

Understanding the Motivation of Hospital Volunteers: Are there Gender Differences

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Abstract

This study examines the relationship between hospital volunteers' gender and their motivation to volunteer. An empirical analysis of survey data from 426 volunteers shows significant differences between the two groups. That is, the factors that motivate male volunteer workers are significantly different from those that motivate female volunteers. Some explanations as well as generalizations and implications for hospital administrators and human resources managers are developed.

JEL Classifications: D23, L22

Keywords: volunteers, gender differences

1. Introduction

1.1. Problem Introduction

Total health care spending in the United States is expected to reach \$4.8 trillion in 2021, up from \$2.6 trillion in 2010, \$423 billion in 1985, and \$75 billion in 1970. To put it in context, this means that health care spending will account for nearly 20 percent of gross domestic product, or one-fifth of the U.S. (Centers for Medicare and Medicaid Services [CMS], 2012). Today many consumers and small employers are struggling to afford their health insurance premiums. Some employers are not able to offer health care coverage at all. For firms with fewer than 10 employees, only 50 percent offered coverage to their workers in 2012 (Claxton *et al.*, 2012).

As a result:

- 49 million Americans lacked health insurance in 2011 (DeNavas-Walt, Proctor, & Smit, 2012).
- Health care costs for American families in 2013 exceeded \$20,000 for the first time (Girod, Mayne, & Weltz, 2013).
- Increasingly, Americans are having problems paying for medical care. In 2012, 26 percent reported they or a family member had problems paying medical bills, and 58 percent reported foregoing or delaying medical care (Kaiser Family Foundation, 2012).
- Escalating health care costs also are straining federal and state budgets, hampering the country's ability to pay for important initiatives needed to address other significant issues.

The rate of increase of health care costs has slowed in the past decade — from 9.5 percent in 2002 to 6.3 percent in 2010 (CMS, 2012; Girod *et al.*, 2013). But the rate of health care cost increases continues to be well above the general rate of inflation. At the same time, the population of the United States is getting older. The older population--persons 65 years or older - numbered 39.6 million in 2009 (the latest year for which data are available). They represented 12.9% of the U.S. population, about one in every eight Americans. By 2030, there will be about 72.1 million older persons, more than twice their number in 2000. People over the age of 65 represented 12.4% of the population in the year 2000 but are expected to grow to be 19% of the population by 2030 (Administration for Community Living, 2014). Aging individuals will place greater stressors on an already burdened system in terms of more demand for intensive medical treatment.

1.2. Literature Revealing the Importance of Volunteers in Controlling Healthcare Costs

While the health care industry is facing these enormous challenges, many have called for increased attention on the benefits of using volunteers. Volunteers are defined as persons who did unpaid work (except for expenses) through or for an organization. More than two decades ago, George Romney, organizer of the first United Way fund raising drive, stated, “The most underutilized problem-solving method in the United States today is volunteerism” (Thompson, 1989). According to the Bureau of Labor Statistics, about 64.5 million people volunteered through or for an organization at least once between September 2011 and September 2012. The volunteer rates for both men and women are 23.2 and 29.5 percent, respectively. Women tend to volunteer at a higher rate than men across all age groups, educational levels, and other major demographic characteristics. By age, 35- to 44-year-olds are most likely to volunteer (31.6 percent). Married persons volunteered at a higher rate (31.9 percent) in 2012 than did those who had never married (20.7 percent) and those with other marital statuses (21.3 percent). Individuals with higher levels of education engaged in volunteer activities at higher rates than did those with less education. Volunteers spent a median of 50 hours on volunteer activities during the period from September 2011 to September 2012, ranging from a low of 32 hours for those 25 to 34 years old to a high of 90 hours for volunteers age 65 and over (U.S. Bureau of Labor Statistics, 2013).

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The nature of this volunteer activity varies widely but can be classified as either offering assistance in an area which relates to a personal interest such as a political, sports, or religious organization, or those which are concerned with assisting persons in need or experiencing difficulty such as hospitals or social welfare organizations. Participation rates vary widely across the various types of organizations or groups to which individuals can contribute their efforts. For example, aggregate numbers of individuals donating their time to religious groups are almost equal to the

sum total of the next highest ranked organizations, namely educational institutions, civic or political organizations, and hospitals or health organizations. Lower rates of participation are seen for social or welfare organizations, and sports or recreational groups.

Many health care organizations have long understood the importance of volunteers in their communities and tapped them as a resource. Their use is often seen as a means to extend services both quantitatively and qualitatively while controlling costs. As far back as 1987 San Francisco hospitals developed a network of volunteers who provided home health care for AIDS victims. As a result, a typical San Francisco AIDS patient incurred approximately \$40,000 in medical expenses between diagnosis and death. However, in other parts of the United States, the bill was \$140,000 (Hamilton, 1987). At around that same time, in a more lighthearted example, Dr. Steven Turner, an ophthalmologist, asked 83-year old Margaret Pickford, a volunteer and retired school teacher, to hold patients' hands during cataract surgery. By keeping patients calm, the surgery progressed quicker and patients had a better outcome (Dolan, 1989). Today volunteers are being used in numerous ways as adjuncts to professionally trained personnel to reduce health care costs. For example, volunteers assist with clerical work within the office, provide limited Medicare counseling for clients; serve as case aides, receptionists, secretaries, candy strippers, and gift shop staff; assist hospital emergency departments; help with discharge functions for the patients; and offer psychological support. Some clergy members and clinicians also volunteer their time in this setting (Kendrick, 2012). Volunteers add a personal and non-bureaucratic dimension and serve as an important link between the hospital and the community. Their informal status allows better communication with patients. It is not uncommon for a hospital to have a separate auxiliary that manages the various facets of its large volunteer program. According to the Bureau of Labor Statistics, over 4.9 million Americans volunteered their time in a hospital or health-related organization in 2013.

Due to the increasing emphasis on cost containment in the health care industry, the "managed care" environment of health care systems, the hospital mergers and subsequent laying off of hospital employees, and the high cost of paid staff, hospital volunteers are especially important to maintain high-quality patient care. In addition, because of competition for volunteers from other organizations and various human service agencies, the hospital volunteers program is under pressure to recruit and retain as many good volunteers as possible. Successful utilization of this resource has made knowledge of volunteers more important than ever. Having an understanding of this diverse group is essential to develop and offer opportunities to contribute which are consistent with and supportive of their motives. Segmenting motives by the larger identifiable groups, such as gender, is an important step.

1.3. Related Scholarship and Hypothesis

Cnaan and Goldberg-Glen (1991) developed and tested an instrument for measuring motivation to volunteer. Although both female and male volunteers participated in the study, no attempt was made to examine differences between the two groups with respect to their motivation to volunteer. More recently, Ibrahim and Brannen (1997) examined this relationship and found a number of significant differences between the genders. Although this study produced interesting insights, it was conducted almost two decades ago. Thus despite the continued emphasis on the importance of volunteer workers in enhancing the output of service organizations, there is a dearth of recent empirical research on linking the motivations of hospital volunteers to their demographic characteristics.

The present study is designed to partially fill this gap. Specifically, it seeks to determine whether- and, if so, in which particular areas- differences exist between male and female hospital volunteers with respect to their motivations. The analysis may be of value to hospital administrators and human resource managers to the extent that it can identify the specific factors which motivate

male and female volunteers. Understanding the nature of this relationship may have implications for the more effective utilization of volunteer resources and would enable hospitals to develop programs in their efforts to recruit, manage, and retain volunteers.

2. Method

2.1. Sampling Procedures

Data were collected as part of a larger study of volunteering. Questionnaires were distributed to volunteers at five large hospitals in the Southeastern United States, with a bed capacity ranging from 322 to 583. The number of volunteers at each hospital ranged from 98 to 216. The survey instruments were administered during normal working hours. Respondents were told that the purpose of the research was to study attitudes of volunteers and that their hospital was not the only one being studied. Participation in the study was voluntary; volunteers were given the opportunity to decline participation. Subjects were assured that their responses would be held in strict confidence and reported in aggregate form for academic purposes only. The completed questionnaires were filled out anonymously. A total of 561 questionnaires were distributed and 426 usable responses (a 76 percent response rate) were returned to the authors.

2.2. The Instrument

The instrument utilized in this study in addition to demographic variables, measured each respondent's motivation by adapting to this study the Cnaan and Goldberg-Glen (1991) "Motivation to Volunteer" questionnaire. It measures the degree to which people view the volunteer experience as a whole to be rewarding and satisfying to their needs. The researchers utilized this scale because its psychometric properties have been investigated by its developers who found it to be highly reliable and valid. An orthogonal factor analysis found it to be a unidimensional phenomenon. In the present study, the scale demonstrated a high level of internal consistency reliability ($\alpha = .82$). The responses were scored on five-point Likert-type scales in which "5" represented strong agreement and "1" represented strong disagreement.

3. Results

3.1. Statistics and Data Analysis

Among the respondents, 128 (30%) were male and 298 (70%) were female. The statistical analysis was conducted in three stages. First a multivariate analysis of variance (MANOVA) was deemed to be the most appropriate analytic technique for exploring differences between the two groups. This procedure compensates for variable inter correlation and provides an omnibus test of any multivariate effect. However, given the large differences in the sizes of the two groups, it was necessary to test unequal variances between the two groups as a preliminary check for robustness. Box's *M* test for the homogeneity of dispersion matrices produced a non-significant *F* ($p = .37$). This confirmed the homogeneity of the two variance-covariance matrices thus validating the appropriateness of the use of MANOVA in the analysis. The MANOVA revealed significant differences between the two groups ($F_{18,407} = 22.37, p < .000$). That is, the factors that motivate male volunteers are significantly different from those that motivate female volunteers.

Finally, to understand the underlying contributions of the variables to the significant multivariate effect, each variable was tested using one-way ANOVAs with the two genders representing two levels of the independent variable. These results, depicted in Table 1, show the differences between the two groups were significant on 8 of the 18 items. Men scored significantly higher than women on five of these items. Specifically, the mean scores for "volunteering enables a hospital to provide

more for less” were 4.1 for the men and 3.2 for the women. The mean scores for “people volunteer because their employer or school expects it” were 2.3 and 2.0, respectively. The scores for “volunteering provides an opportunity to do a variety of activities” were 3.3 for the men and 2.9 for the women. On “volunteering produces challenging activities” the scores were 4.2 for the men and 3.5 for the women. Finally, the scores for “volunteering broadens a persons’ horizons” were 3.2 and 2.8, respectively.

On the other hand, women scored significantly higher than men on three items. For “volunteering enables a person to continue a family tradition,” the scores were 2.7 for the women and 2.2 for the men. For “volunteering is an excellent educational experience” women scored higher than men - 4.3 and 3.9, respectively. Finally, for “volunteering provides an opportunity to gain experience in providing a service,” the scores were 3.1 and 2.7, respectively. Table 2 summarizes the differences between the two groups.

4. Discussion

A primary conclusion which is drawn from these findings is that successful utilization of volunteers is dependent upon administrators and human resource managers clearly understanding both their demographic make-up and their motivations for giving of their services. Indeed, unless the relationship between these two sets of factors is clearly understood, the recruitment, managing, and retention of hospital volunteers will be less than optimal.

Table 1. MANOVA and ANOVAs for differences between male and female hospital volunteers

		<u>Group Means</u>		<i>F</i>	<i>p</i>
		Male	Female		
1.	Volunteering provides an opportunity to do a variety of activities	3.3	2.9	20.30	<.00
2.	Volunteering enables a person to relate to patients due to one’s similar experiences	2.5	2.4	2.95	.08
3.	Volunteering improves attitudes toward one’s own life situation	4.4	4.3	0.96	.33
4.	Volunteering provides an opportunity to develop relationships with others	3.6	3.8	2.78	.10
5.	Volunteering enables a person to feel better about himself or herself	4.7	4.6	1.71	.19
6.	Volunteering enables a hospital to provide more for less	4.1	3.2	59.94	<.00
7.	Volunteering produces challenging activities	4.2	3.5	47.19	<.00
8.	Volunteering enables a person to continue a family tradition	2.2	2.7	56.11	<.00
9.	Volunteering creates a better society	4.3	4.4	2.02	.16
10.	Volunteering provides opportunities to work with different age groups	3.9	3.7	2.61	.11
11.	Volunteering broadens a person’s horizons	3.2	2.8	26.78	<.00
12.	People in my community volunteer	2.7	2.6	1.61	.21
13.	Volunteering is an excellent educational experience	3.9	4.3	16.91	<.00
14.	Volunteering is an opportunity to do something worthwhile	4.7	4.6	0.70	.41
15.	Volunteers have nothing else to do with their time	1.8	1.9	2.29	.13
16.	Volunteering provides an opportunity to gain experience in providing a service	2.7	3.1	28.87	<.00
17.	God expects people to volunteer	3.2	3.4	2.14	.14
18.	People volunteer because their employer or school expects it	2.3	2.0	26.53	<.00

This study found some interesting differences between the genders in their expressed motivations and attitudes toward hospital volunteer work. In this sample the males overall seemed to be more responsive to those items which appear to be more externally or occupationally focused. The female respondents seem to have focused upon that which is more internal or personal in their volunteer activities. For example, men indicate that their employer (or school) expects community service (item 8) such as volunteer activity and that the activity provides an economic value (enables a hospital to provide more for less- item 2) to the community. While it may be that the employer provided the initial impetus to volunteer and contribute value, the volunteer may have also seen it as an opportunity for change or diversity from the usual work routine (opportunity to do a variety of activities-item 1). Whatever the males may have hoped to get from the volunteer work (vis-à-vis their regular work), it proved not to be an expansive experience in that it was not a challenge (item 3) and did not broaden their horizons (item 5).

In contrast, females appear to be more influenced by that is more personal and closer such as the family tradition of volunteerism (item 4). Also, females seem to be interested in obtaining proficiencies they may not possess or which are in need of enhancement through voluntary activity (educational experience, item 6; experience in providing a service, item 7). On the other hand, men may see the volunteer experience as a means to extend and improve the skills they already have, and perhaps use, at their regular paid occupation. High motivational factors common to both genders seem to center upon altruism and personal satisfaction. These include feeling good about one's self (item 5) and doing something worthwhile (item 14) for a better society (item 9). Given that the demographics of the volunteer work force is changing to reflect a larger proportion of persons also doing paid work coincidentally, organizations need to consider job design which accommodates these differently experienced persons. Approaching volunteers and their work in a manner similar to that of regular employees, with investments in coordinating personnel, physical space, and other budget support can produce very significant returns to the organization.

Table 2. Summary of differences in motivation between male and female respondents

		Male	Female
1.	Volunteering provides an opportunity to do a variety of activities	High*	Low*
2.	Volunteering enables a hospital to provide more for less	High	Low
3.	Volunteering produces challenging activities	High	Low
4.	Volunteering enables a person to continue a family tradition	Low	High
5.	Volunteering broadens a person's horizons	High	Low
6.	Volunteering is an excellent educational experience	Low	High
7.	Volunteering provides an opportunity to gain experience in providing a service	Low	High
8.	People volunteer because their employer or school expects it	High	Low

*It indicates which of the gender means was higher or lower than the other.

In the coming years the effectiveness of many health care organizations may depend, at least in part, on their ability to recruit, properly utilize, and retain volunteer workers. The different responses of the genders may point out to certain programs for those concerned with volunteers working in organizations which have a focus on those in difficulty or need, such as those in a hospital setting. In addition, consideration should be given to those factors that appeal strongly to both genders.

Health care organizations may wish to consider recruiting through employers or student activities offices at educational institutions since men may be responsive to an appeal from their school or employer. For those who are paid employees elsewhere, the community service

implications should be stressed. For students, the opportunity for skill building and the enhancement of their expertise base should be promoted. It may be useful to indicate that these activities make a significant economic (e.g., they reduce health care costs) and welfare contribution to the community rather than a contribution at the margin. For example, it is essential to establish a separate department, with its own full-time director, devoted exclusively to managing volunteers.

Another approach could be to develop a clear and operational mission for the volunteer activities such that potential volunteers can identify with a specific goal. To the extent possible, objectives should be defined around specific task forces of finite duration which would enable one to more readily see an end point. Within task forces, job descriptions should be developed for various defined positions so as to attract skilled persons who can more readily see a fit with their abilities and the needs of the volunteer group. An alternative approach is to list duties and responsibilities which need to be accomplished and let the volunteers build their own job descriptions around their interests or abilities. The foregoing might contribute to higher participation rates from those who look to volunteer work as a means to greater job task variety with challenging and broadening experiences.

In addition, pointing out that one can get valuable experience and that it is not improper to “use” the organization as one’s transition through the organization to the regular paid workforce may appeal more to women. Finally, the findings suggest that structuring the work and promoting the fact that volunteering need not be a long term commitment would enhance volunteer recruitment efforts. Hospital executives and human resource managers should promote the fact that volunteer work can be done for short durations (few hours) and during the evenings and weekends which would not conflict with regular paid work or school.

Of course, it is important to bound these conclusions and recommendations with an understanding of the limitations of this study. This study examines the respondents’ level of education by means of an analysis of variance and found no significant differences ($p = .3831$) among the respondents’ scores. Yet additional research efforts should investigate the possible impact of volunteers’ socio-economic status on their motivation to volunteer. Subsequent researchers might do well to extend this research by exploring the impact of other demographic differences (e.g., age and occupation) on the motivation to volunteer. Further research is also needed to determine the basis on which different pools of volunteers select the work domains (e.g., departments and areas of service) in which they prefer to operate. Further studies could examine whether there are country and cultural differences among hospital volunteers.

In conclusion, these findings can assist administrators in leveraging their volunteer activities to benefit their hospitals and the communities they serve. Understanding what motives different demographic groups to offer free assistance is essential. Hospitals would be able to use this knowledge to appeal more persuasively to potential volunteers, as well as to better manage them and enhance their retention rates.

References

- [1] Administration for Community Living. (2014). *Administration on aging*. U. S. Department of Health and Human Services. Retrieved March 3, 2014 from http://www.aoa.acl.gov/Aging_Statistics/index.aspx.
- [2] Centers for Medicare and Medicaid Services. (2011), *National health expenditures; aggregate and per capita amounts, annual percent change and percent distribution: Selected Calendar Years 1960–2010*. Retrieved February 22, 2014 from <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>.
- [3] Centers for Medicare and Medicaid Services. (2012). *National health expenditures projections 2011-2021*. U. S. Department of Health and Human Services. Retrieved February 22, 2014 from

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>.

- [4] Claxton, C., Rae, M., Panchal, N., Damico, A., Lundy, J., Bostick, N., Whitmore, H. (2012). *Employer health benefits: 2012 annual survey*. Kaiser Family Foundation and Health Research & Educational Trust. Retrieved January 10, 2014 from <https://kaiserfamilyfoundation.files.wordpress.com/2013/04/8345.pdf>.
- [5] Cnaan, R. A., & Goldberg-Glen, R. S. (1991). Measuring motivation to volunteer in the human services. *Journal of Applied Behavioral Science*, 27(3), 269-284.
- [6] DeNavas-Walt, C., Proctor, B. D., & Smit, J. C. (2012). *Income, poverty and health insurance coverage in the United States: 2011*. U.S. Census Bureau, Washington, DC: U.S. Government Printing Office. Retrieved January 28, 2014 from <https://www.census.gov/hhes/www/hlthins/data/incpovhlth/2011/index.html>.
- [7] Dolan, C. (1989). The doctor pays them no salary but he values these hired hands. *Wall Street Journal*, A2.
- [8] Girod, C. S., Mayne, L. W., & Wertz, S. A. (2013). *2013 Milliman medical index*. Seattle, WA: Milliman. Retrieved March 12, 2014 from <http://www.milliman.com/insight/Periodicals/mmi/2013-Milliman-Medical-Index/>.
- [9] Hamilton, J. (1987, March 23). Volunteers, home care and money: How San Francisco has mobilized. *Business Week*, 125.
- [10] Ibrahim, N. A., & Brannen, D. E. (1997). Implications of gender differences on the motivation to volunteer in hospitals. *Journal of Social Service Research*, 22(4), 1-18.
- [11] Kaiser Family Foundation. (2012). *Health Security Watch*. Retrieved January 16, 2014 from https://kaiserfamilyfoundation.files.wordpress.com/2013/05/8322_hsw-may2012-update.pdf.
- [12] Kendrick, S. (2012, March 1). *Sector spotlight: Volunteer management in hospitals*. Dublin, OH: Volunteer Hub. Retrieved January 19, 2014 from <http://www.volunteerhub.com/blog/sector-spotlight-volunteer-management-in-hospitals/>.
- [13] Thompson, R. (1989). An untapped resource. *Nation's Business*, 77(3). 50-52.
- [14] U.S. Bureau of Labor Statistics. (2013). *Economic news release: Volunteering in the United States—2012*. Washington, DC: United States Department of Labor. Retrieved February 12, 2014 from http://www.bls.gov/news.release/archives/volun_02222013.htm.

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