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Why do people volunteer in free clinics?

Lucas Bennington

Abstract

Even with the affordable healthcare act, as of May 2014, 13.4% of US adults do not have healthcare coverage. In addition to this, of the 7 million illegal immigrants, more than half do not have health insurance. These two numbers mean that there are millions who rely on free health care in order to take care of themselves. Though some doctors take on patients “pro-bono”, the majority of these people are treated in free clinics often staffed by volunteers. The need for volunteers in these free clinics is well known, but what motivates these volunteers to give their time? This study aims to answer that question.

To identify these motivations, volunteers in free clinics were recruited to participate in semi-structured interviews. Participants answered questions regarding what motivated them to volunteer in the free clinic environment. The interviews were coded using open-coding and grounded theory. Preliminary data indicates that there was a high frequency recurring things including: community, social rewards, and beliefs regarding access to healthcare. Results included a 57% occurrence of “intrinsic” rewards as a motivation for volunteering. Additionally, 72% of people interviewed said that volunteering was a way for them to feel a part of a community. Based on these results, next steps will include distributing an already developed survey instrument (Volunteer Functions Inventory) to further explore themes found in the interviews.

Background

In a volunteer organization, the biggest currency and the item most in demand is the volunteers themselves (Wright et al 1995). This means that the effectiveness of a volunteer organization is heavily dependent on its ability to manage, motivate, and retain volunteers. Retention of volunteers, and the volunteer “life-cycle,” (training, participating, leaving) has been an area of focus since Herbert Freudenberger’s 1974 article, “Staff Burn-Out”. Researchers have been asking more and more questions about adequately maintaining and equipping the volunteer populations. For example, as Freudenberger writes, “The burning-out person may now believe... in the clinic, he can take chances that others can’t. He becomes overconfident.” This type of behavior, which is tied to low morale and being overworked, is toxic to the clinic environment and must be avoided at all costs (Freudenberger 1974). While burn-out is an extreme example of what can happen to volunteers, a more common issue is the lack of motivation to continue volunteering after a few months leading to volunteers leaving an organization (Hager & Brudney 2004).

Reasons for why people volunteer are well-documented (Bussell et al 2002), and volunteer motivation can be divided into four categories: altruism, a selective incentive (prestige, or social contact), a family member receiving something from the organization, or improvement of human capital (Mueller 1975). Although the volunteer population at large has been documented, the medical environment, and the free clinic environment in particular have not been explored. To date, there is little to no research about how the motivations for individuals volunteering in medicine might compare to volunteers in other fields. Due to the varied nature of volunteer-based organizations, the expectations, feelings and attitudes of the volunteers can also be varied.

The free clinic environment is worth exploring because of the great need for volunteers in the medical field. Even with the affordable health care act, as of May 2014, 13.4% of US adults do not have

healthcare coverage (Blumenthal et al 2014). In addition to this, of the 7 million Mexican illegal immigrants, more than half do not have health insurance (Bustamente et al 2012). These two numbers indicate that there is a large portion of people who rely on free healthcare. Though some doctors take on patients “pro-bono”, the majority of these people are treated in free clinics (Isaacs 2007) often staffed by volunteers. Maintaining high morale is important in the clinic environment and the first step of exploring that is to find out the motivations behind the volunteers and what their experiences are.

The population of people without health insurance relies on medical volunteers and free clinic access. The need for volunteers is great; for every doctor that volunteers his or her time, there is a number of support staff that needs to be in the mix as well. This creates a reliance on these volunteers at the free clinics. We have established that there is a need for medical volunteers to serve this population. Because volunteers are often the limiting factor, exploring why people volunteer in this field is key.

This study aims to investigate three related research questions: 1) What are the primary motivations behind volunteers in the free clinic environment?

2) Do these motivations match the motivations found in the literature about volunteers?

3) Is there anything that volunteers in medicine need in order to stay retained at a clinic?

A qualitative study, done with comparative analysis, can shed light to the issue of a lack of volunteers in free clinics. There are a number of advantages to exploring this subject qualitatively (Barriball et al 1994): It can overcome the poor response rates of a survey (Austin 1981), the format is suited to capture attitudes and motives (the key information worth studying when it comes to morale and motivation) (Richardson et al. 1965, Smith 1975), it can facilitate comparability by ensuring all questions are answered by each respondent (Bailey 1987), and it provides opportunity to evaluate the validity of respondent’s answers by observing non-verbal indicators (Gordon 1975)

There is a need to understand why people volunteer at the free clinics in order to understand more about retaining them.

Volunteer Functions Inventory

There is a need to identify and establish precise language in order to measure and describe motivation. Asking someone to describe what motivates them can be unclear and the vocabulary that people use to describe certain feelings can be vague and variable. Part of the burden of interpretation lies on the interviewer, to ask clarifying questions and ask participants to elaborate to the point where motivation is clear, and the other part of the burden lies on the definitions and constructs used to describe motivation to be specific enough to be distinct, but comprehensive enough to allow for analysis. The constructs found in the Volunteer Functions Inventory satisfy both of those needs.

First developed in 1991 as a response to what was felt as inadequate tools for gauging volunteer motivation (Clary et al 1992), the Volunteer Function Inventory was created to be a precise way to comprehensively analyze what motivates a volunteer. At the time of its publication, there was not much validation done, but five years later, in 1996, studies and surveys started rolling in validating the constructs (Clary et al 1996) and establishing the VFI constructs as a leading way to track volunteer motivation.

The use of the Volunteer Functions Inventory is beneficial when examining the free clinic environment for two reasons: the first is that it is a well-respected standard for gauging volunteer motivation (Fletcher et al 2004) and that the constructs are clear in outlining particular motivating factors. There are six constructs in total, below they are adapted from the original publication.

Values

One function that may be served by involvement in volunteer service centers on the opportunities that volunteerism provides for individuals to express values related to altruistic and humanitarian concerns for others. Concern for others is often characteristic of those who volunteer, distinguishes volunteers from non-volunteers, and predicts whether volunteers complete their expected period of service.

Understanding

A second function potentially served by volunteering involves the opportunity for volunteerism to permit new learning experiences and the chance to exercise knowledge, skills, and abilities that might otherwise go unpracticed. Related to the knowledge and object appraisal functions in theories of attitudes and persuasion, this understanding function is exemplified by the large number of Gidron's (1978) volunteers in health and mental health institutions who expected to receive benefits related to self-development, learning, and variety in life through their volunteer service.

Social

A third function that may be served by volunteering reflects motivations concerning relationships with others. Volunteering may offer opportunities to be with one's friends or to engage in an activity viewed favorably by important others.

Career

A fourth function that may be served by volunteering is concerned with career-related benefits that may be obtained from participation in volunteer work, where volunteering is a means of preparing for a new career or of maintaining career-relevant skills.

Protect

A fifth function traces its roots to functional theorizing's traditional concerns with motivations involving processes associated with the functioning of the ego. Related to ego defensive or externalization concerns, such motivations center on protecting the ego from negative features of the self and, in the case of volunteerism, may serve to reduce guilt over being more fortunate than others and to address one's own personal problems.

Enhancement

Finally, a sixth proposed function of volunteering derives from indications that there may be more to the ego, and especially the ego's relation to affect, than protective processes. In the case of positive mood, people use helping as a means of maintaining or enhancing positive affect. Finally, research on volunteerism has found evidence of positive strivings, as when some respondents report that they volunteer for reasons of personal development or to obtain satisfactions related to personal growth and self-esteem. Thus, in contrast to the protective function's concern with eliminating negative aspects surrounding the ego, the enhancement function involves a motivational process that centers on the ego's growth and development and involves positive strivings of the ego.

VFI constructs are significant and applicable in many areas of volunteering. They are not wholly specific to one volunteering niche and because of that they can be used as a benchmark for volunteer motivations in a particular field. The constructs do not have context-specific values, meaning that the requirements for one particular construct to be applicable is not stuck in one field. This is helpful for analyzing free clinics because the constructs expressed, both in frequency and overall presence, can be compared to other fields or volunteers as a whole.

This is not to say that the constructs show up in the same frequency in all environments because certain fields foster and attract volunteers of a particular set of motivating factors. (Fletcher et al 2004, Yoshioka et al 2007) Rather, data collected on the constructs can help align free clinic volunteers in the volunteering sphere as a whole—meaning that the more data collected on what motivates free clinic volunteers, the more tools and techniques can be explored and implemented in the free clinic environment. This is important because of the previous stated need for volunteers. They are the limiting factor for the productivity of clinic and so satisfying that need is of utmost importance.

Methods

Recruitment of Participants

Participants were recruited through the directors and clinic managers of free clinics in the Portland-Metro area. The directors and clinic managers were given an informational flyer (Appendix A) to distribute to their volunteers in order to find willing participants. An incentive, a ten dollar Starbucks gift card, was offered to participants for completing a 15 to 30 minute interview. The participants were recruited from October to November 2016 and the interviews were completed in November and December of 2016. In total, 7 participants completed an interview.

Conducting Interviews

Interviews were held either at the place of volunteering, or at a room at Portland State University, and were led by the author in a one-on-one environment with informed consent and an audio recorder present. The interviews followed a semi-structured script (Appendix A) and lasted from ten to thirty minutes. A de-identified transcription of the interview was produced following the recording.

Analysis and Initial Coding of Interviews

After the interviews were transcribed, an initial open coding of the interviews by the author took place (Appendix C), the results of which are in table 1. This was a preliminary step conducted to gain insight into the interviews and see if there were any recurring themes for closer examination. The coding labelled the presence of various factors of motivation that were recurring in the interviews and categorized the interviews based on which components the interviewee mentioned as a motivating factor for their volunteer work. Also, it was noted if the volunteers had family that volunteered or any previous volunteer experience.

Open Coding Analysis (n=7)		
Factor Codes	n Response	percent response
Religious Beliefs	1	14%
Professional Growth	3	43%
Familial influence	1	14%
Intrinsic Reward	2	29%
Social Reward	7	100%
Belief in "the cause" of free healthcare	5	71%
Inspired by previous education	1	14%
Sense of value/importance	4	57%
Personal Interest in Topic	1	14%
Desire to get out of the house	1	14%
Volunteer History Information		
Previous Volunteering Experience	6	86%
Familial Volunteers	2	29%

Table 1: Open Coding Analysis of the semi-structured interviews.

The results of this initial coding are that there is a high frequency of participants naming a social reward and a belief that free health care was a cause worth donating time to (100% and 71% respectively). Also, it was worth noting that 6/7 participants had said that they had previous volunteering experience, not necessarily at a free clinic, but at somewhere in general. A sense of value or importance was also mentioned often (57%) meaning that they were motivated to do this volunteer work because it had personal value to them of some sort.

The significant frequency of the social reward aspect is very much in line with other research on volunteer motivation (Bang et al 2009) and the thematic constructs found in (Bussel et al 2002) and Mueller (1975). These results align heavily with the established literature and because of this further examination and coding with an aligned system was necessary. The volunteer function inventory (VFI) is a logical next step in the analysis process.

Volunteer Function Inventory

BER Validity Test

Excerpts were selected (Appendix D) for VFI analysis by the Portland State Biology Education Research Lab and it was subjected to a validity test. The purpose of this test was to examine the validity of the VFI constructs as a means of interpreting the content of the interviews. To test the validity, the BER lab was split into 4 groups and then given the excerpts to code separately. The data from this test was compiled in table 2.

VFI Validity Test BER						
Excerpt Number/Construct	Values	Understanding	Social	Career	Protective	Enhancement
1		1		3		
2	1		3			
3		1		3		
4	2		2			
5	3					
6	1					3
7	2					3
8	2		3		3	
9						3
10			3			
11		3	1			
12	1	3				

Table 2: VFI validity test from the BER lab. Black cells signify the author's belief for the constructs shown in the passages (Appendix D) and then the numbers in the cells signify the number of lab members (maximum 3) who also indicated the construct.

The results of the BER lab validity test signify a large reliability when coding the excerpts of the interviews. The conclusion the lab held was to use the VFI constructs to code the interviews and that it was an acceptable tool for the interpretation of these results.

VFI Coding of Interviews

Following the confirmation of the VFI as a valid tool for analyzing the data and developing a survey, the interviews were re-coded using the VFI constructs. This was done for additional validity for the research outcomes, rather than relying on open-coding, the established constructs fall in line with the established literature. Excerpts from the interviews were highlighted that displayed one or more of the constructs.

Interview #	Values	Understanding	Social	Career	Protective	Enhancement
1	1	2				
2	2	1	1			1
3			1			1
4			1	2		
5	1	3	1		1	3
6	1	2	2	1	1	3
7		2	2	3		
Construct Totals	4(5)	5(10)	6(8)	3(6)	2(2)	4(8)

Table 3: Presence of Volunteer Functions Inventory constructs by **frequency (number of interviews with construct present)** and total number of excerpts containing the construct (in parenthesis)

VFI Constructs in Interviews

Every VFI construct was present in the interviews. Some, such as social and understanding, were present in nearly every interview, while others, such as protective, were relatively rare. The presence of each construct has value for the free clinic environment because it provides insight into what the motivations are for the volunteers.

Construct	Analysis	Representative Quote
Values	<p>Values occurred at a high frequency among people interviewed. Often, they would cite an intrinsic belief in the cause of free healthcare as a motivating factor. Volunteers often believed that they were doing a good deed in the world, and in their own way, improving it.</p> <p>The absence of value in motivation is not necessarily bad, but viewing the volunteer work as a core value can increase retention.</p>	<p>“So I think part of [what motivates] me is that I view healthcare as a human right... by being at a free clinic it allows people to access [that right]”</p>
Understanding	<p>Understanding was a high frequency construct. Many volunteers mentioned that volunteer work allowed them to learn and use skills that enhanced their understanding of the world.</p> <p>This information is key because it means that they feel like they are being utilized for their individuality and that the volunteers are in the act of ongoing self-improvement.</p>	<p>“My degree is in education. I love to figure out the best way [to educate someone]. And [volunteering] is exactly that.”</p>
Social	<p>The social component of volunteering was very present as a motivating factor. People enjoyed working alongside other people and fostering relationships. Even if they were not relationships outside of the clinic environment, the social need and reward of volunteering was brought up by nearly every participant.</p>	<p>“[I keep volunteering] because I love the people and because we have different pharmacists and technicians coming in at every shift, there is always someone new I could meet.”</p>
Career	<p>This construct does not apply to all volunteers, but it makes up a significant portion of them. Some volunteers are obligated to volunteer for various jobs and applications to graduate programs and volunteering</p>	<p>“I didn’t have any pharmacy background [and volunteering] got me a lot of exposure and experience. So it’s a lot of learning.”</p>

	fulfills that need. Often, this is cited as an initial motivation for volunteering but it is eclipsed by other motives after time in consistent volunteers.	
Protect	Some volunteers exhibited the Protect construct as a motivation for volunteering. An elderly volunteer described it as a way to keep their brain active and alive, while others said that they volunteered in order give back, citing their own good fortune. This construct was not very common in the interviews.	"[By volunteering] you're able to keep yourself interested and alive"
Enhancement	Enhancement was a construct that came up fairly frequently. Volunteers talking about this construct mentioned how personally rewarding volunteering felt, or how it made them feel good about themselves. This is an important part in volunteer motivation because they are participating in something because it helps promote their positive affect.	"I have been brought up with doing good brings good ... it's very rewarding personally"

Table 4: VFI constructs, analysis, and a representative quote from the interviews conducted.

Volunteer Self Reporting

One acknowledgement of the analysis is the bias that volunteer self-reporting has on altering the data. When talking about their own motivation, volunteers, like anyone doing a self-evaluation and presenting themselves to others may be explicitly or implicitly altering their presentation from the facts. Part of this bias is self-protective in nature; if a motivating factor is something viewed as less admirable (e.g. completing required volunteering hours) someone may instead report a more altruistic, expected value (e.g. a love of the community and wanting to give back). This bias is important to acknowledge as a potential alteration of the results of this study.

That being said, the potential for alteration does not invalidate the values or significance of this research because a self-reporting bias does not mean that the information being said is still not relevant to the volunteer. In fact, by focusing on what the volunteers do report, more headway can be made in improving recruitment and retention because those are still vocal needs that need to be acknowledged.

Outcomes

What are the primary motivations behind volunteers in the free clinic environment?

The primary motivations for volunteers appear to be social rewards and gaining understanding and utilization through the volunteer work. To a lesser, but still significant extent, the values of providing free health care play a role as well as some career and ego-related goals. These motivations are marked through the presence of the VFI constructs.

The high frequency of responses about social rewards and gaining understanding and skill building through volunteering may mean that promoting these areas is important for clinics going forward. The values construct also implies an association with volunteering and some belief, which can also be taken into account for volunteers. When volunteers are motivated by these particular constructs, emphasis can be placed on reinforcing them.

For instance, since volunteers report that being able to practice skills they are familiar with, or have a background with, tailoring clinic roles to fit the volunteers can help motivations. Taking steps to get to know the volunteers and to place them in a way that allows them to practice skills they have confidence in can lead to higher motivation.

Social and values constructs can be promoted in the clinic environment by examining the factors that contribute to it. Encouraging teamwork, cooperation, and a friendly environment are all key as well as reminders that the volunteer work being done is not for no reason, it is helping a lot of people. Volunteers may know that the work they are doing is creating a positive impact on the community but providing examples and reminders so it part of daily routine could go a long way in reinforcing those constructs.

Career constructs also occurred a fairly high frequency in the interviews. Knowing that volunteering is often a common step in the job or graduate program process can also help reinforce this in the clinic environment. When volunteers mention the career or a graduate program application as a part of their motivation, they often follow it up with mentioning how they are motivated to keep coming back for other reasons beyond fulfilling an application. While some of this may be an altered self-presentation to appear like they are more altruistic than they are, there is definitely a genuine component to those beliefs that shows up by mentioning other constructs. Clinics would do well to promote career-motivated volunteers in the other constructs to ensure retention over time.

Enhancement is another motivation that is important for the clinic environment. Clinics should promote this because if volunteers are feeling good about what they are doing, it helps promote their positive affect and will keep them motivated to come back day after day and week after week.

In summary, it is important to consider these VFI constructs when considering volunteering recruitment and retention. By promoting environments, conversations, roles, and activities that reinforce or encourage these constructs, volunteers may be more likely to be more engaged. Further research on the impacts of the presence of the constructs and the outcomes in the volunteer environment is necessary to have a definitive opinion, but this is a good place to start.

[Do these motivations match the motivations found in the literature about volunteers?](#)

Using the Volunteer Function Inventory constructs, the motivations discussed and recorded in the interviews align with the literature about the volunteers. In the interviews, there was no listed

motivation that fell outside what the constructs outlined. The Volunteer Function Inventory places the interviews in context with the rest of the literature on volunteer motivation.

The constructs in VFI but insufficient quantitative data was found to compare the frequencies of the constructs in the free clinic environment relative to volunteering as a whole. In the Next Steps section, this concept is addressed and future studies aim to find a better fit free clinic volunteer motivations.

Next Steps

Pilot Survey

A pilot survey will be conducted (n~ 20) with a modified VFI questionnaire. This questionnaire will include language changed in order to be appropriate to the free healthcare environment as well as verify that the constructs are both appropriate and comprehensive.

Survey of Volunteers

This survey will be created using data from the pilot survey and aims to compare volunteer motivation outcomes versus the expectations. It will compare the perceived motivating factors for volunteering by non-volunteers with the reported motivating factors by volunteers. The survey will explore a possible gap between non-volunteers' *perception* of volunteerism versus what actually motivates volunteers. A gap between expectation and reality for these two groups (volunteers and non-volunteers) is significant for volunteer recruitment. Perhaps more people would volunteer if they knew why it was people volunteered in the first place. This survey aims to shed more light onto that concept.

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Appendix List

- A: Recruitment Flyer
- B: Interview Script
- C: Interview Coding Document

- D: Excerpts for VFI coding