Understanding Motivation to Volunteer and its Benefits

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IRB Pro

**1. Rationale** **for the study:**

With the low rate of volunteering and all the missed benefits to those who do not volunteer, it remains to be known what factors influence an individual’s motivation to volunteer. Over the years there have been many perspectives across different disciplines on what motivates individuals to partake in volunteering. Although previous researchers have attempted to delineate what motivates some individuals to volunteer, much of the research to date has taken a qualitative approach, come from a narrowly focused perspective, or has used overly simplistic models (e.g., Cnaan & Goldberg-Glen, 1991; Chacón, Pérez, Flores & Vecina, 2011; Frisch & Gerrard, 1981; MacNeela, 2008; Okun, Barr & Herzog, 1998). Furthermore, while there have been attempts at more comprehensive models of volunteer motivation, these models have either not adequately explained the variance in volunteer behavior or they have used more general behavioral theories and thus lacked sufficient specificity such that there could be adequate application of the research (Greenslade & White, 2005). The current study therefore seeks to test an integrated model that is specific to volunteer motivation.

Previous research has failed to provide a framework for understanding volunteer motivation that is both comprehensive and specific. The Functional Approach to Volunteering (FAV; Clary et al., 1998) provides a multifaceted framework, incorporating sociologic, economic, and psychologic perspectives, but fails to address factors that individual’s may perceive to hinder their volunteer participation. Moreover, the Theory of Planned Behavior (TPB; Ajzen, 1991), while addressing the factors that may hinder volunteer participation, lacks in specificity that would allow for its application to efforts of increasing volunteer motivation. Thus, a model that is both comprehensive and specific is needed. Establishing a comprehensive and specific model of volunteer motivation holds important implications for organizations and policymakers who view volunteering as a public health intervention.

**2. Background Information:**

The U.S. Department of Labor estimates that only 24.9% of Americans age 16 and older volunteer (Bureau of Labor Statistics, 2016). Researchers and policymakers have long contemplated this low rate of volunteer activity in the general population. Furthermore, this distribution of volunteers is not equal across all demographics and there exist many social and health disparities that make volunteering less accessible for individuals of low socioeconomic status or those struggling with chronic illness when compared to healthier individuals or those of higher socioeconomic status (Jenkinson et al., 2013). For example, of individuals who identify as White, 26.4% participate in volunteer activities. This number is 19.3% for Blacks, 17.9% for Asians, and 15.5% for Hispanics or Latinos. Moreover, more women (27.8%) than men (21.8%) participate in volunteer activities (Bureau of Labor Statistics, 2016). This discrepancy in the overall low rate of volunteering can also be seen across age groups, socioeconomic status, and ability levels (Martinez et al., 2006). This low prevalence of volunteering is concerning given that a large portion of the population and specific groups in general end up missing out on the benefits of volunteering.

Regardless of how volunteering is defined, one salient result across studies is that individuals who volunteer consistently perform better on indicators of well-being. For example, in a national longitudinal study of adults aged 25 and older, Thoits and Hewitt (2001) found that after controlling for well-being at baseline and levels of other community participation (e.g., attendance at religious and other social organizations), low levels of volunteering were associated with lower levels of happiness, lower life satisfaction, lower self-esteem, lower mastery, lower self-reported physical health, and greater symptoms of depression. Moreover, other research has similarly found that individuals who participate in volunteering experience fewer depressive symptoms, lower rates of mortality and cognitive decline with age, as well as increased psychological adjustment, happiness, life satisfaction, and higher levels on measures of subjective well-being than those who do not volunteer (Anderson et al., 2014; Harris & Thoresen, 2005; Kim & Pai, 2010; Li & Ferraro, 2005; Meier & Stutzer, 2006; Mellor et al., 2008; Musick & Wilson, 2003; Post, 2005). What is more interesting is that consistent results regarding the benefits of volunteering have been found across studies using varying methodologies (see Anderson et al., 2014 for a review). Consequently, given the low rate of volunteering and the missed benefits to those who do not volunteer, it is important to understand why people do and do not volunteer and the factors that may influence an individual’s motivation to volunteer and subsequent volunteering behavior.

**3. Research questions, objectives and purpose:**

Primary Aim: This study proposes an integrated model of volunteer motivation that combines the FAV and the TPB. Specifically, this study aims to test whether the functions posed by the VFI are behavioral and social norm beliefs.

Secondary Aim: To examine what factors influence college students’ motivation to volunteer within their communities.

Tertiary Aim: To understand the psychological benefits of volunteering for those who identify as volunteers.

**4. The study design:**

Potential participants will be presented with information about the study, including its purpose and goals, as well as what the compensation for their time would be if they chose to participate (SONA credit, per departmental guidelines). After signing up for the study on SONA, participants will be provided with a link to the online survey.

Upon consent, participants will be asked to complete the survey via Qualtrics. The survey will include: demographic questions assessing race, ethnicity, age, organization participation, information about educational status and household income; the Community Involvement Questionnaire created by the PI to assess participant involvement in volunteer activities; Volunteer History Questionnaire created by the study team to assess history of volunteer involvement; the Volunteer Functions Inventory to assess participants beliefs about the benefits of volunteering; the Theory of Planned Behavior Questionnaire to assess participants attitudes, subjective norms, and perceived behavioral control regarding volunteering; the Mental Health Continuum to assess mental health and well-being; the Depression Anxiety and Stress Scales to assess symptoms of mental illness; and the Single Item Self-Esteem Scale as a measure of self-esteem. To ensure that participants are paying attention and fully understand the instructions, verification questions will be administered throughout the survey. As part of the online instrument, there will be questions that have clear and specific instructions to mark a certain response to indicate that they are reading and paying attention to the survey. Responses to these questions will be tracked and used to determine if the participant’s responses are valid. Researchers designed the measure battery to be completed within 45 to 60 minutes.

**5. Sample Size:**

I will recruit 400 participants.

**6. Study Population inclusion and exclusion criteria:**

Any undergraduate student who is 18 years of age or older may volunteer for the study. Those who are unable to comply with study instructions will be excluded.

**7. Expected Results of the research:**

Results of the study will indicate a model of volunteer motivation and can be used by organizations and policy makers to target the beliefs that contribute to motivation to volunteer.

**8. Name of the Principal Investigator and Faculty Advisor:**

Lendi Joy is the Principal Investigator with Dr. Vicky Phares as faculty advisor.

**9. Any potential risks to the subjects:**

The level of risk for the participants is minimal. Potential risks that may exist, but are managed by our protocols, include concerns about the confidentiality of their data, boredom and fatigue and discomfort or distress when responding to certain questions about their emotional and behavioral functioning.

To minimize these risk, no identifying information will be attached to survey responses. Additionally, any negative emotions elicited by the questionnaires used in this study are expected to be minimal and transient in nature and are not expected to negatively impact participants’ emotional adjustment long-term. Contact information for the Counseling Center will be provided on the consent form and participants will be informed before the study that they can stop participating whenever they feel uncomfortable.

**10. Any experimental procedures or interventions:**

N/A

**11. Any potential benefits to subjects:**

There are no direct benefits to participants.

**12. Human subjects considerations:**

Before beginning the survey, participants will have the opportunity to read over the informed consent and ask questions. Participants will then have to select a statement indicating that they freely give consent to participate in the study.

**13. Data and safety monitoring plan:**

This protocol is considered to be minimal risk.

**14. References:**

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