1995).

Social class also shapes the allocation of volunteer tasks. According to McClintock (2000), volunteers with post-secondary education tended to participate in white-collar volunteer work, such as board of directors participation. Furthermore, education predicted the nature of volunteer work, in that those with more education were more likely to hold a leadership position than those with less (Johnson, Foley & Elder, 2004). According to the Australian Bureau of Statistics (2001), occupation was also a predictor of volunteer tasks. For example, administrators were more likely to engage in committee work (64% compared to 45% of volunteers overall), professionals were more likely to participate in teaching activities (65% compared to 44% of volunteers overall) and tradespersons were more likely to undertake repairs, maintenance and other hands-on activities (47% compared to 25% of volunteers overall). Given these study findings of how persons engage in volunteer work based on their social positioning, it is important to recognize that volunteer work is more available to those with greater social status. It

is important as well to make the distinction between volunteer work and unpaid work, such as caregiving and housework.

Power is “the differential capacity to command resources, which gives rise to structured asymmetric relations of domination and subordination, political structures and ideological structures respectively” (McMullin, 2010, p. 28). Although power exists in relationships that occur between individuals, it extends beyond the individuals themselves, as power is more than one’s ability to exert one’s will over another (McMullin, 2010). Instead, power is held by dominant groups in society and individuals draw on this by virtue of having membership within these groups (McMullin, 2010). This definition of power aligns with institutional ethnography (IE), which acknowledges that power is generated through coordinating functions of language and texts (Smith, 2005). In other words, power is systematically reproduced to control and mobilize the work of others, and is evident through what people say (speech) and what is written (text). The findings in this chapter illuminate how power is enacted through speech and text in volunteer health work in Tanzania. More specifically, it exposes on how race, gender and social class are enacted and ultimately, create an asymmetrical relationship between the volunteers and local communities.

### **Methodology and Methods**

Following the work of Canadian sociologist, Dorothy Smith (2005), I employed the tools of Institutional Ethnography (IE) as a method of inquiry that investigates the linkages among local settings of everyday life and organizations. Institution refers to “the ruling relations that are organized around a distinctive function” and are specialized in a particular activity and action (Smith, 2005, p.225). The ruling relations are “objectified forms of consciousness and organization, constituted externally to particular people and places, creating and relying on

textually based realities” (Smith, 2005, p.227). In other words, the ruling relations are the generalizing and standardizing operations determined by government policy, regulations and laws, as well as professional discourses that coordinate activities across multiple spaces, places and time (Lund, 2012). Each local unit will enact the extra-local in their own way (Lund). Texts reproduce and privilege the ‘ruling ways of knowing’ about experiences and activities. In international contexts, volunteer health work activities occur discursively – the extra-local is reproduced in multiple settings in Tanzania. This study exposes the broader institutional processes that coordinate activities, while starting from the standpoint of the individual. It was imperative for this work to give voice to the participants in this study without objectifying their experiences for the benefit of molding a theoretical argument. Instead, I took the side of the participant to challenge what is taken for granted, and discover new ways to conceptualize the ‘order of things’ (Smith, 2005). This study addresses three research questions: 1) How are social relations enacted by international health work volunteers in Tanzania; 2) How do organizational social relations coordinate international volunteer health work in Tanzania; and, 3) How are institutional social relations connected to the international health work volunteer experience? Each of these research questions have been addressed in three different research manuscripts. This chapter focuses on the first research question, specifically on the interpersonal social relations enacted by the international health work volunteers that connect the experiential standpoint to the extra-local processes.

### **Data Collection**

The data on which I draw in this chapter were collected over a period of 19 months in Tanzania and Canada, beginning in August 2011. In Tanzania, I collected data in regions with a prolific amount of NGOs and Canadian volunteers, as well as a high prevalence of HIV/AIDS



services, though not necessarily an increased prevalence of HIV/AIDS. These regions included: Zanzibar, Arusha, Moshi and Dar es Salaam. The data consists of three sources: interview transcripts, field notes and organizational/institutional texts. Multiple methods of data collection were employed in Canada, including telephone interviews, participant observation at preparatory volunteer sessions offered by NGOs and review of online texts.

Interviews were used as a method of eliciting discourse that would illuminate those relations that have generalizing effects (DeVault & McCoy, 2004). A semi-structured interview guide was used to ensure that the research questions were covered sufficiently. All interviews were audio-recorded and transcribed verbatim. In order to promote discussion that would reflect participants' positioning within their social surrounding, I offered the option of individual or group interviews. According to DeVault and McCoy (2004), individual discussions are not the only way to engage dialogue in research; group conversations may elucidate shared experiences (Campbell, 1998; DeVault & McCoy, 2004). In this study, one-to-one interviews offered a more conducive space to share an honest account of lived experiences; while, group interviews allowed the participants to reflect on both their collective and individual experiences. In this study, the majority of participants were interviewed individually. Interviews ranged from 0.5 to 2.5 hours in length. All identifying information has been removed from the quotes presented in this chapter.

Participant observation, which explores the 'social in motion', a dimension of social life that is foundational to the ontology of an institutional ethnographic approach, was used to record insights, as follows: 1) 'in the field', as observational descriptions of participants' actions and reflections on the power relations present; and, 2) 'during the interview', in order to capture nonverbal forms of communication and the implications of these for social organizations.

Participant observation ‘in the field’ occurred in formal settings, such as in the waiting room at the Canadian Consulate in Tanzania or a Canadian owned and run clinic in Moshi. The ‘in field’ observations also occurred informally, for example, at the ‘Coffee House’ in Arusha, an exclusive setting where primarily only volunteers can afford to congregate to eat and drink. Given that NGOs are often grass-roots and community-based, it was important to observe the informal setting in which power relations were enacted; as well as, some of the contradictions that exist in grass-roots groups ‘hanging out’ at exclusive locations. Participant observation ‘during the interview’ allowed me to gain a personal account of naturally occurring language and nonverbal expressions that reveal potential contradictions or assumptions existing within the institutional complex, as well as the subtle and explicit ways in which power relations operate (Smith, 1999). Throughout, this chapter draws on field notes produced during interviews, as well as following field observation of participants, no later than one day afterwards.

Finally, text-based forms of knowledge are essential in understanding ideologies, working activities and the power relations embedded within an institutional complex. Specifically, I examined discursive texts from three sources, each of which added a distinct perspective: 1) health care professional organizations; 2) Canadian NGOs; and 3) bilateral agency. Text analysis included an examination of the ways in which texts were ‘in-motion’ in relation to the participants of this study (Smith, 2005). Text-in-motion refers to the ways in which texts play a central role in how people work. In this study, several text documents informed the participants’ actions depending on the standpoint of the individuals. In this chapter, I explore some of the texts that coordinated volunteer health work, such as NGO marketing strategies used to attract volunteers and descriptions of roles and responsibilities of volunteers outlined by NGOs that informed the expectations of the volunteers. Primarily this information

was drawn from public websites, or I also draw on texts that were recommended to me verbally or otherwise by the study participants, for example, I was provided a strategic plan and internal document from an NGO in Tanzania. Participants asked that these documents remain confidential.

### **Recruitment and Sampling**

IE seeks to illuminate the coordination of work processes and sets of social organizations shared by participants living in different circumstances, with less concern for descriptive reporting on one population (DeVault & McCoy, 2004). The aim of recruitment in this study, therefore, was not to categorically describe a particular sample, rather illuminate diverse experiences in order to portray a broad picture (DeVault & McCoy, 2004). Multiple perspectives, such as those of health work volunteers, NGO staff, and bilateral agencies, brought understanding to the nature of the social relations enacted among volunteers in the natural settings of Canadian NGOs providing HIV/AIDS health care in Tanzania.

Approval for this study was obtained from the Ethics Reviews Board at the University of Western Ontario. Health work volunteers, NGO administrators/staff as well as bilateral organization employees were recruited in Canada and Tanzania based on their potential to effectively address the research questions. This was determined by my own assessment, as well as the participant's self-identification of their relationship to the NGO and HIV/AIDS in Tanzania. The criteria for participation broadly included: 1) proficiency in spoken English; and, 2) volunteering with a Canadian NGO, or employed by a Canadian NGO, or employed by a bilateral agency that funds Canadian NGO work. In this study, a 'health work volunteer' refers to someone with or without a professional designation who provides direct or indirect HIV/AIDS, health related services through an NGO. Given that IE seeks to illuminate coordinate work

activities, I chose to focus on participant definitions of the individuals' relationship with their work, rather than emphasizing their professional designation as the sole measure of their participation in 'health' work. For example, a 'health work volunteer' may entail a nurse who volunteers for a Canadian HIV/AIDS clinic in Moshi, an engineer developing/building a birthing unit for mothers/babies with HIV/AIDS or a general health work volunteer without a specialized health training working in an HIV/AIDS orphanage. An 'NGO administrator or staff' refers to someone who works for an NGO administratively, and who is familiar with the interworking of the NGO. A bilateral organization employee refers to someone who is employed by a bilateral institution such as the Canadian International Development Agency (CIDA).

The sample size in this study was determined with some flexibility, and yet required a sufficient number of participants to elicit a variety of experiences (Sandelowski, 1995a). Data collection continued until saturation of the theoretical categories produced a rich data set for a qualitative approach (Sandelowski, 1995b). This ultimately derived a sample size of 37 individuals. Furthermore, this was an adequate sample to obtain comprehensive descriptions sufficient for ethnographic research (Morse, 1994), and to elicit an in-depth understanding of the relationships between and among the participants (Morse, 1991). Recruitment for participant interviews continued until I reached saturation of sample categories (Morse, 1995; Sandelowski, 1995a). A diverse study sample was comprised of 1) health work volunteers — which represented a range across the categories of: sex, professional status, degree of involvement with NGOs, previous experience in Tanzania and types of past employment experience (for example, emergency room, homecare, or HIV/AIDS care); 2) NGO administrators and other staff — which represented a range across the categories of: sex, employment status (full time/part time), years of experience working with NGOs, educational background, degree of involvement with

health care in Tanzania; and 3) CIDA official employees, which represented a range across the categories of: sex, position within organization, degree of involvement with NGOs, and role within the organizations (decision-making, administrative). This type of purposive sampling made obvious identified patterns of commonalities and differences between and among participants, such as professional influence on work (Sandelowski, 1995a).

It was essential to recruit more health work volunteers than other types of study participants, as this perspective varied tremendously based on work activities and the duration of their placements. And yet, when recruiting NGO staff, saturation occurred more rapidly, which may be attributable to the similarities in their work. For example, many experienced fiscal restraints as a barrier to providing comprehensive services. Because of the demanding nature of their work, most NGO staff were interviewed in Canada when they returned from Tanzania. Furthermore, the number of CIDA officials interviewed was entirely dependent on available personnel. A total of four CIDA employees working in Tanzania participated in interviews. Of the 37 study participants, 23 were female and 14 were male. Only 25% of this sample was married, while the rest were single. (There were no divorced or widowed participants.) A total of 30 health worker volunteers, four bilateral employees and three NGO staff/administrators were recruited. The professional status of the sample varied, and included: five medical doctors (MDs), five registered nurses (RNs), one occupational therapist (OT), one professor with a PhD, five engineers, four official delegates and 16 'other' baccalaureate-prepared participants. For additional details related to the study sample, see Table. 1.0.

### **Data Analysis**

In order to facilitate data analysis, I developed a chart for each participant who integrated all three types of data (text, observations and interviews). The chart provided a brief summary of

each participant including biographical data such as age, Canadian-region of origin, professional status, length of time in Tanzania, NGO-affiliation, length of employment at CIDA (if applicable), and duration of experience among other demographics (Appendix I: Demographic Questionnaire). An additional summary that incorporated 'text' from the related NGO was also included in the chart. For example, I retrieved the online mission statement and/or goals of the NGO related to a volunteer experience from the website of the NGO and made comparisons between what was 'said to be true' and what was reality as described by the participant.

I attended to the structural ordering of data including the interactional, interdiscursive and linguistic/semiotic dimensions of discourse. According to Chouliaraki and Fairclough (1999), the five main stages of discourse analysis are: 1) identify a problem; 2) determine the practices that enable the problem; 3) identify the discourses that inform those practices; 3) illuminate the implications of the problem within practice; 4) shed light on the opportunities that exist to overcome the problem; and, 5) reflect on the analysis process. These five stages assisted in comparing between and among the insights outlined for each participant in the chart.

Furthermore, it brought my attention to the institutional discourses, each individual being an entry point to the broader institutional complex. The ultimate purpose of the data analysis template was to track processes that would expose the ruling relations dominant within the institutional complex, while also being attentive to the intricacies of the various relational levels.

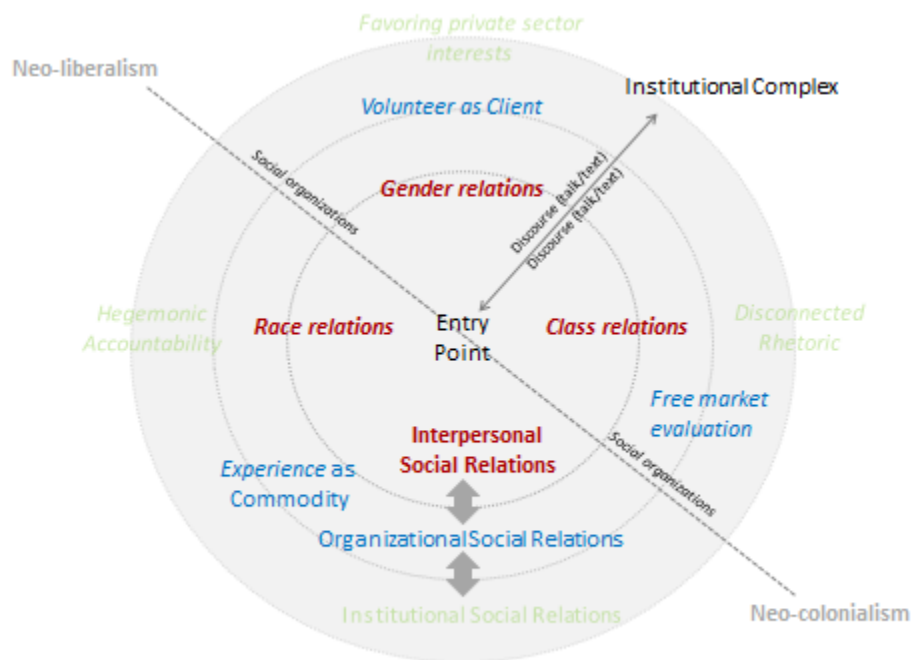
The final phase of analysis was the development of a conceptual map to explain how each of the institutional processes was connected (see Figure 2. Interpersonal Social Relations within the Institutional Complex). The purpose of this diagram was to assemble and map work knowledge. The intent was not to generate a prescribed model that objectified the experience of

the participants in the study. Instead, it offers a visual representation of the processes ‘in action’ within the institutional complex.

### **Findings**

Figure 2 visually categorizes three relational levels of social relations: *interpersonal*, *organizational* and *institutional*. The *interpersonal social relations* (race, class and gender relations) are bolded in the diagram in order to distinguish them from other processes occurring within the institutional complex. This chapter provides an in-depth description of the first research question 1) how are *interpersonal social relations* enacted by international health work volunteers? Information related to the *organizational* and *institutional social relations* can be retrieved elsewhere (Chapter 5 and 6 respectively). For the sake of clarity, these levels of relations are described separately; however, they occur simultaneously and are interconnected. As outlined in the diagram, cross-cutting social organization transcends the institutional complex (and beyond), as constantly occurring relations that reproduce on all relational levels (*interpersonal*, *organizational* and *institutional*).

Figure 2. Interpersonal Social Relations within the Institutional Complex



The following section details how *Race Relations*, *Class Relations* and *Gender Relations* are all manifestations of *interpersonal social relations* embedded within the institutional complex. Figure 2 above shows the dialectical nature of the relations through use of a permeable cycle. For the purpose of clarity, these relations have been explicated individually in this chapter, despite their overlapping and interconnected elements. Race, class and gender occur simultaneously to shape work activities.

An institutional ethnographic approach to research foregrounds the work that people do — their engagement in activities that take time, intent and skill (Smith, 2005). Therefore, the analysis attends to both individual experiences, as well as factors that the participants did not know explicitly about their everyday work, including taken-for-granted assumptions (Campbell & Gregor, 2002). Unlike conventional ethnography, this approach sought to demonstrate how local differences are variations of generalized ruling practices. For example, this can be seen in



the generalized use of the *Canadian Standards of Care* to control and organize health care delivery by practitioners in Tanzania.

### **Race Relations**

Race is a social construction rather than a biological indicator (McMullin, 2010). The United Nations Educational, Scientific and Cultural Organization (UNESCO) dismissed race as a biological category in 1952, and yet today, it continues to be confused as a genetic trait (Browne, Varcoe, Wong, Smye, & Khan, 2013). Race is not a natural categorical distinction, but rather a social category that becomes problematic when it is employed as the basis for labeling persons. Labeling is not necessarily used to identify groups with common heritages, but rather a means of excluding groups from access to resources and privileges (McMullin, 2010; Weber, 1978). Racialization is a “process by which ethno-racial groups are categorized, stigmatized, inferiorized and marginalized as the ‘others’” (Henry et al., 2005, p.352). Further, racialization is an exertion of power and can be enacted through everyday actions inherent in policies and practices (Browne et al., 2013). The following excerpts from participant interviews and text analysis demonstrate how concepts of race were enacted during the provision of health work.

This first example contrasts a text excerpt from an NGO website and a quotation from an interview transcript with a health work volunteer, respectively:

Volunteering is a hands-on way of building a fairer world, one that allows you to get out of your usual routine and experience a culture that's often different from your own. (TEXT, NGO excerpt).

People just want their pictures taken with the little black baby. People want to feel good about themselves while helping.[...] The kids all ask us [volunteers] for toys because of the

lessons we have taught them that white people only give out toys. It's what they know. White people give stuff. (Health Work Volunteer 1)

The purpose of pairing these examples together is to note the contradiction and potential unintended consequence of 'experiencing a culture'. The assignment of specific race-based roles expressed in the comment "white people give stuff", is a form of racialization. This seems to contradict the NGO's stated intention of "building a fairer world".

The following example depicts how one health work volunteer connects 'work ethic' to race, by explicitly suggesting that Canadians "might have better skills, experience and training" than local people. Similarly, an NGO excerpt more subtly notes "the pace of life and work" in the Global South is 'different' than Western culture (and not the other way around). Both cases emphasize the *differences*, and lack effort to make the experience relatable. Further, both the quotation and text oversimplify their portrayals of work in the local community, with little regard for the historical and political context that has shaped how work is enacted.

But as soon as you get here and you start working with local people, with NGOs that are run by Tanzanians, all of that kind of [expectations and goals] just goes out the window anyways. Tanzanians don't have much of a culture of — well, I want to say professionalism, but that sounds really negative and bad. And you know, like work ethic is — well, let's just say it's different. I won't necessarily say it's bad because some of it I really enjoy myself. I love the fact that if I only want to do one productive thing a day, that's totally cool. You know, there are days when that's really quite brilliant. But it's very different here. Even though you might have better skills, experience and training, even though you might have what you think is a better work ethic, even though you might think that nothing's getting done with your time here, you — if you're sensitive — you can't really come in and just take over for whatever's

going on. And so a lot of volunteers end up coming here and immediately find a sense of frustration with the fact that they're basically doing nothing at all. They do a lot of sitting around and drinking tea. (Health Work Volunteer 2)

The pace of life — and work — in many developing countries may be different from the one you are used to. It's vital for you to adapt to this so that your efforts are respected and absorbed by your colleagues. Many volunteers comment that what they initially perceived as slow progress was the vital bedrock upon which later successes were built. (TEXT, NGO excerpt).

The next quote depicts one participant's suggestion to monitor the Tanzanian community. Power gives form to domination and subordination simultaneously. In this case, surveillance is suggested as a mechanism of control in order to ensure that "everything is going as it should", which denotes a power-over relationship dynamic. The suggestion for someone "in a larger position" to Tanzanians, insinuates that local people are incapable or unable to self-monitor and requires an authoritative hand. Even the use of semantics, such as 'larger', denotes a power imbalance, which subordinates local Tanzanians. Further, it should be noted that interpretations of "everything going as it should" is entirely premised on Western ideologies about how the everyday world should work. This is a form of racialization because it emphasizes the difference between local people and volunteers, and suggests that local Tanzanians should be deprived of authority to oversee their own affairs.

Because it's the Tanzanian people, so they're just kind of doing what they think is best, and I think that there needs to be someone else in a larger position to always be checking up on things, making sure that everything is going as it should. (Health Work Volunteer 3)

The following example contrasts one health work volunteer's account of how work is or is not delivered by Tanzanian health workers at a local hospital. He generalizes about Tanzanian staff's absence of work, and suggests that outsiders just need to accept this approach. The text excerpt intimates that a Canadian volunteer has the ability and power to "improve life for the poorest people in the world". Similar to the previous quote, both accounts reflect a need for external intervention to 'fix' life in Tanzania, insinuating that Tanzanians as a group are unable to care for themselves.

There are a few organizations that actually have really good people, but they're hard to find. It doesn't happen that much. I mean you go to the hospital here and, you think "a hospital", an organization with doctors that work hard and they're saving lives and stuff. No, they're sitting around drinking tea. They're going home early. They're coming in late. I'm generalizing, but with good reason. That's one of the big things I tell everybody is you just have to accept the pace of life here and if you can't do that, you won't be happy. (Health Work Volunteer 4)

If you want to do something practical to improve life for the poorest people in the world, volunteering with us just could be the answer. (TEXT, NGO excerpt).

Participant observations revealed that many of the volunteers referred to themselves as 'Mzungus' — a Swahili term that typically applies to tourists and suggests 'traveler'. The verbatim quote below explicates how some participants preferred socializing with other Canadians. Additionally, race was utilized as a form of power to gain preferential treatment when seeking out services.

Yeah, so it basically was because I'm Canadian. So I was thinking near the end of my first month here in Tanzania — I was stealing free internet to book the hotels. And there was a

couple of other white people there and, I like white people. We should be friends. And the fact that they were Canadian, oh, we should definitely be friends. (Health Work Volunteer 5)

Integration with the Tanzania community was valued as a form of social capital, mostly among the volunteers studied. One's ability to be a 'good' volunteer was superficially equated with one's ability to appear connected within the community. Often it was described as something that was actively sought out by the volunteer for status purposes. One participant indicated how one had more credibility when he/she had a Tanzanian 'with him/her'.

You need someone to introduce you. It adds credibility to have a Tanzanian with you.

(Health Work Volunteer 1)

Integrating was often actively sought out by the participants in this study as a mechanism to achieve social capital. Unfortunately, common approaches to this tended to undermine relationship building, as Tanzanians were often ranked based on their alleged authenticity. For example, 'safari guides' were not considered to be genuine social connections because volunteers are expected to purchase their services. This categorization of the Tanzanian community was in and of itself a form of racialization.

Or they [international volunteers] just fall in love, and they give up on going home, and they stay as long as they possibly can or whatever, and they actually like make a lot of real local friends — not safari guide local friends — but like other local friends as well, who aren't just trying to get money out of them. Not to say that safari guys can't be your friend as well, because I have many but especially with volunteers, it's kind of like I'm your friend but I really want you to let me drive you around and you can pay me for the pleasure, and I'll take you out on safari, and we'll go camping and et cetera, et cetera. You know, they actually learn the language et cetera, et cetera. (Health Work Volunteer 2)

The following quote illustrates how one health work volunteer ranked his colleagues based on his preconception of integration as social capital.

Some people are here for like two weeks. And they're usually very young and basically they have some sort of weird impression in their head that if they can get a couple of pictures of them holding a cute black baby, they've somehow saved the world. We make a lot of fun of them. We don't have a very high opinion of these kind of volunteers. But they are a great source of rotating income for the safari industry. So those are the first — the short-term kind of, you know, just misguided in a way, volunteers who just want to hold babies. Then there's the sort of mid-range, they're here for maybe like three months or so. And with those ones, you get some who take it a little bit more seriously, some that think they're taking it more seriously. They sort of pretend like they're learning the language and they're very impressed with their own accomplishments and things like that. (Health Work Volunteer 2)

'Integration' as a form of social capital even created a hierarchy among the volunteers. Some were able to exert dominance over other volunteers because of their ability to integrate with the Tanzanian culture. In their view, this seemed to afford them permission to evaluate others and critique the work they performed while in Tanzania. Often times it was treated like a currency among NGOs and their volunteers. And yet, the integration seemed to be one-way: they want to be valued as a bona-fide Tanzanian all the while using their privilege to gain advantage over others and maintain or advance their social standing.

### **Social Class Relations**

It is important to note that all volunteers in this sample were able to afford time away from work in Canada, as well as the cost of their travels to Tanzania. In fact, all volunteers paid or fundraised for their own travel and accommodations, and some even paid an additional

donation to the NGO for their experience. The following text excerpt from a Canadian NGO brochure outlines some of the costs that volunteers were required to incur for their experience abroad.

For each trip, costs include round-trip airfare, ground transportation, room and board.

Additional team costs can include transportation within the host country, translators, team shirts, departure taxes, visas, medical equipment and supplies, packing supplies, stationary, printing and postage. As much as possible we seek to obtain donated equipment and supplies.

A typical 7 day trip can cost approximately \$2000. Please ask regarding costs for a specific trip, as they can change based on current air fares, length of stay, size of the group, and planned projects. Individually, additional costs include immunizations, passport, local souvenir shopping and cultural events. (TEXT, NGO excerpt).

This example sheds light on what segment of the Canadian population might be able to participate in international volunteerism. In this study, the participants were predominantly white, had some degree of affluence and were, by and large, well educated. Their social demography is noteworthy because it undoubtedly contributed to their enactment of privilege and social capital. The findings from this study put into question whether this form of volunteering is indeed an exercise of neocolonialism. More specifically, the findings illuminated international volunteer work as a form of elitism when it is only available to those who can afford it. The power imbalance that ensues creates an asymmetry between those who practice international volunteer work and those receiving the service.

Social class extends beyond economics and a differential in income earnings. Instead, it implies standards and expectations for everyday life, particularly in international contexts. Participant observation data revealed that many volunteers expected to have living conditions

similar to their home country. When it came to perceptions of affordability, many chose luxury over necessity, for example by frequenting expensive cafés and restaurants, or taking taxis instead of walking. Maintaining Canadian ways of being while in Tanzania, reinforced class differences and this translated into privilege in favor of volunteers. More often than not, this privilege was taken for granted and few participants acknowledged it.

Some participants described a shared sense of scarce resources (earning no money) as a way for volunteers to relate to local people. These described attributes however are artificial and temporary — which contributes to the reification of this privilege.

I thought I would be quite happy volunteering. But it's miserable not being paid anything. So I am being paid slightly by this NGO, off the books, I'm not paying taxes. I get \$400 per month to practice here. It gives you more self-worth and I take more responsibility for it. As long as you get something, it makes a big difference. (Health Work Volunteer 6)

Professional status was an example of social class. Several participants described how their professional designation afforded them privilege. In the following quote, a medical representative at a bilateral agency describes how his status as a physician ensures his 'voice is heard' in discussions.

I get consideration, I am listened to differently than other people working with me, because I'm a doctor. So that's, I mean I don't particularly appreciate that type of hierarchy...it's certainly a passport to be on this level of discussion field with certain levels of people, that's more of a strategic advantage than anything else. (Bilateral Agency Employee 1)

Some health care practitioners (compared to other professions) exerted their dominance over other volunteers because of their professional status. Those perceived as 'healers', because of either their ability to diagnose/treat and/or their connection to someone who is able to



diagnose/treat, were well positioned over other health work volunteers with different skills. Furthermore, Canadian practitioners were perceived as having additional resources and knowledge beyond the local workforce. This is similar to Canadian scenarios, where it is common to jump a queue as a result of a connection with a health care practitioner or administrator. This form of dominance is exacerbated in Tanzania where health care is costly and the availability of practitioners is limited.

In the following quote, a nurse describes her skills as leverage in earning respect from a Tanzanian doctor, and knowledge as a source of power. This quotation is consistent with the NGO excerpt described below, which suggests that their volunteers' work "support 'them' to become more effective". This statement suggests that the volunteer has the ability and skills to facilitate 'more effective work' and positions the volunteer as having more knowledge and understanding related to work effectiveness.

Showing them that I am knowledgeable, showing them that I do know and understand disease processes. Like when I was in the dispensary, we were talking about differential diagnosis, and they would realize that I am knowledgeable about these things. The one guy there was a very intoxicated man who came in... and the doctor wanted to give him IV fluids. And so he got the supplies and was like 'watch me' and he missed miserably. And I just said, can I please try and he was very leery and hesitant and I said why don't you get me some of those supplies, and by the time he turned around I had the IV in. And he was like 'oh you are an expert'. (Health Work Volunteer 7)

We place people from a wide range of professions in a variety of placements. In your role you will work locally with colleagues to support them to become more effective in their work. The

details of your placement will depend on your professional experience and skills. (TEXT, NGO excerpt)

It is interesting to note how the nurse asserts her social class despite her professional status. The nurse felt that she was more knowledgeable than the doctor because of the value she assigns to her training in the Global North. This is not to suggest that nurses generally have less understanding than doctors or should be subordinate. However, the circumstances are unique, whereby the Canadian female nurse's belief that she has more knowledge than the Tanzanian male doctor is legitimized by social class dominance.

The following example exposes how some participants sought out reward/value based on their perceptions of their own class.

I feel like, as a volunteer — we're giving our time and our money. They [volunteers] should be more valued than it is at home, but since I'm a nurse I just think it's the way I am and [...] and the way I was brought up, that I should always be giving as much as I can because, because I have so much more than everyone else around me. [...] I feel like I should be more valued by the doctors and by the other nurses and like, okay, you come from Canada and you do this, this and this and this and this and this and this for patients. Can you teach us? Can you show us? And there's just no value whatsoever. Like they [Tanzanian health professionals] don't even notice if we're here or not. And it's so disheartening. It's just not what you expect and want to try and accomplish. (Health Work Volunteer 8)

This quote describes how the participant felt 'disheartened' because of the lack of value that was assigned her role as a volunteer. In fact, she explains her dissatisfaction with not being sought out as a resource given her professional status. There is an apparent lack of understanding related to social context in which her work occurs.

## Gender Relations

It originally started as a women's shelter, which was a good idea to take in women who had been beaten, as there is a lot of domestic violence. That was a really really good idea. And then they set up some... they like gave them some business training... and gave them some micro loans and help them reintegrate into society and survive for themselves. Because they are mostly HIV positive. And then they provided a clinic to treat them. And that is what this is meant to be. But now it's morphed into a clinic to see anybody. (Health Work Volunteer 9)

“Gender affects almost every aspect of social life and is often the basis of differential access to resources and power” (McMullin, 2010, p.40). Gender, similar to race, refers to the social construction of difference that is largely organized around sex. And yet, because gender is so deeply rooted in the social structures that underlie activities of daily life, it becomes pervasive and even ‘unconscious’ at times (McMullin, 2010). Gender was a notably taken-for-granted assumption in dialogue that occurred with the participants in this study. Further, gender inequity was socially constructed by the participants as something that is problematic for ‘others’ in the Global South, rather than for themselves.

It seemed as though both male and female participants felt a particular discomfort in speaking about gender relations. In the following quote, the participant speaks about paternalism, but only in the context of work; and, more specifically, how nurses can have less power/autonomy in their professional work in Tanzania because nursing is a female-dominated profession.

It's a basically patriarchal society — I hadn't really even thought of that. I was just thinking of basically access to drugs and equipment. Then, you have that cultural dimension too.

Again, up north [in Canada] is an interesting comparison because nurses up there are often — they are on the front lines in health centres and they're nurse practitioners. And they're often

doing pretty serious stuff only with the help of telemedicine if, you know, if they have time. But it's a different situation. They're not in a patriarchal culture. You know, they are empowered. They have the resources. (Bilateral Agency Employee 2)

In the following quotation, a health worker reflects on how culturally unprepared Canadians can be when they arrive in Tanzania. He positions gender as the social criteria to evaluate 'other' cultures.

Women here are treated differently. For instance, you hear a bunch of stories — 90% of all married men in this country will sleep around on their wives. It doesn't matter how nice you think they are, they will. That's the sort of thing that most people never really learn and then when they do learn it here, it's kind of like a big shocking experience. But at the same time, it doesn't really matter how much you're ever told. You kind of have to just go and see it for yourself. (Health Work Volunteer 10)

The language the participant uses in this quotation, such as "doesn't matter how nice they are" denotes judgment of the naivety of women who come to Tanzania; which, ironically makes his statement paternalistic. His critique ultimately seems to be of women volunteers who become attracted to Tanzanian men. This quote reinforces some gender inequities among Canadian volunteers.

The reason I left the dispensary was because of sexual harassment. The doctor at the dispensary was extremely inappropriate. He touched me and kissed me. He came to a bar where I was and asked me to marry him. He asked me for money to sponsor him for medical school. Then I reported him to CCS but they wanted me to return to the dispensary. (Health Work Volunteer 6)

The participant's described experience exemplifies that harassment and abuse of power based on gender tend to be overlooked by the NGOs because of the cultural context. It seems as though they dismiss what would be a severe allegation in Canada, as normative in the Tanzanian context. Eventually this nurse resigned. Further investigation is needed to understand the Tanzanian woman's experience of gender.

It is important to reiterate that although gender, race and class are described separately, they in fact occurred simultaneously. For example, the ways in which the participants in this study perceived gender inequity as a problem inherent in the 'other' culture, is embedded in race and class relations. The problematic occurred when the participants in the study used interpersonal social relations to advantage themselves.

### **Discussion**

As international volunteer work increases globally, research related to how power is enacted by volunteers in the world's most marginalized countries has severely lagged behind and institutional work processes are rarely discussed as foci for exploration or social change. And yet, a similar experience of international volunteer health work continues to reoccur and be reproduced across multiple settings. This study examined how work enacted by health work volunteers was coordinated by interpersonal social relations: race relations, class relations and gender relations. This chapter expands our understanding of how these interpersonal relations were 'in action' and transcended a variety of volunteer placements in differing contexts in Tanzania. The findings from this study offer analytical insights into a link between the individual (agency) and the broader institutional processes (structure). The findings of this research afford three main insights.

Firstly, volunteer work is a socially advantaging activity for volunteers. By and large, the knowledge to date related to social relations and volunteering has been derived from quantitative research. A study by Mesch, Rooney, Steinberg and Denton (2006) found that gender, race and marital status were important predictors of volunteering behavior when controlling for differences in income, age and educational status. Further, a study by Wang and Graddy (2008) revealed that human and financial capital indicators positively affected charitable 'giving', both secularly and religiously. Although quantitative studies can offer insights into large-scale activities, objectively assessing gender, race and class as discreet and isolated variables does not provide meaningful accounts of how these relations are enacted, which is of utmost importance when examining any work with marginalized populations. This study offered an in-depth analysis of the enactment of *interpersonal social relations*, more specifically how the social relations privileged the volunteer community over the local Tanzanian community. I did so, by way of examining how race, class and gender extend beyond categorical variables and are indeed processes embedded in action and text. Further, this research contrasted socially advantaging work with the intended social justice approach to volunteering, an intended 'do-good' task that seeks to help marginalized groups. At the very least, if health work volunteers continue to participate in this form of work, it is important for them to be reflective of their position of power prior to their departure. For example, health work volunteers should engage in preparation that helps anticipate how their expert knowledge could privilege them socially over the local community. Beyond the individual effort to be reflexive though, it is of utmost importance that the social structures change. We need to rethink the ways in which we value health related development, and most importantly question 'who' is assigned expert status. If health work continues to be unidirectional, whereby Canadians are the providers of health work in Tanzania,

it will be very difficult to overcome power imbalances. NGOs should strive to provide inclusive opportunities, where Canadian and expert are not synonymous but rather the local community teaches Canadians about health work.

Wilson and Musick (1997) argue volunteerism is not altruism, but rather an activity to achieve a particular goal. Consistent with the findings from this study, the authors also argue that dominant statuses such as income, gender and race influence who participates in volunteer work. Further, the authors explore social, cultural and human capital as motivations for volunteering. The findings from this study resonate with Wilson and Musick's (1997) conceptualization of volunteer work as a socially advantaging activity; however, acknowledge that these work processes extend beyond the individual volunteers themselves. As the interpersonal social relations were reproduced, they transcended the institutional complex to rule talk and text. Race, class and gender relations were basic and integral parts of how NGOs function. This assertion is exemplified by the text excerpts and images from NGO marketing tools that reified and supported gender, race and class divisions. As noted by the participants of the study, the image of a white volunteer holding a young black child had been idealized. These images and promotional texts were then taken-up into everyday talk among the participants with little self-reflection of the power imbalance that may ensue. The findings suggest that NGOs should consider their role in further promoting race, class and gender inequities in international volunteer work. For example, the findings from this study demonstrated how NGO marketing tools reinforce neocolonialism by portraying the Northerner as the 'expert' and the local community member as the person in need. In order to address this imbalance of power, an initiation action could include the development of an awareness campaign to educate Canadian NGOs about the unintended consequences of reinforcing white volunteers as a panacea for

poverty in the Global South. For example, NGOs would be encouraged to post images of local community members helping each other as well as advertisements that celebrate local work. Further steps to address this issue may include workshops and knowledge translation activities with stakeholders, including NGOs, to develop future recommendations for shifting the asymmetric relationship.

Secondly, the uncritical adoption of the position of 'expert', undertaken by the volunteers in this study, reinforced social inequities. What resonated in the everyday talk of the participants was their conceptualization of 'expert' as the one and only right way to work. This ideology of expert was also pervasive in text. The volunteers were led to believe that they were recruited by NGOs for their expertise and ability to 'contribute to' rather than to 'learn from'. This reproduced a world in which volunteers could claim knowledge 'about' and 'for' local communities (Sherraden, Lough & McBride, 2008). At the same time, this work undermined social justice principles that sought to expose social inequity and incite positive social change through responsible participation (Simpson, 2004; Tiessen, 2008; Wade, 2000). What became problematic was the disparity resulting from an oversimplified 'us' and 'them', or 'us' and 'non-us' premised on the assumption that their expertise were better than whatever the Tanzanian community could have to offer. Stakeholders in international development health work, including NGOs, need to facilitate an expansion what is 'expert'. Otherwise, colonial policies and practices will continue to be perpetuated in international volunteering premised on Western ideology (Perold, Graham, Mavungu, Cronin, Muchemwa & Lough, 2012).

Finally, the findings from this study illuminated how international volunteer health work evolved into an experience-enhancing activity, which was increasingly venerated by volunteers as a 'value-added' attribute to their credentials. And yet, this value further reinforced an



asymmetrical opportunity *by* making international volunteering a resource accessible only to those who can afford it and disadvantaging the less endowed. The interpersonal social relations helped to both create and reinforce social structures. For example, the international volunteer industry is structured in a way that assumes race, class and gender differences, and builds those differences into the organizational structure. The racial, gendered and classist distinctions between the volunteers and the local community continued to be reproduced, though subsumed, within their role as ‘expert’ further reinforcing volunteer as form of elitism. The problematic was not inherent in any one individual’s affiliation to the Global North but rather the social actions in which people engaged. The findings from this study are unique because the focus was on the social processes rather than the individual experiences.

Ultimately, we need to contemplate whether this volunteer work further privileges those with greater resources, and reinforces racial, social class and gender inequities. Further, additional consideration of how one’s social location informs his or her role as expert is needed from all three perspectives, including individuals, NGOs and bilateral agency. This has implications how ways in which health work volunteers work. The findings from this study illuminate the urgent need for better guidelines for international health work volunteers that extend beyond pre-departure preparation informed by individual NGOs. At the very least, health work volunteers should be reminded of relational care principles such as working ‘with’ communities instead of ‘for’ communities and therefore partnering with the community to provide care (Browne, Varcoe, Wong, Smye, & Khan, 2013).

### **Conclusion**

Neoliberalism and neo-colonialism ruled the coordination of international volunteer health work. In this study, three interpersonal social relations were explored. *Gender, race* and

*class* were the interpersonal social relations that advantaged the international volunteer health workers as ‘experts’ over the local community. The findings from this study suggest that international volunteer health work, when shaped by neoliberal and neocolonial processes, was a form of elitism. This study adds to the limited empirical knowledge in international volunteer work that focuses on these broader processes. Furthermore, this study illuminates the ways in which volunteer work can contribute to the development of inequities and begins to explore how these may be redressed in the future.

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## Chapter 4: Organizational Social Relations within the Institutional Complex

### **Abstract**

As international health work increases globally, research pertaining to the social organizations that coordinate the volunteer experience in the Global South has severely lagged behind. Using a post-Marxist theoretical framework, the purpose of this ethnographic study was to critically examine the social organizations within Canadian NGOs in the provision of HIV/AIDS healthcare in Tanzania. Inspired by institutional ethnography, multiple, concurrent data collection methods, including text analysis, participant observation and in-depth interviews were utilized. Data collection occurred over approximately a 19-month period of time in Tanzania and Canada. Interviews were conducted with health work volunteers, NGO administrators and bilateral agency employees. Neoliberalism and neo-colonialism ruled the coordination of international volunteer health work. In this study, the social relations ‘volunteer as client’, ‘experience as commodity’ and ‘free market evaluation’ were pervasive in talk and text. These findings illuminate the need to generate additional awareness and response related to social inequities embedded in international volunteer ‘health work’. Further, this work is a call to action for the refinement of policy and practices within the Canadian NGO landscape.

## Introduction

Traditionally, non-government organizations (NGOs) have been byproducts of social movements that provide humanitarian relief, lobby national and international governments, and advocate for and enhance social welfare programs (Banks & Hulme, 2012; Gordenker & Weiss 1996; Willetts, 1999). Recently, NGOs have garnered influence over national and international policy arenas. They have also enhanced their public image, thereby gaining external support to expand their role within the Global South (Haque, 2002), often broadly defined to address the socio-economic and geographical divide between the 'Global North' and 'Global South'.

NGOs have been criticized for assuming both private and public sector agendas (Aldaba, Antezana, Valderrama & Fowler, 2000; Fowler, 2000; Roberts, Jones, Frohling, 2005), and unwittingly promoting globalization; that is, fostering the worldwide exchange of resources in a capitalist economy (Bond, 2000; Murphy, 2000; Nelson, 2000; Reid & Taylor, 2000). Several authors have noted the growing 'privatization of NGOs'. This convergence between the private sector and the third sector has manifested as a realignment heading in the direction of private market neoliberalism (Baines, 2004; Evans & Shields, 2002; Weisbrod, 1998), in which political-economic governance is premised on market relationships, often at the expense of social good (Larner, 2000). This convergence is further expressed through managerial models and styles, including borrowing organizational management strategies from the private sector (Brainard & Siplon, 2004; Bush, 1992; Van Til, 2000).

In the past two decades, the line between private sector and many international NGOs has become increasingly blurred (Doh & Teegen, 2003). Contributing to this privatization of many NGOs is the concept that Canadian foreign-aid is a necessary tool in protecting the values of a global economy. Conversely, international business sees the advantage of supporting NGOs

because of their ability to promote a ‘strategic environment’ for multilateralism, public management, resource dependency and global governance (Lambell, Ramia, Nyland, & Michelotti, 2008). Many private sector organizations utilize NGOs to enhance their corporate social responsibility (CSR) programs, and benefit from donor-reliance (Lambell et al., 2008). Though NGOs are not conventional for-profit entities, their legal status mirrors private, corporate values and business methodology, including spending practices and cash flow management. More recently, there has also been a surge of international ‘.com’ NGOs selling volunteer experiences for a fee. Ultimately, private-sector infiltration of NGOs, by way of sponsorship coupled with the increasing corporatization of the NGO structure, has put into question their ‘non-market’ status and has jeopardized their image as agents of social change. This privatization of NGOs also creates an inherent conflict of interest between effectively servicing the needs of marginalized communities and promoting those of the private sector and global market. In the future, as the number of NGOs grows and the competition for funding increases, so too will opportunities for private industry to invest in NGOs (Lambell et al., 2008). It is important to recognize this emergent influence of the private sector on NGOs and further explore the nature of market-NGO relationships.

Equally important to note, we should consider how neoliberal formalization of NGOs has shaped contemporary international volunteer work (Smith & Laurie, 2006). According to Sherraden (2001), international volunteer work is “an organized period of engagement and contribution to society sponsored by public or private organizations, and recognized and valued by society, with no or minimal monetary compensation to the participant and at least part of their time is served in another country” (Sherraden, 2001, p. 165). Smith and Laurie argue that the growing engagement of private and corporate players in international volunteer service has

resulted in unintentional outcomes, such as prioritization of individual choice, emphasis on individual and corporate autonomy, and disconnection from the local community. Lacey and Ilcan (2006) suggest that these blurring boundaries between privatization and volunteering are of growing concern when the focus of volunteering is placed on the individual agency of those providing service rather than the needs of a community. With the recent increase in NGOs and volunteer opportunities in Asia, Africa and Latin America (Haque, 2002), it is especially timely to assess how such organizations are socially constructed, and how their actors come together to produce volunteer work.

Few studies have examined international volunteer health work in a neoliberal context. Some emerging research considers volunteering as a form of cultural and economic capital (Jones, 2005, 2008; Sherraden, Stringham, Simpson, 2005; Sow & McBride, 2006), and to some degree a commodity, when in reference to 'gap year' experiences (Simpson, 2005). This research has tended to focus on volunteers' motivations (Rehberg, 2005), and is often decontextualized from the social and political environment in which volunteerism occurs. There is even less research that has examined non-student, international volunteer work. A study by Vodopivec and Jaffe (2011) determined that short term volunteer work as a practice of neoliberal development, concluding that development was not only a privatized activity but could be packaged as a marketable commodity. As Simpson notes in her study of 'gap year' student volunteers, educational institutions in Canada and the United States (US) tend to play a larger role in reproducing neoliberal ideology in the volunteer experience than commercial companies. Many of the experiences described by Simpson occurred within the context of 'learning', but few studies have explored the consequences of socially constructing the 'volunteer' as the expert in the context of health work (Green, Green, Scandlyn & Kestler, 2009). Based on study the

findings from this institutional ethnography, this chapter details how organizational social relations such as ‘*volunteer as client*’, ‘*experience as commodity*’ and ‘*free market evaluation*’ coordinate international volunteer work in Tanzania, Africa. Through an examination of Canadian international NGOs, I argue that the international volunteer industry is a product of neoliberalism, and ultimately fosters a neocolonial approach in the delivery of services.

## **Review of Literature**

### **International Volunteer Service**

International volunteer service is growing in prevalence worldwide, both in the number of volunteers seeking international experiences, and the non-government organizations (NGOs) providing them (Clark, 2003; McBride, Benitez & Sherraden, 2003; McBride & Sherraden, 2007; Smith & Brewis, 2005). Sherraden, Stringham, Sow and McBride (2006) refer to the surge of international voluntary work in recent years as a ‘quiet expansion’, because research and reporting on its impact in the communities served, as well as information about the volunteers themselves, is limited (Hills & Mahmud, 2007; Machin, 2008). Furthermore, international volunteer experiences vary tremendously, as volunteers serve in a variety of capacities for varying periods of time (Sherraden et al., 2006). There is little evidence demonstrating the long-term success of volunteer work in improving conditions for the most vulnerable, and there is need to better understand the issues that characterize this field, such as those related to empowerment and sustainability (Cleaver, 1999).

While there is contention in the literature about the value of international volunteer work, it is important not to dichotomize this form of volunteerism as either ‘good’ or ‘bad’, as the types of volunteer experiences available are diverse. Some authors have been more cautious to describe volunteer work ‘at its worst’ and ‘at its best’. For example, Devereux (2008) suggests

that volunteering can be imperialist, paternalistic, self-serving and a form of personal development for affluent Westerners. However, he also states that 'at its best' volunteer work can be an exchange of technical skills, knowledge and cross-cultural experience; and, can also challenge economic inequity and build relationships on a global scale.

Palmer (2002) examined the 'pros' and 'cons' of volunteering abroad. More specifically, he outlines a number of advantages, such as: meeting friends, challenging one's thoughts and emotions, removing clutter and want from life, an abundance of things to do, and making a contribution to a greater cause. He also identified disadvantages, such as: others' lack of familiarity with one's home life, lack of privacy, possible health issues, isolation, and frustration. Palmer's descriptions of volunteering are quite clearly presented from the perspective of the individual volunteers, and lack reference to the 'recipients' of such work. This over-emphasis on the volunteer experience ultimately implies an uni-directional service.

Yet, volunteer work is frequently legitimized as advantageous to the Global South; and, in some contexts, even more so than professional paid work, since volunteers are assumed to be motivated by a genuine commitment rather than reward (Goodin, 2003; Lacey & Ilcan, 2006; Van Rooy, 2004). Despite these claims, the assumption that this form of work is beneficial to the Global South is unsubstantiated empirically (or otherwise). Additionally, NGOs seem to ignore the fundamental power dynamic present (Haque, 2002; Lacey & Ilcan, 2006), whereby all decision-making, authority and direction is controlled by the donor/volunteer. Simpson (2005) studied two groups of 'gap year' students (those who are between life stages, such as university and a professional career – 14 students and 17 students respectively) in South America. The author found that the students in her study valued becoming 'professional', demonstrating a shift from collective idealism to saleable values of individuality (Simpson). The provision of



professional value gave legitimacy to the ‘gap year’ industry, and as such, the students required from their experiences definable, marketable qualities as a form of cultural and corporate capital. In this context, the students embraced their role as ‘experts’ in relation to ‘others’, including locals. Simpson provides an in-depth ethnographic examination of the ‘gap year’ experience in a neoliberal context, but little is known about how these values translate within non-student volunteer demographics; specifically, how non-student volunteers use their professional knowledge and skills as leverage in international contexts. This current study explores how health work illuminates the organizational social relations that are reproduced among international volunteers.

### **Volunteer Tourism**

Volunteer tourism is a relatively recent term referring to tourists volunteering in communities abroad (Sin, 2009). This form of tourism is often short-term. Critics have questioned the value of volunteer tourism, and have implied that the impetus to volunteer is often motivated by a desire to travel and experience marginalized communities (Bowes, 2008; Kwa, 2007). A qualitative study by Sin, with 11 volunteer tourists in Singapore, found that the primary motivation of participants was ‘to travel’ rather than ‘to contribute’. Further, Sin concluded that because the study participants were curious to learn about different cultures and wanted more than a typical vacation. Sin found that these experiences were in fact undermining local community initiatives by offering short term rotating services. Though there is value in highlighting examples where communities may be disadvantaged by volunteer tourism, it is important to reflect upon the context in which these examples occur, particularly with the growing popularity of international NGOs. Furthermore, it is important to question ‘who

benefits' from volunteer tourism experiences and the role neoliberalism plays in interpreting these benefits as they relate to all actors.

What remains ambiguous is what constitutes 'volunteer tourism'. An ethnographic study of 16 Australian students (n=16) and two team leaders (n=2), carried out in Vietnam, Mexico and Fiji, examined volunteer tourism in several capacities. The author concluded that this form of volunteer work falls under the umbrella of neocolonialism, with its tacit assumption that Westerners 'can' improve the health of people living in the Global South. At present, the term 'voluntourism' seems to label volunteers who participate in short-term volunteer work; however, there is still a lack of clarity whether the nature of the 'work' factors into this label. To some degree, if the volunteer contributes a skill, even if temporarily, this seems to negate the tourist element.

While it is important to consider volunteer tourism in understanding how international volunteers work, this area of research seems to be limited and vague. Furthermore, it tends to discredit 'tourism' activities in favour of 'volunteer' activities, despite the fact that some nations in the Global South rely on this for economic growth. Finally, while there is value in describing examples of volunteer tourism, the research tends to focus on individual volunteers and lacks attention to the broader organizational social relations that are systematically reproduced to shape this work. This study explored the broader organizational social relations that shape international, short-term volunteer work, and specifically examine the role of health work volunteers, NGOs and bilateral funders in reproducing such experiences.

### **International Volunteer Health Work**

In a qualitative study that examined the perceptions of 72 short-term medical volunteers working in Guatemala, Green, Green, Scandlyn and Kestler (2009) found that the perceived

impact of short-term medical projects were highly variable, and ranged from helpful to lacking coordination. While this study had several strengths, including that it was one of the first studies to critically examine short-term volunteer medical work, it lacks emphasis on the broader relations that shape health work – for example, the relationship of the practitioner to the community, or how volunteers enacted unpaid work. This is especially significant given that the quality of community health work often hinges on the client-practitioner relationship.

A study by Ouma and Dimaras (2013) examined the experiences of a Kenyan NGO with a Canadian student volunteer. The authors make suggestions about key principles that would enhance the success of global health students' experiences internationally, including paying particular attention to process-oriented principles such as partnering and decision-making (Ouma & Dimaras, 2013). Although their work highlighted the linkages between the NGO and volunteer in health work, there was little interpretation of the volunteer's experience in relation to the broader context. Further, this study only examined one student and one NGO in Kenya. By and large, there is a scarcity of research that examines volunteer 'health work' internationally, particularly from the perspective of the volunteer experience in relation to international NGOs. This work exposes how volunteer experiences are indeed coordinated by social organizations such as neoliberalism and neocolonialism.

In summary, there tends to be an over-emphasis on personal motivations related to volunteerism within the literature. While there is value in gaining an understanding for the individual experience, it is also important to pay attention to the social processes that continue to reproduce similar volunteer experiences despite the setting. And yet, these experiences are often described as disconnected from the broader context in which they occur. Few studies have examined how the organizational structure of NGOs shapes the volunteers contributions,

particularly in a specialized field such as health work. The intersections between ‘paid’ and ‘unpaid’ work and professionals who ‘volunteer’ their skills and knowledge require further consideration within the context of international service delivery. This study exposes some of the consequences of healthcare professionals providing their service ‘for free’, and ultimately how this interface shapes and is shaped by the social organizations of NGOs.

### **Methodology and Methods**

A Post-Marxist framework was used to examine NGO work activities related to the provision of HIV/AIDS healthcare in Tanzania. Post-Marxism acknowledges the influence of market forces of supply and demand, but incorporates other relevant factors at play in the globalization of economy and corporate ideology that influence the free market today. In accordance with a Post-Marxist view of social reality that is always under construction, I employed the tools of institutional ethnography (IE) to examine power and knowledge in contemporary society as ruling relations in this study. According to Smith (2005), the ruling relations are those dominant forms of power in structure and agency. Agency refers to the human deliberate action and navigation in an environment of constraints, while structure refers to the complexes of social institutions within which people live and act (Giddens, 1984; Jenkins, 2002). In this study, I sought to illuminate the coordination of work processes – the social relations - which refer to people’s doings in a particular local setting. In context of this chapter, organizational social relations refers to how health work volunteers and NGO administrators coordinate activities to produce health work at the organizational relational level (see Figure 3. Organizational Social Relations within the Institutional Complex). The organizational relational level refers to social processes that occur by way of NGOs and their ruling discourses such as policies and marketing tools. This chapter focuses on how the organizational social relations

shape the volunteer experience, and illuminates how volunteer health work is coordinated by the Canadian NGO industry. Social relations, in this context, does not refer to a social relationship, such as the ‘nurse-patient’ relationship, instead it orients the sequences of coordinated action and thinking. With this approach, I was less concerned with a descriptive reporting on a population and more oriented towards selecting participants living in different circumstances that share a common set of social organizations and work processes (DeVault & McCoy, 2002).

Unlike traditional ethnography, I did not approach data collection as a naïve observer, pursuing to objectively describe a particular culture. Instead, my research was informed by prior analysis of health work in developing countries and my own experience as a health work volunteer. I approached the setting with the aim to understand ‘how things work’ such that people experience it, from their standpoint, and as such, I focused on those being ruled (Smith, 2005). Most importantly, this approach sought to expose how ruling affects everyday health work in Tanzania under the influence of specific practices and as identified by the people. In order to understand health work, I began from the experience of those who performed and were actively involved in this social process. The ‘problematic’ was also determined from the standpoint of the individual experience. In this context, the problematic was not one specific problem identified by a participant, but rather, an imbalance of power coordinated by social organizations. It was important for me to balance avoiding imposing my own interpretations of meaning and motives of the individuals involved, while also paying attention to the broader social relations that were reproduced across multiple settings (extra-local). I did so in constant consultation with the study participants.

Approval for this study was obtained from the Ethics Reviews Board at the University of Western Ontario. Health work volunteers, NGO administrators/staff as well as bilateral

organization employees were recruited in Canada and Tanzania based on their potential to effectively address the research questions, which were: 1) How are interpersonal social relations enacted by international health work volunteers in Tanzania; 2) How do organizational social relations coordinate international volunteer health work in Tanzania; and, 3) How are institutional social relations connected to the international health work volunteer experience? These research questions have been addressed in three separate chapters. This chapter focuses specifically on how social relations at the organizational level within the institutional complex shape volunteer health work in Tanzania.

### **Recruitment and Sampling**

A 'health work volunteer' refers to someone with or without a professional designation who provides direct or indirect HIV/AIDS health related service through an NGO. In this study, health work was broadly defined as work that seeks to improve individual and community health, and in particular, related to HIV/AIDS. This form of work ranged from direct patient care taking place in an HIV/AIDS clinic or acute care facility, performed by a volunteer health care professional, to development work within an HIV/AIDS orphanage, provided by a non-specialized volunteer health worker. Health work in this study did not include emergency relief work. The nature of relief work is conceptually different than community (non-emergency) health work; additionally, the temporality of the social process is dissimilar to the planned and intentional development-type of health work studied here. Participants self-identified as being involved in health work. For reasons related to confidentiality and preserving the privacy of the participants in this study, all volunteers, regardless of professional status, are referred to as 'health work volunteers'. Given that the purpose of the study was to illuminate coordinated work activities, I chose to focus on participant definitions of the individuals' relationships with their

work, rather than emphasizing their professional designation as the sole measure of their participation in ‘health’ work. The aim of recruitment in this study, therefore, was not to categorically describe a particular sample, rather illuminate diverse experiences in order to portray a broad picture (DeVault & McCoy, 2004); and, to offer multiple perspectives on how organizational social relations are coordinated among volunteers within Canadian NGOs providing HIV/AIDS healthcare in Tanzania. For example, a ‘health work volunteer’ may entail a nurse who volunteers for a Canadian HIV/AIDS clinic in Moshi, an engineer developing/building a birthing unit for mothers/babies with HIV/AIDS, or a general health work volunteer without a health specialization working in an HIV/AIDS orphanage. An ‘NGO administrator or staff’ refers to someone who works for an NGO administratively, and who is familiar with the interworking of the NGO. A bilateral organization employee refers to someone who is employed by a bilateral institution such as the Canadian International Development Agency (CIDA). The criteria for participation broadly included: 1) proficiency in spoken English; and, 2) volunteering with a Canadian NGO; or employed by a Canadian NGO; or employed by a bilateral agency that funds Canadian NGO work.

Data collection continued until saturation of the theoretical categories produced a rich data set. This ultimately resulted in a sample size of 37 individuals. Furthermore, this was an adequate to obtain comprehensive descriptions sufficient for ethnographic research (Morse 1994), and to elicit an in-depth understanding of the relationships between and among the participants (Morse, 1991). Recruitment for participant interviews continued until I reached a saturated understanding of the organizational social relations at play (Morse, 1995; Sandelowski, 1995b). A diverse study sample was developed, representing a range across the categories of: sex, professional status, years of experience, degree of involvement, length of time in Tanzania

and age. This type of purposive sampling made obvious identified patterns of commonalities and differences existing between and among participants, such as professional influence on work (Sandelowski, 1995a). It was essential to recruit more health work volunteers than other types of study participants, as this perspective varied tremendously based on the volunteers' positionality, work activities, and the duration of their placements. And yet, when recruiting NGO staff, perspective saturation occurred more rapidly – this may be attributable to the similarities in their work. For example, many staff experienced the same fiscal restraints as a barrier to providing comprehensive services. Because of the demanding nature of their work, most NGO staff was interviewed in Canada when they returned from Tanzania. Furthermore, the number of CIDA officials interviewed was entirely dependent on available personnel. A total of four CIDA employees working in Tanzania participated in interviews.

Of the 37 study participants, 23 were female and 14 were male. There was a cross-section of participants from various regions origin in Canada, including British Columbia, Ontario, Quebec and Nova Scotia. A total of 30 health worker volunteers, 4 bilateral employees and 3 NGO staff/administrators were recruited. The mean age was 45 years, although the ages ranged from 24 to 72 years. The professional status of the sample varied, and included: five medical doctors (MDs), five registered nurses (RNs), one occupational therapist (OT), one professor with a PhD, five engineers, four official delegates and 16 'other' baccalaureate-prepared participants.

### **Data Collection**

Data collection occurred over a period of 19 months in Tanzania and Canada, beginning in August 2011. In order to gain an understanding of how care is enacted with people living with HIV/AIDS, data was collected in regions in Tanzania with a prolific amount of NGOs and Canadian volunteers, as well as a high prevalence of HIV/AIDS healthcare service, though not



necessarily an increased prevalence of HIV/AIDS. These regions included: Zanzibar, Arusha, Moshi and Dar es Salaam. Multiple, concurrent methods were utilized, including interviews, participant observation and text analysis. Because multiple methods were employed, data collection in Canada varied; it included semi-structure, in-depth telephone interviews, participant observations within NGOs in Canada and review of online texts.

Interviews were used as a method of eliciting talk that illuminated those power relations that have generalizing effects (DeVault & McCoy, 2004). A semi-structured interview guide was used for both face-to-face and telephone interviews. All interviews were audio-recorded and transcribed verbatim. In order to promote discussion that reflected the participants' positioning within their social surrounding, I offered the option of individual or group interviews. According to DeVault & McCoy (2004), talking with people is not necessarily accomplished in an individual way; group conversations may elucidate shared experiences (Campbell, 1998; DeVault & McCoy, 2004). One-to-one interviews however offered a more conducive space to share an honest account of the lived experience. By and large, the participants seemed to be more candid and overall the interview was less superficial when they were interviewed alone. However, some participants preferred a group setting. In total, 28 individual and 4 group interviews were conducted. Interviews ranged from 0.5 to 2.5 hours in length. The length of time in the interview process varied because it reflected a balance of leading with open-ended questions, while also following the lead of the participant.

Participant observation, which explores the 'social in motion', a dimension of social life that is foundational to the ontology of institutional ethnography was used to record insights from: 1) 'in the field' as an observational descriptions of the participants' actions and our reflections on the power relations at play; and 2) 'during the interview' in order to capture the nonverbal forms

of communication and the implications for the social organizations. Participant observation ‘in the field’ occurred in a formal setting such as in the waiting room at the Canadian Consulate in Tanzania or a Canadian owned and run clinic in Moshi. The ‘in field’ observations also occurred informally, for example at the ‘Coffee House’ in Arusha, an exclusive setting where mostly volunteers can afford to congregate to eat/drink. Given that NGOs are often grass-root and community-based, it was important to observe the informal setting in which organizational relations are enacted as well as some of the contradictions of being grass-root and ‘hanging out’ at primarily exclusive locations. Participant observations ‘during the interview’ allowed me to gain a personal account of naturally occurring language, insights, and nonverbal expressions that reveal potential contradictions or taken-for-granted assumptions of the institution, and the subtle and explicit ways in which power relations operate (Smith, 1999).

Finally, text-based forms of knowledge are essential in understanding ideologies, working activities, and organizational social relations of an institution. I examined discursive texts and how they coordinated work activities in this study. More specifically, I was interested in how text played a central work in international volunteer health work. In this chapter, I explore various NGO texts and how they informed international volunteer health work. Further, I compared how text informs talk with interview data and various excerpts of text. This comparison facilitated my analysis and provided examples of the various texts that are taken up in talk and shaped the interaction between and among the volunteers.

### **Data Analysis**

There is no ‘one way’ to conduct data analysis using the tools of an institutional ethnographic investigation; rather, the analytic process can be realized in diverse ways. In order to facilitate data analysis, I developed a chart for each participant that integrated all three types

of data (text, observations and interviews). The chart provided a brief summary of each participant including biographical data such as their age, Canadian-region of origin, their professional status, length of time in Tanzania, NGO-affiliation, length of employment at CIDA (if applicable), and duration of experience among other demographics (see Appendix I). An additional summary that incorporated 'text' from the related NGO was also included – for example, I retrieved the mission statement and/or goals related to a volunteer experience from the website of the NGO to make comparisons between what was 'said to be true' and what was 'reality' as described by the participant.

Preliminary analysis consisted of an examination transcribed of interviews, paying specific attention to the social organizations, represented by the culmination/enactment of power relations at the organizational relational level. NGOs were perceived and described as real entities – something that was branded and packaged, that required preservation and work to sustain. Members acted collectively to deliver work on behalf of the organization. Furthermore, by way of analysis comparisons were made between what was stated in text and what is enacted in everyday life as stated by the participant in the transcribed interviews. The evaluation of 'health work' was described as being shaped by the enactment of power. Throughout the analysis, I recorded insights and identified common 'threads' that transcended participants' experiences. Furthermore, I incorporated my fieldnotes from my participant observations into my analysis, making comparisons between what was stated by the participants and what was observed by me.

Once the preliminary analysis was complete, I attended to the structural order of data including the interactional dimensions of discourse. The five main stages of discourse analysis according to Chouliaraki and Fairclough (1999) are: 1) identify a problem; 2) determine the

practices that enable the problem; 3) identify the discourses that inform those practices; 3) illuminate the implications of the problem within practice; 4) shed light on the opportunities that exist for the problem to be overcome; 5) reflect on the analysis process. These five stages assisted me in making comparison between and among the insights outlined for each participant in the chart. Furthermore, it facilitated bringing my attention to the broader social organizations, as each individual experienced them.

Finally, I developed a diagram (see Figure 3. Organizational Social Relations within the Institutional Complex) in order to illuminate how the institutional processes are occurring and more specifically the connection between the ‘entry point’ (individual) and ‘institutional complex’ (structure). This diagram is a conceptual map that describes the relationships between the various processes outlined in this study, it is not intended to be used prescriptively such as a grounded theory, but instead just offer some clarity and conceptual links between the institutional processes.

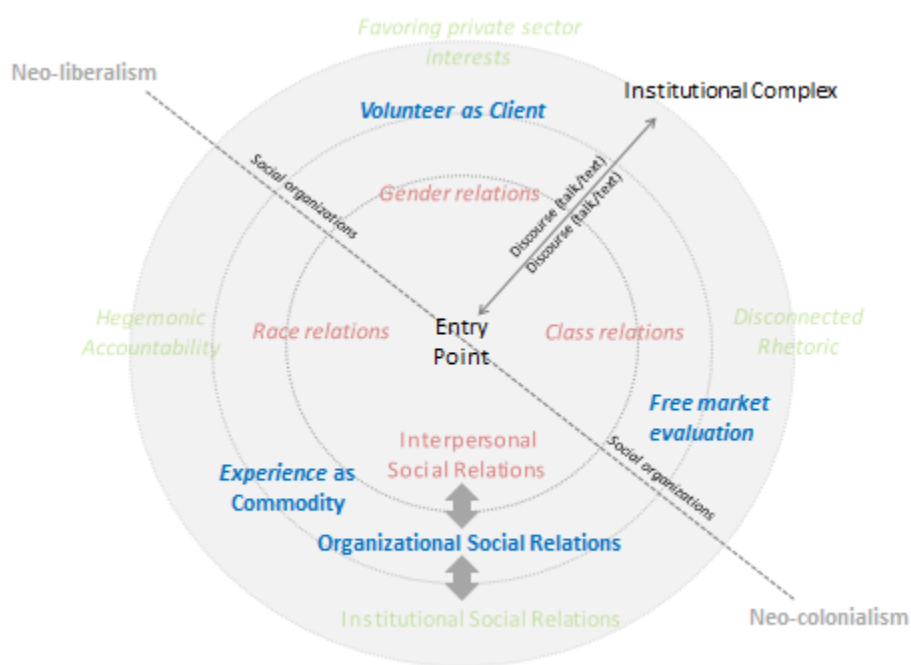
### **Findings**

The purpose of this chapter is to attend to the participants’ everyday work as well as how their experiences are ruled discursively and therefore constructed ideologically among knowers. I focused primarily on a portion of the data, the volunteer experiences, to expose the ‘organizational social relations’ in the context of international non-government organization (NGO) ‘health work’ in Tanzania. It is critical to note that the participants in this study were not the topic of interest, but rather entry points in understanding the organizational social relations.

The embeddedness of organizational social relations in the speech and action of the participants directed the inquiry – I was interested in learning what relations coordinated people’s experience. For instance, how does paying for a clinical experience abroad become a

part of providing good care? When distinct forms of coordinated work are reproduced again and again they become social organizations. In the following section, I discuss how three organizational social relations of health work, ‘*volunteer as client*’, ‘*experience as commodity*’ and ‘*free market evaluation*’ were reproduced as social organizations (neoliberalism and neocolonialism) in health work in Tanzania (see Figure 3. Organizational Social Relations within the Institutional Complex). These organizational social relations, although described separately in this chapter, occur simultaneously and are dialectically interconnected.

Figure 3. Organizational Social Relations within the Institutional Complex



### Volunteer as client

In contrast to its common use in health provider-client relations, ‘client’ in this context referred to the one providing work rather than the one receiving care. In Ontario, the current health care system has moved towards a neoliberal system where ‘patients’ are viewed as ‘clients’ as a means of theoretically overcoming a patriarchal-expert model. This empowers ‘tax-

payers' as the experts in their own care (Raphael, 2000) and consumers of a primarily publicly funded health care system; although, there is contention as to whether this shift has instead moved our health care system towards privatization. In this context, it was surprising to hear the health work volunteers refer to themselves as the 'client'. From their perspective, they had contributed time and funds to a non-government organization (NGO), and in return expected a volunteer experience, or in many cases, a clinical experience. Through participant observation and interviews, I began to see and hear how participants viewed their own work as a paid experience. As I came to understand this shifting notion, it was obvious that their selection of words was not happenstance. Plainly, the volunteers sought return for their payment, such as a client would expect.

Three Canadian health work volunteers travelling together in Tanzania described how their experiences of working in a local hospital were unfulfilling and did not meet their expectations as clients. Interestingly, the participant in the following quotation states "as a volunteer, we're giving our time and our money" followed by a statement that implies a desire for recognition. The language in this statement is more congruent with the expectations of a 'client' or 'customer' more so than a volunteer. Furthermore, she premised her disappointment on principles of market relations, an economic arrangement, rather than what one may traditionally expect of a volunteer experience – altruism (an unrewarded willingness to help). This quote exemplifies how one nurse sought return in the form of recognition for her invested dollars as a 'client'.

I feel, as a volunteer we're giving our time and our money. They [volunteers] should be more valued than it is at home but again, like since I'm a nurse and I just think it's the way I am, and my mom's a nurse so it's the way I was brought up, that I should always be giving as

much as I can because, like I have so much more than everyone else around me. I feel like I should be more valued by the doctors and by the other nurses and, okay, you come from Canada and you do this, this and this and this and this and this and this for patients. Can you help us? Can you teach us? Can you show us? And there's just no value whatsoever. They don't even notice if we're here or not. And it's so disheartening. It's just not what you expect and want to try and accomplish. (Health Worker Volunteer 1)

The economic arrangement, according to the volunteer, was her payment and time given in return for an opportunity to be valued as a clinical expert. Since this volunteer's time (service) would typically be remunerated (as a paid employee), time in this context also takes on a monetary measurement. The quote further exemplifies how trade, the exchange of goods and services, had become reified in the NGO-industry, and more specifically, volunteer culture. Accordingly, principles of fair trade were responsible for ensuring economic justice. This participant equated feeling valued as an expert as fair compensation for her contributions. She also suggested that because of the degree of expense incurred, her contribution should have been 'more' valued than others. Under the laws of consumerism, the 'client' role affords status and power. Those supplying the good or service are often vulnerable to the consumers, and must make concessions to accommodate their requests. In this particular example, the impoverished and under-resourced hospital was expected to adapt to the demands of the consumer (the volunteer), as coordinated by the NGO. The failure of the hospital to provide a clinical experience to the volunteer left her questioning the worth of the experience.

In this context, the market is the ruling relation whereby the participants in this study engaged in exchange. Market, in its simplest form, refers to the structure that allows buyers and sellers to exchange goods and services for money. The following quote further showcases the influence of

market on the volunteer experience; and specifically, how consumerism can lead one to identify with service, the ability to practice, products, and supplies, according to their marketplace values. In this case, another participant describes how she was dissatisfied with the terms of the economic arrangement, in which she is the client, and yet subject to terms outlined, by the NGO.

Over and above every other cost for the volunteering, but for a specific medical placement, was \$80, and when we spoke to Matron about it, there was no difference whether you stayed for a year or two weeks. I mean ...it was \$80...and then we asked her, we said well, because of the experience we've had [a perceived negative experience] and how we're not going to be here, I think this is my fourth day here and we have two more days and then we're going home. So, I said well, where's the money going? Or we said, is it refundable if we're only here for four days? No [the Matron replied], non-refundable, so well where does the money go? She said she allocates the money herself and the money goes towards supplies like gloves and syringes and things like that, and then we sort of piped in and said well, we haven't really seen many supplies here. We brought our own gloves, we brought our own supplies, so we're just curious where that money goes, and she said it's her discretion, that's where the money goes.(Health Worker Volunteer 2)

The health work volunteer focused on disbursement of funds because her relationship with the facility had been premised on an economic transaction created by the NGO. Furthermore, her actions and thinking were in line with the Western ideology to demand transparency in the name of accountability, by insisting to know how her funds were being spent. In this ideology, accountability tends to be unidirectional – those who received funds were accountable to the supplier. And yet the actions of the supplier of funds, in this case the volunteer/client, went unquestioned. Further, the concept of 'refunding' a dissatisfied consumer aligns with the



capitalist principle that the 'client is always right', and therefore privileges the volunteer over the community hospital. Further, advantaging the volunteer because of her financial status created an inequitable relationship. The community hospital is unable to compete financially.

If I was just doing blood pressures or temperatures all day, I would feel at least like I was contributing to the team. We were told nothing. We were very naive, we didn't ask a lot of questions, we didn't ask any questions, we were just like "they do it all the time". Now we have a totally different view but we didn't even know where we were going to be, we had just kind of said we would prefer this area. We didn't know if we were going to be in the hospital or clinic or what we were going to be doing. Basically all that was said as far as limitations was, you won't be performing surgery. Well I kind of knew I wouldn't be performing surgery, that was a given, I am not a surgeon. It would have been nice to say stuff is very limited so you may not be able to do...because then I would have gone somewhere else, but they want money and they want you to sign up. It was supposed to be challenging, life changing experience, and it was challenging because I couldn't believe I was here, I came all this way to do nothing. (Health Worker Volunteer 3)

The above quotation illustrates how the participant equated value with tasks as the key component in the provision of care. In fact, this ideology became so ubiquitous that concrete tasks such as 'taking blood pressure' were associated with a meaningful contribution. The participant described how, in the absence of fulfilling such tasks, she was led to believe that she did 'nothing'. In keeping with market as an organizational social relation, her experience was valued for its quantifiable worth as a commodity, based on the desire of the consumer and what was outlined by the NGO. In this context, 'volunteer as client' was not only a morally questionable construction as a result of the power imbalance that ensued, but it also had potential

to be clinically hazardous and ethically dubious. Because the volunteer is in a position of power as a funder, it makes it difficult for the community hospital to hold the practitioner accountable for their clinical actions, which can be especially precarious in the event of malpractice.

Payment in return for a volunteer experience took many forms. It included paying an NGO for accommodations, placements and possibly travels, and may have also entailed a ‘donation’ to the NGO. Although it is not necessarily a new phenomenon for volunteers to make a financial contribution for their experience, what is an emerging phenomenon, and requires review, are volunteers becoming ‘clients’, whereby their experience is compared to the magnitude of their investment. This becomes problematic when dominant market-forces turn international service efforts to accommodate the needs of volunteers over communities. These extra-local market-driven practices are the organizational social relations that coordinate action and thinking. Organizational knowledge is text mediated – people as individuals bring with them their own distinctive interests and histories, and these shape how they act in any given setting. What unifies their experience is the extra-local setting – that is the physical movement, work processes, gesture, language (speech or text), which are mediated by texts. In this case, one example of a text that further reinforces the ‘volunteer as client’ construct is the Better Business Bureau of Canada policy on ‘Charity Accountability Standards’. This policy document states:

Organizations that comply with these accountability standards have provided documentation that they meet basic standards: 1) In how they govern their organization, 2) In the ways they spend their money, 3) In the truthfulness of their representatives, and 4) In their willingness to disclose basic information to the public. (Charitable Accountability Standards, Better Business Bureau of Canada, 2003). This document further states that the overarching principle of the Standards for Charitable Accountability “*is full disclosure to donor and potential donors at the*

*time of solicitation or thereafter*”, emphasizing accountability to those who financially contribute to the organization. The influence of neoliberalism has directed NGO accountability toward donors, rather than those served.

### **Experience as commodity**

The discourse of *‘volunteer as client’* is actualized when experience is examined economically and reified by the participants as a commodity. Fields such as tourism, leisure and hospitality have examined the role of experiences in the economy, and more specifically, the business of generating memorable events, such that the experience becomes a product. The commercialization of a *‘medical experience abroad’* – a promise to work with marginalized and disadvantaged groups – has contributed to the commodification of the *‘volunteer experience’* (a tradable good). Commodification, according to Marx (1867/1976), refers to the process by which economic value is assigned, and market values replace social values. Accordingly, relationships formerly unaffected by commerce are modified and commercialized relationships in everyday use (MacKinnon, 1982). In this context, commodification is the organizational social relation that coordinates the thoughts and actions of the participants in this study. Commodification appeared as a recurring theme in the interviews with health work volunteers. Many spoke about how they wanted the *‘experience’*. They tended to focus on themselves as subjects, *‘doing’* health work, rather than situating themselves within the broader context of supporting health work in Tanzania.

The following quotation highlights some of the tensions that occur when work that is traditionally paid is provided on an unpaid basis. This example questions whether service is in fact traded for an *‘experience’*. In this case, the participant described how she was working *“as a physician for free”*, making a point to apply an economic value to her service since it would

typically be compensated. Furthermore, when she felt as though her service was no longer worth the experience (commodity) she described feeling “resentful” – which was to suggest that she has been treated unfairly.

Well, I don't mind working as a physician here. I worked hard so that I could come here and work as a physician here. My issue right now is I'm being asked by the people who have founded this [NGO] to do way, way more than really is humanly possible, but I almost feel now like I'm being used. So now I'm a bit resentful, but I don't mind working as a physician for free, that's no problem but I'm doing a lot more. (Health Work Volunteer 4)

It is important to note that in this example the volunteer describes feeling “used” by the NGO. Her reflections are grounded in her disappointment with the commodity that was sold to her – an autonomous experience. She later described how she could do this work at home and that the experience had lost its luster.

In the next quotation, the volunteer health care worker critiques the worth of her volunteer experience through the use of language such as “feeling cheated”. The quality of the product (experience) was premised on being able to participate in a high-intensity activity, such as the delivery of babies. In other words, she expects the experience itself to be something of value because it has been traded for time/service and expense. In this case, according to the volunteer, the commodity value of the good was not worth the price. The volunteer was feeling cheated because she did not receive the type of experience she was promised/hoping for, based on the outline of the NGO.

I mean, originally we thought we were going to a maternity clinic, where we'd be assisting with delivering babies. Which is out of my comfort zone, but still, it would have been an experience I would have enjoyed. If we had a specific role like, you're in theatre, you are

going to be doing this, this, this and this while you're here, then I think at least we'd know what we could be expecting, and if it's laid out for us and even if our personal expectations don't get met, at least if what is said we were going to be doing was done, then I think we wouldn't feel as cheated I guess, or like not valued. Yeah, so I don't know if it's within the volunteer agency or within a hospital that someone should develop some sort of protocol or some sort of outline as to what nurses abroad can be doing while they're here. (Health Work Volunteer 2)

This example demonstrates how 'the experience' is seen as part of accumulating a repertoire of skills and exposure to high intensity or extreme situations. The experience becomes a commodity when it is used to acquire social leverage or authority in the clinical setting. Further, the participant does not discuss the genuine value of the experience. She does not acknowledge the contributions that she has made, rather focuses on situations and spaces where she was unable to provide external expert assistance. It is important to consider the expectations and financial pressure unfairly placed on community hospitals to supply such experiences to international volunteers. Visiting nurses expected to be privileged over local nurses in Tanzania and even other health work volunteers, even though their contributions were disconnected, short-term and morally questionable.

One of the other nurses is in one of the clinics doing immunization so we said to the placement organizer, if you are going to have practicing nurses. Especially practicing nurses, because students can come here and they may be comfortable to just sit back and watch and learn but if I know different I can't sit back and watch them not treat. I can't just sit back and watch them [local practitioners] do nothing. We just said if you know that the nurses are

coming that are practicing nurses, because there were eight of us here one day, certified practicing nurses standing around. (Health Work Volunteer 2).

It is important to consider the exploitation of local community members that can occur by way of health practices. As noted by several participants in this study, NGO volunteer recruitment often emphasized the opportunity to work with marginalized populations. In the following quote the volunteer refers to acquiring experiences and states through two distinct and intricate activities, which seemed to be simplified to items on a checklist: “I really wanted to become educated on and experience female genital mutilation and delivering babies”. In this case, the commodification of the experience refers to packaging it into something tangible, and how it contributed to objectification – that is its reduction and dehumanization from the social world.

So I wish I had of known or they would have at least not have advertised that they could, you know, “if you’re a nurse, you can go here and you can do that... deliver babies”. You know, one of the things that I really wanted to become educated on and experience was the female genital mutilation, and also delivering babies. And being able to have interaction... hopefully with opportunity for education with those things and I’ve yet to see or do any of those things. The other thing too is to work with the pediatric aids population. And again, I have yet to see or do any of those things. So I’m trying to outreach and make connections, like with [local hospital] and different physicians there. I’m trying to arrange a meeting with the [another NGO] to hopefully at least, maybe not, if I could volunteer that would be awesome but if that’s not available than I could at least become educated on like the struggles that they have here, and be familiar with the population. (Health Work Volunteer 5)

The volunteer further explained that she was seeking to gain such experiences in order to qualify for a more advanced volunteer position with a renowned emergency-relief NGO. While

the volunteers themselves have agency in reproducing the organizational relations, ultimately many are uncritical of the broader ideologies at play, largely because they are so pervasive and socially accepted. Further, NGOs as organizations contributed to the privatization of the experience.

Yeah, well I mean it...I don't think there's an easy answer for the single health professional that wants to go overseas for experience. And, and I realize that now because I was one of them, you know 13 years ago. I want work in development, I want experience, so how do I get experience. And, a lot of the NGOs that are organized they ask for experience. (Bilateral Agency Employee 2)

NGO advertisements provided objectified accounts of everyday life by highlighting pieces of information that formed the conceptual 'facts' about a volunteer experience. For example, when NGOs marketed an experience in an objectified way as 'cultural' and centered around the volunteer in order to make the experiences seem desirable. These advertisements set the expectation that the 'experience' was a commercial event that was easily reproduced despite the setting, rather than an experience that was indeed subjective. Such advertisements homogenized those who were living in the Global South as bystanders in the volunteer experience rather than real people with their own experiences. Further, the advertisements (text) were used as textual facts to coordinate and control the broader organizational social relations by influencing the volunteers' expectations for an experience (what the volunteers know about their experience).

Expectations played a significant role in determining the caliber of the experience. As noted in the previous quote, expectations were often preset within the marketing strategies of NGOs. The following is an excerpt from an NGO advertisement addressed to nurses:

By interning on this program, you will have a great opportunity to understand how health care systems work in a developing country. Hospitals and clinics are often understaffed, so depending on your education, experience level, and work capabilities you may be able to assist with duties such as bandaging, taking blood pressure and generally caring for the patients. If you work as a midwife at home, then you are likely to be located in a busy maternity clinic, helping both pre and post-natal patients, and assisting staff with deliveries on an internship overseas. (TEXT sample from NGO advertisement)

Furthermore, the criterion to measure the ‘experience’ was predetermined as an opportunity to achieve self-importance by demonstrating one’s expertise as a Westerner. The NGO sets expectations for volunteers to find self-fulfillment through the application of their expertise, rather than being generally supportive of the community and/or care recipient. The following two examples demonstrate how the NGO promises volunteers a sense of ‘importance’.

No matter your choice of region or project to volunteer in Africa, you will have an important role to play and your efforts will be greatly appreciated. School children will benefit from the knowledge you impart, wild life will gain from your conservation efforts, and locals will benefit from your journalistic perspective. (TEXT sample from NGO advertisement)

Although health care volunteer positions are often filled by doctors, nurses, paramedics, or medical students, many volunteers are surprised to learn that they can contribute in these types of placements even if they have little, if any, formal training. While those with formal training can participate in treating patients with complex or difficult procedures, those without can offer their help by assisting nurses, helping with routine patient check ups, doing administrative work, and other tasks. (TEXT sample from NGO advertisement)



Despite the pervasiveness of commodification as an organizational relation, some volunteers questioned the value of the 'experience'. As one health work volunteer cautioned, future volunteers should not be disillusioned by the 'experience'. The volunteer considered the resources spent on her experience excessive in relation to her impact.

As much as I loved being here, I think some of my comments are kind of jaded now, only because sometimes I think that what I've wanted to accomplish here, I could have actually done it at home. The money I spent, which is good, and I've learned a lot and was wonderful for me, and in retrospect, I could have used that money for something else. And I think that's the thing I would tell people, that it's great to volunteer, but the work I do, I work with kids and stuff, but there's also kids that I could have worked with in my own community who also could have benefited. I don't have to go across the world to help, and the other thing, yeah, I guess maybe just by telling people, I don't know, maybe just like a sense of better knowledge of what the problem here is. Cause I think what I thought about Tanzania and how it is so off from the reality. (Health Work Volunteer 6)

In this example, the volunteer describes how her pre-existing expectations did not match her experience. It is important to note that both volunteers and NGOs feed the social construction of these expectations.

In addition to some volunteers questioning the value of the experience, some bilateral agency employees also described ways in which expectations can be curtailed to meet the needs of both the consumer (volunteer) and the community.

Well volunteers, they may end up frustrated because they aren't being used the way they think they should be. And, you know, some of that is about expectations and some of that is just about placement and maybe they shouldn't be in a nursing role in a clinical care facility.

Maybe they need to be working with nurses to train them. Like they need to find a different way to use [the] volunteers who bring a whole realm of skills that [local] people don't have.

(Bilateral Agency Employee 1)

Although this statement begins to acknowledge that nurses should perhaps not hold clinical roles in care facilities, there is still an attempt to find a niche that suits the volunteer experience. Further, although it is unclear who represents 'they' in this particular statement, it is assumed that the participant is referring to the NGO. This suggests a less than participatory approach to 'finding work' for practitioners to have an engaging experience.

The following participant laments on his experience as both a physician and a bilateral agency employee and articulates the reward in the experience as 'immediate gratification'. This notion sheds light on the appeal and reward that is unique to health work in the context of volunteer.

And, and it's true, and I must admit that you, you mourn the loss of that immediate gratification and, that style of helping that is, perhaps quite singular to health professionals you know, but you know I also did public health before coming here so, I, and I was convinced that non-medical interventions have at least as much, if not more impact on health outcomes, as curative, or preventative one on one treatment. So I was, I was already sold to the idea that I could put away my stethoscope and still deliver change, and health, you know, so public health is good in that sense, it reminds you that you can work to get, you know decent hygiene in place, and or scale-up HR, and you will have an impact, even though you're not wearing your stethoscope or prescription pad or anything like that. (Bilateral Agency Employee 2)

Unfortunately it is problematic when NGOs capitalize on those elements such as immediate gratification that attract consumers to the 'experience'. NGOs today are silently rooted in

capitalist economy. Further, the disengagement from the state and market is illusory. Instead, NGOs are mechanisms of globalization, as is demonstrated by the enactment of volunteers of *experience as commodity* in this section. When a ‘worker’ or ‘human resource’ offers service in a voluntary capacity, it is important to acknowledge the context in which labour (paid or unpaid) has been conceptualized. If service has traditionally been valued as a commodity, then it might be difficult for individuals to separate themselves from their service contribution, which can lead to feelings of entitlement. It is important to consider the implications of this sense of entitlement, for both those providing and receiving the service, when examining a form of volunteer service that is traditionally paid. The findings from this study revealed that volunteers struggle not to feel “resentful” or “cheated” when their work went unrewarded.

### **Free market evaluation**

Presently, NGO work is rarely evaluated, apart from the self-reporting mandated by funding agencies. The regulation of these organizations is dependent upon their charitable status, which in Canada is overseen by Canada Revenue Agency. The issue of cost-containment becomes a moral dilemma when NGOs risk providing sub-optimal service, for example, by using in-kind donations of medical supplies, such as expired medication to provide health care service delivery. Furthermore, cost-containment risks render NGOs vulnerable to the potential privatization and corporatization of the sector (Considine, 2000; Evans, Richmond & Shields, 2005). Additionally, shifting responsibilities from government to organizations, such as NGOs and individuals, places additional responsibility on individuals for their own service provision.

Because the NGO industry has few mechanisms in place to evaluate volunteer health work abroad, by and large, it is left to forces of the free economy to weed out low quality organizations. In other words, if enough volunteers are dissatisfied with their experience, over

time, the message will be relayed to the market and theoretically the NGO will cease to recruit volunteers to provide health work abroad. The concern is, however, that damage can still occur, – and, in communities that are already marginalized by poverty – while these NGOs ‘die a natural death’, as one participant in this study states.

*Caveat emptor* is a Latin term for ‘let the buyer beware’. It is often referenced when referring to the unknown condition of a good or service. In legal terms, a sale is subject to this warning, and the purchaser assumes the risk that a product or service may be defective. Ultimately, in consumerist terms, it is the responsibility of customers to test, judge, consider and perform due-diligence on their purchases. The following quote exemplifies this notion.

I mean, in that sense it is buyer beware. I mean you get involved in any kind of organization, and, they’ll say “oh yeah we can post you in any country”, like sounds fishy, to start off with. It just sounds like commercial opportunity, you know, it’s just it’s someone said well let’s call ourselves project.com and link people up (Bilateral Agency Employee 1)

While volunteers should aim to ensure that their work is meaningful for both themselves and the communities they serve, an emphasis on individual agency displaces accountability from NGOs, as well as the broader organizational social relations that reproduce the issues. In the following quotation, an employee from a bilateral agency describes how market laws will ultimately filter out low quality NGOs. And yet, is it fair that we leave it to the free market economy to evaluate this type of work? Should there be other mechanisms in place to evaluate health work in the Global South?

The market laws being what they are or rules being what they are, if a dozen nurses have experiences like that [negative experiences], then they’ll tell 2 friends and they’ll tell 2 friends

and then this organization should die it's natural death. Unfortunately it's going [to] create a lot of bitterness in the process. (Bilateral Agency Employee 2)

The influence of neoliberalism on the volunteer sector has become increasingly pervasive and accepted. With NGOs being held to the same processes of evaluation as private industry, the principles of neoliberalism that contribute to the privatization of the volunteer experience are also responsible for policing it. This is not to suggest that there is a need for third sector government regulation necessarily, however demands innovation in how we conceptualize volunteer work in global contexts, particularly when the unintended consequences can undermine development in the Global South.

The following quotation offers insights into some of the unintended consequences of volunteer health experiences in Tanzania. In particular, it exemplifies how volunteer health work, when conducted irresponsibly, can undercut local health care systems.

We were completely disconnected with anything that the government had to offer, so even the one or two cases in 4 days in the 800 people that I saw, would have needed referral to a specialist. [...]. And there were no formal linkages whatsoever. And, we were not treating; we were not stamping out disease. I was distributing toothpaste, toothbrushes, Tylenol, and dandruff shampoo. That's basically what we're doing. And unfortunately when, I don't like giving antibiotics without a diagnosis, but if I would turn around and prescribe a third generation cephalosporin, it would be overkill medication that they [health work volunteers] just got for free and they brought down. So that's not even intelligent prescribing. So, I think we did a lot of damage. I mean, people [volunteers] were high fiving at the end of the day [saying] "yeah! 220 today we kicked medical ass!". And I kind of felt sad because, well, I mean these people definitely had a lot of good will, and a lot of energy, there was no teaching

going on, no significant teaching going on whatsoever, and they were really undermining the public clinic that was 15km away. (Health Work Volunteer 7)

This participant highlights two very important unintended consequences of practicing clinically as a health work volunteer. Firstly, he showcases the disconnect that occurs with this type of piece work, where international volunteer clinicians provide temporary, primary health care without adequate knowledge of the local health care system, and are therefore unable to appropriately refer community patients to sustainable local services. Secondly, he states “I think we did a lot of damage”, referring to the type of medication that was distributed to local people. It was common practice for the health work volunteers who participated in this study to bring donated medications overseas, many of which were expired in Canada. This puts into question whether this form of care can actually cause more harm in communities than pre-volunteer intervention. Further, it begs the question whether free market evaluation is a sufficient response for work that can have so many detrimental health outcomes.

Similarly, the following participant describes how, in her practice as an international health work volunteer, she provided HIV testing in contradiction to local government policy. More specifically, she describes how a medical caravan travelled through local communities and implemented HIV testing without permission from the Tanzanian government.

HIV testing is through the government... because here you have to go through district medical officers office, because all the stats go back [to the office] so that's why we're not supposed to be doing it here, HIV testing. But we have HIV testing, and then everyone can see the doctor. The doctor does her exam or whatever, prescribes, then they go, get their HIV test or whatever. If they're positive, they [the patients] are brought back to [a health work volunteer] talk about it. We had, probably about 10 new HIV cases during our last Caravan, which is

pretty high. Oh, we also had someone from [organization removed] who was doing, giving out information about research and how research, a lot of people think research is bad and that we're using them as guinea pigs. So they had a Tanzanian come and explain to everyone in line, "oh I'm just going to talk to you about research, like not all research is bad". She was also advocating HIV testing, so she actually got people. We couldn't see everyone, sometimes there's 600 people, but she got a whole whack load of people who couldn't be seen but got them, you should get an HIV test, so we had a way higher yield of HIV testing this time, which is amazing. (Health Work Volunteer 8)

Indeed, in this example, the participant is describing a form of cultural hegemony, whereby the health work volunteers are vehicles of the dominant class and Western culture, and are manipulating local systems in an attempt to impose their worldview and ideology. Collaboratively, as an organization, the volunteers felt it was more appropriate for them to conduct HIV testing (as opposed to local practitioners), and enforce their research values. The participant discounts any critique of research, with a pejorative assumption that it relates to them having a sense of being 'used' as 'guinea pigs', and little regard for their own position of power or the legacy of colonialism in Tanzania that may have shaped this skepticism. They did so by disguising their actions in the name of 'advocating for HIV testing'. This raises the question as to whether actions are indeed reinforcing cultural imperialism by promoting and imposing their cultural beliefs of 'appropriate care' on a marginalized population.

It is important to note not only the role of the NGO, but the broader organizational social relations (structures) that shape this form of work. While the individual volunteers have agency in their actions as health workers, ultimately the context allows this form of work to be reproduced. This is particularly evident since many of the volunteers in this study sample work

for an array of NGOs, in several locations across Tanzania with unique professional background and experiences. In fact, very few volunteers knew each other, or of other Canadian health work that occurred concurrently. And yet, several participants shared a similar clinical experience of providing temporary and disconnected work. In the following quote, another health work volunteer describes other unintended consequence of this form of work. In particular he illuminates the health human resource repercussions that can ensue locally when NGOs utilize local doctors.

Like a lot of people think it's a good thing but sometimes NGOs, they take away doctors that we could be working in the [local] industry but because NGOs space is better... you're taking away, your pulling, you're taking the doctors. A lot of NGOs – there's certainly a lot of NGOs that have questionable objectives who have – who also have – who have benevolent intentions with bad effects and who regulated them? I think there needs better supervision, or, accountability. Not at the expense of discouraging people to do an initiative that they will like. (Health Work Volunteer 8)

The purpose of this chapter is not to question the value of volunteer-abroad experiences. Rather, its focus is to highlight the social organizations that could shape this work in a call for social change. Currently, neoliberalism is enacted in delivering volunteer health work in Tanzania, which includes a reliance on principles of free economy to evaluate health work. This has implications not only for the Tanzanian community but also the health work volunteer. In the following quote, an employee from a bilateral agency states the need to communicate 'bad experiences' to other health workers. Given his bilateral agency's commitment to "lead Canada's international effort to help people living in poverty" is it important to consider whether additional measures should be taken?



And I think that's what ultimately is dangerous because it's, I mean the impact that it can have on the ground – on the people, is kind of piecemeal, ad hoc work that doesn't do, doesn't contribute a lot in the long term. But it also, I think it's unfortunate that for someone who did decide to take time off from whatever practice they have, leave with a bad experience, perhaps just because they weren't given a heads up. Had they been given a heads up they might not have gone, and that's maybe better. Cause if you go, have a bad experience, come back and tell all your friends that it sucked, whereas if you get a heads up and you think oh that's awful, and you won't even go. And if you say, well that's not what I expected but I'll give it a try, at least if you know you'll be less likely to be disappointed. (Bilateral Agency Employee 1)

These unintended consequences have tremendous implications for the development of a health care system in Tanzania. While this study only showcases the work being conducted by Canadian NGOs in Tanzania, these findings have applicability in many countries in the Global South.

### **Discussion**

This institutional analysis provided a map of the dynamically evolving social processes that humans unconsciously and routinely engage in the working everyday world of volunteer health work in Tanzania. Volunteer work was organized through broad organizational social relations that determine ideas, actions and expectations for the volunteer 'experience'. This chapter expands our understanding of how the organizational social relations (NGOs) coordinated volunteer work that spanned across a multitude of volunteer experiences in various regions in Tanzania. Texts, such as NGO advertisements, were examples of discourses that mediated the extra-local tensions that were generated beyond the individual but also experienced in various ways in the everyday world of volunteer work. The map offered analytical insights

that critically challenge the organizational social relations as problematic that humans can change. For example, the map served to explain the interconnected relationship between ‘*volunteer as client*’, ‘*experience as commodity*’ and ‘*free market evaluation*’, which is meaningful because when reproduced, these relations inform the social organizations: neoliberalism and neo-colonialism.

The findings from this study confirm that neoliberalism and the third sector are interwoven and work together to inform values and activities. Further, the imposition of neoliberal governance can compromise advocacy carried out by NGOs in the communities they serve (Evans, Richmond & Shields, 2005). Building on emerging work that has explored volunteer work as a form of cultural and economic capital (Jones, 2005, 2008; Sherraden, Stringham, Sow & McBride, 2006; Simpson, 2005), this study problematizes the effects of neoliberalism that have shifted the notion of ‘client’ in the delivery of service in the Global South. In particular, it exposes how power and status were afforded to those in the position of ‘client’, which included the volunteers who participated in health work via an NGO and not necessarily the local community in Tanzania. For example, there was an imbalance of power when health work volunteers expected clinical placements over local practitioners. The asymmetrical relationship in power – whereby the volunteers were ‘clients’, challenged the volunteers’ ability to authentically advocate for the community, particularly when their work contributed to undermining local systems. This is exemplified by a health work volunteer who carried out HIV/AIDS testing contradictory to local Tanzanian policy. This asymmetry became especially problematic when the volunteers’ position of power exempted them from accountability within the local community and provision of health care services. This lack of accountability in culmination with the volunteer as client and the desire to be valued as a clinical

expert was especially hazardous for the supposed ‘recipient’ of care. Further, it put into question whether this modality of health work was indeed more damaging than beneficial. As Canadians, we need to rethink whether we have a clinical role to play in international health work. With this mind, NGOs need to shift from service-orientation to a mode of development that empowers the local community, and at the very least acknowledges their expertise. This could include a volunteer exchange program with learning objectives that meet the needs of each volunteer’s respective local community. In both instances, the volunteer would participate in a learning capacity with the intention to share their knowledge in their local practice.

Wilson and Musick’s (1997) integrated theory of formal and informal volunteer work is premised on three assumptions about volunteer work: 1) productive work that requires human capital; 2) collective behavior that requires social capital; 3) ethically guided work that requires cultural human capital. Using data from a panel survey entitled *Americans’ Changing Lives* (n=3617), the authors employed structural equation modeling (SEM) to test the relationship among exogenous variables, social and cultural capital and volunteering/informal helping. Among other conclusions, the authors determined that:

Just as people bring human capital to the marketplace for volunteer labour, recruiting organizations offer material incentives – tangible rewards to individuals in return for their contributions. Thus people who bring job skills (e.g. nursing) can be rewarded with assignments drawing on those skills (Wilson & Musick, 1997, p. 709).

While this statement has some resonance with the findings from this study, particularly in terms of expectations for reward premised on paid skills, the authors do not examine the broader structures that reproduce the ‘marketplace’ for volunteer labour. Further, while the authors acknowledge human, cultural and social capital as factors that motivate volunteers, they

do not problematize how it may undermine the relationship between the volunteer and the local community. In fact, they stipulate that this form of work is indeed productive, without empirical evidence from the perspective of the community. It is important to include the community in these discussions in order to address the asymmetrical relationship between the Global North and Global South.

In addition to confirmatory findings, perhaps more significant contributions to the existing literature on international volunteer health work is the study findings of the organizational social relations ‘*volunteer as client*’, ‘*experience as commodity*’ and ‘*free market evaluation*’ as pervasive, which served to reproduce the social organizations, neoliberalism and neocolonialism. Neoliberalism represents the geopolitical practice of using capitalism, trade globalization and cultural imperialism to control or influence (Sartre, 1964/2001). Neoliberalism, as a social organization, transcended the institutional complex. This chapter provides an alternative focus underpinned by the assumption that the volunteer industry is commercially dominated and those with greatest position of power are those with the most wealth. The finding from this study revealed that relevant marketing tools used to recruit volunteers and engage them in an international experience were forms of text representative of the relations of ruling. These texts are constituents of the coordination of the organizational social relations within the institutional complex. It is important that NGO administrators are made aware of the consequences of using consumerist approaches in the marketing of their work. Further, if NGO watchdog organizations report the acquisition of funds earned off of volunteer experiences this would allow for greater transparency between the NGO and the local community. It is ethically questionable whether NGO should earn capital incentives for placing volunteers in local communities, particularly since the local community bears the workload for hosting a volunteer.

If there was an outlet that disclosed how much NGOs' earned from such placement, there may be greater incentive to reinvest those funds back in the local community. Also, it may mitigate a volunteer assuming the role of consumer if it was demonstrated how their funds were being spent.

Neocolonialism, the second social organization, was apparent when the participants in this study valued their own Western approach as 'expert' to measure the worth of their experience. This created an environment where the volunteers experimented with an expert identity and enacted power that framed encounters between the volunteer and care recipient as exploitative. Many of the participants in this study assumed that change in the Global South occurred through the interventions of outsiders; and, more specifically from the Global North, and that they were the vehicles for that change. Their assumptions were laden with entitlement and moral imperative made possible through their own actions. As noted by Simpson (2005), this type of approach socially constructed the volunteers as vehicles of imperialism rather than change agents.

Finally, future research should assess the experience from the standpoint of the local community in Tanzania. Some authors have stipulated that temporary international volunteer experiences may burden the host community rather than provide sustainable benefits (Guttentag, 2009). Guttentag (2009), in particular, found that volunteer tourism resulted in negative outcomes such as disregard for local residents' wishes, incomplete work performed by the volunteers, fewer employment opportunities for local community members, greater dependency between the receiving country and the donor country as well as 'othering' of locals by volunteers. Further, Raymond and Hall (2008) suggest that development of cross-cultural understanding is not a natural result of volunteer tourism, but rather it should be prioritized as a

goal. Canadians interested in participating in temporary international health work should consider travelling and supporting the local economy rather seeking out experiences that service their needs as ‘experts’.

### **Conclusion**

The findings from this study were theoretically derived and grounded in institutional ethnography. Neoliberalism and neo-colonialism ruled the coordination of international volunteer health work. *'Volunteer as client'*, *'experience as commodity'* and *'free market evaluation'* were the organizational social relations pervasive in talk and text. Despite their achievement of professional status, many still sought out ‘expert’ experiences. The needs of the client, that is the volunteer, were prioritized above all else, including the needs of the community. The product was the ‘experience’, and the client ultimately deemed whether the cost of the experience was worth the benefits. The client assessed the benefits of the experience based on their ability to impart their expertise. The NGOs in this study, as a collective entity, participated in the organizational social relations that reinforced neoliberal professionalization by marketing and selling an ‘expert’ experience.

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## Chapter 5: Institutional Social Relations

### Abstract

More than one-third of Canada's international assistance dollars are given to multilateral organizations such as World Health Organization (WHO) and the World Bank (The Major International Health Organization, 2009). How Canada utilizes the remaining two-thirds of foreign aid is a complex arrangement through which it attempts to provide assistance that meets its own policy objectives, often at the expense of national priorities established by recipient nations. Using a post-Marxist theoretical framework, the purpose of this institutional ethnography was to critically examine the social organizations within Canadian NGOs in the provision of HIV/AIDS health work. Data collection occurred over approximately a 19-month period of time in Tanzania and Canada. Interviews were conducted with health work volunteers, NGO administrators and bilateral agency employees. Neoliberalism and neo-colonialism ruled the coordination of international volunteer health work. This chapter exposes the institutional social relations, which include '*favoring private sector interests*', '*hegemonic accountability*' and '*disconnected rhetoric*'. In particular, this chapter exposes how aid was motivated by commercial interests, and how aid was often conflated with trade which enabled a neoliberal agenda. Further, high-level policy documents such as the Paris Declaration of Aid Effectiveness and the Accra Agenda for Action omitted to bring attention to the potential inequitable relationship inherent in 'donor' and 'beneficiary'. This was often premised on the taken for granted assumption that aid occurs decontextualized from its racialized and colonial histories. The supposed partnership between 'donor' and 'beneficiary' was undermined by '*hegemonic accountability*', the bilateral institution's attempt to monitor and carry out surveillance through NGOs and ultimately control the Tanzanian government.

## Introduction

Since the late 1970s, the expansion of the 'foreign aid market' has led to the subcontracting and delegation of foreign aid through a complex system of governmental (bilateral), intergovernmental (multilateral) and non-government organizations (NGOs) globally. More than one-third of Canada's international assistance dollars are given to multilateral organizations such as World Health Organization (WHO) and the World Bank (The Major International Health Organization, 2009). How Canada utilizes the remaining two-thirds of foreign aid is a complex arrangement through which it attempts to provide assistance that meets its own policy objectives, often at the expense of national priorities established by recipient nations. The Canadian government provided \$5.7 billion in international assistance in 2011–2012, with the Canadian International Development Agency (CIDA), a bilateral funding institution, distributing 69% (\$3,932.65 billion) of all international assistance funds (DFATD, 2013).

An important tool in delivering Canadian foreign aid are NGOs, also described as 'third sector' organizations or civil society organizations (CSOs), who receive funding in the form of grants from both multilateral and bilateral organizations as well as private sources. NGOs are organizations that traditionally have no government affiliation (Ahmad & Potter, 2006). In 2006, \$71.6 million of CIDA funding was channeled through NGOs and it is estimated that an equivalent amount was raised through private sources (CCIC, 2007). Of the 55,000 registered NGOs and over five million Canadians who participate in the organizations, 350 provide international development work (CCIC, 2001). International development NGO activities range from emergency relief, such as shipping food, to welfare activities, such as child sponsorship (CCIC, 2001).



According to a geographical breakdown of the disbursement of funds, the continent of Africa received more than 42% of Canadian international assistance (Department of Foreign Affairs and Trade (DFATD), 2013). Tanzania is one of the top 20 recipients of Canadian international assistance: between 2011 and 2012 Tanzania received \$139.78 million dollars in bilateral aid (Statistical Report on International Assistance, 2012). According to a CIDA report (2012), Canada's assistance to Tanzania focused on economic growth, maternal and newborn healthcare and education for children and youth. Tanzania is situated in East Africa, and has one of the highest unemployment and poverty rates in sub-Saharan Africa (Beamish & Newenham-Kahindi, 2007). And yet, Tanzania's mineral sector outputs grew 15% per year between 1999 and 2003, primarily because of the increase in gold production (United Nations Economic Commission for Africa (UNECA), 2008). Tanzania's mineral industry, in particular gold mining, has been predicted to grow exponentially in the near future as a result of increased investment (UNECA, 2008). Given CIDA's mandate to select 'recipient' countries based on their potential economic growth, particularly through resource development, Tanzania can be viewed by Canada as an ideal location for foreign aid. Nonetheless, Canada's need to augment international trade and other economic activity is a simplistic assumption that greater private sector growth rates will enable that country to generate wealth to the poorest citizens (Brown, 2007). Through examination of a Canadian bilateral agency and NGOs, the chapter argues neoliberal approaches ultimately foster neocolonialism rather than aid. This chapter problematizes the enactment of neoliberal agenda and how this ideology transcends aid delivery. Based on the findings of an institutional ethnography, this chapter details how institutional social relations coordinate bilateral aid in Tanzania, Africa.

## Review of Literature

### **Private sector mobilization = panacea for poverty alleviation?**

Historically, aid has been perceived as a viable option to rebuild nations in distress, and the agenda that ensued, similar to Europe in the post-WWII context, assumed that the Global South simply lacked the financial capital to grow. A widely accepted view by policy-makers of the West was that foreign aid, in the form of economic stimulus, was the best alternative for developing nations to attract private investors and, as a result, grow economically (Buchanan, 2006). More recently authors, such as Lancaster (2007), have stipulated that private enterprise is necessary to sustain economic growth, which will ultimately alleviate poverty. In particular, Lancaster credits economic stimulus with lessening tensions that feed conflict, avoiding state collapse and contributing to the reduction of criminal and terrorist networks (Lancaster, 2007). Economic growth contributes to the creation of wealth, income, jobs and mobilizing domestic resources and has been reaffirmed as the primary mechanism for ending global poverty (Tomlinson, 2010). And yet, policy research has demonstrated that poverty reduction is much more complex than economic growth and is indeed contingent on a number of factors including rates of average income growth (Dollar & Kraay, 2002); the degree of income inequality (Bourguignon, 2003; Klasen, 2003; Deininger & Squire, 1998); and gender inequality, including inequities related to education in the Global South (Klasen, 2002; Knowles et al., 2002). A study by Ravallion (2007), examined poverty reduction strategies in 80 countries spanning from 1980 to the early 2000s using data from the World Bank's PovcalNet and World Development Indicators. The author found that among the countries with the largest disparity in income (i.e., the greatest inequality rating), poverty incidence was unresponsive to economic

growth (Ravallion, 2007). This suggests that the greater the degree of inequality in a nation, the less likely those living in poverty share in the gains from economic growth. Further, the greater the degree of poverty in a nation, the less responsive that nation was to economic growth, which suggests that it is much more difficult to address instances of extreme poverty (Ravallion, 2007). Da Corta and Magongo (2013) examined Tanzania's National Growth and Poverty Reduction Strategy (known as MKUKUTA from 2005–2010). The strategy addressed economic growth in order to generate sufficient resources for poverty reduction, enhance social services and improve governance. The authors found that despite an impressive increase in national economic growth, the rates of poverty did not correspond. In fact, between 2001 and 2007 the number of persons living in poverty increased by one million (da Corta & Magongo, 2013). They argue that unequal rural growth and gender dynamics, including the lack of women's participation in the workforce, ultimately undermined any poverty reduction strategy (da Corta & Magongo, 2013).

Similarly, Mashindano, Kayunze, da Corta and Maro (2013) reported that while economic growth in Tanzania has been relatively high, poverty reduction targets outlined in the Millennium Development Goals remain unmet. Indeed, the authors suggest that economic growth has been limited to the upper echelon of socio-economic status, and the poorest people in rural and semi-urban locations remain unemployed or under-employed (Mashindano et al., 2013). Further, limited infrastructure, such as roads, contributed to the lack of economic transformation, which primarily occurred in urban centers. This literature demonstrates the need to address a multitude of factors when targeting poverty reduction and development in the Global South, and further demonstrates how an overreliance on economic stimulus as a panacea for poverty reduction is ultimately unproductive.

### **Neoliberal bilateral relationships**

A study by Baines (2004b) examined how neoliberal processes played out at the macro level, have shaped the voluntary sector, particularly the voluntary spirit and participatory nature of the non-profit sector. Neoliberalism refers to the political-economic governance premised on market relationships, often at the expense of social goods (Larner, 2000). Baines' study analyzed 42 semi-structured, in-depth interviews with a variety of key informants from eight NGOs in Canada. The study findings revealed that restructuring and managerialist ideology restrict opportunities for those within the third sector within the confines of their increasingly narrow, fast-paced, and standardized work. Neoliberal ideology dominated third sector work. This study calls into question if aid and economic development can truly co-exists.

Some critics suggest that with NGOs advancing the agenda of their funding institutions has led to the dispersal of neo-liberal ideals (Baines, 2008; Kamat, 2004). Prioritizing above all else the national economic system, through the development of the private sector has resulted in important cultural transformations. Specifically, the transition from state-led to deregulated market-economy has had considerable cultural consequences, such as shifts in values, beliefs and practices (Kamat, 2004). The emphasis on entrepreneurialism and seizing the opportunities of the global economy has had a profound influence on political ideology and citizen culture (Kamat, 2004). In Tanzania, the mining industry is one example of a major lure for private sector investors, including bilateral agencies.

The mining industry in Tanzania has relied primarily on foreign direct investment (FDI) and multinational corporations (MNCs) to establish business, encourage employment and create innovation. Notably, Canadian mining companies are among the largest foreign investors in Tanzania. According to the Government of Canada, in 2011 there were 16 Canadian mining companies in operation in Tanzania, with cumulative assets amounting to \$2.3billion. Several

authors have critiqued the supposed benefit of foreign capital to the local communities (Bose-O'Reilly, et al., 2010; Lu & Marco, 2010; Newenham-Kahindi, 2010). In particular, Lu and Marco (2010) problematize the 'advantage' for the community in light of overgenerous tax incentives for multinational investors. The authors exposed examples of mining investors who received 50-year tax exemptions, including offsetting 100% of their capital expenditures against taxes in each year as well as very low royalty rates. Ultimately, the authors conclude that the loss of much-needed tax revenues for Tanzania is exploitative for the local community, and that mining companies as well as tax authorities are largely to blame (Lu & Marco, 2010). In 2011–2012, CIDA supported the Extractive Industries Transparency Initiative by decreeing that MNCs report all taxes and royalties and the Government of Tanzania discloses what it receives from such companies. The results from this initiative have yet to be reported.

Economic growth has its lure for foreign investors, including bilateral agencies, and on the surface, tends to be perceived as 'win-win'. The local community supposedly benefits from the economic surge while the foreign investors gain from international trade. And yet, the research in this area does not support using economic growth in isolation from other strategies to reduce poverty. Further, economic growth strategies such as investments in mining can undermine development in local communities. Instead, economic growth needs to be viewed as one element of a comprehensive, multifaceted approach to aid delivery and target inequality, including income and gender inequality, an important element that transcended the literature. It becomes problematic when economic growth and trade are the main strategies of interest for bilateral institutions mandated to provide aid. This study elucidates some of the consequences of over-emphasizing economic growth in Tanzania, as well as exposes Canada's self-interest in foreign affairs.

## Methodology

This study was guided by a post-Marxist framework. Post-Marxist theory was a relevant framework to examine international aid for several reasons: 1) post-Marxism acknowledges the historical/political context; 2) recognizes the ‘economy’ as a mechanism that shapes social outcomes; 3) offers insights into work relations (by way of deconstructing the social character of the workforce and the influence of capitalist relations on work); and 4) identifies the dialectic of ethnic collective identity, for example, how access to resources has promoted the rise of ethnic movements. Post-Marxism acknowledges the influence of market forces of supply and demand, but incorporates other relevant factors at play in the globalization of a world economy and corporate giants that influence the free market today. This theory was relevant as a theoretical framework for this study because it expands our knowledge beyond ‘economic growth’, shedding light on how the economic process is enacted through power and political inequities, particularly between a bilateral funding agency, NGOs and volunteers.

This study attempts to understand how social organizations are embedded within the institutional complex of Canadian NGOs at the local site of lived experiences, through an examination of the intersections of paid and unpaid work. Social organizations do not occur singularly but rather relationally (Smith, 1999). Using the tools of institutional ethnography, this chapter explicates the relationship between the everyday work activities and actual people in their local settings. Accordingly, the process of discovery was organic: I sought to understand how social relations were occurring within the local setting, and how the reproduction of social relations and work activities inform the social organizations (neoliberalism and neo-colonialism) that make up the institutional complex. In the context of this chapter, institutional social relations refer to how bilateral agency employees and NGO administrators coordinate activities to produce

work at the institutional relational level (see Figure 4. Institutional Social Relations within the Institutional Complex). The institutional relational level refers to the social processes that are enacted through bilateral agencies and their ruling discourses, such as the Paris Declaration on Aid Effectiveness and Accra Agenda for Action. Further, I demonstrate how work occurring at the institutional level transcends other social relations, including the organizational and interpersonal relational levels.

The methodology is especially sensitive to textual and discursive dimensions of social life, however grounded in how texts are used (Eastwood, 2000). Texts are naturally occurring empirical materials (Perakyla, 2005). Participants are connected through texts and the organizational features that envelop work processes, such as policies and practice standards (Smith, 1990a). It is only at the local site of the individual's experience and the implementation of text, also known as the 'activation of text', that these forms of organization can be investigated. Institutional social relations are formed by various people working with texts in different locations, and are therefore connected by work–text–work sequences (Smith, 1990b). In this study, I examined how high-level international texts coordinated (or not) how people worked with Canadian NGOs and a bilateral funding agency.

I obtained approval for this study from the Ethics Reviews Board. I recruited health work volunteers and NGO administrators/staff, as well as bilateral organization employees in Canada and Tanzania based on their potential to effectively address three research questions: 1) How are interpersonal social relations enacted by international health work volunteers in Tanzania?; 2) How do organizational social relations coordinate international volunteer health work in Tanzania?; and, 3) How are institutional social relations connected to the international health work volunteer experience? The first two research questions have been addressed elsewhere

(chapters three and four). This chapter focuses specifically on the third research question: how institutional social relations inform volunteer health work in Tanzania.

### **Recruitment and sampling**

In keeping with institutional ethnography (IE), data collection methods expose the social relations at the local site of the lived experience. IE relies on interviews transcripts, field notes from participant observation and texts as sources of data (Walby, 2005). IE differs from other ethnographies, however, because it treats those sources of data as entry points into webs of social relations and work, rather than the object of interest (Campbell, 1998). Therefore, the participants were not considered a source of data themselves but rather, the way in which their experiences or accounts illuminated the social organizations of the institution became the focus of data collection. The criteria for participation broadly included: 1) proficiency in spoken English, and 2) volunteering with a Canadian NGO, or employed by a Canadian NGO, or employed by a bilateral agency that funds Canadian NGO work. A bilateral organization employee refers to someone who is employed by a bilateral institution such as the Canadian International Development Agency (CIDA), more currently known as the Department of Foreign Affairs, Trade and Development Canada (DFATD). Because data were collected in 2011, the bilateral agency employee refers to those who were employed at CIDA, prior to the merger in 2013. An ‘NGO administrator or staff’ refers to someone who works for an NGO administratively and who is familiar with the interworking of the NGO. A ‘health work volunteer’ refers to someone with or without a professional designation who provides direct or indirect HIV/AIDS health-related service through an NGO. NGOs play a vital role in the legitimatization, participation and collaboration of international development, by servicing impoverished and marginalized groups across diverse areas of health and social development,



including HIV/AIDS healthcare (Craplet, 1997; McKee, Zwi, Koupilova, Sethi, & Leon, 2000; Motin & Taher, 2001). HIV/AIDS was the context in which health work was provided, however this concept was often broadly aimed at addressing social inequities to encompass diverse populations who were deemed 'at risk' or 'affected' by HIV/AIDS and not necessarily directed only towards those with a positive HIV status. The aim of recruitment was to illuminate diverse experiences in order to portray a broad picture (DeVault & McCoy, 2002); and, to offer multiple perspectives on how institutional social relations were coordinated among bilateral agency employees, NGOs and Canadian volunteers.

Recruitment for participant interviews continued until I reached a saturated understanding of the institutional social relations at play (Morse, 1995; Sandelowski, 1995a). A diverse study sample of 37 individuals was recruited, representing a range across the categories of sex, professional status, years of experience, degree of involvement, length of time in Tanzania and age. This type of purposive sampling made obvious identifiable patterns of commonalities and differences existing between and among participants, such as professional influence on work (Sandelowski, 1995b). An adequate sample size was achieved in order to gain an in-depth understanding of the relationship between and among participants in ethnographic research (Morse, 1991). It was essential to recruit more health work volunteers than other types of study participants, as this perspective varied tremendously based on the volunteers' positionality, work activities and the duration of their placements. Fewer NGO staff and CIDA employees were recruited compared to volunteers, in part because the total population is smaller but also because perspective saturation occurred more rapidly. For example, many NGO staff described the challenges in providing an ideal volunteer experience in a climate of fiscal restraint. The number

of CIDA officials interviewed was largely dependent on available personnel. A total of four CIDA employees working in Tanzania participated in interviews.

Of the 37 study participants, 23 were female and 14 were male. There was a cross-section of participants from various regions of origin in Canada, including British Columbia, Ontario, Quebec and Nova Scotia. A total of 30 health worker volunteers, 4 bilateral employees and 3 NGO staff/administrators were recruited. The mean age was 45 years, although the ages ranged from 24 to 72 years. The professional status of the sample varied, and included five medical doctors (MDs), five registered nurses (RNs), one occupational therapist (OT), one professor with a PhD, five engineers, four official delegates and 16 'other' baccalaureate-prepared participants.

### **Data collection**

Multiple concurrent data collection methods were utilized over a period of 19 months in Canada and Tanzania, beginning in August 2011. Because institutional ethnographers seek to examine broadly occurring institutional and discursive processes, opportunities to collect data were not limited to one specific setting. Instead, the settings varied across geographical regions, time of day, formal surroundings (i.e., work environment versus coffee shop) as well as in-person and via telephone. The setting was either pre-determined or serendipitously arose by way of 'talking with people' (Smith, 2005). For example, some interviews were pre-determined and scheduled by me in a convenient location for the participant, while other interviews arose from meeting participants in their everyday life, for example at a coffee shop or a on a bus. Further, the selection of the regions for data collection in Tanzania was determined by geographical areas known for a large concentration of international NGOs and/or a bilateral agency office, including Zanzibar, Arusha, Moshi and Dar es Salaam. Because of the transient nature of international volunteer work, it was difficult to predict when and where participants would be available at any

given moment, and registries do not exist. The task was particularly challenging since my interest was solely in those participants affiliated with Canadian NGOs. Instead of relying on one particular location for recruitment, it was important for me as the researcher to ‘hang out’ in locations where participants were known to frequent, and it was only by way of talking with people and paying attention to interconnected activities—that is how people not only work together but also commute, dine and access services together—that I was able to enrich my data collection. Consent was obtained immediately after meeting the participant and prior to participant observation.

Institutional ethnographic interviewing is open-ended, dialogical and meant to elicit talk that illuminates interconnected activities related to the institutional complex (Smith, 2005). ‘Talking with people’ does not only occur on a one-on-one basis (Smith, 2005). Therefore, I let the participants decide how they wanted the conversation to take place and offered individual or group interviews. Most participants spoke more candidly when interviewed alone, however the group conversations provided the opportunity to discuss shared experiences (Campbell, 1998). In total, 28 individual and 4 group interviews were conducted. Interviews ranged from 0.5 to 2.5 hours in length. The length of time in the interview process varied because it reflected a balance of leading with open-ended questions and also following the lead of the participant. The interviews were semi-structured with a purpose to build an understanding of how activities were coordinated across multiple sites. All interviews were audio-recorded and transcribed verbatim. Because text-based forms of knowledge were fundamental to understanding the institutional complex, it was important for me to gain an understanding of how such texts were operationalized. Therefore, I invited the participants to refer to and talk about texts during the interview. Further, throughout the interview process I listened for texts, and paid particular

attention to how the participants referred to or omitted reference to text. Given that the participants in this study were entry points into understanding the broader institutional complex, mediated by discourse, this chapter explores those textual practices occurring at the institutional social relational level (see Figure 4. Institutional Social Relations within the Institutional Complex). More specifically, this social relational level was coordinated by two main policy documents, as discussed by the bilateral agency employees in this study: the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008). Smith (2006) employs the metaphor of texts being the central nervous system of the institution, by way of coordinating and mediating activities. These policy documents were often referenced by participants in this study as fundamental texts that organized bilateral work. Since the time of data collection in 2011, the Busan Declaration on Aid Effectiveness has been released in replacement of the Paris Declaration on Aid Effectiveness. Consistent with the period of data collection in this study, I will refer to the Paris Declaration on Aid Effectiveness, and when relevant, incorporate updates from the Busan Declaration on Aid Effectiveness.

Text analysis included multiple sources of information. In order to systematize how texts were utilized in this study, I collected text from three perspectives: 1) healthcare professional organizations; 2) Canadian NGO's; and 3) CIDA policies. My approach to obtaining such texts was primarily web-based, including seeking information off public websites; however, I also invited participants to share any documents that they deemed relevant to their work.

Interestingly, as work become more broadly coordinated, text became more apparent in talk. For example, at the interpersonal social relational level, volunteers primarily talked about job descriptions from websites and preparation guidelines, which were unique to each NGO. At the

institutional social relational level, work seemed highly coordinated and mediated by specific policies.

Although described separately, data collection methods occurred simultaneously. Participant observation was undertaken formally and informally to record insight from: 1) ‘in the field’ as observational descriptions of the participants’ actions; and 2) ‘during the interview’ as non-verbal forms of communication during interviews and the implications for social relations. Informal participant observation occurring ‘in the field’ took place in locations such as coffee houses, buses and community centers where volunteers met socially. Formal ‘in the field’ participant observation took place in locations such as waiting rooms, NGO clinics and hospitals where participants worked. Participant observations ‘during the interview’ allowed me to gain a personal account of naturally occurring language, insights, and non-verbal expressions that shed light on potential contradictions or taken-for-granted assumptions of the institution, and the subtle and explicit ways in which power relations operate (Smith, 1999).

### **Data analysis**

According to Smith (1987, 1990, 2005), experience is ground zero of the analysis. The experiences, as described by the participant, are entry points into understanding the broader social relations. In this study, the social relations occurred on several levels: interpersonal, organizational and institutional. These levels have been artificially separated for the sake of explanation; however, they occurred simultaneously and informed one another. The levels emerged from data analysis which I facilitated with a chart. For each participant, I integrated all types of data (text, observations and interviews) in order to provide an overview of the participant’s experience. With the intent to link the individual experience to broader coordinated activities, I started recording various accounts of similar experiences. What came through in data

analysis of the ‘experience’ was not the task the participants performed or the emotional response to an event, but rather a broader social occurrence of the ‘everyday’ and what informed those experiences as mediated by discourse. The chart provided a brief summary of each participant, including biographical data such as their age, Canadian region of origin, professional status, length of time in Tanzania, NGO-affiliation, length of employment at CIDA (if applicable) and duration of experience among other demographics, in order to provide context. An additional summary that incorporated ‘text’ from the related NGO was also included to gain an understanding of their organizational frame of reference.

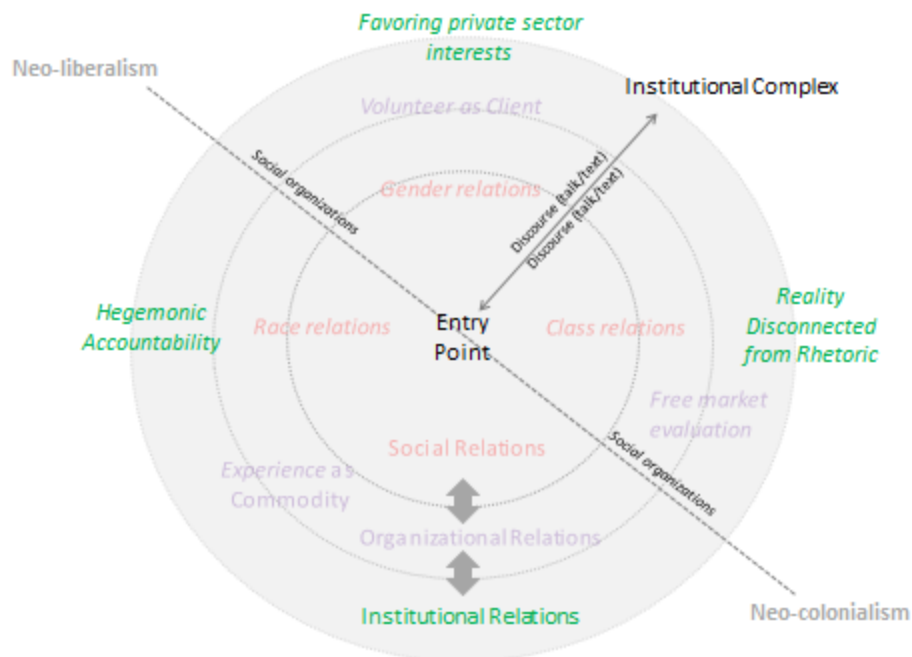
Preliminary analysis also consisted of an examination of transcribed interviews, paying specific attention to social relations. The interpersonal social relation represented those race, class and gender relations that occurred between and among the participants. The organizational social relations were informed by the NGOs. This chapter focuses on the institutional social relations that occur primarily among the bilateral agency employees. Although these social relations occur mostly within certain participant groups, they also transcend each group and inform one another. Further, I examined the social organizations, represented by the culmination/enactment of social relations at all relational levels. By way of analysis, I made comparisons between what was stated in text and what was enacted in everyday life as stated by the participant in the transcribed interviews. The evaluation of ‘health work’ was described as being shaped by the enactment of power at the bilateral level. Throughout the analysis, I recorded insights and identified common ‘threads’ that transcended participants’ experiences. Furthermore, I incorporated my field notes from my participant observations into my analysis, making comparisons between what was stated by the participants and what was observed by me.

Once I had a sense of the various levels of social relations, I attended to the structural order of data, including the interactional dimensions of discourse. The five main stages of discourse analysis according to Chouliaraki and Fairclough (1999) are: 1) identify a problem; 2) determine the practices that enable the problem; 3) identify the discourses that inform those practices; 3) illuminate the implications of the problem within practice; 4) shed light on the opportunities that exist for the problem to be overcome; and 5) reflect on the analysis process. These five stages assisted me in making comparisons between and among the insights outlined for each participant in the chart. Furthermore, it facilitated bringing my attention to the broader social organizations, as each individual experienced them.

The ultimate purpose of data analysis was to generate a social cartography of the institutional complexes that reflected multiple perspectives and ultimately served to meet the overall goal of study: an examination of the social organizations within Canadian NGOs. With this in mind, I developed a diagram (see Figure 4. Institutional Social Relations within the Institutional Complex) in order to illuminate how the institutional processes were occurring and more specifically, the connection between the ‘entry point’ (individual) and ‘institutional complex’ (structure). This diagram represents a conceptual map that describes the interconnected relationships between the various processes outlined in this study; it offers some clarity and conceptual links between the institutional processes.

### **Findings**

*Figure 4.* Institutional Social Relations within the Institutional Complex



The analysis uncovered how broader institutional social relations are enacted in speech and text. I was particularly interested in how institutional actions were coordinated by discourses such as the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. In accordance with institutional ethnography, the three institutional social relations of ‘*favoring private sector interests*’, ‘*hegemonic accountability*’ and ‘*reality disconnected from rhetoric*’ were constantly reproduced within the institutional complex (see Figure 4. Institutional Social Relations within the Institutional Complex). For the purpose of clarity, these institutional social relations are described distinctly in this chapter; however, they occurred simultaneously and were interconnected. As outlined in the diagram cross-cutting social organizations, neoliberalism and neocolonialism transcended the institutional complex (and beyond), and were constantly reproduced on all relational levels (interpersonal, organizational and institutional).

### **Favoring private sector interests**



The Paris Declaration on Aid Effectiveness was developed in 2005, at the High Forum on Aid Effectiveness, by ministers of bilateral and multilateral institutions from the Global North and Global South. The purpose of this policy document was to reform the ways in which aid was delivered and managed. The main goal of aid effectiveness was targeted at poverty reduction and the accomplishment of the Millennium Development Goals. The Paris Declaration stipulated a set of quantifiable indicators, objectives and principles for coordinating and measuring international action to improve effectiveness in aid delivery and redefine the relationship between recipient and donor nations (Essex, 2012; The Paris Declaration on Aid Effectiveness, 2005; Wood et al., 2011).

In response to the Paris Declaration on Aid Effectiveness (2005), and most recently the Busan Declaration on Aid Effectiveness (2011), there has been a push to integrate private sector initiatives more actively in international development policy. In 2005, more than one hundred donor and recipient nations agreed to landmark reforms to enhance congruence with the Millennium Development Goals (MDGs) targeted at reducing poverty. And yet, both editions of the declarations on aid effectiveness have emphasized the role of the private sector as a primary mechanism for aid. The promotion of “aid for trade” has become a slogan in development that refers to the exchange of bilateral funds for trade in favor of the donor nation. This exchange, premised on neoliberal ideals, prioritizes capital earnings in the private sector to the extent that poverty alleviation and community development are expected byproducts rather than goals. The social relation ‘*favoring private sector interests*’ problematizes aid as a secondary output of trade.

In the following quotation, a bilateral agency employee responds to the question “why is Tanzania a country of focus?”. He explains the Canada–Tanzania relationship as commercially motivated.

Canada has a lot of commercial interests in this country. About \$2 billion in mining investments. Barrick leads the way but there’s about 15 others. Trade is really small. I think trade from exports from Tanzania to Canada; they are not even \$10 million. It’s not – I don’t think it’s like the Canadian – United States relationship by any means. But there is something. Canada views Tanzania as a force for stability in the region. A trusted partner on U.N. votes and things like that. An ally. You know, like-minded on a lot of issues. So that’s usually how these things kind of frame themselves. There’s some sort of quid pro quo politically (Bilateral Agency Employee 1)

This quotation demonstrates the lack of distinction between aid and trade, and is particularly noteworthy since aid delivery was the primary mandate of CIDA at the time of interview. The bilateral agency employee began by stating that Canada has ‘a lot’ of commercial interests in Tanzania but then eventually minimized Canada’s gain from investments in Tanzania by drawing attention to export trades from Tanzania to Canada and comparing the Tanzanian–Canadian relationship to the Canada–US relationship. Meanwhile, Africa, as a continent, accounted for over 11% of Canada’s \$86 billion cumulative mining assets in 2007 (Tougas, 2008). In 2007, Canadian mining companies established operations in 35 countries in Africa, concentrating 90% of Canadian–African investments in eight countries, including Tanzania, which accounts for 10% of Canada’s investments (Tougas, 2008).

Further, while the study participant acknowledged Canada does indeed have a commercial agenda in Tanzania, he also softened his statement by reinforcing other political

gains for Canada and reinforced the benefit to Tanzania. His acknowledgement of commercial interests is indeed in alignment with the Paris Declaration on Aid Effectiveness, which states that in order to strengthen public financial management capacity, partner countries (those countries receiving donor funds) should commit to “intensify their efforts”, including creating and enabling an environment that can foster private investments. The following excerpt is from the Paris Declaration on Aid Effectiveness.

Partner countries commit to: intensify efforts to mobilise domestic resources, strengthen fiscal sustainability, and create an enabling environment for public and private investments. (Paris Declaration on Aid Effectiveness, Statement of Resolve 25)

Similarly, the Busan Declaration of Aid Effectiveness has moved to focus private sector interests to the foreground on aid development and ensure its active involvement in the aid agenda. The following excerpt demonstrates the thrust to recognize private development as a central role in poverty reduction.

We recognize the central role of the private sector in advancing innovation, creating wealth, income and jobs, mobilizing domestic resources and in turn contributing to poverty reduction. (Busan Declaration on Aid Effectiveness, Statement of Resolve 32).

And yet, the statement “we recognize the central role of the private sector” is an unsubstantiated and pervasive claim made throughout the declaration. Neoliberal ideology is so taken-for-granted that the role of private sector is reinforced as primarily responsible for advancing innovation and creating wealth, income and jobs, ignoring the role of public and third sector activities.

Further, the “mobilization of domestic resources” ignores the potential exploitation of domestic resources that occurs with private sector involvement. This is especially important to

consider when in order to comply with free market principles and a bilateral arrangement, the Tanzania government is forced to develop economic strategies that may have negative environmental impacts on local communities. For example, water supplies are contaminated with mercury because of international mining corporations. Without a strong public sector and governmental infrastructure, the delivery of national programs in healthcare, education and community are impacted by the lack of human and financial capital. Additionally, the explicit objectives of many international lending programs recognize market, economic and political stability as the core ingredients needed to develop a supposed ‘vibrant private sector’.

Despite Canada’s compliance with the Declaration on Aid Effectiveness, a peer report generated through the Organization for Economic Co-operation and Development (OECD) cautioned the Canadian government’s overlapping interests in aid and trade. The following excerpt is a key finding from the Canada 2012 DAC Peer Review Report:

Canada’s new emphasis on sustainable economic growth is an opportunity for it to engage the private sector in development, particularly creating an enabling environment for business and supporting access to markets for developing countries. This is very much in line with the outcomes of the 2011 Fourth High Level Forum on Aid Effectiveness in Busan regarding public-private co-operation. Canada needs to ensure that development objectives and partner country ownership are paramount in the activities and programmes it supports. As the DAC (Development Assistance Committee of the OECD) has advised other members, there should be no confusion between development objectives and the promotion of commercial interests (Main Findings and Recommendations from the Peer Review of DAC members, 2012).

This statement released by the Development Assistance Committee for the OECD is contradictory and misleading. On one hand, the committee reports that Canada’s actions are

“very much in line with the outcomes of the 2011 Fourth High Level Forum”, and on the other hand, the committee warns Canada that there should be no confusion between aid and commercial interests. The language and contradiction permeates a body of policy documents pertaining to aid effectiveness internationally. The semantics are unclear, and although there is tremendous emphasis on private sector development, the statement seems to be softened or retracted by insinuating that aid should be legitimate aid and not trade.

### **Hegemonic accountability**

The second institutional social relation is *hegemonic accountability*. Hegemony refers to implied means of power or authority resulting in dominance over another group, rather than the direct application of power or force (Goldstein, 2005). This form of power was often concealed and taken for granted in this study. Accountability refers to “account-giving” and answerability for actions. There is an implied subordination of those receiving ‘account’ compared to those liable for providing ‘account’. Accountability was hegemonic when it reinforced a position of power for the dominant group and when repercussions had implications only for one party. In this study, accountability tended to be unidirectional and non-reciprocal, with Canadians holding Tanzanians to account. In contrast, Tanzanians were unable to hold Canadians accountable for their actions.

In the following example, the lack of reciprocity between Canadians and Tanzanians was apparent when a doctor described how Canadian practitioners defy Tanzania legislation by ‘seeing patients under the radar’ by way of a travelling caravan.

The issue is a lot of people are working just under the radar. Here (in Tanzania), we (Canadian practitioners) are not supposed to be seeing patients yet but yet we are. So if the Tanzanian government finds out about it, and I think that’s a barrier to it (coalition building) because

then a lot of things that we're doing, we're not supposed to be doing. I personally don't think we should be doing anything that the Tanzanian government doesn't agree with (Health Work Volunteer 1).

This quotation exemplifies hegemonic accountability in two ways. Firstly, even though the doctor explains that she did not agree with carrying out activities in defiance of the Tanzanian government, she continued to do so anyway, without account or repercussion. Further, the same scenario would be unacceptable in Canada. If a Tanzanian practitioner were to work under the radar of the Canadian government, there would be severe implications. And yet, Canadian practitioners in Tanzania felt entitled to do so.

Rhetorically, accountability, as described in the Paris Declaration of Aid Effectiveness, is intended to be 'mutual' rather than unidirectional. The following statement outlines what is expected of both 'partner' and 'donor' countries in terms of mutual accountability.

Mutual accountability: A major priority for partner countries and donors is to enhance mutual accountability and transparency in the use of development resources. This also helps strengthen public support for national policies and development assistance. (The Paris Declaration on Aid Effectiveness, Statement of Resolve 47)

Although this statement purports to promote mutual accountability, it ignores any power imbalance between donor and recipient nations. The excerpt asserts that 'transparency in the use of development resources' is needed to enhance mutual accountability. And yet, the power differential of donor and partner is such that the donor provides resources while the partner country receives such resources. Therefore, the intent of accountability is only directed at the partner countries.

Hegemonic accountability also occurred when NGOs were utilized as “watch dogs” for carrying out surveillance on bilateral funds. The following quote by a bilateral agency employee explains how CIDA funds NGOs to facilitate monitoring of bilateral funds.

Probably 80% of our money goes to the government of Tanzania through various projects.

Then we take the remaining money and we say, okay, we can't watch the government alone.

We can't monitor how that money is spent just on our own nor should we. So we fund NGOs strategically that generally play a watchdog role in a given sector. So in health, we spend, you know, what is it, something like \$56 million on the health basket and another \$X million on HIV/AIDS and another \$X million on the health work force initiative, all projects directly with the government. But then we fund an NGO called (name removed) which looks at corruption in the health sector and so in that way we – we increase our capacity to monitor the effectiveness of the money that we're giving to the government. Yeah, so that's kind of the strategy that we have in play and we do that in our education sector and in our governance funding. (Bilateral Agency Employee 2)

The implication that the Tanzanian government needs to be ‘watched’ is a form of hegemonic accountability, where only one party is expected to be accountable. Further, the covert nature of strategically funding NGOs to carry out surveillance on the Tanzanian government is deceptive and reinforces Canada's dominance over Tanzania. Interestingly, the participant's selection of the word ‘watchdog’ suggests someone who serves as a guardian and preventer of wrong-doing, reinforcing their dominant position as being morally superior. Hegemonic accountability reinforces an asymmetrical relationship between Canada and Tanzania, and this moral superiority transcended to NGOs as well as to the volunteers who provided service on behalf of the NGOs.

### **Rhetoric disconnected from reality**

Interconnected to the two previous institutional social relations, the third social relation illuminates the disconnect that occurs between the ‘rhetoric’ and what is actually espoused in practice, and how discourses can be a smokescreen for ruling practices. Further, this social relation also encompasses occasions where governments selectively implement elements of rhetoric that are convenient and congruent with their interests.

The Official Development Assistance Accountability Act, developed in 2008, applies to all federal departments providing official development assistance. This act stipulates three conditions by which official development assistance can be provided: 1) contributes to poverty reduction; 2) takes into account the perspectives of the poor; and 3) is consistent with international human rights standards (DFATD, 2013). According to this act, development assistance should be provided with the primary intent to reduce poverty, from the perspective of the poor, as noted by the Department of Foreign Affairs, Trade and Development. And yet, the following statement by a bilateral agency employee describes that despite the rhetoric outlined by the Official Development Assistance Accountability Act, actual practices do not necessarily align.

It’s ultimately a cabinet decision how those countries are chosen so we can – we can sort of make assumptions about trade or, you know, the length of our relationship or the development need, but if you try to apply any one of those matrices and come up with the answer, it won’t work because Tanzania isn’t the poorest country in the world. You know, we’re here but we’re not in – well it’s an example...we’re not in like Somalia. So it doesn’t – you can’t figure it out cleanly in any simple way based on trade or poverty or politics. It’s sort of a mix.

(Bilateral Agency Employee 1)



Further, there were occasions where rhetoric was selectively applied. The Accra Agenda for Action states that aid delivery should not undermine local work systems and only provide direct aid delivery mechanisms when the use of country systems is not feasible.

Should donors choose to use another option and rely on aid delivery mechanisms outside country systems (including parallel project implementation units), they will transparently state the rationale for this and will review their positions at regular intervals. Where use of country systems is not feasible, donors will establish additional safeguards and measures in ways that strengthen rather than undermine country systems and procedures (Accra Agenda for Action, 15b)

And yet, there were many instances where NGOs claiming to receive CIDA funding offered direct primary health care when local systems were, in fact, available. When I discussed direct patient care with a CIDA employee, he commented the following about an instance in another country:

So what were the short-term and medium-term and long-term goals of these interventions [project in Honduras]? Nowhere on the map! And these are health professionals and this is through [institution removed], the woman who organized them, she acknowledges that this is not, good medical practice, she says this is sort of, if I'm going to get continuing funding for the real public health work and she was doing good work, if she wanted to get continuous funding from [institution removed] for that, well she needed to lubricate the finance in having people, sort of like token-ism, people coming down, and doing these feel-good missions. But Honduras was a sad case, every, I was too often in the airport, and there were always medical missions coming in.

Interviewer: Tanzania has quite a few too.

Interviewee: Oh ya it's scary, and they're completely off the radar.

Interviewer: They are?

Interviewee: The ministry the government has no idea what they're doing, CIDA has no idea.

Thus, there was a disconnect between the principles espoused by the Accra Agenda for Action and what was practiced in reality. The agenda outlines that aid delivery means should not undermine local systems and procedures, and yet there are no mechanisms in place to evaluate whether that was indeed the case. Further, the participants in this study described providing such 'hands on' services that had the potential to undermine local work, for example, by providing primary health care in regions with existing clinics and working in isolation from local government policies. While the bilateral agency employee implies that such organizations work 'off the radar', it was the experience of many of the volunteers interviewed in this study.

### **Discussion**

Since data collection in 2011, and in response to the 2013 Economic Action Plan, the government of Canada announced the amalgamation of CIDA and the Department of Foreign Affairs and International Trade (DFAIT). The merger resulted in the creation of the Department of Foreign Affairs, Trade and Development Canada (DFATD). This was a contentious decision because it meant that aid and trade would be housed in the same institution and operationalized by the same mission and mandate. The decision has implications for bilaterally funded NGO's whose focus may now be further reinforced towards becoming an instrument of government policy rather than an agent of societal change. Further, this merger intensifies two competing motivations related to international assistance: whether aid is intended as a tool to satisfy the donor's foreign aid agenda or whether it is intended as an expression of international solidarity (Brown, 2007). According to Brown, the foreign aid discourse and the distribution of

international assistance are fundamentally politically and commercially motivated: “Canada is one of the most self-interested, aid giving countries in the world” (Brown, p.217). This statement resonates with the findings from this study, which illustrate Canada’s interests in Tanzania as being primarily commercially motivated and reproduced by neo-liberal ideology.

More recently, DFATD (formerly CIDA) has shifted towards a concentration of aid in fewer counties, geographically narrowing its resources in an attempt to supposedly increase coordination and effectiveness between aid donors (Essex, 2012). In 2011, the Canadian government claimed to re-affirm its commitment to effectiveness by “focusing” its efforts geographically and thematically in accordance with the Fourth High Level Forum on Aid Effectiveness, a policy initiative entitled the ‘Busan Partnership for Effectives Development and Co-operation’, which grew from the principles of the Paris Declaration on Aid Effectiveness (2005). And yet, under the guise of selectivity and eligibility policies, the criteria for selecting a ‘recipient’ country of focus remained vague, and broadly included: need, ability to benefit meaningfully from Canada’s assistance and alignment with Canada’s foreign aid policy (DFATD, 2013). The third criterion for selecting a ‘country of focus’ that is, the alignment with Canada’s foreign aid policy, emphasizes Canada’s own interests as a priority in the delivery of aid and international relationships. The findings of this study elucidate the intentionally vague and rhetorical criteria for selecting a country of focus. In practice, as noted by the participants of this study, decisions related to selecting a country of focus are arbitrarily decided by cabinet and informed by trade rather than foreign aid. The implication is that health needs are not even assessed in the consideration for a priority nation receiving bilateral assistance. Further, the example that is modeled by the bilateral institution is that neoliberalism determines the aid

agenda, it is then no wonder that consumerist approaches such as ‘volunteer as client’ predominate the NGO industry.

According to Brown (2011), trade interests are emerging as priorities over development values. As Western economies see opportunities in ‘underdeveloped’ economies, they provide a smokescreen in the form of aid to assist the Global South and rationalize their efforts as ‘quid pro quo’. The confusion between aid and trade is hegemonic. Much of the rhetoric outlined in policies, such as the Paris and Busan Declaration on Aid Effectiveness, is vague and encourages private sector development as a form of aid. This notion resonates in the literature with other authors such as Essex (2012), who states:

Despite the rhetoric of accountability and partnership, the government-to-government aid relationship remains one based on power differentials strongly institutionalized in the international state system and the focus on aid effectiveness does little to flesh out abstracted notions of state form and function deployed in discussions of accountability and partnership (Essex, 2012, p. 350).

While the purpose of the policy was to encourage government ‘ownership’ for aid in the Global South and the Global North, the document omits any reflection on the disparity in political and economic power and influence between the Global South and the Global North (Essex, 2012; Hyden, 2008; Glurajani, 2011). Further, like other effectiveness reports, it tends to oversimplify complex notions into statistical indicators and benchmarks, with little regard for context (Glurajani, 2011). According to Essex (2012), although CIDA vaguely adapted its performance benchmarks and indicators from the Paris Declaration on Aid Effectiveness, the agency has made “effectiveness as much a function of domestic support for the agency and aid as it is of development impacts and outcomes in aid recipient communities” (Essex, 2012, p.341).

This resonates with the findings from this study, which illuminate commercial interests as a priority determinant in the selection of ‘partner’ country to receive aid. Is the representation of aid given by the aid effectiveness reports indeed aid or simply a form of trade?

In addition to its interest in strengthening commercial ties, the current Canadian federal government has been criticized for intentionally enhancing their international image and standing by operationalizing short-term achievable goals at the expense of sustainability and long-term goals (Brown, 2011). As noted by Essex (2012), the overlap between humanitarian assistance and geopolitics and economic objectives is not unique to Canada; these competing interests are in fact at the root of the aid effectiveness debate and transcend the Canadian aid architecture. The findings from this study revealed NGOs as mechanisms that carry out surveillance on bilateral funds. It is not surprising that neo-liberal and neo-colonial ideologies transcend the institutional complex and are reinforced at the interpersonal and organizational social relation levels because these ideologies are so pervasive bilaterally. Aid is a smokescreen for trade and/or control over the Tanzanian government and this is further legitimized through international high-level policy such as the Paris Declaration on Aid Effectiveness. Such policy documents could mitigate the interests of the donor by creating parameters for trade and private sector investment when an aid relationship exists. Further, these declarations need to be more transparent by acknowledging the power differential that exist.

The expectation of something in return for aid assistance is deceiving and makes the Global South vulnerable to exploitation when trying to ‘repay’ or accommodate the assistance that was provided. There were several instances in the study where Canadian aid was delivered in defiance of Tanzanian regulation, and it is questionable whether the Tanzanian government was in a position to speak out against such practices given their bilateral relationship with

Canada. According to Manji and O’Coill (2002), NGOs have the potential to support emancipation efforts in countries in Africa, however “that would involve them disengaging from their paternalistic role in development” and attaching themselves to bilateral agencies (Manji & O’Coill, 2002, p.568).

### **Conclusion**

The findings in this study yielded several insights related to the reproduction of the social relations. Neoliberalism and neocolonialism transcended the institutional complex and coordinated both individual and collective actions. The separation between ‘expert’ and ‘local’ knowledge was further reinforced by the institutional social relations. Whereby, *‘favoring private sector interests’*, *‘hegemonic accountability’* and *‘disconnected rhetoric’* reinforced a knowledge disparity between the donor and the beneficiary. The ‘donor’, in this study the Canadian bilateral agency, controlled the aid agenda, including how aid was commercially motivated by private industry such as mining in Tanzania. Donor-status gave legitimacy and authorization to enable neoliberalism, which became hegemonic when the inequitable relationship was concealed in policy, and expectations such as unidirectional accountability.

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## Chapter 6: Implications and Recommendations

### Introduction

The purpose of this study was to critically examine the social organizations within Canadian non-government organizations (NGOs) in the provision of HIV/AIDS healthcare in Tanzania. More specifically, this institutional ethnography sought to uncover how social organizations were embedded within the institutional complex of Canadian NGOs at the local site of lived experiences, through an examination of the intersections of paid and unpaid work. This study addressed three research questions: 1) How are interpersonal social relations enacted by international health work volunteers in Tanzania; 2) How do organizational social relations coordinate international volunteer health work in Tanzania; and, 3) How are institutional social relations connected to the international health work volunteer experience?

Multiple, concurrent methods, including text analysis, participant observation and in-depth interviews, were utilized. Data collection occurred over approximately a 19-month period of time in Tanzania and Canada. Interviews were conducted with health work volunteers, NGO administrators and staff and bilateral agency employees. Participant observation, which explores the 'social in motion' (Smith, 2005), a dimension of social life that is foundational to the ontology of institutional ethnography was used to record insights from the interviews as well as observations of the participants' everyday work experiences. Further, since text-based forms of knowledge are essential in understanding ideologies (Carroll, 2004), working activities, and power relations of an institution, text-analysis was used as a data collection technique. The ultimate goal of this study was to uncover contextual factors that could be amendable to change (e.g. practices and policies in which NGOs operate). Further, the goal was also to co-create an

empowering space whereby participants can critically reflect on their work, and consider strategies for social and political change.

### **Study Strengths**

I identified three main strengths in this study: the breadth of the study, the legitimacy of the findings and the relevance to nursing. First, the goal of the study was to expose the social organizations embedded within the institutional complex of international NGO volunteer health work. In order to uncover the social organizations, it was imperative to first address the social relations, the actual linking and coordinating of activities and work processes in which people participate. These social relations occurred simultaneously on multiple levels. In order to have a comprehensive understanding of the social relations, I interviewed multiple stakeholders within the institutional complex from a variety of standpoints. The purpose was not to privilege one experience over another, but rather, to pay attention to semantics, texts and objectified forms of knowledge that coordinated activities within the institutional complex. This comprehensive approach allowed for breadth and enhanced the extensiveness of the findings.

Second, I believe I successfully rendered a legitimate account of the social relations and social organizations under study. This objective was facilitated by several factors, including an intense immersion in the field; I spent 12 weeks collecting data in Tanzania and several months in Canada. The accuracy of the participants' accounts was enhanced by interviewing the participants while they were amidst their experience. Further, I had the opportunity to observe firsthand the participants' interactions with local community members. I constantly compared the interview data I acquired with the observations I made both in the field and during interviews; this comparison informed interview topics with subsequent participants. Additionally, I compared and contrasted interview and observational data with text data. This in-depth approach

further legitimized the findings in this study because I was able to integrate multiple sources of data at once. Since my analysis was concurrent with data collection, I was able to challenge any contradictions, ambiguities or taken-for-granted assumptions that arose in previous encounters. The synchronous process of analysis and data collection helped to refine my insights and ultimately the study findings.

Third, Smith describes generalization in institutional ethnography (IE) as a trustworthy explication with applicability to similar settings (Smith, 2005). In nursing, very few studies have critically examined international volunteer health work, and yet, this phenomenon is becoming increasingly available and accessible to Canadian nurses and nursing students. Many NGOs have tailored their marketing announcement to a ‘Nursing Experience’ abroad. The findings from this study help address the gap in information available to professionals volunteering abroad, which ultimately informs recommendations for professional associations and organizations. Further, few scholars have examined the role of nurses in development work. For example, Zinsli and Smyth (2009) explored the experience of differences and similarities among international humanitarian relief nurses and found that nurses seek out both sameness in the human interaction and difference in terms of the context in which care is provided. The authors state that nurses continue to pursue this form of work because of the satisfaction gained from “*offering their wisdom and skills to benefit the poor and oppressed who acutely need someone to come in service*” (Zinsli & Smythe, 2009 p.241,). The authors’ work emphasizes the role of the nurse as ‘expert’, one who imparts their wisdom. Few studies have critically examined how this ideology of privileging expert knowledge becomes reinforced in development, and in particular health work. This current study offers new insights in to how Canadian nurses and health workers

participate in international health work, and further contextualizes the nursing experience within the institutional complex of international NGO volunteer health work.

### **Study Limitations**

IE problematizes social relations at the local site of the lived experience, and examines how activities are coordinated extra-locally (Smith, 1987). Because my interest was in the extra-local relations that permeate and control the local, the emphasis was on the relation, rather than a specific location. And yet, the specific location informed the relation. The variety of the locations in which this study took place was simultaneously a limitation and strength of the study findings. In Tanzania, I travelled extensively across sites in order to recruit an adequate amount of volunteers in the study. The nature of volunteer health work was such that few Canadians were working at any given time in one location; instead I was required to be transient. While multiple sites allowed for great breadth of experiences and variety of health work activities, I neglected to report detailed nuances about the specific locations in which I travelled.

Consequently, I risked homogenizing the local context in which data were collected. However, I made every attempt to immerse myself in the local community in order to gain a deeper understanding and appreciation for the context. A more thorough integration in one community for an extended period of time is likely to have yielded a different understanding of the institutional complex. Future research could address this limitation.

The emphasis of IE is to expose the coordination of activities embedded in work processes (Smith, 2005). Further, IE uncovers the relations of ruling; ruling is the socially organized exercise of power that shapes people's action (Carroll, 2004). This study is limited, as it focused on work from the standpoint of those who reproduce the social relations within the institutional complex and not on those who were the recipients of this work. The focus was to

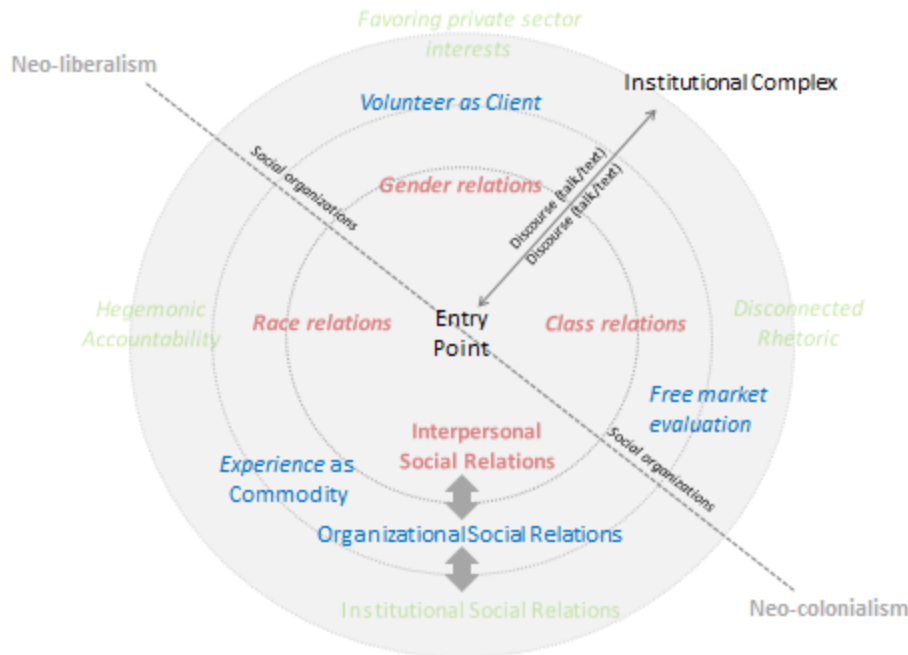
generate new insights about the work processes from the standpoint of those providing work. Future research that illuminates the perspective of those receiving assistance and living in the local community would help to enrich our understanding of health and offer a different and more comprehensive perspective on the institutional complex.

A third limitation is the dearth of study findings relevant to HIV/AIDS. Although the purpose of the study was to understand the social organizations in the delivery of HIV/AIDS health work, and a criterion for recruitment was the self-identification of engagement in 'health work' as it pertains to HIV/AIDS, this concept was broadly defined. HIV/AIDS health work is important to consider as it constitutes work with marginalized and vulnerable populations and NGOs have traditionally been manifestations of social movements that advocate those most in need. The data that were collected did not reflect activities specific to HIV/AIDS and therefore could not be used to support recommendations to these diseases. And yet this omission speaks to the practices occurring within the institutional complex. More specifically, health work tended to be increasingly generalized rather than specialized. Additional research is needed to determine whether this transduction is attributable to the needs of the community or an accommodation of skills and expertise of those engaging in health work.

### **Summary of Study Findings**

*Figure 5. Institutional Complex*





The illustration above depicts the institutional complex of international NGO volunteer health work in Tanzania. Central to the institutional complex was the experience of the participant as the entry point. This experience was mediated by talk and text and informed and was informed by the institutional complex. Further, the illustration is indeed a social cartography; it maps the layered social relations that occurred within the institutional complex. The lines depicting the social relational levels are permeable, denoting its fluidity and mutability. The permeability is also symbolic of how the social relations were reproduced, rather than static. Each social relational level is comprised of interrelated processes. An in-depth explication of each of these social relations is available in Chapter Three, Chapter Four and Chapter Five.

In Chapter Three, the exploration of interpersonal social relations, including ‘gender’, ‘race’ and ‘class’ (denoted in red), exposed how study participants used their privilege as volunteers to advantage themselves relative to local community members. More specifically, the interpersonal social relations coordinated the volunteers’ everyday activities and reinforced their

position as expert by way of ‘who’ they are and where they come from. The interpersonal social relations ‘in action’ ultimately contributed to an asymmetrical relationship between the health work volunteers and the communities members by way of privileging Western values over local values.

In Chapter Four, the organizational social relations included: ‘*volunteer as client*’, ‘*experience as commodity*’ and ‘*free market evaluation*’ (denoted in blue). ‘*Volunteer as client*’ extended beyond the volunteers’ role as a consumer of the travel industry. It represented an ideology that asymmetrically elevated the client (volunteer) over the local community. By way of neoliberalism, the experience becomes commodified and therefore, subject to consumer expectations, whereby the client had the control. In the context of health work, this has tremendous implications for clinical/hands-on activities where local community members may not be in a position of authority to advocate for their health, and in fact, may be further marginalized by this relationship. When volunteers take on the ‘client’ status, they are unable to authentically advocate for marginalized communities because they are simultaneously reinforcing a power imbalance. Without authentic advocacy, this puts into question the role of NGO work. Further, ‘*free market evaluation*’, a consumer-driven approach, was the only mechanism in place to evaluate this work.

In Chapter Five, the institutional social relations include ‘*favoring private sector interests*’, ‘*hegemonic accountability*’ and ‘*disconnected rhetoric*’ (denoted in green). This chapter exposes how aid was motivated by commercial interests, and how aid was often conflated with trade which enabled a neoliberal agenda. Further, the inequitable relationship between ‘donor’ and ‘beneficiary’ was omitted from high-level policy documents such as the Paris Declaration on Aid Effectiveness premised on the taken for granted assumption that aid

exists de-contextualized from its racialized, colonial histories. The supposed partnership between ‘donor’ and ‘beneficiary’ was undermined by ‘*hegemonic accountability*’, the bilateral institution’s attempt to monitor and carry out surveillance through NGOs and ultimately control the Tanzanian government.

### **Neocolonialism**

Parpart (1995) stated that development is predicated on the supposition that some nations are more developed than others, and those nations deemed ‘developed’ are assumed to have the knowledge and expertise to impart on the ‘less developed’. Crew and Harrison (1998) discuss the concept of cultural imperialism being centered in notions of ‘professional’ and ‘expert’. Colonial legacy is inherent in contemporary development by way of authority, expertise and knowledge that becomes racially symbolized (Kothari, 2006). The volunteers in this study authorized and legitimized their skills as ‘expert’ predicated on their interpersonal social relations: race, gender and class. Local expert knowledge was devalued by the volunteers in this study, as evidenced by one participant who described locals as “lacking a culture of professionalism”. The racial, gendered and classist distinctions between the volunteers and the local community continued to be reproduced, though subsumed, within their role as ‘expert’. Similarly, Devereux (2008) addressed international volunteer work as a form of elitism by stating “*it is mainly white, highly qualified, middle-class, Northerners who can afford to take [time off paid employment]*” (p. 361, Devereux, 2008). And while Devereux acknowledges that skills and qualification requirements can filter ‘who’ can volunteer, he also attempts to dispel the critique of international volunteer elitism by stating that 70 percent of UN volunteers are from the South. Despite the country of origin of the volunteers, the findings from this study revealed that the elitism was reproduced by the interpersonal social relations. Therefore, the problematic was not inherent in any one

individual's 'whiteness' or 'Northerness' but rather the social actions in which people engaged. The findings from this study are unique because the focus was the social processes rather than the individual experiences.

The classification of 'who is expert' was informed by the organizational social relations identified in this study. Distinctions of authority, knowledge and expertise become mobilized to support the neoliberal agenda (Kothari, 2005). In this study, '*volunteer as client*' and '*experience as commodity*' were predicated on the opportunity to allow for volunteers to impart their expert knowledge in a 'developing' country. The NGOs valorized Western expertise and skills through advertisements that recruited volunteers to provide 'a helping hand to someone in need'. The findings from this study resonate with Simpson's (2005) assessment of gap year students who seek out professionalization by way of volunteering and travel. More specifically, Simpson notes the shift from collective idealism to individual career enhancement that occurs when students seek out an 'expert' experience (Simpson, 2005). Adding to Simpson's work, the need to seek out 'professionalization' or 'expert' experiences was not limited to gap year students. The participants in this current study were health work volunteers, many of whom had extensive educational and professional backgrounds. Despite their achievement of professional status, many still sought out 'expert' experiences. This finding illuminates that although career development may factor into individuals' needs to seek out 'expert' experiences as noted by Simpson, the processes that coordinate these actions extend beyond students – and even individuals. The organizational social relations shape the volunteer experience, and perpetuate the expectation and reward of gaining 'expert' experience.

The separation between 'expert' and 'local' knowledge was further reinforced by the institutional social relations. Whereby, '*favoring private sector interests*', '*hegemonic*

*accountability*' and *'disconnected rhetoric'* reinforced a knowledge disparity between the donor and the beneficiary. The 'donor', in this study the Canadian bilateral agency, controlled the aid agenda, including whether aid was commercially motivated. Donor-status gave legitimacy and authorization to enable neoliberalism. This became hegemonic when the inequitable relationship was concealed in policy, and expectations such as unidirectional accountability. Similarly, Devereux (2008) critiques international volunteer work as a form of Northern imperialism that prioritizes Northern government interests over local community needs. Devereux questions the role of international volunteering in development throughout his paper but ultimately argues that solidarity and mutual learning are key elements of development and therefore long-term international volunteerism is an effective tool for development. The assumption made by Devereux however is the relationship between the North and South is in fact equitable, and 'mutual'. The findings from this study illuminate the disparity in the North-South relationship that is reinforced and legitimized by bilateral interests. I argue that while Devereux's conceptualization of international volunteerism as a mechanism for development is ideal, there are significant hurdles to overcome at the institutional social relational level. Even the semantics of 'donor' and 'partner' reinforce the neoliberal relationship, founded on an economic arrangement of 'who' gives and who is expected to 'partner'.

### **Neoliberalism**

Knowledge and expertise described by the participants in this study were founded in modern science. The interpersonal social relations informed and were informed by Western notions of progress and technical knowledge associated with 'modern', which afforded the volunteer's cultural capital. The volunteers not only acquired cultural capital but continuously adapted to maintain their status and legitimize their actions. For example, one nurse described

how she was better suited to insert an intravenous (IV) over a local physician. Modernity and the acquisition of cultural capital are inherent in neoliberal ideology. The participants in this study actively reproduced neoliberalism by suppressing and ranking forms of knowledge. Although several authors have examined forms of cultural and economic capital gained through volunteer work (Jones, 2005; Sherradan, Lough & McBride, 2008; Simpson, 2005) the literature has primarily focused on the individuals who participate in this form of work, and the personal motivations for seeking out this form of capital. A review by Smith and Laurie (2011) examined the discourses and practices of citizenship, professionalization and partnership reproduced through international volunteer work. In their review, the authors paid specific attention to some of the processes that inform international volunteer work and described the genealogies of development and volunteerism (Smith & Laurie). The authors noted that as long as the Global South was broadly constructed in terms of its 'continued need' (Smith & Laurie, 2011, p.549) and volunteerism was centered on the volunteers' experience these processes of professionalization would continue to be reproduced. This study adds to the limited empirical knowledge in international volunteer work that focuses on these broader processes. Similar to Smith and Laurie's review, this study yields specific findings that exemplify the neoliberal processes inherent in international volunteer work.

The organizational social relations reproduced neoliberalism by favoring a consumerist-approach. The needs of the client, that is the volunteer, were prioritized above all else, including the needs of the community. The product was the 'experience', and the client ultimately deemed whether the cost of the experience was worth the benefits. Further, the client assessed the benefits of the experience based on their ability to impart their expertise. The NGOs in this study, as a collective entity, participated in the organizational social relations that reinforced

neoliberal professionalization by marketing and selling an ‘expert’ experience. Bondi and Laurie (2005) commented on the promotion of professional development and the surge of corporate citizenship producing a new relationship between the third sector, the private sector and the state. More specifically the authors noted that this new relationship reinforces neoliberal ideology that transcends the volunteer experience (Bondi & Laurie, 2005). Smith and Laurie (2011) further suggested that “*new opportunities mean that neoliberal professionalization of NGOs and volunteering is being framed and performed in increasingly global ways and spaces*” (Smith & Laurie, 2005, p. 550). While these authors have examined the role of ideology within NGOs and among volunteers in the literature, this study offers data to support insights about the social relations that coordinate those experiences, linking the NGOs and international volunteer work through an examination of the social relations.

Goldsmith (1997) claims that development is a mechanism to include the Global South in West’s ever-expanding trading system of goods and services and a way to gain access to cheap labour and raw materials. Similarly, the institutional social relations identified in this study were reproduced to inform the neoliberal social organizations. Ultimately, a system of supply and demand was created between the donor and beneficiary and this market economy privileged the interests of the player with greatest funds (i.e the bilateral agency). The Canadian bilateral agency placed the Tanzanian government in the simultaneous position of ‘aid beneficiary’ and ‘trading partner’. In Kothari’s (2005) exploration of increasing professionalization of international development, she notes that the separation between donor and beneficiary is an exercise of power which ultimately promotes, suppresses and ranks forms of knowledge. I argue that this separation occurred bilaterally between Canada and Tanzania. As ‘aid’ becomes increasingly conflated with ‘trade’ as noted by Canadian International Development Agency’s

(CIDA) relationship with Tanzania being motivated by commercial interests, notions of ‘mutuality’ and ‘partnership’ become even more unobtainable. Trading relations were exploitative by way of the power imbalance created through development practices that reinforced the separation between ‘expert’ and ‘local’.

The findings in this study yielded several insights related to the reproduction of the social relations. Neoliberalism and neocolonialism transcended the institutional complex and coordinated both individual and collective actions. Because this study considered the individual experience as the entry point for understanding the broader social processes, rather than the unit of analysis, this study offers new insights into how actions are coordinated and some of the discourses that perpetuate the asymmetrical relationship between Canada and Tanzania. Ultimately, these study findings help to inform advocacy efforts aimed at social change in policy and practices.

### **Social Activism**

The goal of IE research is emancipatory; it resists making generalizations but rather emphasizes critical awareness of the social organization as the mechanism for social justice (DeVault, 2006). According to Campbell (2002), IE is a form of activist research because it dissents from an established dominant position and questions the interests of the institutions. On multiple relational levels, I questioned the interests of the dominant group. According to Freire (1970), the dominant group is characterized by those having the ability to prescribe norms and values that are deemed ‘right’ in society and having the power and authority to enforce such norms. Typically, the dominant group acts and looks differently than the subordinate group (Freire, 1970). Further, the dominant group intentionally ignores the historical context in order to further their own agenda (Freire, 1972). The social relations privileged the participants as the



voice of authority in deeming what was 'right' within the institutional complex. Many participants in this study ignored the colonial legacy of development, and held the local community to Western standards of progress and expertise. By paying specific attention to the social relations, I was attentive to the social activities that coordinated work and ultimately advantaged the dominant group.

Campbell contends that in order to be an activist, one must understand how social relations are enacted, and IE makes this exact contribution (Campbell, 2002). Because IE identifies those specific practices of ruling that are operative within an institution, the findings should be used for pragmatic purposes rather than simply for ideological ones (Campbell, 2002). Campbell's claim is especially important to consider in a culture where doctoral dissertations are a demonstration of academic competence. Regardless of the nature of the research study however, emancipatory action research should have built-in mechanisms to help ensure that positive social change occurs. This research was aimed at identifying the social relations that are reproduced to inform the social organizations. The research process also forced me to consider what knowledge can be fed back into the setting (local knowledge) and how can knowledge be transferred into other settings (public knowledge) (Herr & Anderson, 2005). As a critical researcher, it is my role and imperative to facilitate translation between what occurred within the institutional complex and what can be applied to other settings. The findings will be shared with local governments in Tanzania as well as Canadian NGOs, bilateral agencies and professional associations. Further, I gathered information from the participants of this study who consented to be contacted with study findings. More specifically, I will send each participant an executive summary of the findings.

Given the emancipatory intent of this critical research study, catalytic validity, a form of evaluation that strives to ensure that the research process stimulates and facilitates action was applied. Catalytic authenticity represents the degree to which self-understanding and self-determination through participation helps participants to understand their world in order to transform it (Lather, 1993). Catalytic authenticity was addressed in several ways: 1) the process of inquiry was done *by* and *with* the insiders of institution, rather than *to* or *on* them through the co-construction of the interviews; and 2) the reflective process did not occur in isolation; instead, I constantly consulted with the stakeholders in the community and members of my doctoral committee. For example, I sought feedback from my supervisor and committee members about the legitimacy of my study findings. My supervisor in particular was involved in the analysis of the study by reviewing and editing multiple iterations of the data analysis chart. Further, at the early stages of analysis, I engaged in peer-review of my preliminary findings at research forums, conferences, community discussions and public presentations.

Like all forms of research, emancipatory research is value laden. What constitutes social justice or health enhancement is not always self-evident, and indeed took place in a setting that was characterized by conflicting values and an inequitable distribution of resources and power. Consequently, it was especially important for me to be reflexive of my own active participation and awareness of reinforcing my status within the dominant group. I did so by interrogating my own values and beliefs and journaling any considerations for improvements or solutions in terms of who ultimately benefits from such actions. I constantly critiqued my own analysis and reflected on how my own social positions as white, female, from a Western nation, a nurse, a doctoral student and a former worker in an NGO informed this study.

## **Implications**

IE sheds light on those social relations of coordination and control that are hidden within the local experiences. This methodology attempted to elucidate how the social is 'put together' in the way that people experience it. The impetus for this study was derived from my experience with international volunteer health and recognition that policies and practices could be enhanced. My intention was not to blame individuals involved but rather, to critically examine the social processes that coordinated actions extra-locally. Additionally, the results of this study are not necessarily reflective of all international NGO work in the Global South. Instead, I was interested in a particular segment of volunteers who engaged in health work. According to Smith (1999), knowledge is produced for anyone whose life is shaped by those ruling relations that distort or confound their everyday life. Understanding those conditions that coordinate NGO international volunteer work helped to identify implications for health care practice, education and research.

### **Implications for Health Care Practice**

In order to incite social change in practice, nurses must first recognize their own contributions in oppression (Dickinson, 1999). A first step in changing the practice of international volunteer health work is acknowledging nurses' roles in the reproduction of neocolonial and neoliberal social organizations. Although the consequences were unintentional, many nurses' in this study valued their knowledge as expert over the local community. In particular, the nurses in this study privileged Western clinical expertise and dismissed other forms of knowledge. Their application of 'expert' knowledge was decontextualized from the values of the local community and ignored the historical legacy of colonialism. Ultimately their

actions reinforced an asymmetrical relationship and excluded the local community from their participation in care.

It is important for nurses and other health work volunteers to be aware of their role in the provision of care, and be attentive to relational care practices. Even clinical aspects of providing care need to incorporate and value relational caregiving exchanges that are fundamental to nursing knowledge (Hartrick Doane, 2002). Relationships are in and of themselves health promoting (Hartrick Doane). According to Brown, McWilliam and Ward-Griffin (2006), nurses may need to reframe their professional image, roles and values in order to enact empowering and partnering approaches. An empowering partnering approach involves critical reflection on behalf of the practitioner, whereby the relationship is fundamental to providing care (McWilliam, 2009). The relationship is mutual and subjectively shared by way of being with one another, rather than professionally distancing and objectively ‘othering’ people (McWilliam). By prioritizing the relationship with the local community over the application of skills and expertise, this would shift the nurse’s role in development and international volunteerism. Further, prioritizing the ‘relational’ would put into question whether nurses’ clinical participation in development is indeed ideal and whether their expertise is congruent with the local needs. Instead, nurses may consider participating in global health work as a learner rather than an expert, with the intention to share knowledge with their local work environment. Professional associations could help to reinforce this relational type of practice by way of best practice guidelines.

Currently, there are scarce resources to inform and prepare Canadian nurses interested in international volunteer work. After a review of provincial and national nursing associations, colleges and unions in Canada, my search of text documents revealed no related best practice

guidelines, standards or policies for international volunteer nurses. In fact, few preparatory guidelines exist specifically for health work volunteers. A document developed by Dr. Mark Sutherland at Hendrix College defined appropriate student participation in providing patient care during clinical experiences abroad. In this document, Dr. Sutherland emphasizes international clinical experiences as an opportunity to ‘observe’ and learn, rather than engage in hands-on treatment. He contextualizes his recommendations predicated on the possible negative consequences that can occur as a result of students who participate in clinical experiences with inadequate preparation. Some of the negative consequences that he outlines are: harm to patients, legal implications with local authorities, the possibility of jeopardizing the student’s acceptance to professional schools, loss of funds to fraudulent companies and harm to self. While this document is brief and tailored to undergraduate students seeking international experiences rather than practitioners, it provides some critical points of reflection for those seeking to engage in volunteer health work. Further, a document grounded in empirical research would help to substantiate some of the recommendations made by Dr. Sutherland.

Before professional nursing associations can commence the development of best practice guidelines for international volunteers, there needs to be more empirical work to inform these guidelines. The status of the literature to date is not only limited, but this body of work tends to be valorize international volunteer nursing. The findings from this study illuminate the urgent need for more nursing research to inform recommendations for practitioners and specific challenges of international volunteer nursing practice. Professional associations have the opportunity and responsibility to encourage health workers to be reflexive of their role in development. More specifically, these organizations could provide critically reflective questions for practitioners planning to travel abroad. Beyond suggestions for ways in which the individuals

can empower themselves to be more reflective practitioners, nursing associations need to take an advocacy role and redress some of inequities related to who constitutes ‘the expert’ in care. An example of a guiding question includes “What outcomes do you anticipate from your experience? Who is the intended beneficiary? How do you intend to incorporate relational care into your practice? These questions should be posted for practitioners prior to their selection of an NGO or examination of volunteer experiences. Further, professional associations should remind practitioners that where applicable, best practice guidelines should still inform their practices abroad.

Nursing associations also have a role to play in facilitating greater awareness of what constitutes a good NGO and some of elements of social justice that should inform one’s decision to participate with a particular organization. Some practitioners in this study discussed consulting their college and professional association regarding recommendations for an international volunteer experience. The participants disclosed that despite their efforts, the association they consulted did not provide any such recommendations. Therefore, there is an opportunity for professional associations and colleges to become involved in shaping the direction of international volunteer work. Their collaborative efforts may help to promote the ideals and values of nursing practice in Ontario and Canada across the globe. Given that the Canadian Nurses Association (CNA) value relational care and social justice (CNA, 2007), they are in a key role to help ensure those ideals transcend internationally. Thus, there is an imperative for greater discussion to promote high quality care internationally, particularly in an era when the interest in such health care placements is growing.

### **Implications for Research**

Very few studies have examined international volunteer health work (Christman, 2000; Clem & Green, 1996; Crump & Sugarman, 2008; Rinsky, 2002; Robinson, 2006). And the bulk of these papers have focused on personal accounts of medical mission work (Christman, 2000; Rinsky, 2002; Robinso, 2006). There is a gap in our knowledge of basic information such as how many Canadians participate in international volunteer health work, to what extend and how often. This information would help put into perspective the magnitude of the institutional complex. Further, information related to processes such as how practitioners select an NGO to work with, what factors inform their decisions about where to travel and how practitioner engage in international experiences before and after travel is also lacking. These questions are valuable to enrich our understanding and inform recommendations for future international volunteer practices.

A number of potential research questions arise out this study, the first two of which relate directly to ethical considerations. Firstly, what are the implications of medical missions in the Global South? There is a gap in empirical literature related to how medical missions impact the local community. Several authors have alluded to the potentially negative outcomes for the local community (DeCamp, 2007; Harris, Shao & Sugarman, 2003). According to Crump and Sugarman (2008), practitioners from the Global North may inflate value of their skills. Further, providing optimal health care service can be challenged by language barriers and cultural barriers (Crump & Sugarman, 2008). In a commentary by DeCamp, the author put into question whether his own experience with a short-term medical outreach program “*tempted to act as if any benefit counts ethically in favor of the trip or that simply intending to provide benefit is enough*” (p. 21, DeCamp, 2007)? Most literature in this area has been theoretical, and several

authors have speculated that international volunteer health work can actually be more harmful to a community than beneficial (DeCamp; Smith & Laurie, 2011), however, additional research is urgently needed.

Secondly, international volunteering relies heavily on the involvement and efforts of NGOs (Smith & Laurie, 2007). And yet there is tremendous variety in the composition, missions, philosophies and evaluations of volunteer work among NGOs. While this study revealed the role of NGOs in commodifying international volunteer experiences, there are many NGOs (outside of the realm of this study) that do not subscribe to this form of volunteer work. Therefore, additional research is needed to understand what constitutes a 'good' NGO. And there is a need to identify criteria that may represent a 'good' work. Additionally, Muthuri, Matten and Moon (2009) stipulated that NGOs have become vehicles of corporate social responsibility (CSR) emphasizing professional development in large companies through international volunteer experiences. To what extent can NGOs maintain private sector relations without enacting a neoliberal agenda?

Finally, a research imperative that stems from this body of work is a knowledge translation initiative. Further dialogue among practitioners, administrators, policy makers and local Tanzanian community members is needed for reflection and action into this important issue. These collaborators could develop a knowledge translation workshop that uses socially inclusive and action-oriented dialogue would help to facilitate a social justice agenda and begin to transform practice in global health work.

### **Implications for Education**

According to Kanter (2008), academic global health programs are expanding. Of the 17 institutions in Canada with MD-granting medical schools, all have established initiatives,



institutes, centers or offices related to global health. In recent years, there has been increasing student enthusiasm for international volunteer experiences (McAlister & Orr, 2006). And yet, little attention has been given to the ethical issues associated with educational programs that promote international volunteer experiences. A commentary by Crump and Sugarman (2008) explored the literature related to some of the implications of educational volunteer international placement for patients and other intended beneficiaries, trainees, staff, host institutions and sending institutions. The authors concluded that most programs need to be reframed to accommodate mutual and reciprocal goals (Crump & Sugarman). Further the authors noted that the lack of ethical guidelines for global health programs, stating that such program should include *“a set of appropriate responsibilities for monitoring to ensure that many disparities that underpin poverty are not exacerbated or even exploited by one party in this complex relationship”* (Crump & Sugarman, p.1457). Continuing with Crump and Sugarman’s recommendation, additional consideration should be given to whether such experiences can indeed be mutual, particularly in light of the findings that expose relations of ruling such as neoliberalism and neocolonialism that create an inequitable context. Further, it is questionable what message educational institutions are sending to their students when they engage in activities with little evidence to substantiate their actions. The current state of the literature is such that we do not know the short or long term implications of international volunteer health work, and yet many universities continue to provide these experiences.

In Canada, international volunteer experience is favorably viewed by admission committees selecting students for specialized and graduate programs. International volunteer experience is even a criterion for some educational programs. In light of the study findings which suggest that international volunteer health work is in fact socially advantaging form of work, it

important to question whether these programs are reinforcing a form of elitism, whereby it requires a certain degree of privilege in order to participate in such experiences. Further, from a pedagogical perspective, it is important to consider the academic institutions' role in propagating experiences that may undermine local communities internationally and that are reproduced by neoliberalism and neocolonialism.

### **Implications for Health Policy**

According to the World Health Organization (WHO) (2011), health policy refers to decisions, actions and plans assumed in order to achieve a health goal within society. Health policy assists to set out targets and a vision for the future as well as outline priorities and expected roles of different groups (WHO, 2011). In order to incite system change, health policy action needs to occur at multiple levels simultaneously, including the micro, meso and macro levels. Based on the findings of this study, a summary of the health policy recommendations can be found in Appendix I. This table provides an overview of the various strategies that need to occur at various action levels in relation to the three social relational levels.

At the micro level, the focus is on individual engagement, beliefs and values that impact the policymaking process. For example, strategies for individuals to engage in such as self-reflection in preparation for international volunteer work, evaluation of NGOs and a thorough examination of what constitutes a good NGO prior to involvement. These strategies will empower individuals to take responsibility for their role in the broader institutions, including outcomes for local communities.

At the meso level, the focus is on organizational and community engagement, including strategies for associations and organizations to consider in order to improve international volunteer health work. Examples of strategies at the meso level include building consensus

around the role of NGOs in international health work and questioning whether international volunteers' engagements in clinical practice should be left to the discretion of the NGO or whether there should be some best practices to consider.

Finally, the macro level focuses on institutions within large populations such as bilateral agencies. Strategies for bilateral agencies to consider include a broad evaluation of ethical health care practices and how these practices affect local communities. Further, a refinement of high level policy documents that attend to power relations would enhance the transparency of the role of aid and trade.

### **Conclusion**

As international health work increases globally, research pertaining to the social organizations that coordinate the volunteer experience in the Global South has severely lagged behind. Using a post-Marxist theoretical framework, I critically examined the social organizations within Canadian NGOs in the provision of HIV/AIDS healthcare in Tanzania. The findings, implications and recommendations of this study were theoretically derived, and grounded in institutional ethnography. Neoliberalism and neo-colonialism ruled the coordination of international volunteer health work. In this study, three social relational levels were uncovered: interpersonal social relations, organizational social relations, institutional social relation. *Gender, race* and *class* were the interpersonal social relations that advantaged the international volunteer health workers as 'experts' over the local community. '*Volunteer as client*', '*experience as commodity*' and '*free market evaluation*' were the organizational social relations pervasive in talk and text. Neoliberalism and the third sector were interwoven and work together to inform values and activities of international health work volunteers. Finally the three

institutional social relations, '*favoring private sector interests*', '*hegemonic accountability*' and '*reality disconnected from rhetoric*' exposed the conflation between aid and trade bilaterally.

This study has extended our understanding of the ways in which health work volunteers, NGO administrators and staff, and bilateral agency employees come together to produce work in Tanzania. The findings illuminate the need to generate additional awareness and response related to social inequities embedded in international volunteer 'health work'. Further, this work is a call to action for the refinement of policy and practices within the Canadian NGO landscape.

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## Appendix A: Ethics Approval



### Use of Human Participants - Ethics Approval Notice

**Principal Investigator:** Dr. Catherine Ward-Griffin  
**Review Number:** 17993E  
**Review Level:** Delegated  
**Approved Local Adult Participants:** 44  
**Approved Local Minor Participants:** 0  
**Protocol Title:** A Critical Examination of the Social Organizations within Canadian NGOs in the Provision of HIV/AIDS Healthcare in Tanzania  
**Department & Institution:** Health Sciences/Nursing, University of Western Ontario  
**Sponsor:** Canadian Institutes of Health Research

**Ethics Approval Date:** April 09, 2012 **Expiry Date:** September 30, 2012  
**Documents Reviewed & Approved & Documents Received for Information:**

Document Name	Comments	Version Date
Revised Western University Protocol	The eligibility criteria have been revised. 8 additional participants have been added (professional association representatives). The semi-structured interview guide has also been revised.	
Letter of Information & Consent	Professional Association Representative	

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted approval to the above referenced revision(s) or amendment(s) on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

The ethics approval for this study shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the University of Western Ontario Updated Approval Request Form.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

The Chair of the HSREB is Dr. Joseph Gilbert. The HSREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000940.

<input type="checkbox"/> Janice Sutherland (jsutherl@uwo.ca)	<input checked="" type="checkbox"/> Grace Kelly (grace.kelly@uwo.ca)	<input type="checkbox"/> Shantel Walcott (swalcot@uwo.ca)
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*This is an official document. Please retain the original in your files.*

**The University of Western Ontario**  
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 Support Services Building Room 5150 • London, Ontario • CANADA - N6G 1G9  
 PH: 519-661-3036 • F: 519-850-2466 • ethics@uwo.ca • www.uwo.ca/research/ethics

### Appendix B: Data Chart

<b>Participant</b>	<b>Location</b>	<b>Date</b>	<b>Brief Description</b>	<b>Length of Time in Tanzania</b>
Physician1	Moshi	October 10 <sup>th</sup> 2011	Worked at HIV/AIDS women's clinic	1 year
HealthWorker1	Moshi	October 14 <sup>th</sup> 2011	Worked at HIV/AIDS women's clinic	3 years
Physician2	Moshi	October 15 <sup>th</sup> 2011	International Tropical Medicine Course in Moshi – worked with local NGOs to provide care	8 months
OccupationalTherapist1	Moshi	October 17 <sup>th</sup> 2011	Worked at HIV/AIDS women's clinic	2.5 months
Physician3	Moshi	October 18 <sup>th</sup> 2011	Worked at HIV/AIDS women's clinic	1 year
HealthWorker2	Moshi	October 17 <sup>th</sup> 2011	Worked children with disabilities	3 months
HealthWorker3	Moshi	October 18 <sup>th</sup> 2011	Worked with HIV/AIDS orphans	3 months
HealthWorker4	Moshi	October 19 <sup>th</sup> 2011	Worked with women living with HIV/AIDS	
Nurse1	Moshi	October 20 <sup>th</sup> 2011	Worked at HIV/AIDS women's clinic	
HealthWorker5	Arusha	October 21 <sup>st</sup>	Worked with HIV/AIDS orphans	2 months
HealthWorker6	Arusha	October 22 <sup>nd</sup>	Worked with children affected by HIV/AIDS	3 months
HealthWorker7				1 year
HealthWorker8	Arusha	October 23 <sup>rd</sup> 2011	Built Maternal Health Clinic – services women with HIV/AIDS	2 months
HealthWorker9				
HealthWorker10				
HealthWorker11				
HealthWorker12				
HealthWorker13	Arusha	October 24 <sup>th</sup> 2011	Worked with HIV/AIDS orphanage	2 months
HealthWorker14				2 months
HealthWorker15	Arusha	October 25 <sup>th</sup> 2011	Worked with HIV/AIDS orphanage	3 months
HealthWorker16				2 months
HealthWorker17	Arusha	October 25 <sup>th</sup> 2011	Worked with HIV/AIDS orphanage	2 months
Nurse2	Arusha	October 26 <sup>th</sup> 2011	St-Elizabeth's hospital – serviced HIV/AIDS population	2 weeks
Nurse3	Arusha	October 26 <sup>th</sup> 2011	St-Elizabeth's hospital – serviced HIV/AIDS population	2 weeks
Nurse4	Arusha	October 26 <sup>th</sup> 2011	St-Elizabeth's hospital – serviced HIV/AIDS population	2 weeks
HealthWorker18	StoneTown	November 4 <sup>th</sup> 2011	Worked administratively on HIV/AIDS policy development	1 year
HealthWorker19				
HealthWorker20				
Physician4	Ottawa	January 27 <sup>th</sup> 2011	Surgery – services HIV population (not exclusively)	1.5 months
Nurse5	Toronto	February 16 <sup>th</sup> 2012	Labour and delivery nurse	3 weeks
NGOAdmin1	Montreal	November 23 <sup>rd</sup> 2011	Nursing Placement	

NGOAdmin2	Vancouver	February 3 <sup>rd</sup> 2012	Ophthalmology services in Tanzania	
NGOAdmin3	Toronto	February 10 <sup>th</sup> 2012	Women's empowerment	
CIDA1	Dar es Salaam	October 8 <sup>th</sup> 2011	Counselor in HIV/AIDS cooperation	2 years
CIDA2	Dar es Salaam	October 27 <sup>th</sup> 2011	Senior Analyst	2 years
CIDA3	Dar es Salaam	October 28 <sup>th</sup> 2011	Deputy Director and Chief of Operations	3 months
CIDA4	Dar es Salaam	November 1 <sup>st</sup> 2011	Senior Health and HIV/AIDS Advisor	1 year

### Summary Chart

Group	Participants/Interviews	Total Interviews
Healthcare Professional Volunteers	Completed: 30/21	21
NGO Administrators	Completed: 3/3	3
Bilateral Funding Agencies	Completed: 4/4*	4
Total Sample	37	28

\*One participants refused to be audio-taped but accepted an interview with field notes.

**Appendix C-1: Letter of Information (Healthcare Professional Volunteer)**



**The Social Organization of International NGOs in Canada:  
Examining the Provision of HIV/AIDS Healthcare in Tanzania, Africa**

As a volunteer involved with an international non-government organization (NGO) providing HIV/AIDS healthcare in Tanzania, Africa, you are being invited to take part in a qualitative research project that I am conducting as part of my doctoral studies at the University of Western Ontario. The purpose of this study is to develop a better understanding of how Canadian NGOs offer healthcare services abroad. For example, this study will examine how NGOs are funded, how volunteers are recruited and what resources are available in the delivery of services. As well, this study will examine the role of paid and unpaid workers involved with an international NGO. The information may help to identify ways to enhance the delivery of NGO HIV/AIDS healthcare internationally.

If you agree to participate in the study, you will be asked to talk about your volunteer experiences as an individual providing healthcare in Tanzania, your role within the NGO and some of the factors that influence the care you provide. I am also interested in identifying written and unwritten policies that affect healthcare service by NGOs in Tanzania. You will be asked to take part in a 45-90 minute interview in a quiet location of your choice. The interview will be audio-taped and transcribed into written format but your name will not appear on the transcripts, instead a pseudonym will be used. In addition, after each interview I will record my observations, perceptions and insights into fieldnotes. You will also be asked to complete a short demographic questionnaire at the end of the interview.

There are no known risks involved in participating in this study. Participation is entirely voluntary. You may change your mind or refuse your participation in this study at any time. Information that you provide will be kept confidential. All information will remain in a secure location for how 2 years and will only be available to me and my supervisor, Dr. Catherine Ward-Griffin. Your name will not appear in any reports of the study; code numbers will be used instead of names. The results of this study will be described in oral and written presentations and may be published in professional journals; however the results will be presented as a group and you will never be personally identified. Further, your organization will not be identified in the findings. You and/or your organization may not benefit directly from taking part in this research study but your participation may help inform future policies and practices for NGOs providing HIV/AIDS healthcare in Tanzania. A summary of the findings will be provided to you if you wish. Please provide contact information if you would like to receive a copy.

**Appendix C-2: Letter of Information (NGO Administrator or Staff)**  
**The Social Organization of International NGOs in Canada:**  
**Examining the Provision of HIV/AIDS Healthcare in Tanzania, Africa**



**Western** As an administrator or staff member involved with an international non-government organization (NGO) providing HIV/AIDS healthcare in Tanzania, Africa, you are being invited to take part in a qualitative research project that I am conducting as part of my doctoral studies at the University of Western Ontario. The purpose of this study is to develop a better understanding of how Canadian NGOs offer healthcare services abroad. For example, this study will examine how NGOs are funded, how volunteers are recruited and what resources are available in the delivery of services. As well, this study will examine the role of paid and unpaid workers involved with an international NGO. The information may help to identify ways to enhance the delivery of NGO HIV/AIDS healthcare internationally.

If you agree to participate in the study, you will be asked to talk about your experiences as an individual working with an NGO that provides healthcare in Tanzania, your role within the NGO and some of the factors that influence the work you do. I am also interested in identifying written and unwritten policies that affect healthcare service by NGOs in Tanzania. You will be asked to take part in a 45-90 minute interview in a quiet location of your choice. The interview will be audio-taped and transcribed into written format but your name will not appear on the transcripts, instead a pseudonym will be used. In addition, after each interview I will record my observations, perceptions and insights into fieldnotes. You will also be asked to complete a short demographic questionnaire at the end of the interview.

There are no known risks involved in participating in this study. Participation is entirely voluntary. You may change your mind or refuse your participation in this study at any time. Information that you provide will be kept confidential. All information will remain in a secure location for how 2 years and will only be available to me and my supervisor, Dr. Catherine Ward-Griffin. Your name will not appear in any reports of the study; code numbers will be used instead of names. The results of this study will be described in oral and written presentations and may be published in professional journals; however the results will be presented as a group and you will never be personally identified. Further, your organization will not be identified in the findings. You and/or your organization may not benefit directly from taking part in this research study but your participation may help inform future policies and practices for NGOs providing HIV/AIDS healthcare in Tanzania. A summary of the findings will be provided to you if you wish. Please provide contact information if you would like to receive a copy.

**Appendix C-3: Letter of Information (Bilateral Organization Employee)**  
**The Social Organization of International NGOs in Canada:**  
**Examining the Provision of HIV/AIDS Healthcare in Tanzania, Africa**



Western As an employee involved with funding an international non-government organization (NGO) providing HIV/AIDS healthcare in Tanzania, Africa, you are being invited to take part in a qualitative research project that I am conducting as part of my doctoral studies at the University of Western Ontario. The purpose of this study is to develop a better understanding of how Canadian NGOs offer healthcare services abroad. For example, this study will examine how NGOs are funded, how volunteers are recruited and what resources are available in the delivery of services. As well, this study will examine the role of paid and unpaid workers involved with an international NGO. The information may help to identify ways to enhance the delivery of NGO HIV/AIDS healthcare internationally.

If you agree to participate in the study, you will be asked to talk about your experiences working with NGOs providing healthcare in Tanzania, your role in relation to such NGOs and some of the factors that influence the work you do. I am also interested in identifying written and unwritten policies that affect healthcare service by NGOs in Tanzania. You will be asked to take part in a 45-90 minute interview in a quiet location of your choice. The interview will be audio-taped and transcribed into written format but your name will not appear on the transcripts, instead a pseudonym will be used. In addition, after each interview I will record my observations, perceptions and insights into fieldnotes. You will also be asked to complete a short demographic questionnaire at the end of the interview.

There are no known risks involved in participating in this study. Participation is entirely voluntary. You may change your mind or refuse your participation in this study at any time. Information that you provide will be kept confidential. All information will remain in a secure location for how 2 years and will only be available to me and my supervisor, Dr. Catherine Ward-Griffin. Your name will not appear in any reports of the study; code numbers will be used instead of names. The results of this study will be described in oral and written presentations and may be published in professional journals; however the results will be presented as a group and you will never be personally identified. Further, your organization will not be identified in the findings. You and/or your organization may not benefit directly from taking part in this research study but your participation may help inform future policies and practices for NGOs providing HIV/AIDS healthcare in Tanzania. A summary of the findings will be provided to you if you wish. Please provide contact information if you would like to receive a copy.

**Appendix D-Consent Form**

**The Social Organization of International NGOs in Canada:  
Examining the Provision of HIV/AIDS Healthcare in Tanzania, Africa**

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate in the research project “The Social Organization of International NGOs in Canada: Examining the Provision of HIV/AIDS Healthcare in Tanzania, Africa” conducted by Oona St-Amant from the University of Western Ontario. I have been provided with the opportunity to discuss this research and all my questions have been answered to my satisfaction.

Participant (Print name)

\_\_\_\_\_

Signature of Participant

Date

\_\_\_\_\_

\_\_\_\_\_

Individual Obtaining Consent (Print name)

\_\_\_\_\_

Individual Obtaining Consent

Date

\_\_\_\_\_

\_\_\_\_\_

### **Appendix E-1: Semi-Structured Interview Guide (Healthcare Professional Volunteer)**

Please note that this guide only represents the main themes to be discussed with the participants and as such does not include the various probes that may also be used. Questions may also be based partly on what was learned from previous interviews and partly on the researcher's accrued knowledge of the social organization of NGOs.

#### Guiding Questions:

1. From your perspective, describe your experience as a volunteer healthcare professional providing HIV/AIDS care in Tanzania.
2. How would you describe your role as a paid employee within the NGO? How does your position as a paid employee of (insert name of NGO) compare to a volunteer position?
3. What policies/practices inform the care of volunteer healthcare professionals in Tanzania?
4. What would you like to change to improve/enhance the HIV/AIDS healthcare in Tanzania?
5. How did you prepare for your volunteer experience?
  - i. Was this preparation helpful? Why/why not?
6. How does the organizational structure (insert the name of NGO) contribute positively and/or negatively to the volunteer work that you do?
7. What resources facilitate your work? What potential resources would facilitate your work?
  - i. Resources such as financial support, equipment, in-kind donations
8. What is it like to use your professional skills and knowledge in an unpaid capacity?
9. What policies inform the care you provide in Tanzania?
  - i. How do they shape the care provided?



10. From your perspective, what needs to change to improve/enhance HIV/AIDS healthcare in Tanzania provided by NGOs?
  - i. Suggestions on how to make these changes?
  - ii. Who should be involved?

### **Appendix E-2: Semi-Structured Interview Guide (NGO Administrator or Staff)**

Please note that this guide only represents the main themes to be discussed with the participants and as such does not include the various probes that may also be used. Questions may also be based partly on what was learned from previous interviews and partly on the researcher's accrued knowledge of the social organization of NGOs.

#### **Guiding Questions:**

1. Describe your experience as a/an (insert position) of (insert name of NGO).
2. How would you describe your role as a paid employee within the NGO? How does your position as a paid employee of (insert name of NGO) compare to a volunteer position?
3. What policies/practices inform the care of volunteer healthcare professionals in Tanzania?
4. What would you like to change to improve/enhance the HIV/AIDS healthcare in Tanzania?
5. What preparations did you/your NGO do to facilitate the volunteer experience?
6. From your perspective, how does the organizational structure of (insert the name of NGO) influence the delivery of HIV/AIDS healthcare in Tanzania?
7. From your perspective, how does the organizational structure of (insert the name of NGO) influence the work that **you** do?
8. How is your NGO supported (financially, in-kind, space)?

### **Appendix E-3: Semi-Structured Interview Guide (Bilateral Organization Employee)**

Please note that this guide only represents the main themes to be discussed with the participants and as such does not include the various probes that may also be used. Questions may also be based partly on what was learned from previous interviews and partly on the researcher's accrued knowledge of the social organization of NGOs.

#### Guiding Questions:

1. Describe your experience as a/an (insert position) of (insert name of agency).
2. What is your involvement with NGOs providing HIV/AIDS healthcare in Tanzania?
3. How would you describe your role as a paid employee within the NGO? How does your position as a paid employee of (insert name of NGO) compare to a volunteer position?
4. What policies/practices inform the care of volunteer healthcare professionals in Tanzania?
5. What would you like to change to improve/enhance HIV/AIDS healthcare in Tanzania?
6. From your perspective, how does the organizational structure of NGOs in Canada influence the delivery of HIV/AIDS healthcare in Tanzania?
7. How would you describe the work of volunteers within NGOs? How would you describe the work of paid workers within NGOs?
8. What policies/practices inform the care of volunteer healthcare professionals in Tanzania?
9. What would you like to change to improve/enhance the HIV/AIDS healthcare in Tanzania?
10. How are the contributions of NGOs evaluated?

**Appendix F-1: A Guide for Recording Field notes\*\* ('during the interview')**

Code (participant):

Date/Time:

Location:

1. What was your 'standpoint' during this interview?<sup>1</sup>
2. Description of the environment
3. People present (how they behave, interact, dress, move, use of space)
4. Description of activities
5. Description of dialogue/informal conversation
6. Description of nonverbal behaviour (e.g., tone of voice, posture, hand gestures)
7. What text(s) were discussed during this interview?
8. How did the interviewee respond to these texts?
9. Content of interview (e.g., overview, focus, topics that stand out)
10. Personal reflections (e.g., going into the field, own life experiences that may influence observations)
11. Insights, interpretations, beginning analysis, working hypotheses
12. How does this interview contribute to the overall institution?
13. Notes/suggestions for future follow-up

\*\* Adapted from:

Morse, J. & Field, P. (1995). *Qualitative research methods for health* (2nd ed.) (p. 115). London: Sage

Mulhall, A. (2003). In the field: Notes on observation in qualitative research, *Journal of Advanced Nursing*, 41(3), 311.

Devault, M.L., & McCoy, L. (2002). Institutional Ethnography: Using interviews to investigate ruling relations. In *Handbook of Interview Research: Context and Method*. Eds Gubrium, J & Holstein, J. Thousand Oaks, Ca: Sage Publication, pp. 751–776.

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<sup>1</sup> The institutional ethnographer typically commences her research from the standpoint of the individuals whose experience provides insights into some of issues/problems that shape their work (DeVault & McCoy, 2002). This standpoint may evolve as the researcher delves deeper into the data collection process, therefore it is important to capture her reflections of her standpoint at a particular point in time.

**Appendix F-2: A Guide for Recording Field notes\*\* ('in the field')**

Code (participant):

Date/Time:

Location:

1. What was your 'standpoint' during this interview?<sup>2</sup>
2. Description of the environment
3. What is your role within the environment during the time of observation?
4. People present (how they behave, interact, dress, move, use of space)
5. Description of activities
6. Description of dialogue/informal conversation
7. Description of nonverbal behaviour (e.g., tone of voice, posture, hand gestures)
8. What texts (if any) are being employed?
9. How do people respond to such texts?
10. Personal reflections (e.g., going into the field, own life experiences that may influence observations)
11. Insights, interpretations, beginning analysis, working hypotheses
12. How do these observations contribute to the overall institution?
13. Notes/suggestions for future follow-up

\*\* Adapted from:

Morse, J. & Field, P. (1995). *Qualitative research methods for health* (2nd ed.) (p. 115). London: Sage

Mulhall, A. (2003). In the field: Notes on observation in qualitative research, *Journal of Advanced Nursing*, 41(3), 311.

Devault, M.L., & McCoy, L. (2002). Institutional Ethnography : Using interviews to investigate ruling relations. In *Handbook of Interview Research: Context and Method*. Eds Gubrium, J & Holstein, J. Thousand Oaks, Ca: Sage Publication, pp. 751–776.

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<sup>2</sup> The institutional ethnographer typically commences her research from the standpoint of the individuals whose experience provides insights into some of issues/problems that shape their work (DeVault & McCoy, 2002). This standpoint may evolve as the researcher delves deeper into the data collection process, therefore it is important to capture her reflections of her standpoint at a particular point in time.



### **Appendix G-1: Textual Analysis Guide (Healthcare Professional Organizations)**

Text-based forms of knowledge and discursive organization play a central role in shaping people's everyday worlds (DeVault & McCoy, 2002; Smith, 1990b). Professional organizations such as the College of Nurses of Ontario (CNO) and the Canadian Nurses Association set standards for practice. These standards inform how healthcare practitioners provide care. A search of professional organizations' websites will be carried out to find texts, documents and policies using but not limited to, the following search terms:

- International healthcare
- HIV/AIDS care
- International volunteer work
- Standards of care outside of Canada
- Disciplinary practices for errors committed outside of Canada
- Position statements on international nursing/medicine
- Accountability

The search may be expanded based on references to specific texts, documents, or policies as part of the interviews with informants.

### **Appendix G-2: Textual Analysis Guide (NGOs)**

Text-based forms of knowledge and discursive organization play a central role in shaping people's everyday worlds (DeVault & McCoy, 2002; Smith, 1990b). Specific NGOs often maintain publicly accessible websites which describe their activities, community involvement and international partnerships. A search of NGOs websites will be carried out to find texts, documents and policies using but not limited to, the following search terms:

- Mandate and mission
- Policy statement
- Board of Director meeting minutes
- Membership
- Financial reports/audits
- Organization charts
- Description of fieldwork
- Newsletters

The search may be expanded based on references to specific texts, documents or policies as part of the interviews with informants.



### **Appendix G-3: Textual Analysis Guide (Bilateral Organization)**

Text-based forms of knowledge and discursive organization play a central role in shaping people's everyday worlds (DeVault & McCoy, 2002; Smith, 1990b). The Canadian International Development Agency (CIDA) maintains a publicly accessible website which contains information about granting/funding opportunities and successful grant applications. This organization primarily dispenses funds which are meant to enable Canada's effort to realize development objectives; this is often accomplished via NGOs. This organization publishes information regarding their funding priorities and regional priorities. A search of CIDA's website will be carried out to find texts, documents and policies using, but not limited to, the following search terms:

- mandate and mission
- policy statements
- Regional priorities: Tanzania
- NGO work
- Aid effectiveness
- Accountability
- Organizational charts
- Priority themes

The search may be expanded based on references to specific texts, documents or policies as part of the interviews with informants.

**Appendix H: Demographic Questionnaire**

Code (participant)

1. Date of Birth (year/month/day): \_\_\_\_\_
2. Sex (male/female) \_\_\_\_\_
3. Country of Origin: \_\_\_\_\_
4. Nationality: \_\_\_\_\_
5. Primary language spoken at home: \_\_\_\_\_
6. Cultural Descent \_\_\_\_\_
7. Marital Status: (circle one)
  - a) Single (never married)
  - b) Married (or common law)
  - c) Separated
  - d) Divorced
  - e) Widowed
8. Highest level of education: (circle highest level completed)
 

Diploma       Baccalaureate       Master's       Doctorate
9. Employment Status:
  - a. Full time (<30hrs/week)
  - b. Part time (>30hrs/week)
  - c. Other (i.e. casual or contract) please specify \_\_\_\_\_
10. If employed, specify occupation \_\_\_\_\_
11. Total Personal Income from all sources before taxes
  - a) \$0-24,999
  - b) \$25,000-\$49,999
  - c) \$50,000-\$74,999
  - d) \$75,000-\$99,999
  - e) \$100,000-\$124,999
  - f) \$125,000-\$149,999
  - g) \$150,000-\$174,999

- h) \$175,000-\$199,999
- i) \$200,000-\$224,999
- j) \$250,000-\$274,999
- k) \$275,000-\$299,999
- l) over \$300,000

12. How long have you been a volunteer for (insert name of NGO)? \_\_\_\_\_ (years)
13. Would you volunteer with this organization again? \_\_\_\_\_ (yes or no)
- a. If no, please specific why: \_\_\_\_\_
14. How many times have you travelled to Tanzania?
- a. In a voluntary capacity \_\_\_\_\_ (indicate number of times)
  - b. In a paid capacity \_\_\_\_\_ (indicate number of times)
  - c. For tourism \_\_\_\_\_ (indicate number of times)
15. Would you return to Tanzania again?
- a. In the same capacity? \_\_\_\_\_ (yes or no)
  - In a different capacity? If yes, please specify \_\_\_\_\_

**Appendix I: Health Policy Recommendations**

	<b>Interpersonal Social Relations</b>	<b>Organizational Social Relations</b>	<b>Institutional Social Relations</b>
<p><u>Micro</u> (individual in their social setting)</p> <p>FOCUS: individual engagement, beliefs and values that impact the policymaking process</p>	<p>Engage in self-reflective practices (exp - implementation of practice standards internationally)</p> <p>Relational care practices (using a culturalist approach to care)</p>	<p>Evaluate NGO work at both the individual and organizational level</p> <p>Develop tools for volunteers to assess NGOs prior to volunteering</p>	<p>Generate an awareness of role as ‘donor’ nation</p> <p>Advocate for donor-partner equity</p>
	<p>Engage in self-reflection, including reflect on ‘self’ as a consumer</p>	<p>Inquire and engage in how NGOs receive funds</p> <p>Asses the volunteers role as clients in NGOs</p>	<p>Advocate for the separation of aid and trade</p>
<p><u>Meso</u> (community/organization-connection between micro and macro)</p>	<p>Set an agenda for professional associations</p>	<p>Build consensus around the role NGOs in international health work</p>	<p>Advocate for clarity on role of NGOs in bilateral funding arrangements (ie – work</p>

FOCUS: organizational and community engagement	Develop best practice guidelines for practitioners		assess role of NGOs as watchdogs)
	Negotiate ethical parameters on ‘paying for a clinical experience’	Build consensus around the considerations for ‘paid volunteer experiences’	Advocate for equitable relations  Educate on the evidence-informed poverty reduction strategies
<u>Macro</u> (global level interactions between populations)  FOCUS: institutions within large population affect the masses	Set parameters for ethical health care practices in the global south	Fund organizations that demonstrate ethical sound health practices (set parameters/establish such parameters)	Refine high level policy to attend to power positions
	Evaluate health outcomes from the local community (performed by volunteers)	Evaluate health outcomes from the local community perspective (performed at an organizational level)	
	Promote local learning initiatives	Shift focus from ‘spending’ policy to evaluation (ie –	Refine high level policy to include evidence informed

		extend beyond annual audits to transparency around community health outcomes)_	poverty reduction strategies
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**CURRICULUM VITAE****March 2014**

1. **NAME:** Oona M. ST-AMANT  
**RANK:** PhD Candidate, Acting Assistant Professor  
**FACULTY:** Faculty of Community Services, Ryerson University  
**DISSERTATION:** A Critical Examination of the Social Organizations within Canadian NGOs in the Provision of HIV/AIDS Healthcare in Tanzania

**2. EDUCATION**

<b>Degree</b>	<b>University</b>	<b>Department</b>	<b>Years</b>
Ph.D. in Nursing	Western University	Faculty of Health Sciences	2008-present
Master of Science in Nursing with a specialty in Health Promotion	Western University	Faculty of Health Sciences	2006-2008
Bachelor of Science in Nursing	University of Ottawa	Faculty of Nursing	2002-2006

**3. RELATED EMPLOYMENT HISTORY**

<b>Date</b>	<b>Institution</b>	<b>Rank &amp; Position</b>	<b>Department</b>
August 2013	Ryerson University	Acting Assistant Professor	Daphne Cockwell School of Nursing
May 2013	Western University, London, Canada	Part-time faculty Lecturer	Arthur Labatt Family School of Nursing
January 2013	Western University, London, Canada	Part-time faculty Lecturer	Faculty of Health Sciences, School of Health Studies
January 2013	Western University, London, Canada	Research Coordinator	Arthur Labatt Family School of Nursing
September 2012	Western University, London, Canada	Part-time faculty Lecturer	Faculty of Health Sciences, Arthur Labatt Family School of Nursing

Date	Institution	Rank & Position	Department
2012-present	Western University, London, Canada	Teaching Assistant	Faculty of Health Sciences, Arthur Labatt Family School of Nursing
2009-present	Western University, London, Canada	Research Coordinator	Faculty of Health Sciences, Arthur Labatt Family School of Nursing
2010-2012	Western University, London, Canada	Teaching Assistant	Faculty of Health Sciences, Arthur Labatt Family School of Nursing
2009	Western University, London, Canada	Teaching Assistant	Faculty of Health Sciences, Arthur Labatt Family School of Nursing
2007-2009	McMaster University, Hamilton, Canada	Research Assistant	Department of Clinical Epidemiology and Biostatistics
2006-2009	Western University, London, Canada	CIHR Trainee	Faculty of Health Sciences, Arthur Labatt Family School of Nursing
2006	University of Ottawa Health Services	Research Nurse	Department of Research
2004-2006	University of Ottawa Health Services	Administrator	Canada-Africa Community Health Alliance (CACHA)
2004	University of Ottawa	Research Assistant	Health Promotion
2004	University of Ottawa	Teaching Assistant	Measurement and Data Analysis, Faculty of Nursing

#### 4. HONOURS

- 2012 Registered Nurses' Foundation of Ontario (RNFOO) Bernice Read Nursing Scholarship (\$1200)
- 2011 Registered Nurses' Foundation of Ontario (RNFOO) Community Health Research Award (\$1000)



2011	Faculty of Health Sciences Graduate Thesis Award (\$795)
2010	Canadian Institutes of Health Research (CIHR) Doctoral Award (Health Services and Population Health in HIV/AIDS Research) (\$66,000/over 3 years)
2010	Ontario Graduate Scholarship (OGS) (declined due to CIHR)
2010	Faculty of Health Sciences Travel Award (\$500)
2009	Faculty of Health Sciences Travel Award (\$500)
2008	Community Health Nurses' Initiative Groups (CHNIG) Research Award (\$1000)
2006-2008	Research Traineeship, Canadian Institutes of Health Research (CIHR)/Alzheimer's Society of Canada (\$10,000/year)
2006	Nursing Education Initiative, Registered Nurses' Association of Ontario (\$1500)
2006	Inductee, Sigma Theta Tau International Honor Society of Nursing, Iota Omicron Chapter
2006	Dean's Entrance Scholarship (\$4000)
2003	University of Ottawa Admission Scholarship (\$4000)

## 5. PUBLICATIONS

1. **St-Amant, O.**, Ward-Griffin, C., Brown, J., Martin-Matthews, A., Keefe, J., Kerr, M., & Sutherland, N., (in press). Professionalizing familial care: Examining nurses' unpaid family care work. *Advances in Nursing Scienc.* 37:2 (*Relationships & Health*).
2. Ward-Griffin, C., Brown, J., **St-Amant, O.**, Keefe, J., Martin-Matthews, A., Kerr, M., & Sutherland, N. (in press). Nurses negotiating professional-familial care boundaries: striving for balance. *Journal of Family Nursing* (2012-166).
3. **St-Amant, O.**, Ward-Griffin, C., Hall, J., DeForge, R., McWilliam, C., Forbes, D., Oudshoorn, A., (2012). Making Care Decisions in Home-Based Dementia Care: Why Context Matters. *Canadian Journal on Aging*, 31(4): 423-434.
4. Ward-Griffin, C., Hall, J., DeForge, R., **St-Amant, O.**, McWilliam, C., Oudshoorn, A., Forbes, D., & Klosek, M. (2012). Dementia home care resources: How are we managing? *Journal of Aging Research*, (volume 2012), 11 pages,
5. Forbes, D., Ward-Griffin, C., Klosek, Mendelsohn, M., **St-Amant, O.**, & DeForge, R. (2011). My World Gets Smaller and Smaller With Nothing To Look Forward To: Dimensions of Social Inclusion and Exclusion Among Rural Dementia Care Networks. *Online Journal of Rural Nursing and Health Care*, 11(2):27-42.

6. Ward-Griffin, C., **St-Amant, O.**, & Brown, J. (2011). Compassion fatigue within double duty caregiving: Nurse-daughters caring for elderly parents, *OJIN: The Online Journal of Issues in Nursing*, 16(1), ms4. doi: 10.3912/OJIN.Vol16No01Man04
7. Krueger, P., **St-Amant, O.**, Loeb, M. (2010). Predictors of pneumococcal polysaccharide vaccine among older adults with pneumonia: Findings from the Community Acquired Pneumonia ImpactStudy. *BioMed Central Geriatrics*, 10:44, 1-9.