



**Engagement, Commitment,
Satisfaction and Intention
to Remain Among
Volunteers in Victorian
Public Health Sector
Organizations**



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Ethical approval:

This research received ethical approval from the following organisations:

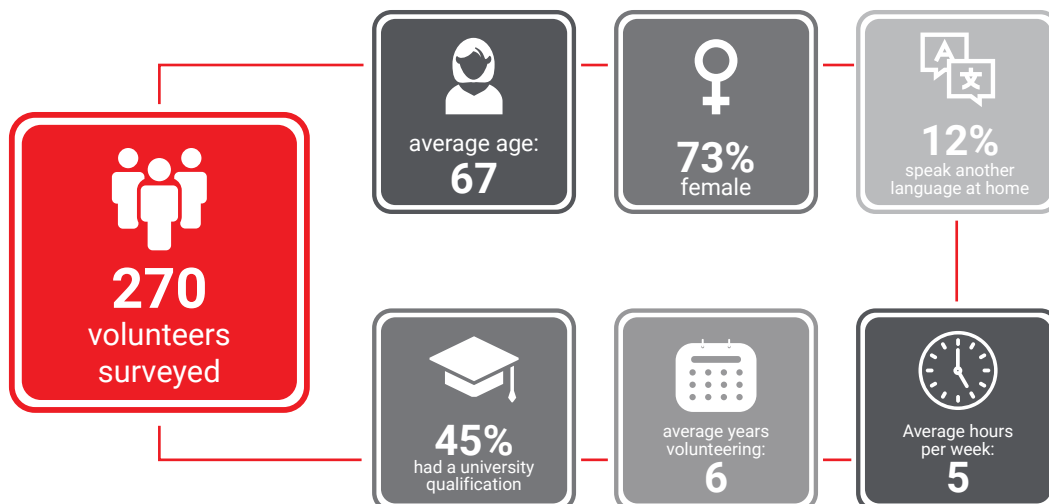
- Austin Health (HREC/57528/Austin-2019; SSA/57528/Austin-2019)
- Northeast Health Wangaratta (SSA/57528/NEHW-2020-201007)
- Bendigo Health (SSA/57528/BHCG-2020-210489)
- La Trobe University (HREC/57528/Austin-2019- LTU)

EXECUTIVE SUMMARY

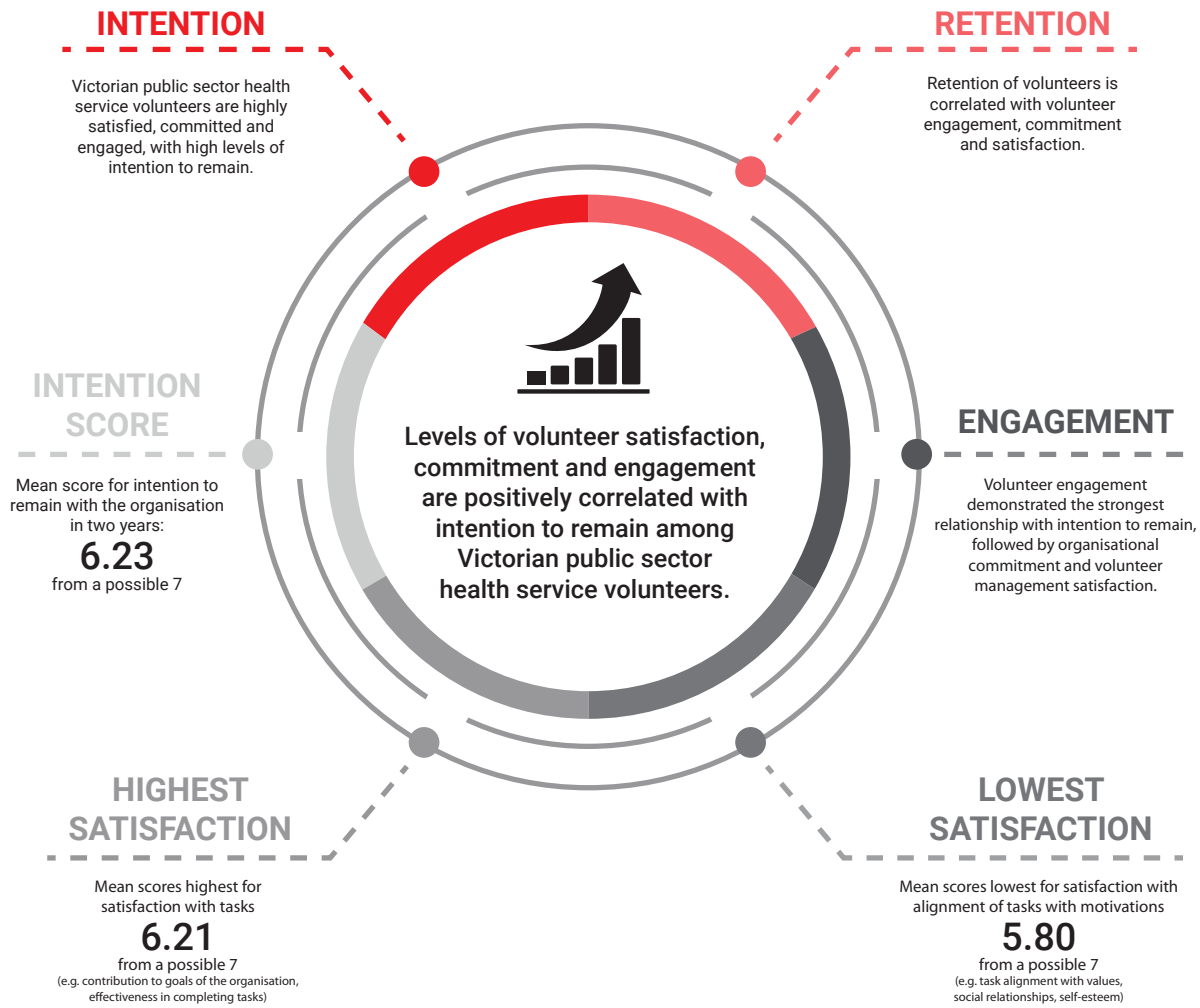
- This study aimed to explore factors that influence intention to remain among volunteers in Victorian public health sector organizations.
- In July 2020, a survey was administered to volunteers aged over 18 years within three public health sector hospitals in Victoria using an online survey platform (Qualtrics), which asked about:



KEY FINDINGS



KEY FINDINGS continued



STRATEGIES

Health organisations and volunteer managers should have specific strategies and activities integrated into their volunteer programs to ensure that volunteers feel engaged and committed.

BENCHMARKS

Health organisations and volunteer managers should have a formal procedure in place to conduct benchmarking related to volunteer satisfaction, commitment and engagement

RESOURCES

Health organisations should provide resource commitment for volunteer manager professional development



1. INTRODUCTION AND BACKGROUND

This study aimed to explore factors that influence intention to remain among volunteers in Victorian public health sector organizations. It examined:

- The relationship between volunteer satisfaction (with management, with tasks performed and the extent to which motivations are realised), organisational commitment, volunteer engagement and intention to remain
- Whether differences in individual characteristics (age, gender, education level) are observed in relation to volunteer satisfaction, organisational commitment, volunteer engagement and intention to remain.

Volunteers play a key role in providing care within health and aged care services, due to resource constraints within the health system (Radha Prabhu, Hanley et al. 2008). 11% of volunteers in Victoria are engaged within health settings (Ministerial Council for Volunteers 2017), with this support compensating for restricted funding, and increasing quality of care within hospital settings (Rogers, Rogers et al. 2013). A Canadian study of hospital volunteering found that for each dollar that was spent on volunteers, \$6.84 in value was gained (Handy and Srinivasan 2004).

It is important to understand factors that influence volunteers' intention to remain within health service settings, in order to maintain this critical workforce. Studies have identified a series of factors associated with intention to remain in general volunteer populations, inclusive of:

Volunteer satisfaction, which reflects 1) the extent to which volunteer tasks are aligned with volunteer motivations, 2) satisfaction with tasks and 3) satisfaction with volunteer management (Vecina, Chacón et al. 2009).

Organisational commitment, which encompasses identification with a particular organisation, aligned with belief in and acceptance of its goals and values, and the willingness to make an effort for the benefit of the organisation and the desire to remain a member (Mowday, Steers et al. 1979).

Volunteer engagement, which reflects a positive, fulfilling, task-related state of mind associated with volunteer work (Bakker, Schaufeli et al. 2008, Vecina, Chacón et al. 2012)

However, there is limited research exploring levels of satisfaction, commitment and engagement among health service volunteers, and how these impact on decisions to remain engaged in volunteering. Understanding this is important in the context of challenges associated with volunteer management, recruitment and retention in health services both in Australia (Radha Prabhu, Hanley et al. 2008, O'Donohue and Nelson 2009), and internationally (Handy and Srinivasan 2004, Handy and Srinivasan 2005, Rogers, Rogers et al. 2013). Effective management of volunteers has been identified as critical in ensuring patient satisfaction and outcomes and positive community perceptions of health services (Hotchkiss, Fottler et al. 2008, O'Donohue and Nelson 2009, Ferreira, Proença et al. 2015).

Recognising factors that influence volunteer intention to remain within health settings is essential to inform key policies and initiatives aimed at supporting volunteering within health services, and in developing capacity of volunteer leaders and health organisations to better support their volunteer workforce. At a broader level, the current Victorian Volunteer Strategy (Victorian Government 2020) highlights engagement of volunteers and quality of volunteer experiences as priority areas. This research will contribute to the development of best-practice strategies associated with volunteer retention.

2. METHODS

In July 2020, a cross-sectional survey was administered to volunteers aged over 18 years within three public health sector hospitals in Victoria using an online survey platform (Qualtrics). The characteristics of the services are listed in the below table:

Table 1: Health service characteristics

HS1 (Metropolitan)	2.6 FTE volunteer management staff 500 volunteers
HS2 (Regional)	2.0 FTE volunteer management staff 300 volunteers
HS3 (Sub-regional)	0.8 FTE volunteer management staff 225 volunteers

Surveys were circulated directly to current volunteers by email using organisational mailing lists, and the survey was promoted in volunteer department newsletters and flyers. Participants were invited to contact the research team directly for a hard copy survey. The survey included the following components:

Demographic data: Participants completed questions asking for their gender, age, level of education, length of time volunteering within the hospital, cultural and ethnic affiliation, hours of volunteering completed within the hospital each week, and hospital area/s in which they volunteered.

Volunteer Engagement: Participants completed the nine item Utrecht Work Engagement Scale (UWES-9) (Schaufeli, Bakker et al. 2006), which was slightly adapted for Australian volunteers. Examples of the items included: 'I am enthusiastic about my volunteer work', 'time flies when I am volunteering', 'my volunteer work inspires me', 'I feel happy when I am volunteering'. Responses to the nine items ranged from 1 (totally disagree) to 7 (totally agree).

Organisational Commitment: Participants completed the nine item Organisational Commitment Questionnaire (VCOM) (Mowday, Steers et al. 1979). The following reflect examples of items that were included: 'I strive to do more than is normally expected to help this organisation achieve its objectives', 'I really care about the future of this organisation', 'I feel that my values are very similar to the organisation's', 'I am proud to say that I am part of this organisation'. Responses to the nine items ranged from 1 (totally disagree) to 7 (totally agree).

Volunteer Satisfaction: Participants completed the Volunteer Satisfaction Index (VSI) (Vecina, Chacón et al. 2009) which contained three subscales. Responses to all items within these scales ranged from 1 (totally disagree) to 7 (totally agree).

- The first subscale - the Volunteer Functions Inventory (VSI-M) contained 6 items and measured the extent to which volunteer tasks aligned with volunteer motivations. Examples of items included: 'The tasks that I perform allow me to learn new and interesting things', 'The tasks that I perform provide me with the opportunity to develop new social relationships', and 'The tasks that I perform make me feel important and increase my self-esteem'.
- The second subscale included four items related to satisfaction with tasks (VSI-TA). Examples of items included: 'I believe that my volunteer activity supports the goals of my organisation', 'I can easily tell if I am performing my duties well', 'I am satisfied with how effectively I do the tasks that I am entrusted with'.
- The third subscale included seven items related to satisfaction with volunteer management (VSI-MA). Examples of items included: 'I am satisfied with how the organisation manages volunteers', 'I am satisfied with the amount and frequency of communication between volunteers and paid staff', 'I am satisfied with the recognition of the role of volunteering in the organisation'.

Intention to remain: As per the study by Vecina et al (2012), participants were asked if they were likely to continue volunteering with the organisation in the next 2 years (INT). Measurement was on a 7-point scale ranging from 1 (absolutely unlikely) to 7 (totally likely).

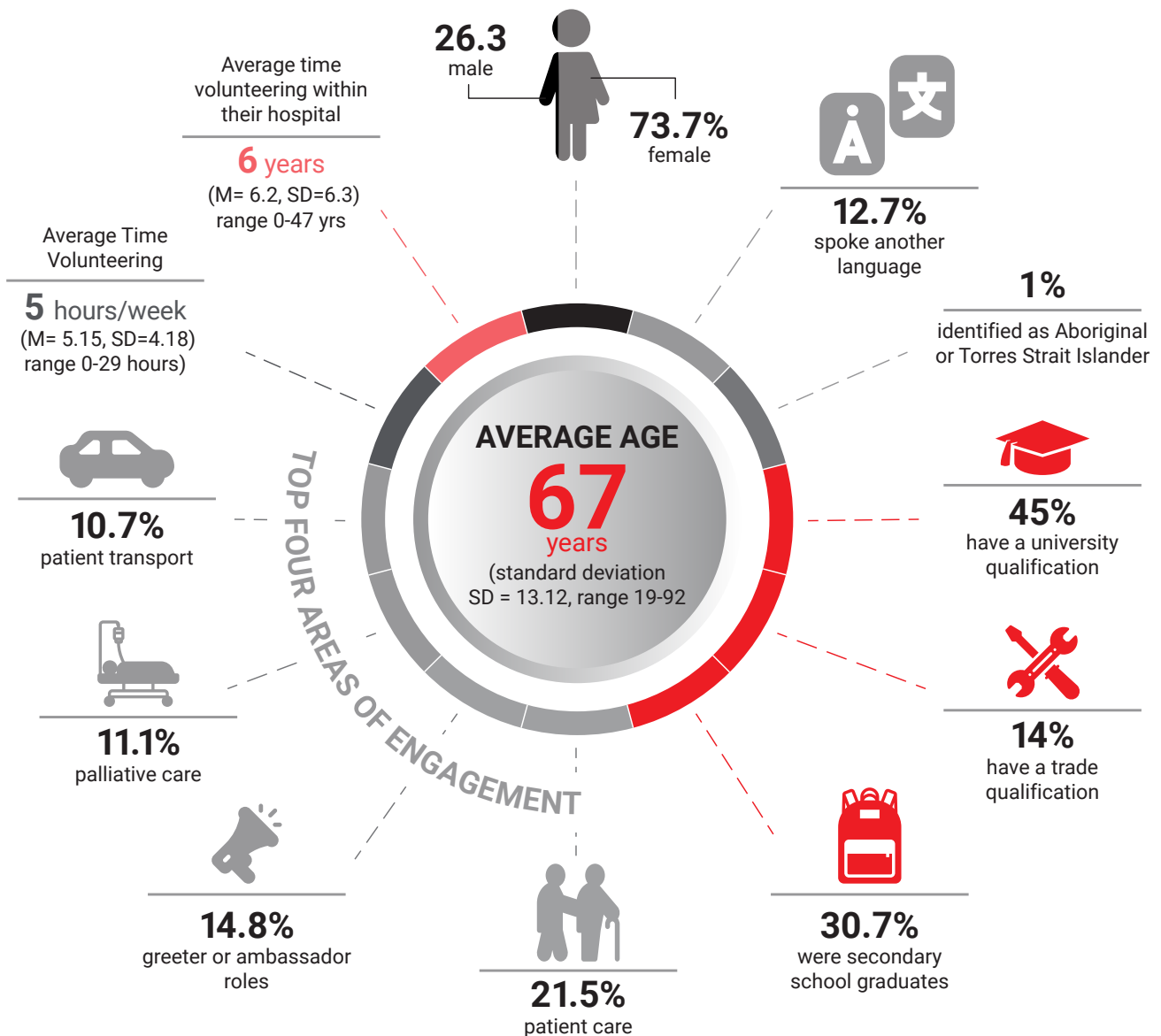
Analysis

The internal consistency for each validated scale was calculated using Cronbach's alpha, with all scales deemed reliable (range from 0.83-0.91). The following statistical calculations were completed:

- Descriptive statistics were performed for demographic items (gender, age, volunteer area, education, ethnicity, area of volunteering and hours performed each week).
- Sub-scores for items within each scale were calculated (volunteer engagement, volunteer commitment; volunteer satisfaction with motivation; volunteer satisfaction with tasks; volunteer satisfaction with management; and intention to remain. Response percentages, mean scores, range and standard deviations for each scale item were calculated.
- Inferential statistics were used to examine correlations between volunteer engagement, commitment, and satisfaction scales and intention to remain. Comparisons between age groups; education levels, and male and female volunteers were examined through independent t-tests.

3. FINDINGS

270 completed surveys were returned across the three organisations, with participant characteristics listed below. It should be noted that a small number of participants had completed their training but were yet to commence formal volunteering due to the COVID-19 pandemic.





The mean scores for items within the scales are outlined below (discrete percentage responses for each item are provided in Appendix 1).

3.1 Volunteer engagement (UWES-9)

- As Table 2 indicates, volunteer engagement in this sample was very high, with seven of the nine items exhibiting scores over 6 (out of a potential 7).
- The highest mean engagement scores were observed in relation to pride (6.52), enthusiasm (6.5) and happiness (6.4) related to volunteering.
- While high levels of engagement were still reported for the immersive components of health volunteering, these scores were marginally lower in relation to the other components of engagement.

Table 2: Volunteer engagement

	N	Minimum	Maximum	Mean	Standard Deviation
I am proud of the volunteer work I do	237	3	7	6.52	0.745
I am enthusiastic about my volunteer work	238	3	7	6.5	0.728
I feel happy when I am volunteering	237	3	7	6.4	0.81
Time flies when I am volunteering	238	2	7	6.23	0.977
When I get up in the morning I feel like going to my volunteer work	238	3	7	6.22	0.962
My volunteer work inspires me	238	2	7	6.18	1.019
At my volunteer work I feel full of energy	238	3	7	6.17	0.89
I am immersed in my volunteer work	238	1	7	5.82	1.253
I get carried away when I am volunteering	238	1	7	4.9	1.647

3.2 Organisational commitment (VCOM)

- Volunteers were highly committed to their health services, as demonstrated in table 3 below.
- Seven out of nine items had a mean score of over 6 out of a possible 7.
- Commitment scores were highest in relation to the future of the organisation (6.68), satisfaction with choice of organisation (6.58) and pride associated with being part of the organisation (6.53).
- However, this commitment did not necessarily extend to a diversity of roles, with the mean score for acceptance of role diversity lower than other items (4.65).

Table 3: Organisational commitment

	N	Minimum	Maximum	Mean	Standard Deviation
I really care about the future of this organisation	253	2	7	6.68	0.653
I am very happy to have chosen this organisation to volunteer with	252	2	7	6.58	0.724
I am proud to say that I am part of this organisation	252	2	7	6.53	0.825
I tell my friends that this is a great organisation to volunteer for	251	3	7	6.37	0.947
This organisation really inspires me to do my best when it comes to my volunteer capacity	252	2	7	6.36	0.927
I feel that my values are very similar to the organisation's	251	1	7	6.24	0.966
I strive to do more than is normally expected to help this organisation achieve its objectives	252	1	7	6.22	1.047
For me this is the best of all possible organisations with which to collaborate	251	2	7	5.87	1.1
I would accept almost any type of position in order to volunteer with this organisation	251	1	7	4.65	1.81

3.3 Alignment of volunteer tasks with volunteer motivations (VSI-M)

- While still consistently high, mean scores for alignment of volunteer tasks with motivations were lower than the other scales, as detailed in table 4.
- The highest mean score was observed in relation to the role of volunteering in promoting awareness of personal values (6.29), with scores below 6 recorded for all other items.

Table 4: Alignment of tasks

	N	Minimum	Maximum	Mean	Standard Deviation
My volunteering allows me to become aware of what I value	248	2	7	6.29	0.967
The tasks that I perform provide me with the opportunity to develop new social relationships	247	1	7	5.91	1.212
The tasks that I perform make me feel important and increase my self esteem	247	1	7	5.9	1.163
The tasks that I perform allow me to learn new and interesting things	247	2	7	5.78	1.187
The tasks that I perform provide me with training and experience to develop in my role	247	1	7	5.74	1.343
My volunteering helps me forget my problems	248	1	7	5.21	1.575

3.4 Satisfaction with tasks (VSI-TA)

- As table 5 indicates, volunteers within health services were highly satisfied with the tasks that they were given, with all four items recording a mean score above 6.
- Participants were particularly satisfied with their contribution to the goals of the organisation (6.42) and how effectively they completed their tasks (6.35), with slightly lower scores recorded for definition of goals and assessment of performance (6.04).

Table 5: Satisfaction with tasks

	N	Minimum	Maximum	Mean	Standard Deviation
I believe that my volunteer activity supports the goals of the organisation	248	1	7	6.42	0.883
I am satisfied with how effectively I do the tasks that I am entrusted with	248	1	7	6.35	0.821
The tasks I usually do have clearly defined goals	247	1	7	6.04	1.159
I can easily tell if I am performing my duties well	248	1	7	6.04	1.088

3.5 Volunteer management satisfaction (VSI-MA)

- Overall, volunteers were highly satisfied with the level of volunteer management within their organisations, with five out of seven items recording mean scores of above 6 (see table 6).
- Volunteers were particularly satisfied with the recognition of the role of volunteering within their organisations (6.35).
- They were least satisfied with the amount and frequency of communication between volunteers and paid staff (5.98) and processes to solve volunteer problems (5.94).

Table 6: Volunteer management

	N	Minimum	Maximum	Mean	Standard Deviation
I am satisfied with the recognition of the role of volunteering in this organisation	247	1	7	6.35	0.946
I am satisfied with the interest shown by the organisation in considering my preferences and skills when matching me to a volunteer position	246	2	7	6.19	1.065
I am satisfied with the general management of the organisation	246	2	7	6.18	1.012
I am satisfied with the training provided	246	1	7	6.15	1.094
I am satisfied with how the organisation manages volunteers	247	1	7	6.11	1.082
I am satisfied with the amount and frequency of communication between volunteers and paid staff	247	1	7	5.98	1.225
I am satisfied with the existing processes that are in place to solve problems volunteers might encounter	247	1	7	5.94	1.176

3.6 Intention to remain (INT)

- As demonstrated in table 7, the mean score for intention to remain was high, indicating that most participants intended to continue in their role as a volunteer with the organisation in two years' time.

Table 7: Intention to remain

	N	Minimum	Maximum	Mean	Standard Deviation
I am likely to continue in my role as a volunteer for this organisation in two years' time	239	1	7	6.23	1.303

3.7 Relationship between volunteer satisfaction, organisational commitment, volunteer engagement and intention to remain

Table 8 provides the mean scores and standard deviations of all of the variables listed above, and the correlations between the variables in the total sample.

- Mean scores associated with the volunteer engagement, organisational commitment, volunteer satisfaction and intention to remain scales were high. Apart from intention to remain (6.23), mean scores were highest for satisfaction with tasks (6.21 from a possible 7), and lowest for satisfaction with alignment of tasks with motivations (5.80 from a possible 7).
- Mean scores for the scales reported are higher than those reported among volunteer populations in not-for-profit organisations, with the exception of those related to alignment of tasks with volunteer motivation (Vecina, Chacón et al. 2012).

Table 8: Means, standard deviations, and correlations among variables

	M	SD	1	2	3	4	5	6
1.UWES-9	6.10	.77	1					
2.VCOM	6.17	.76	.774**	1				
3.VSI M	5.80	.92	.727**	.700**	1			
4.VSI TA	6.21	.79	.620**	.658**	.660**	1		
5. VSI MA	6.12	.87	.524**	.608**	.554**	.532**	1	
6.INT	6.23	1.3	.468**	.389**	.287**	.253**	.331**	1

Table 1 provides the correlations between the key variables, which were calculated using Pearson’s product-movement correlation coefficient.

- A high level of statistical significance was observed between all the variables ($p < .001$ level), indicating that within Victorian public sector health organisations, there is a strong relationship between volunteer satisfaction (with tasks and with management), commitment, engagement and intention to remain.
- There was a medium positive correlation between intention to remain with the organisation and volunteer engagement ($r = 0.468$), organisational commitment ($r = 0.389$), and volunteer management satisfaction ($r = 0.331$). Only a small positive correlation was found with intention to remain and task satisfaction ($r = 0.253$), and volunteer motivations ($r = 0.287$).
- In relation to satisfaction with management, there was a large positive correlation between satisfaction with volunteer management and volunteer commitment ($r = 0.608$), volunteer engagement ($r = 0.524$), satisfaction with tasks ($r = 0.532$) and motivations ($r = 0.554$).
- Independent t-tests conducted to compare all the above variables in relation to individual characteristics (age, education level and gender), revealed no significant results.

4. DISCUSSION AND RECOMMENDATIONS

This study has presented findings from the largest international study to date that examines intention to remain among volunteers, and the first to explore this among public sector health organisations. It has identified that **levels of volunteer satisfaction, commitment and engagement are positively correlated with intention to remain among Victorian public sector health service volunteers**. In doing so, the following findings are noted:

Victorian public sector health service volunteers are highly satisfied, committed and engaged, with high levels of intention to remain.

- Satisfaction with tasks recorded the highest mean score, with the mean score for alignment of volunteer tasks with motivations comparatively lower than the other scale items.
- When considered against other studies, this research has demonstrated higher mean scores when compared with volunteers in the not-for-profit sector (Vecina, Chacón et al. 2012).

Retention of volunteers is correlated with volunteer engagement, commitment and satisfaction.

- These findings confirm other studies that have found that if volunteers are engaged, share in the purpose of the organisation and feel satisfied with their management and in the tasks they are given they are likely to remain (Vecina, Chacón et al. 2013).

This suggests that monitoring and benchmarking levels of volunteer satisfaction, commitment and engagement (using standardised measures) on a regular basis by health organisations and volunteer managers will be beneficial in retaining volunteers. Given the significant disruption that COVID19 has posed to volunteer retention, as noted in the recent *Victorian State of Volunteering Report* (Volunteering Victoria 2020), tracking volunteer satisfaction, commitment and engagement is critical in ensuring that volunteers are effectively integrated back into health services.

RECOMMENDATION 1:

All health organisations and volunteer managers should have a formal procedure in place to conduct standardised benchmarking related to volunteer satisfaction, commitment and engagement on a regular basis.

Volunteer engagement demonstrated the strongest relationship with intention to remain, followed by organisational commitment and volunteer management satisfaction.

This indicates that strategies targeted at volunteer engagement, fostering organisational commitment and developing the competencies of health volunteer managers will likely be most beneficial in retaining health service volunteers. This is important in providing quality volunteer experiences, which is outlined as a key priority within the proposed *Victorian Volunteer Strategy*. Recent consultations conducted as part of the *State of Volunteering* report (Volunteering Victoria 2020) also highlight the importance of volunteering in fostering social connectivity and engagement.

RECOMMENDATION 2:

Health organisations and volunteer managers should have specific strategies and activities integrated into their volunteer programs to ensure that volunteers feel engaged and committed to the organisation.

Ensuring that health volunteer managers and leaders, and health organisations have the competency to foster volunteer engagement and commitment is critical. Professional development of health volunteer managers is important in supporting their ability to ensure volunteer engagement and commitment. Consistent with factors associated with engagement, commitment and satisfaction with management examined in this study, capacity building among volunteer managers within the health sector should focus on:

- Developing volunteer roles, activities and initiatives that increase volunteer levels of care for, and pride in health sector organisations
- Increasing recognition of the role of volunteers within public sector health organisations
- Fostering appropriate levels of communication between volunteers and paid staff
- Developing rigorous processes relating to management and training of, and conflict resolution among volunteers
- Flexibility and diversity in catering for volunteers' preferences and skills.



As outlined in recommendation 3 below, resource commitment should be provided by health organisations to support development of competencies in these key areas. Best-practice volunteer management has been identified as a key enabler to strengthening volunteering in Victoria within the current *Victorian Volunteer Strategy* (Victorian Government 2020). Challenges to effective volunteer management have also been highlighted within the recent *State of Volunteering* report (Volunteering Victoria 2020). This report called for increased recognition of costs of volunteer management through government funding and organisational leadership. Supporting progression of health volunteer management competencies through professional development activities will play an important role in ensuring that volunteers are engaged.

RECOMMENDATION 3:
Health organisations should provide resource commitment for volunteer manager professional development, specifically targeting training, management skills, staff-volunteer relations and conflict resolution.

This study was conducted across only three Victorian public sector health services, and consequently cannot be considered representative of the views of all health service volunteers. More work is needed across geographically diverse health services, as well as in relation to different types of health sector organisations.

A major limitation of this study is that we were not able to interrogate findings by geographical context, given the small number of health services, with the ethical approval process prohibitive in recruiting a greater diversity of health sector organisations. However, this initial study has provided greater understanding in relation to factors influencing intention to remain among Victorian public health sector volunteers, which will provide significant insight for health services and health volunteer managers.

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APPENDIX 1: SCALE ITEMS: RAW DATA (PERCENTAGE VALUE)

3.1 Volunteer engagement (UWES-9)

	Agree to some extent	Disagreed to some extent	Indifferent
I am enthusiastic about my volunteer work	98.73%	0.42%	0.84%
I am proud of the volunteer work I do	97.89%	0.84%	1.27%
I feel happy when I am volunteering	97.46%	0.42%	2.11%
At my volunteer work I feel full of energy	96.22%	0.84%	2.94%
Time flies when I am volunteering	93.27%	1.68%	5.04%
My volunteer work inspires me	92.44%	2.1%	5.46%
When I get up in the morning I feel like going to my volunteer work	92.01%	0.84%	7.14%
I am immersed in my volunteer work	84.87%	5.04%	10.08%
I get carried away when I am volunteering	78.99%	14.28%	21.01%

3.2 Organisational commitment (VCOM)

	Agree to some extent	Disagreed to some extent	Indifferent
I really care about the future of this organisation	98.81%	0.40%	0.79%
I am very happy to have chosen this organisation to volunteer with	98.81%	0.8%	0.4%
I am proud to say that I am part of this organisation	96.43%	0.8%	2.78%
This organisation really inspires me to do my best when it comes to my volunteer capacity	95.24%	0.79%	3.97%
I feel that my values are very similar to the organisation's	94.03%	1.2%	4.78%
I tell my friends that this is a great organisation to volunteer for	93.62%	0.8%	5.58%
I strive to do more than is normally expected to help this organisation achieve its objectives	92.45%	1.59%	5.95%
For me this is the best of all possible organisations with which to collaborate	85.65%	1.2%	13.15%
I would accept almost any type of position in order to volunteer with this organisation	57.76%	27.09%	15.14%

3.3 Alignment of volunteer tasks with volunteer motivations (VSI-M)

	Agree to some extent	Disagree to some extent	Indifferent
My volunteering allows me to become aware of what I value	93.95%	1.61%	6.85%
The tasks that I perform provide me with the opportunity to develop new social relationships	87.85%	4.44%	7.69%
The tasks that I perform make me feel important and increase my self esteem	87.46%	2.43%	10.12%
The tasks that I perform allow me to learn new and interesting things	85.42%	2.83%	11.74%
The tasks that I perform provide me with training and experience to develop in my role	83.4%	6.07%	10.53%
My volunteering helps me forget my problems	66.93%	10.89%	22.18%

3.4 Satisfaction with tasks (VSI-TA)

	Agree to some extent	Disagree to some extent	Indifferent
I am satisfied with how effectively I do the tasks that I am entrusted with	97.17%	0.4%	2.42%
I believe that my volunteer activity supports the goals of the organisation	95.17%	0.8%	4.03%
I can easily tell if I am performing my duties well	91.94%	2.42%	5.65%
The tasks I usually do have clearly defined goals	88.26%	2.81%	8.91%

3.5 Volunteer management satisfaction (VSI-MA)

	Agree to some extent	Disagreed to some extent	Indifferent
I am satisfied with the recognition of the role of volunteering in this organisation	97.97%	1.61%	2.02%
I am satisfied with how the organisation manages volunteers	92.71%	3.64%	3.64%
I am satisfied with the general management of the organisation	92.68%	1.63%	5.69%
I am satisfied with the training provided	91.87%	2.44%	5.69%
I am satisfied with the interest shown by the organisation in considering my preferences and skills when matching me to a volunteer position	90.66%	1.22%	8.13%
I am satisfied with the existing processes that are in place to solve problems volunteers might encounter	89.07%	3.23%	7.69%
I am satisfied with the amount and frequency of communication between volunteers and paid staff	88.66%	5.25%	6.07%

3.6 Intention to remain (INT)

	Agree to some extent	Disagreed to some extent	Indifferent
I am likely to continue in my role as a volunteer for this organisation in two years' time	89.13%	6.69%	4.18%





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for Rural Ageing Research




**JOHN RICHARDS CENTRE
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