

Hospital Volunteers: A Qualitative Study of Motivation

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Abstract

This exploratory qualitative study was conducted using in-depth individual interviews of hospital volunteers to determine motivations operative in their choice to volunteer in a hospital and to explore whether any significant differences in motivation could be ascertained on the basis of age or gender. The study further probed the satisfaction and needs of these volunteers relative to their choice and motivation. No clear differences in motivation were found on the basis of gender. Volunteer job satisfaction was favorable, and positive interactions with patients and staff were significant to that satisfaction. This study demonstrated that motivations to volunteer in a hospital are complex and often specific to the role adopted by the volunteer.

Key Words:

motivation, hospital volunteer, gender differences, generational differences

Introduction

While substantial research has addressed questions about what motivates individuals to volunteer, less is known about why volunteers choose a specific industry, environment, or role. This study was conducted to identify the needs, intentions and interests of individuals who chose to devote their time, absent any professional investment or benefit, to hospital volunteerism. In light of the continuing higher ratio of females involved in this form of volunteer work, the study further looked at whether a discernible difference in motivations existed between genders or among age groups.

According to the Bureau of Labor Statistics (2005), from September 2004 to September 2005, 65.4 million people in the United States volunteered through or for an organization, representing 28.8% of the civilian, non-institutional population age 16 and over. This total unpaid workforce comprised 27.4 million male and 38.0 million female volunteers, representing 25%

and 32.4%, respectively, of the total male and female populations. Of the eight types of main organizations for which volunteer activities were performed, hospital or health organizations accounted for 7.7 % of the total unpaid labor force. This category included 9.2% of the total female volunteer workforce and 5.5% of the total male volunteer workforce, representing a wider gap between genders than those of all other categories except public safety. The percentage distribution among categories also demonstrated the significance of other types of community service to the volunteer population at large. In the interest of attracting individuals from demographic groups underrepresented in the field of hospital volunteerism and in light of the competitive market for committed volunteers, it might benefit managers of volunteers to have an increased understanding of what influences a person's volunteering decisions.

In exploring motivations of hospital volunteers, consideration must be given to

the expectations of time and affiliation, which are implicit in the form of service they have chosen. The model of volunteerism appropriate to hospital volunteers includes uncompensated and uncompelled, beneficial actions characterized by proactive commitment and performed in the context of formal association. Penner (2002) defined volunteer activity as “long-term, planned prosocial behaviors that benefit strangers and occur within an organizational setting.... Volunteerism has four salient attributes: longevity, planfulness [sic], nonobligatory helping and an organizational context” (p.448).

Motivational Theory

Various disciplines and fields of research have contributed theories regarding volunteer motivation. The functionalist approach suggests that volunteers can be recruited and sustained by appealing to and satisfying their psychological functions. Applying this theory, Clary et al. (1998) identified six motives served by volunteerism: values, understanding, social, career, protective and enhancement. Schram and Dunsing (1981) determined that human capital returns (e.g., improved skills) had an influence on married women’s decisions to volunteer. From an economist perspective, Govekar and Govekar (2002) summarized several theories of motivation including the “private goods” and “job skills” models which assume volunteers accrue some compensation from their actions by satisfying a private (non-altruistic) motive or by developing skills. Freeman (1997) proposed that many people volunteered because they had been asked to, resulting in “conscience goods” (i.e., public goods supported because a particular cause is valued by the volunteer and because the volunteer experiences social pressure).

Hospital Volunteers

In their study of volunteer motives, Zweigenhaft, Armstrong, Quintis, and Riddick (1996) compared a group of hospital volunteers’ responses to R.T. Fitch’s Community Service Involvement Survey with those provided by Fitch’s 1987 college student group. The results indicated that, in general, the hospital group more highly endorsed items that Fitch classified under “social obligation” when compared to the students, who more highly rated items indicating career or personal enhancement. Although the findings of this study were significant with regard to differences in volunteer motivation among age groups, the questions were generally not specific to hospital volunteerism.

In his study to determine whether hospital volunteers could be differentiated from volunteers in other organizations, Wymer (1999) concluded that hospital volunteers were “older and more committed and dedicated to their organizations.” They tended to be “more religious” and had “a healthy sense of self-worth” (p. 70). Qualitative results indicated that adjusting to a life stage transition (e.g., retirement or widowhood) was the most prevalent factor leading to volunteering. Ibrahim and Brannen’s (1997) study of the relationship between hospital volunteers’ gender and volunteer motivation indicated males were more responsive to items regarding volunteering that appeared to be occupationally or externally focused. Females were found to be more responsive to questions on volunteering that the researchers identified as more personal or internal, such as continuing a family tradition or gaining educational experience. The study found little significant difference between genders with regard to items related to altruism or personal satisfaction.

Zweigenhaft et al. (1996) concluded that women were more dependable than men, and older volunteers more dependable than young ones. Women with strong religious ties were determined to have had the most positive impact on the volunteer program. In light of these findings the authors noted, "Perhaps, given the nature of different socialization patterns for men and women in this society, the women had more experience caring for sick people" (p.33).

Some literature suggests that associating gender with nurturing and expressive roles may be more complex than is commonly indicated. Karniol, Grosz and Schorr (2003) found no difference between male and female volunteers regarding caring scores, and concluded that "volunteering is better predicted by one's adoption of the ethic of care than by one's gender" (p.18). Eisenberg and Okun's (1996) study of older hospital volunteers found little difference in men and women's empathic dispositions, and suggested that men and women may become more similar in later years, or that only more emotional men volunteer in hospitals. Skoe, Matthews, Pratt and Curror (1996) noted the disparity in socialization among generations and suggest that there may be fewer differences between younger men and women because their social experiences are more similar than those of older men and women.

Methodology

This exploratory study sought to achieve a better understanding of individuals who volunteer in hospitals, particularly those who had some interaction with patients or the families of patients; what accumulation of motivations and issues were operative in their decision to spend their time in that particular arena; how their volunteer experience related to those factors; and whether any significant differences could be

identified on the basis of gender or age. This qualitative cross-sectional study was conducted utilizing separate, in-depth interviews of individual hospital volunteers. Interviewing allowed the subjects more latitude in explaining feelings and experiences too complex to be responsive to formatted questioning (Babbie, 2004; Patton, 1997).

The sample. The researcher developed a purposeful sample of 21 volunteers assigned to two hospital campuses of a major northern California medical center drawn from a group of current hospital volunteers who responded to a request to participate in the research. The study group comprised eight male and 13 female participants whose ages ranged from the early 20's to over 80 (Table 1). Eight of the study participants were retirees over the age of 70 (four females and four males). With lengths of service ranging from five months to over 18 years, each participant was engaged in a volunteer activity which was regularly scheduled and required some degree of personal interaction with patients or the loved ones of patients. The latter requirement was intended to strengthen the representative sample with regard to the significance of hospital volunteering experience by excluding volunteers whose experiences may be similar to those in other environments. None of the participants were volunteering because it was a mandatory requirement for school or employment. (See Table 1 for further detail on age distribution and years of service).

The research instrument. The researcher developed an interview schedule to collect data during face-to-face interviews with research participants (Babbie, 2004). Topics and questions were structured to elicit information regarding each participant's prior volunteer history, current hospital volunteer activity, and attitudes toward their

current hospital volunteerism. In order to provide a basis for comparison and analysis, specific probes and prompts were included to explore general themes proposed by the literature on motivational theory and to identify unique circumstances which may have contributed to a participant's volunteering decisions. Although the interview schedule provided a structured and consistent framework for the interviews, the nature of the study was such that some flexibility was warranted in order to facilitate reasonable and meaningful responses from the research participants.

Data collection and analysis. Individual interviews ranged from approximately 40 to 75 minutes and were conducted with the volunteers at the hospital campus at which they worked. At the time of the interview, interested parties were apprised of the purpose of the research study, advised that they should decline to answer any questions which made them uncomfortable, and requested to sign an "Informed Consent" form. The participants were asked various questions regarding volunteering in general and with regard to their reasons for choosing to volunteer in a hospital setting. Questions were designed to allow respondents to explain their feelings about this type of volunteer work as well as to facilitate the identification of factors (separate from generalized altruism or sympathy) relevant to their motivation and socialization issues or experiences that might be pertinent to their hospital volunteerism. Respondents were screened for any indication of circumstances which may have impacted or restricted their volunteering choice or commitment, such as mandatory community service or professional field work.

Relative to motivations and needs, subjects were asked to discuss satisfactions, disappointments, and difficulties that characterized their hospital volunteer

experience and whether, having had the experience, they intended to continue their hospital volunteer work and would recommend it to others. Subjects were queried as to how much authority and autonomy they desired in carrying out their volunteer functions as well as how much they currently had, and whether having a "sense of belonging" was important to them.

All but one of the 21 interviews was tape recorded. The researcher assigned a confidential alpha code to each set of notes and tapes representing a unique research participant. Sample data, including years of experience, gender, age category and "yes" or "no" indicators for responses to questions regarding volunteer experience, religion, etc., were linked confidentially with the specific participant on a spreadsheet and used for data analysis. The narrative text for each transcribed taped interview and interview outline was coded in accordance with themes found in the literature review and addressed by the interview questions.

The researcher examined all of the formulated data (i.e., coded from narrative text with related demographics) for identifiable patterns and meaningful inferences. To facilitate final analysis, the researcher compiled and organized the data by types of motivation as well as other research study categories, cross referenced with specific demographic information (Babbie, 2004).

Findings

Study results suggest that both generosity and personal fulfillment were influential in the volunteering decisions of study participants. The research also indicated that a combination of design and circumstance brought the participants into the hospital environment, and that a combination of choice and adaptation were significant to their fulfillment as volunteers in a hospital.

Volunteer experience. Each participant reported having engaged in at least some form of volunteering either prior to or concurrent with (or both) their current hospital volunteer engagement. The amount of volunteer work engaged in over time, per individual, ranged from minimal to extensive. Of those who reported more significant volunteer histories, seven of the volunteers indicated they had volunteered in other hospitals, with two of the seven still doing so. Other types of volunteer experiences varied considerably.

Motivation to volunteer. Participants rarely cited a single motivator for engaging in volunteer work, especially when their assignment required a formal commitment and the potential for stress. Some combination of altruistic (other-oriented), egoistic (self-oriented) and practical reasons was generally indicated as reasons for volunteering, both in general and at the hospital. Common responses included “paying back” or contributing to society, although the contexts in which this motive was expressed varied. For example, some individuals were grateful for some aspect, or the whole, of their life while others recognized the need to help people faced with difficulties that they, too, had experienced. Another participant did not want to emulate the selfishness he perceived in his own environment. “Making a difference in people’s lives” was another common expression, although participants often provided unique perspectives on what this meant to them. In addition to their feelings of communal responsibility and concern for individuals in need, participants readily admitted that receiving personal satisfaction from performing their volunteer work, or being engaged in a role that they felt was personally meaningful or reflected their unique interests, was significant to their volunteering decisions. Practical

considerations were also reported, including the health benefits of using one’s leisure time productively.

Hospital volunteering. Roles assumed and tasks performed by the volunteers at the hospital varied, as did the nature of the contact with patients and the families of patients. Very few of the participants had prior experience in a hospital environment as patients, visitors, or caregivers. Only one of the volunteers had prior paid experience working in a hospital directly with patients’ physical needs. Three others had previously been employed by hospitals in professional capacities unrelated to patient care. Two other respondents were current hospital employees with no direct patient contact.

When asked why they chose to work in a hospital, some participants indicated wanting to volunteer in a medical institution but being unsure as to what capacity, while others had a specific position or patient population in mind. For personal reasons, being able to work with cancer patients, sick children, or newborn infants was important to many participants. Others wanted simply to help people and felt those in the hospital were among the neediest. Other participants, without initially choosing to volunteer in a hospital, found they were able to share their interest in literacy or education in programs with hospital patients. Two male retirees found themselves volunteering at the hospital when it was suggested to them that the hospital would have opportunities for them to use their time effectively.

When asked why they chose a particular hospital, participants’ responses included a combination of factors, including location or convenience, familiarity, opportunity, and the availability of specific programs. Because of size, services, and historical presence in the community, most knew the specific hospital by general reputation.

However, reputation was not a reason stated often, and never the sole reason, for choosing that particular institution.

Personal interests and experiences, practical needs, and the desire to help each combined to motivate the study participants. Some motivating sentiments and circumstances were shared by genders and generations, while other reasons for volunteering in a hospital were unique to each individual. Perception of need and availability of meaningful opportunities were significant broadly for hospital volunteerism.

With regard to the influence of religion and social factors on decisions to work in a hospital, responses were generally negative. With the exception of one volunteer, none of the participants directly attributed their choice to become a hospital volunteer to religion or current involvement with a church, although some felt religious principles to which they had been exposed in their early family life might have influenced their general sense of charity or community. In addition, neither social engagement, social obligation, nor social recognition was strongly indicated by participants as reasons for volunteering. Although some of the volunteers were informed, influenced, impressed, or inspired by the volunteer spirit of family members or others, none chose to volunteer in the hospital because of pressure from parents or peers. That the volunteers were self-directed in their reasons and choices was a common theme.

Skill development and gaining experience toward paid employment were not significant factors in the motivations reported by participants. For the most part, skills brought by the participants to their respective volunteer roles (and developed as a result of them) were more social and abstract than tangible (e.g., sensitivity,

openness, and the ability to communicate effectively in difficult circumstances).

Satisfaction and difficulties. With few exceptions, participants' responses to some or all of the questions regarding the most satisfying and difficult aspects of their hospital volunteer work had to do with relating to other people. Many participants felt satisfied when they were able to provide comfort to a patient, while others with less patient contact noted that pleasing a staff member or making a positive connection with a hospital visitor brought them satisfaction. Difficulties expressed were matters of experiencing the uncomfortable realities of life (e.g. the death of a child, the loneliness of long term patients, or the strain on patients' loved ones). Other difficulties cited had to do with feelings of failure, frustration or ambiguity with regard to being able to perform a volunteer role effectively.

Conclusions, Implications, and Recommendations

Participants of both genders and all generations expressed similar altruistic motives for volunteering (e.g., giving back to the community and making a difference in the life of someone in need). As would be expected, indications of sensitivity varied on an individual basis. For many participants, having direct patient contact and doing work that was personally meaningful or of personal interest were strong factors in their choice and commitment. Participants had varied views on autonomy and somewhat more varied views on "sense of belonging," but there were no clear differences in attitudes along gender lines. Despite the skewed ratio of female to male hospital volunteers, this research failed to indicate that females have more time or significantly different interests or predilections than do males. The most significant difference suggested by the study findings was that of

possible generational differences: Retired males reported no significant adult volunteer histories, whereas younger males suggested that they were creating volunteerism histories well before retirement.

The findings do not identify many of the motivators proposed commonly by the literature. For the most part, participants did not volunteer for social reasons or because of social expectations, nor did they volunteer on the basis of religious convictions or as representatives of a specific religious congregation. Implications for human capital development were not notable when career or educational goals are considered. Retirement as a life stage transition was a contributory factor in the decision to volunteer for several participants, although not necessarily to hospital volunteerism in particular. Participants were satisfied with their hospital work, although many indicated having to resolve specific difficulties at one time or another.

For the most part, participants expressed satisfaction with their treatment by paid hospital staff and were very appreciative of both the help and expressions of gratitude they received from them. In addition, regardless of their attitude towards having a sense of belonging, several participants expressed surprise and respect for volunteer administration staff who knew each of them individually, thanked them on a regular basis for their time, and/or gave them the opportunity to pursue positions which fit their needs and interests. Having that single recognition was significant.

Several practical implications for volunteer recruitment and retention are suggested by the study findings. The research indicated that the study participants' volunteer programs were appropriately relevant in considering an individual volunteer's interests and needs in

identifying appropriate matches for new volunteer recruits. Participants were not full of expectations but did desire to be in areas where they felt useful and effective. Many needs and interests disclosed by study participants, however, may well have been indulged via other volunteer environments. The findings imply that volunteer recruitment efforts would benefit from an analysis of what volunteers are looking for in any volunteer position, and a determination as to whether current marketing materials are sufficiently informative with regard to the scope and potential for hospital volunteer opportunities that might complement a volunteer's unique and complex motivations. In addition to personal agendas, perception of need was instrumental in the choice to be a hospital volunteer for many study participants. Mindful of that perception, highlighting the variety of areas where a volunteer may be useful to the hospital, its patients and staff would be a credible outreach program strategy.

The study results further suggest that recruiters and managers of volunteers should note satisfactions and recognize difficulties experienced by hospital volunteers. Some hospital volunteers must develop coping strategies for dealing with the stresses and sadness associated with individual patient circumstances and learn how to maintain distance without becoming dismissive or lapsing into denial. Others must adjust to changes or demands that challenge their ability to work effectively. They must also learn to cope and adjust in a limited amount of time and without some of the peer support and resources appreciated by paid employees. Restricted hours and lack of complete integration into the hospital team, though desired, may also be isolating. New recruits may feel somewhat ambiguous about their commitment if they are not able

to work through an uncomfortable situation that might arise. Managers should be conscious of these factors and be able to provide both assurances of worth and resources for empathy when needed.

In light of the study findings regarding participants' attitudes toward their hospital work, there is some indication that professional coordinators and recruiters of volunteers might derive advantage from viewing the volunteers themselves as a valuable marketing resource. Persons often learn of volunteer opportunities through friends who volunteer for an organization. Managers should understand why a volunteer would or would not recommend their work to another individual, and factor that information into volunteer recruitment plans. Consideration might be given to designing opportunities for volunteers to be ambassadors for a hospital's volunteer program. The findings also suggest that recruiters should seek out the assistance of male volunteers, or those of underrepresented demographic populations, to ascertain whether such volunteers might provide insights that would help to attract and retain an appropriately diverse and committed volunteer pool.

The author suggests that volunteer motivations are complex, and will vary with the choice of industry where an individual decides to volunteer and even with the role one adopts within that industry. The findings of this study suggest no outstanding differences between genders or among generations in terms of motivations or attitudes towards volunteer work. This research suggests positive indications for the approach and attitude of volunteer staff, and also demonstrates the importance of developing a more comprehensive understanding of how and why individuals are attracted to certain volunteer positions. Based on location, services, and a variety of

other considerations, a hospital's volunteer needs will vary. In this instance and presumably in other areas, the volunteer pool does not reflect the gender or ethnic realities of the holistic patient population or the geographic area that the hospital serves. This research suggests there may be inadequately tapped volunteers whose recruitment would better benefit both hospitals and the patients they serve.

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Table 1.

Sample Population Distribution by Gender, Age, Years Volunteered and Education

Category	Number (n = 21)
Gender:	
Female	13
Male	8
Age:	
18-25	2
26-40	6
41-55	3
56-65	2
66-75	5
76-90	3
Years Volunteering at Hospital:	
Under 1 year	3
1 - 5	11
6 -10	1
11-15	4
16-20	2

About the Author

Judith Blanchard holds a Master of Nonprofit Administration from the University of San Francisco. She is active in community service as a board and committee member for local nonprofits as well as a direct service volunteer for several organizations. Judith also serves as an officer on the Advisory Council to the Retired & Senior Volunteer Program of San Francisco.