

Volunteering Motivations of Medical Undergraduates for Community Service at a Tertiary Care Teaching Hospital- A Qualitative Study

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ABSTRACT

Introduction: There are very few studies from Western countries and almost none from India, that have tried to understand the factors influencing students' motivation to volunteer for community service and much less on medical student's motivation to volunteer for community service.

Aim: To identify the factors that influence motivation of medical students to volunteer for community service.

Materials and Methods: This was a descriptive study was done over a period of two weeks in November 2017. The study participants were medical students of a private medical college from Southern India. Semi-structured interviews were conducted using an interview guide based on a standardised

motivation to volunteer inventory. Data was collected till data saturation was reached, which was 20 students. The interviews were conducted in privacy. Verbatim notes were taken and the interview was also recorded after taking consent from the participants. The data was transcribed and triangulation done. The data was analysed using the thematic analysis approach.

Results: The main motives were enhancement and career motives. Value was not the main motive. Two other motives emerged, that were curiosity and relief from boredom.

Conclusion: The study shows that the main motives behind volunteerism were enhancement and career. This was the first such study from India to the best of our knowledge which has enquired into the motives behind volunteerism in medical students.

Keywords: Career, Clary and snyder, Enhancement, Motives, Values

INTRODUCTION

Volunteering is an act of free will, where an individual serves to benefit others without expecting any monetary benefit [1]. Many individuals devote time and energy for this. A study in the United States reported that 25% of people between the age group of 16-24 years took part in volunteering in 2015 [2]. In Indian culture the value of charity, "shramdaan" (giving of effort or labour) is placed on a high pedestal. Kundu V, states that it is an expression of free will and imbibed societal values that enable an individual to locate himself or herself in relation to others. It fulfils a socio-psychological need of belonging in relation to others [3].

The National Medical Commission of India's (NMC) expectations of an Indian Medical Graduate are according to the Vision 2015 guidelines; that he/she will be a good Clinician, Communicator, Leader, Lifelong learner, and a Professional. The NMC is also interested in creating an Indian Medical Graduate (IMG) who has knowledge about the community and its problems [4]. There are few studies from Western countries that have tried to understand the factors influencing students' motivation to volunteer for community service and much less on medical student's motivation to volunteer for community service. Loh AZ et al., reported that the motivation of medical students to participate in community service was mainly compassion, self-discovery and past positive experience in community service. They also found that it improved their empathy, organisational, communication, interpersonal, leadership and decision making skills [5]. On literature survey, there are no such studies from India on this area, and this project was conceived to explore the motivations of medical students to volunteer for community service.

The present study was undertaken to identify the factors that influence the motivation to volunteer for community service by medical students.

MATERIALS AND METHODS

The present study was a descriptive study conducted over a period two weeks in November 2017. The paradigm followed was constructivist and a descriptive approach was used. Institutional Ethical Committee clearance was obtained from IEC Dr. PSIMS and RF with approval number Faculty/225/2017 dated 20-10-2017 and informed consent was obtained from all the participants.

The participants were all the medical undergraduates of a tertiary care medical college who took part in voluntary community service at a health camp where the first and third authors would go monthly to offer their services. They were mainly from 3rd, 5th, 7th and 9th semesters.

Purposive sampling was done in the present study. Sample size of the study was 20 as the data was saturated by then.

Study Instrument

A semi-structured interview guide was prepared for interviewing the students by the first and second authors. It was based on motives from a standardised motivation to volunteer inventory developed in Australia [6], and it was examined by senior faculty for content validity. Later, a pilot test was done by conducting semi-structured interviews for 10 other students who were involved in voluntary service but were not the study participants to see whether the questions were being understood and any new themes emerged that were different from the Voluntary Functions Inventory (VFI) of Clary and Snyder [6]. The interviews lasted between 45 minutes to an hour. The interviews were held in a quiet room and privacy was ensured. During the community medicine hours, which is around two hours the participants were interviewed by the first and second authors. As the student entered the room the interviewer greeted the student warmly and as the authors were known to the students, they felt comfortable. After asking about their welfare

the interviewer used the semi-structured interview guide to broadly discern the motives of the participant. At the end of the interview, the participant was thanked and also told that the results would be shared with them.

Fifteen participants were interviewed by the first author and five by the second author. Each interview was recorded and notes were also taken. The recorded interviews were transcribed and analysed by all the three authors, to yield unbiased results. The interviews started in the middle of November and continued for two weeks. Interviews were continued till data saturation was achieved. Content analysis was carried out by the first two authors and when there was a doubt the third author was called to interpret. There was no hesitation among the students to participate in the interview as the first two authors were working in the same institution since a long time.

Triangulation of data collection was done by having two authors interviewing the students. The authors did not hold any position of authority, which aided in the students answering unhesitatingly and spontaneously. Triangulation regarding the data was done by asking the participants to read the transcribed data, to see whether the transcript contained their views. Triangulation with regard to data analysis was done by having all the authors analyse the transcripts. All the three authors had taken part in qualitative research workshops and were conversant with the data analysis.

STATISTICAL ANALYSIS

The transcribed data was analysed by coding the text and then themes were discerned as per the motivation to volunteer inventory of Clary and Snyder. The motives they categorised were Values, Protective, Social, Career, Understanding and Enhancement. Coding and categorising data and interpreting themes were done by the first two authors who have a basic idea of coding and interpreting themes. When in doubt they took the help of the 3rd author who also had a basic training in qualitative research methodology.

RESULTS

Overall 20 students participated in the project. The characteristics of participants are given in [Table/Fig-1].

Parameters	Characteristics
Number	20
Gender	10 females/males 10
Age range (years)	19-22
Schooling and Intermediate education	Private institutions
Type of family structure	Nuclear 19/Joint 1
Experience in volunteering	New experience 18/Prior experience 2
Socio-economic status	Middle 19/Upper 1
Religion	Hindu
Family inspiration to volunteer	2 females
Doctors in family	Nil
Rural vs Urban background	15/5
Semester wise distribution of students	9 th semester- 10 students
	7 th semester- 2 students
	5 th semester- 6 students
	3 rd semester- 2 students
Day scholars vs hostellers	9/11

[Table/Fig-1]: Baseline characteristics of study population.

The categories of motives that emerged are shown in [Table/Fig-2]. The motives in the descending order of distribution were Enhancement, Career, Social, Curiosity, Values, Relief from boredom, Understanding and Protective. The newer motives that emerged from the present study that differed from Clary and Snyder's inventory were curiosity and relief from boredom.

Themes	Code	Number and gender of students who expressed the motive*
Career	I volunteered to gain knowledge and skills	5; 4 males and 1 female
Protective	To escape from a feeling of guilt as I have better comforts than many people	1 female
Values	1. Want to help others in need.	2 females
	2. Inspired by a lecture	
	3. Inform people who are ignorant	
Social	1. Friend insisted	4; 3 females/1 male
	2. Family feels proud	
	3. To make new friends	
Enhancement	1. Feel good about self	6; 3 females/3 males
	2. Communication skills will improve.	
	3. Wanted to know the lifestyle of people.	
	4. Overcome shyness	
Curiosity	I was curious to know what goes on.	4 males
Understanding	1. Helps in challenging myself (get to know my strengths and weaknesses)	2; 1 male/1 female
	2. Will learn about myself when I engage in new activities	
Relief from boredom	1. Had time on my hands	2 female
	2. I felt that it was like an extracurricular activity (instead of studies all the time)	

[Table/Fig-2]: Emerging themes. *some students have mentioned more than one motivation.

DISCUSSION

The most common motive that was observed was enhancement motive. Four students stated that "my communication skills will improve and volunteering makes me feel good about myself". Two other students said "I will be able to overcome my shyness". One student stated "I want to know the lifestyle of the people". Five students said that they wanted to volunteer as "I can practice clinical skills on these patients". This type of motive is called career motive. Chacón F et al., have reported that the most common motive was values followed by enhancement and the rest were very low [7]. This was different from the present study which showed that enhancement and career motives were more common. The differing results could be due to the age range of participants in the Chacón F et al., study: 15-82 years, the large numbers they studied and they were all volunteers in Spain. They chose open ended questions in the questionnaire as they felt that closed ended questions may lead the respondent to answer in a particular way.

The next common motives were curiosity and social. It was expressed by the students as "I just wanted to see what this health camp is all about and how they conduct it". Those who had a social motive said "my friend insisted and I couldn't say No!". Another said "my family feels proud that I'm engaging in medical volunteering". Social motives were also seen in the study by Ellison F and Kerr H. They did an online survey of students from Great Britain and conducted telephonic semi-structured interviews. They found that the most common motive was to help people, and then the others in decreasing order of importance were related to career, personal values and meeting new people [8].

Understanding, relief from boredom, protective and values motives were not a priority in present study as was expressed by

the responses of very few students who said "I feel guilty when I see how privileged I am when compared to these patients. This makes me want to volunteer so that I feel less guilty". This was a protective motive. Another student said that "I want to escape the drudgery of constant studies, and this is my outlet". This is an example of relief from boredom motive. Two students said that "I challenge myself by entering into novel situations and in this way I learn about my strengths and weaknesses"- which is an understanding motive. A few others said that "I was inspired by a talk and want to help people and I found this avenue". A recent study from Poland during the COVID-19 pandemic reported that medical students who volunteered during the pandemic were mostly motivated in descending order of priority by; values, career, social and enhancement motives. Probably the other themes didn't emerge as this was a global disaster and most students felt altruistic and morally responsible to help others. The situation called for an urgent need to help. Therefore, motivations like understanding, protective and enhancement were not seen whereas motivation due to moral obligation was seen [9]. A similar finding was reported in a study from China. During the COVID-19 pandemic, medical students volunteered due to a sense of altruism and moral responsibility [10].

Amanda Bastien in her doctoral thesis reports that there was no gender difference in volunteering, and the most common motives were values, career, understanding and enhancement [11]. She had chosen more than 200 students belonging to the same age group but the instrument used was a questionnaire. The present study also did not demonstrate a gender bias in volunteering. The difference in the motives could be due to the fact that the present study used a specific group of students and used interviews to get the required information. So the students could air their opinion easily rather than being led by a tool.

In the present study too, as in Bastien's study religion was not the reason for students' volunteerism. Her study did not find any significant correlation between high school and college volunteerism; very similar to present findings, where only two students took part in voluntary service in high school. As there was no information available even on thorough literature search it is fair to state that this was the first study to be conducted in India on medical students on this research question. Two new findings were obtained. Curiosity and relief from boredom appear to motivate medical students to volunteer.

Limitation(s)

The sample comprised of a specific population of students (medicos), of a particular private medical college, so the findings cannot be generalised. Triangulation of methods could have been done using a questionnaire to arrive at quantitative data.

CONCLUSION(S)

Enhancement and Career motives appear to influence volunteering in this group of medical students. It is surprising that value plays a small role in influencing students to volunteer. Two new motives also appear to influence volunteerism. Once we learn what motivates medical students to volunteer we can encourage more students to volunteer for community service by reinforcing these motives so that many more patients benefit from their services, and the students learn the right attitude and communication when dealing with patients.

Scope for further studies: A mixed methods study on a larger sample from private and Government medical colleges should be done to see whether findings can be replicated. Comparing the motivations to volunteer during a pandemic and when there is no pandemic can be done to observe whether the motivations change in response to natural disasters.

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