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Abstract

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Keywords

Health sciences students, volunteer motivations, well-being

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Impact of Motivations for Volunteering on Well-being Among Health Sciences Students

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ABSTRACT

Motivations for volunteering as a meaningful occupation can influence well-being. This study explored the relationship between motivations for volunteering and perceived well-being among students enrolled in one of ten departments in a School of Health Sciences. A cross-sectional survey incorporating the RAND 36-Item Short Form Survey and Volunteer Function Inventory was employed. Most of the 95 participants were students enrolled in the health science undergraduate and occupational therapy graduate programs. Approximately 75% had volunteered in the past year. RAND SF-36 findings indicated good perceived well-being among many categories. Primary motivations for volunteering included values (*Mdn* = 30) and understanding (*Mdn* = 27). Weak positive relationships were found between social motivation and social functioning (r_s = 0.198, p = 0.056) and values motivation and social functioning (r_s = 0.208, p = 0.046). These findings contribute to volunteerism literature for college students and facilitate the understanding of methods for organizing volunteer opportunities with this population.

The concept of volunteering as a meaningful occupation is supported by numerous studies exploring how volunteering provides meaning throughout the lifespan (Dávila de León et al., 2020; Ho et al., 2012; Stukas et al., 2016). The American Occupational Therapy Association (AOTA; 2020) defined volunteering as “performing unpaid work activities for the benefit of selected causes, organizations, or facilities” (p. 47). Occupational therapy is rooted in the belief that participating in meaningful occupations, such as volunteering, influences health (Heo et al., 2016; Ho et al., 2012). Many studies have identified positive health outcomes related to volunteering (Dávila de León et al., 2020; Kim & Morgül, 2017; Pettigrew et al., 2019; Ridner et al., 2016; Salt et al., 2017).

One of the positive outcomes that has received attention is well-being, which is a holistic measure integrating both mental and physical health (Ho et al., 2012; Pettigrew et al., 2019; Salt et al., 2017). Positive concepts associated with well-being include physical well-being, subjective well-being, psychological well-being, life satisfaction, social connectedness, self-efficacy, and meaningful purpose in life (Ho et al., 2012; Stukas et al., 2016; Vecina & Fernando, 2013).

Literature Review

Meaningful occupations, such as volunteering, have an impact on a person's well-being which is illustrated by the Environmental-Health-Occupation-Well-being (E-HOW) model. The E-HOW model holistically identifies well-being and quality of life through its focus on occupational participation (Pizzi & Richards, 2017). This model explores the relationship between one's occupations, environment, and overall health and how this relationship influences well-being (Pizzi & Richards, 2017). This study is grounded in this theoretical model as the model was used to ascertain how volunteerism affects well-being. The variables in this study include the occupation of volunteering, the environmental contexts motivating participation in volunteering, and the health sciences students' perceptions of well-being (Pizzi & Richards, 2017).

While volunteerism has been shown to lead to a plethora of both physical and psychological wellness benefits for people of any age, most evidence relates to the older adult population (Anderson et al., 2014; Heo et al., 2016; Pettigrew et al., 2019; Salt et al., 2017; Yeung et al., 2017). It is essential to look at the young adult stage of life because volunteering is an occupation that is present throughout the lifespan and is common among college students who are pursuing careers in health care (Jones, 2015; Mackey, 2014; Schmidt & MacWilliams, 2011). Since volunteering is an occupation driven by motivation (Ho et al., 2012), it is worthwhile to explore what motivates these students to volunteer and how these motivations are associated with well-being (Heo et al., 2016; Ho et al., 2012).

Studies exploring the relationship between a person's motivation for volunteering and the positive effects of volunteering often compare the outcomes of other-oriented motivation and self-oriented motivation (Cornelis et al., 2013; Ho et al., 2012; Yeung et al., 2017) or intrinsic motivation and extrinsic motivation (Vecina & Fernando, 2013; Yeung et al., 2017). Other-oriented motivation typically has the goal of "increasing the welfare of others (altruism), increasing the welfare of a collective (collectivism) or upholding universal and impartial moral principles (principlism)" (Cornelis et al., 2013, p. 457). Self-oriented motivation is rooted in egoism "since the ultimate goal is to increase one's own welfare" (Cornelis et al., 2013, p. 457). Intrinsic motivation results from incentives within a person versus outside incentives as denoted in extrinsic motivation (Vecina & Fernando, 2013; Yeung et al., 2017). The results of these studies indicate that other-oriented motivation and intrinsic motivation correlate to many of the positive effects associated with volunteering such as well-being, whereas their opposite counterparts do not.

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While college students are generally considered to be physically healthy, many college students are diagnosed with depression, experience feelings of hopelessness, and lack sufficient physical activity (Dallo, 2018; Ridner et al., 2016). Students pursuing careers in health sciences tend to experience higher levels of stress that could negatively impact their well-being (Dallo, 2018; Ridner et al., 2016). Therefore, this population could greatly benefit from the potential positive effects of volunteering (Heo et al., 2016; Ho et al., 2012). However, little research exists exploring volunteerism's impact on this population's well-being (Kim & Morgül, 2017; Lederer et al., 2015). Since motivations for volunteering can influence positive well-being outcomes, it is important to understand health sciences students' motivations for volunteering (Stukas et al., 2016; Vecina & Fernando, 2013). The purpose of this study was to explore the relationship between motivations for volunteering and perceptions of well-being for undergraduate and graduate students enrolled in health sciences programs. The authors' hypotheses include (a) there is a positive association between increased self-perceived well-being (as measured by the RAND 36-Item Short Form Survey) and each volunteering type (self-selected and required), (b) there is a positive association between both the social and values motivations for volunteering (as measured by the Volunteer Function Inventory) and increased social functioning well-being (as measured by the RAND 36-Item Short Form Survey), and (c) there is a positive association between both the enhancement and protective motivations for volunteering (as measured by the Volunteer Function Inventory)and increased emotional well-being (as measured by the RAND 36-Item Short Form Survey). Further information on each variable explored in the authors' hypotheses can be found in the measures and results sections.

Methodology

Study Design

This exploratory study investigated how volunteer motivations relate to well-being (Portney & Watkins, 2009). A cross-sectional survey design with outcome measures embedded was used to explore health sciences students' motivations for volunteering and the relationship of the motivation to the students' perceptions of well-being (Portney & Watkins, 2009). The cross-sectional survey design for this exploratory study was appropriate as the study collects descriptive and subjective data from a specific group to describe a relationship (Portney & Watkins, 2009).

Ethical Considerations and Participant Consent

The research protocols for this study were approved by a Midwestern university Institutional Review Board (IRB-20-123). Consent was obtained from each voluntary participant. The anonymous and confidential survey had the potential to cause harm due to asking about the perceived well-being of the participant. Therefore, the participant was able to defer from answering any question and withdraw from the study at any time. The participant was provided supportive resources in case the participant experienced any concerns related to participation in the survey.

Participants

Participants were recruited and contacted through the School of Health Sciences email listserv and via flyers in highly trafficked areas within the health sciences program buildings. Participants were included if they were 18 years old or older; of any gender; enrolled full-time, part-time, online, or face-to-face as a graduate or undergraduate student within one of ten departments within the School of Health Sciences at the Midwestern university; and spoke and read fluent English. Participants were excluded if they did not meet the inclusion criteria. The inclusion criteria were determined from the study goals and the ability to recruit potential participants based on programs offered within the school.

Measures

Survey Tool

The survey tool was used to assess the participants' motivations for volunteering and their perceived well-being. The three-part survey tool included researcher-generated questions, the RAND 36-Item Short Form Survey (SF-36), and the Volunteer Function Inventory (VFI).

Researcher-Generated Questions. The researcher-generated questions were used to capture the participants' demographic information and history of volunteerism. The demographic information included questions to ensure participants met the inclusion criteria. The volunteer history questions identified if the participants had volunteered in the past year, how many hours were typically volunteered per month, how many times the participant typically volunteered per month, and what type of volunteering was completed (self-selected, class or club requirement, or a combination of these two). This part of the survey was reviewed by faculty with expertise in this content area to ensure reliability and trustworthiness and allowed us to determine the generalizability of the study to other groups.

RAND 36-Item Short Form Survey. The RAND 36-Item Short Form Survey (SF-36) was used to measure perceived physical and mental health status, which are key components of well-being (RAND, 2020). This questionnaire was designed for ages 14 years and older to assess the categories of physical functioning, physical and emotional role limitations, bodily pain, general health, social functioning, energy, and mental health through 36 self-report questions (Jenkinson et al., 1994; RAND, 2020). Two summary measures were yielded: one for physical health and another for mental health, as well as scores for each category (Jenkinson et al., 1994; RAND, 2020). This questionnaire is used in many types of research, from general population surveys to tracking therapeutic progress in studies (Jenkinson et al., 1994). The RAND SF-36 is a reliable and valid instrument as shown by Chronbach's alpha coefficients above 0.70 (Portney & Watkins, 2009). The RAND SF-36 has internal consistency and test-retest reliability with Chronbach's alpha coefficients between .78 and .93 (RAND, 2020). The RAND SF-36 has validity with Chronbach's alpha coefficient found to be between 0.76 and 0.90 (Jenkinson et al., 1994).

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Volunteer Function Inventory. The Volunteer Function Inventory (VFI) addresses the motivations for volunteering among adult populations. The inventory is used to assess six motivations: values, understanding, social, enhancement, career, and protection (Clary et al., 1998). This yielded scores for each motivation for volunteering. The VFI is used in general population surveys and research studies to determine the primary motivations for volunteering. The VFI is a reliable and moderately valid instrument as shown by having Chronbach's alpha coefficients above 0.80 and 0.50, respectively (Portney & Watkins, 2009). The VFI has reliability with Chronbach's alpha coefficient between 0.81 and 0.93 (Asghar, 2015; Clary et al., 1998). The VFI has validity with Chronbach's alpha coefficient between 0.57 and 0.86 (Asghar, 2015; Clary et al., 1998).

Data Collection

The study was completed via Qualtrics, a web-based survey tool that is used for conducting research, conducting evaluations, and collecting data (https://www.qualtrics.com). The survey contained 23 questions and took approximately 15 to 20 minutes to complete. Quantitative data collected from each part of the survey were extracted from Qualtrics' online data portal and stored in a password-protected file. The survey was confidential since the individuals did not have to disclose any identifiable or sensitive information and the information shared would not be shared with anyone not associated with the research study.

Data Analysis

Statistical data analysis was conducted using IBM SPSS for Windows Version 27.0. Descriptive statistics were completed to summarize data and determine the central tendency to identify the characteristics of the group. Frequency distributions of the responses were used to display demographic information. The central tendency and frequency distributions showed skewness within the data (Portney & Watkins, 2009). Spearman rho correlation was used to compare the results of the researcher-generated questions and two outcome measures (VFI & RAND SF-36) to determine if a positive relationship existed between each of the following pairs: well-being and each volunteering type (self-selected and required); social motivation and social functioning well-being; value motivation and social functioning well-being; enhancement motivation and emotional well-being; and protective motivation and emotional well-being. Through the correlation, the strength and direction of the relationship were determined (Portney & Watkins, 2009).

The reliability, validity, and trustworthiness of this proposed study were increased through the following measures: the researcher-generated questions were reviewed by faculty with expertise in this content area to make sure the questions applied to the student pool; valid and reliable instruments were used; the response rate was considered; there were not any conflicts of interest; the study was not externally funded.

Results

Of the 133 initial responses to the survey, 95 met the requirements including having completed the entire survey and indicating enrollment as a student within the School of Health Sciences. The demographics of the participants are described in Table 1. The study population consisted of 56.8% (n=54) graduate and 43.2% (n=41) undergraduate students with 44.3% of all of the participants being enrolled in the undergraduate-level health sciences (n= 22) and graduate-level occupational therapy (n=20) programs. A majority of participants identified as being white (89.5%; n=85) females (77.9%; n=74) under the age of 24 (53.7%; n=51). Approximately 75% (n=72) of the participants had volunteered in the past year, with 47.4% (n=45) volunteering one to three hours in total and 64.2% (n=61) volunteering one to three times a month. The most common volunteer type was found to be self-selected (37.9%; n= 36) as seen in Table 2.

Table 1

Participant Demographics

Category	Participants	
	Number	**Percentage**
Level of College		
Undergraduate	41	43.2
Graduate	54	56.8
Discipline		
Addiction, Counselling, and Prevention	12	12.6
Dental Hygiene	6	6.3
Health Sciences	22	23.2
Medical Laboratory Sciences	0	0
Nursing	1	1.1
Occupational Therapy	20	21.1
Physical Therapy	14	14.7
Physician Assistant	2	2.1
Public Health	12	12.6
Social Work	4	4.2
Other	2	2.1

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Category	Participants	
	Number	Percentage
Age		
18-23	51	53.7
24-29	16	17.0
30-35	7	7.3
36-41	8	8.4
42-47	6	6.3
48 +	7	7.3
Gender		
Male	21	22.1
Female	74	77.9
Ethnicity		
White	85	89.5
African American	1	1.1
Native/Indian American	4	4.2
Hispanic	2	2.1
Multiple Responses	3	3.2

Table 2

Volunteer Descriptives

Category	Participants	
	Number	**Percentage**
Volunteered in past year		
Yes	72	75.8
No	23	24.2
Hours Volunteered		
1-3 Hours	45	47.4
4-6 Hours	21	22.1
7-9 Hours	4	4.2
10 + Hours	2	2.1
Frequency of Volunteering		
1-3 Times	61	64.2
4-6 Times	7	7.4
7-9 Times	3	3.2
10 + Times	1	1.1
Volunteer Type		
Self-Selected	36	37.9
Class Requirement	6	6.3
Club Requirement	5	5.3
Self-Selected; Class Requirement	7	7.4
Self-Selected; Club Requirement	8	8.4
Class Requirement; Club Requirement	2	2.1
Self-Selected; Class Requirement; Club	8	8.4

The results of the RAND SF-36 are presented in Table 3. Participants self-reported good physical functioning, emotional well-being, social functioning, and general health with median values ranging from 72 to 100 for each category as seen in Table 3. Higher values on these categories of the RAND SF-36 correspond to greater perceptions of health and well-being, while lower values correspond to reduced heath, well-being, and functioning.

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Table 3

Perceived Health According to RAND SF-36

RAND SF-36 Category	Scores		
	Median	Minimum	Maximum
Physical Functioning	100.00	40.00	100.00
Physical Health Role Limitation	100.00	0.00	100.00
Emotional Problems Role	66.67	0.00	100.00
Energy Fatigue	50.00	5.00	90.00
Emotional Well-being	72.00	20.00	92.00
Social Functioning	87.50	25.00	100.00
Pain	90.00	0.00	100.00
General Health	80.00	30.00	100.00
Self Health Rating	50.00	0.00	100.00

The VFI motivation categories and their meanings are as follows: a values motivation is used to express one's values; an understanding motivation is used to grow through attaining knowledge and skills; a social motivation is used to strengthen existing relationships; an enhancement motivation is used to build or develop one's self; a career motivation is used to prepare or improve one's self for a future career; a protection motivation is used to protect one's self from adversities in life (Clary et al., 1998). According to the VFI results presented in Table 4, the highest-ranked motivations for volunteering based on median scores were values (*Mdn* = 30) and understanding (*Mdn* = 27), while the least-ranked motivations were social (*Mdn* = 18) and protective (*Mdn* = 16). Larger scores under each motivation category correspond to the motivation that the individual has for volunteering. This can then be used to rank the greatest perceived motivation for volunteering to the least.

Table 4

Volunteer Motivation Findings

VFI Category	Scores		
	Median	Minimum	Maximum
Career	24.00	5.00	35.00
Social	18.00	5.00	31.00
Values	30.00	7.00	35.00
Understanding	27.00	5.00	35.00
Enhancement	23.00	5.00	35.00
Protective	16.00	5.00	34.00

A Spearman rho correlation coefficient was calculated for the relationships between the volunteering types of required and self-selected and the RAND SF-36 categories of physical functioning, emotional well-being, social functioning, and general health. These all had a weak positive correlation that was not found to be significant. The relationship between the required volunteer type and RAND SF-36 emotional well-being was a weak negative correlation that was not found to be significant (see Table 5). Volunteering requirements among this study's sample do not appear to be related to perceived physical functioning, emotional well-being, social functioning, or general health. A Spearman rho correlation coefficient was calculated for the relationships between social motivation and social functioning, enhancement motivation and emotional well-being, and protective motivation and emotional well-being (see Table 5). Enhancement motivation and emotional well-being had a weak negative correlation and protective motivation and emotional well-being had a weak positive correlation; however, these were not found to be significant. Social motivation and social functioning had a weak positive relationship that was nearing significance (r_s = 0.198, p = 0.056). Values motivation and social functioning had a weak positive relationship that was found to be significant (r_s = 0.208, p = 0.046).

Table 5

Correlation Comparisons

Correlation Comparisons	Scores	
	Correlation	Significance
Requirement & Physical Functioning	0.026	0.830
Requirement & Emotional Well-being	-0.015	0.902
Requirement & Social Functioning	0.084	0.483
Requirement & General Health	0.091	0.447
Self-Selected & Physical Functioning	0.193	0.104
Self-Selected & Emotional Well-being	0.066	0.579
Self-Selected & Social Functioning	0.036	0.765
Self-Selected & General Health	0.090	0.451
All Volunteer Types & Physical Functioning	0.175	0.141
All Volunteer Types & Emotional Well-being	0.140	0.240
All Volunteer Types & Social Functioning	0.097	0.418
All Volunteer Types & General Health	0.105	0.381
Social & Social Functioning	0.198	0.056
Values & Social Functioning	0.208	*0.046
Protective & Emotional Well-being	-0.028	0.787
Enhancement & Emotional Well-being	0.110	0.289

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Discussion

The purpose of this study was to explore the relationship between motivations for volunteering and perceptions of well-being among undergraduate and graduate health sciences students. It is worthwhile to note that the population had a high rate of volunteering. While this is not surprising, as many health sciences students are required to volunteer as part of their education, it should be noted that this finding is not reflective of the frequency or regularity of volunteer activity (Jones, 2015; Mackey, 2014; Schmidt & MacWilliams, 2011). However, the most frequently selected type of volunteering was self-selected or a combination of self-selected and required. This indicates that the sample population was also intrinsically motivated to volunteer. This could be related to the fact that the population is comprised of students who are pursuing altruistic careers where helping others is the main focus (Bird et al., 2016). This tendency toward altruism is supported by the fact that the greatest motivations for volunteering were related to the values and understanding functions of the VFI. It is also notable that the population had relatively high scores for perceived health as indicated in their RAND SF-36 scores.

There was only one significant relationship which was a positive correlation between values motivation and social functioning. This is consistent with other literature as Yeung et al. (2017) found that other-oriented motivations were related to social well-being. Values motivation is related to the desire to express one's altruistic values. The reason for the positive correlation could be that the individuals whose volunteer motivations were related to their values ended up finding social connections through volunteering. Additionally, they could just be more sociable people. The E-HOW model supports this finding as when someone volunteers based on a values motivation that was derived from a previous environment, the values motivation correlates with positive social functioning. However, Yeung et al. (2017) also found a strong correlation between self-oriented volunteering and physical health, which we did not find.

The lack of significance among other correlations explored does not align with the proposed hypotheses or prior studies. The authors hypothesized that well-being would increase regardless of the motivation for volunteering. In addition, other authors found that volunteering, in general, is associated with improved well-being but is likely improved more depending on the motivation for volunteering (Vecina & Fernando, 2013; Yeung et al., 2017). The current findings could be due to the younger age of this cohort or the limited frequency or regularity of volunteering that was indicated by the participants. Further, the rigorous nature of health sciences programs may have presented a barrier to the frequency and regularity of participation in volunteer activities.

The values motivation was the highest rated followed by understanding and career motivations on the VFI amongst the student participants. The authors predicted career motivations would be the highest considering the participant population was made up of students who may be volunteering to boost their job outlook. This finding also went against the literature. Ho et al. (2012) found that age was positively associated with social and values motivation and negatively associated with motivations related to one's career. Finally, the authors predicted that self-selected volunteering would be most

strongly associated with increased self-perceived well-being. The results showed no significant relationship between well-being and any volunteer type. Other findings in the literature indicate intrinsic motivation is more strongly correlated with improved well-being (Vecina & Fernando, 2013; Yeung et al., 2017).

Strengths and Limitations

A major strength of this cross-sectional survey study was the inclusion of validated tools to explore the gap noted in the literature surrounding volunteerism among health sciences students. However, several limitations exist. For instance, this study was conducted during the COVID-19 pandemic. This context may have impacted not only the population's ability to engage in volunteering but also their perceptions of health and well-being as indicated through RAND SF-36 scores, though the whole population reported good perceived physical functioning, emotional well-being, social functioning, and general health as indicated by their scores. Another weakness of the study was that the survey allowed participants to select all types of volunteering they completed (self-selected, course-required, and/or club-required). Since many respondents noted their volunteering was a combination of those options, it was difficult to discern whether there was a relationship between volunteer type and well-being. The authors were unable to use all of the responses due to some respondents not completing all parts of the survey. The survey was not designed to identify any causal relationships between factors. Finally, the study is not generalizable as the response rate was small and lacked diversity.

Implications for Occupational Therapy Education

This study aimed to explore the effect of motivations for volunteering on well-being among undergraduate and graduate health sciences students. While the authors hypothesized that well-being would increase regardless of the motivation for volunteering, no significant relationships between volunteer type, volunteer motivation, and well-being were found. The only significant relationship found was between values motivation and social functioning. These results contribute to volunteerism literature and facilitate understanding of volunteering within this population. The study did find that engaging in an occupation based on value motivations correlates to higher social functioning. Therefore, volunteering may be a meaningful occupation when a values motivation is used to increase social functioning. However, the overall findings are contrary to much of the existing literature that identifies volunteering as an activity that promotes and supports well-being. The study's design may not have been well suited to answer our research inquiry. Perhaps a qualitative design would provide richer data that aligns with existing research on this topic. Another option would be to survey students before and after participating in volunteering. Future studies might explore this topic within a larger and more diverse population.

The knowledge surrounding the impact of volunteering on well-being reflects a need for academic programs to carefully consider the goals and values of their student body when establishing volunteer activities. To ensure that volunteer opportunities align with students' goals and values, academic programs could allow students to have an active role when organizing such opportunities. This study makes a unique contribution to

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occupational therapy education literature by advancing the understanding of participation and health through the exploration of the relationship between volunteering as a meaningful occupation and perceived well-being. This exploration of volunteering as a meaningful occupation among undergraduate and graduate health sciences students highlights the importance of the role occupations play in health and well-being throughout one's educational journey.

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