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# Motivations and Barriers towards Volunteer Work among Family Medicine Residents and Primary Health Care Physicians in Qassim Region, Saudi Arabia

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#### **Abstract**

Introduction: Volunteering is an unpaid voluntary activity that provides some services to one or more other people or the community at large. Volunteer in the medical field is common. Physicians and medical students are participating in voluntary activities. This study assessed the motivations and barriers of Family Medicine (FM) Residents and Primary Health Care (PHC) Physicians in Qassim Region, Saudi Arabia. Methods: This is a descriptive cross-sectional study was carried out between 12th March 2021 to 31st September 2021 in Qassim Region, Saudi Arabia. 63 FM residents and 89 PHC physicians were involved. A self-administered questionnaire using Volunteer Functions Inventory (VFI) questions was distributed. A 30-item questionnaire is divided into 6 scales of 5 items each, which are scored using a 5-point Likert-type scale (where 1 strongly disagrees and 5 strongly agree). **Results:** Of 152 FM residents and PHC physicians, 91 (59.9%) were males, and Saudi 90 (59.2%). The mean age was 35 (±SD8.6) years. The majority of respondents 126 (85.7%) participated in different kinds of volunteer work. The highest rank of the benefits selected 137 (90.1%) was gained Allah's pleasure. About 66 (43.4%) of respondents reported different reasons as barriers; lack of time was the dominant reason for 59 (38.8%). A strong statistical association was found between gender and facing barriers (P-value < 0.001). By comparing the mean of the motivation factors, the values motivation had the highest mean of 4.63 (SD  $\pm$  0.48) than other motives. **Conclusions:** This study highlighted that the values motivation factor was the highest among the six motivation determinants. The main reason preventing respondents from doing voluntary work was the lack of time. Male gender and Saudi nationality

physicians participated more in previous voluntary work P-value < 0.001. Further future research into studying human behaviour towards voluntary work is highly needed.

# **Keywords**

Volunteers, PHC Physicians, VFI Functions, Qassim Region

#### 1. Introduction

A volunteer is a person who does something, especially helping other people, willingly and without being forced or paid to do it [1]. Formal or organizational volunteering is an unpaid voluntary activity that involves "taking actions within an institutional framework that potentially provide some service to one or more other people or the community at large". Volunteering represents a "win-win" scenario due to the advantages derived by society, by the recipients of the volunteer service, and by the providers of the volunteer service [2]. There has been a tidy interest in distinguishing the motives that spur folks to volunteer. Research on the motives of volunteers has been sparked by the notion that matching motives to appeals may be a key to the effective accomplishment of the latest volunteers and added to that the goodness of fit between motives and Incentives offered to trained volunteers is critical to retaining them. In addition, recent analysis has incontestable that motives for volunteering will impact the health-related advantages derived from volunteering [3].

In 2016, approximately 63 million Americans, 25% of the adult population volunteered their time, talents, and energy to make a difference. The 2016 national value of volunteer time is \$24.14 per hour. In other words, Americans contribute \$193 billion of their time to our communities freely. Women volunteer at higher rates (27.8%) than men (21.8%) People aged 35 - 44 and 45 - 54 are most likely to volunteer (28.9% and 28% respectively) while 20 - 24-year-olds have the lowest rates (18.4%). On average, people spend an average of 52 hours per year volunteering their time [4].

In Saudi Arabia, the targeted number of volunteers at the beginning of the year 2019 was about 120 thousand, while the achieved number at the end of that year is more than 192 thousand persons involved in volunteer work and they were done more than 18 million volunteering hours. 91% of the volunteers were Saudi citizens while 9% were from different nationalities. Approximately, 98% of volunteers have a desire to participate in volunteer work again in the future [5].

Every year, many people devote substantial amounts of their time, money, and energy to helping others. One important manifestation of human helpfulness is volunteerism, whereby people provide, among other services, community services, scientific events, social events, entertainment & sports, multi-media, and do so on. Research efforts to date suggest potential gender differences in the motives to volunteer [6].

# The functional approach to volunteer motivation

In general, functional theorists have sought to understand how individuals' psychological and social needs, goals, plans, and motives are satisfied through their beliefs and behaviors. It is theorized that different people may engage in similar behaviors to satisfy very different psychological functions [7]. Using this framework, they suggest that people volunteer for a variety of personal and social reasons and those identical volunteer activities may fulfill different goals for different people. These personal and social reasons for volunteering are captured in six broad volunteer motivations that comprise the Volunteer Functions Inventory (VFI). The motivations include 1) Understanding: To gain knowledge and perspective and to practice skills; 2) Values: To express concern for those in need; 3) Enhancement: To strive for personal growth and self-esteem; 4) Career: To gain career-related benefits like experience to put on a resume; 5) Social: To participate in an activity that is viewed favorably by close others or to spend time with friends, and 6) Protective: To alleviate negative feelings like guilt over being more fortunate than others. The six subscales of the VFI have been found to have internal consistency and temporal stability among divergent groups of people [7].

# Volunteer motivation and family medicine residents and primary care physicians.

Numerous studies have found gender differences in the psychosocial characteristics of medical students and physicians. According to Grant, Genero, Nurius, Moore, and Brown (1986), female medical students tend to be more humanitarian than male students. Previous use of VFI with medical students demonstrated motivational differences in volunteering among men and women [6].

This study filled a gap as the first study done about volunteer work among physicians in the Qassim region, Saudi Arabia. And demonstrated the main motivations and barriers toward volunteer work among Family and Primary care physicians. It aimed to explore further the gender differences in volunteerism motives among Family and Primary care physicians. Toward that end, we first describe the functional approach to the study of attitudes as applied to volunteerism and then discuss the gender differences that have been found using that approach. Since motivations play an essential role in this process, it is critical to study the motivations Family and Primary care physicians have to volunteer, if there are gender differences in motivation, and if there are barriers toward volunteer work. Also, the types of volunteer work.

#### 2. Materials and Methods

#### Study design, setting, and population

This cross-sectional study was carried out from 12th March 2021 to 31st September 2021 in Qassim Region, Saudi Arabia. Qassim is located in the central part of Saudi Arabia with an estimated population of 1.5 million in 2020. A total of 33 primary Health Care Centers (PHCCs) are founded in Buraydah health

sector in Qassim Region, Saudi Arabia. Family Medicine Academy (FMA) in Qassim region is an educational institute focusing on training Saudi physicians to become board certified Family Medicine physicians. Family Medicine Academy is supervised educationally by Saudi Commission for Health Sciences (SCFHS) and administratively by Qassim Health Cluster, Ministry of Health.

#### Sample size:

This study was conducted among both PHC physicians and Family Medicine Academy Residents. The total targeted sample size was 216 physicians (143 PHC physicians & 73 FM Residents). All of the physicians who are working in the selected PHCCs at the time of the study are **invited** to participate in this study, in addition to the FM residents from R1 to R4. The total respondents were 152 (70.4%) including 63 (86.3%) FM residents and 89 (62.2%) PHC physicians.

## Sampling procedure

Convenience sampling was applied for the selection of health facilities and participants. 33 PHCCs were approached for participant recruitment as well as the Qassim Family Medicine Academy. After explaining the purpose of the study and getting approval from the administration. Participants' contact numbers were obtained from the health facilities' director. A total of 152 participants were invited to participate and the link to the questionnaire was sent to their WhatsApp number.

# Data collection procedure and instrument

Data was collected online using Google forms. First, Pilot study was done to assess the quality of the questionnaire. Then, the updated version of the questionnaire was sent to the participants' mobile numbers. All FM residents and PHC physicians at Buraydah city, Qassim region of Saudi Arabia were invited. After the initial invitation, a reminder message was sent after one week after the first invitation. A semi-structured questionnaire was developed after a review of the literature on the concept of volunteer work using Volunteer Functions Inventory (VFI) scale [7].

The questionnaire contained 30 items divided into three sections. Questions in the first section collected information about patients' age, gender, nationality, Rank, and working place. The second section collected information about the barriers and constraints that prevent physicians from participating in volunteer work. The third section included an open-ended question that assessed the motivations for volunteerism by using the volunteer functions inventory (VFI) scale.

The VFI was originally developed by Clary, Snyder, and Ridge in 1992 [7]. The purpose of the VFI is to assess the motivations driving volunteers. The VFI was configured as a 30-item questionnaire divided into 6 scales of 5 items each, which are scored using a 7-point Likert-type scale (where 1 totally disagree and 7 totally agree). But in our study, we merge it to have a 5-point Likert-type scale (strongly agree, agree, neutral, disagree, and strongly disagree). Where strongly agree was given a score of 5 and strongly disagree was given a score of 1.

#### The six motivations assessed are.

**Values:** refers to the expression of values related to altruistic and humanitarian concerns.

**Understanding:** motivations oriented to acquiring and/or improving knowledge, skills, experiences, etc.

**Social:** motivations related to what are called social adjustment and adaptation functions.

**Career:** motivation to enhance knowledge in a specific area related to professional and academic development.

**Protective:** motivations oriented to protecting the ego or escaping from problems.

**Enhancement:** motivations centered on self-knowledge, self-development and, in general, feeling better about oneself.

A pilot study was done before starting the data collection to assess the understandability and accuracy of questions. Analyses were carried out using SPSS version 21.0. Frequencies and proportions of responses were calculated. A mean score out of five was calculated along with the standard deviation for each of the satisfaction items. To compare overall satisfaction across various socio-demographic variables, a P-value of less than 0.001 was considered statistically significant. Responses in the open-ended questions were coded and then presented as frequency and percentages.

The study was conducted according to the guidelines of the Declaration of Helsinki, and approved by the Qassim Regional Bioethics Committee (Approval #:1441-1-64908). Informed consent was obtained from all subjects involved in the study.

#### 3. Results

#### Socio-demographic characteristics

Of 152 respondents of Family Medicine Residents and PHC physicians, 91 (59.9%) were Males and 61 (40.1%) were females. The mean age in our dataset was 35 (±SD 8.6) years, ranging from 24 to 60 years old. The majority of participants were Saudi 90 (59.2%) (Table 1).

More than half of the participants 89 (58.6%) were PHC physicians, among them, 72 (47.4%) were general practitioners (GP), 13 (8.6%) were specialists and only 4 (2.6%) were consultants. The Family Medicine residents represented 41.4% (63) of the respondents. From them, 16 (10.5%) R1, 12 (7.9%) R2, 24 (15.8%) R3 and 13 (8.6%) R4 (Table 1).

#### Participation in voluntary work

Figure 1 shows, the majority of the respondents 131 (86.2%) participated in different kinds of volunteer work. By gender comparison, 74 (81.3%) of males and 57 (93.4%) of females said "Yes" as previously participated in the volunteer work. However, 17 (18.7%) of males and 4 (6.6%) of females did not participate in volunteer work in their earlier life (Table 2).

**Table 1.** Shows the socio-demographic characteristics of the study participants (n = 152).

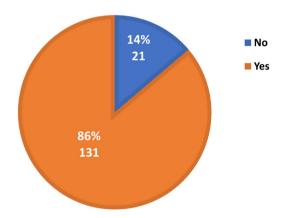
Characteristics	Frequency (n)	Percentage (%)	
Age group			
25 - 35 years	98	64.5	
36 - 45 years	34	22.4	
46 - 55 years	16	10.5	
>55 years	4	2.6	
Gender			
Male	91	59.9	
Female	61	40.1	
Nationality			
Non-Saudi	62	40.8	
Saudi	90	59.2	
Last qualification			
Consultant	4	2.6	
Specialist	13	8.6	
GP	72	47.4	
Resident	63	41.4	
Level of residents			
R1	16	10.5	
R2	12	7.9	
R3	24	15.8	
R4	13	8.6	

**Table 2.** Statistical association between the participants' socio-demographic characteristics and their participation in voluntary work, as well as between the barriers preventing them from the voluntary work (n = 152).

Variable	Have you ever been participated in volunteer work?		P-value*	Do you i barriers voluntee	P-value*	
	No n (%)	Yes n (%)	-	No n (%)	Yes n (%)	-
Age group						
<25 - 35 years	6 (6.1)	92 (93.9)		59 (60.2)	39 (39.8)	
36 - 45 years	7 (20.6)	27 (79.4)	0.204	16 (47.1)	18 (52.9)	0.204
46 - 55 years	5 (31.3)	11 (68.8)	0.304	10 (62.5)	6 (37.5)	0.304
>55 years	3 (75.0)	1 (25.0)		1 (0.7)	3 (2.0)	

#### Continued

Gender							
Male	17 (18.7)	74 (81.3)	0.027*	52 (57.1)	39 (42.9)	0.00*	
Female	4 (6.6)	57 (93.4)	0.027	34 (55.7)	27 (44.3)	0.00	
Nationality							
Non-Saudi	17 (27.4)	45 (72.6)	0.00*	32 (51.6)	30 (48.4)	0.205	
Saudi	4 (4.4)	86 (95.6)	0.00*	54 (60.0)	36 (40.0)	0.305	
Current qualification							
Family medicine consultants	0 (0.0)	4 (100.0)		3 (75.0)	1 (25.0)		
Family medicine residents	4 (6.3)	59 (93.7)	0.092	31 (49.2)	32 (50.8)	0.444	
Family medicine specialists	3 (23.1)	10 (76.9)		8 (61.5)	5 (38.5)		
PHC physicians	14 (19.4)	58 (80.6)		44 (61.1)	28 (38.9)		



**Figure 1.** Are study respondents participated in any volunteer work (n = 152).

By nationality-wise comparison, 86 (95.6%) of Saudis and 45 (72.6%) of non-Saudis participated in the volunteer work. However, 4 (4.4%) of Saudis and 17 (27.4%) of non-Saudis did not participate in the volunteer work never (**Table 2**).

In this study, we asked participants if anyone from their family, friend, or neighbor had participated in any kind of volunteer work. We found near half 72 (47.4%) of the physicians informed that someone from their family had participated in the volunteer work. About 107 (70.4%) of the participants informed that someone from their friend's circle had participated in the volunteer work in the past. For neighbors, about 34 (22.4%) of physicians knew that someone from their neighbors had participated in the volunteer work (**Table 3**).

**Table 3.** Benefits and Barriers of voluntary work in the field of PHC physicians and family medicine residents, Qassim region (n = 152).

	Frequency (n)	Percentag (%)			
From your surroundings, did anyone participate in the volunteer work?					
	Yes	107	70.4		
Friend	No	28	18.4		
	I didn't know	17	11.2		
	Yes	72	47.4		
Any member of your family?	No	64	42.1		
	I didn't know	16	10.5		
	Yes	34	22.4		
Neighbors?	No	48	31.6		
	I didn't know	70	45.0		
	Health and Scientific events	99	65.1		
	Community services	86	56.6		
What types of volunteer work do you prefer?	Social Events	35	23.0		
	Entertainment & Sports	22	14.5		
	Multi-Media	21	13.9		
	Earn the pleasure of Allah with help of others	137	90.1		
	Help for families and individuals whose needs are often ignored and forgotten	71	46.7		
In your opinion, what are the benefits you will get from the	Be an active member of the community	56	36.8		
volunteer work?	Learn new skills that could enhance your career	51	33.6		
	Build confidence	30	19.7		
	Make new friends	18	11.8		
	Raise population awareness	1	0.7		
Do you face any barriers to	No	86	56.6		
doing volunteer work?	Yes	66	43.4		
	Lack of time	59	38.8		
	Financial cost	23	15.1		
	Unaware of opportunities	22	14.5		
If yes, please specify:	The expectation of disorganization at site	10	6.6		
	Malpractice Concerns	9	5.9		
	Lack of interest		4.6		
	Language Barrier	7 6	3.9		
	*Multiple answered the question				

The highest number of PHC physicians and FM residents 99 (65.1%) preferred health and scientific volunteer work, the community services 86 (56.6%) was the second option selected from the list of the preferred types of volunteer work, social events 35 (23%) were at the third rank. Entertainment & Sports events 22 (14.5%) were the fourth-ranked, and at last, the participants' preferred volunteer work was multi-media 21 (13.9%) (Table 3).

#### The benefit of the volunteer work:

Table 3 shows the benefits of volunteer work by respondents; most of them were telling the pleasure of Allah 137 (90.1%) is the major benefit of volunteer work. Second, help the needed families 71 (46.7%). Third, they want to be active members of the community 56 (36.8%). Fourth, Enhancement of skills 51 (33.6%). Fifth, build their confidence 30 (19.7%). Seven, they want to make new friends 18 (11.8%). And last option is given was they wanted to raise population awareness (0.7%) of some health problems.

#### The barriers to volunteer work:

**Table 3** provides the frequency distribution of participants who faced barriers in doing volunteer work. About 66 (43.4%) of physicians faced different barriers preventing them from doing volunteer work.

In this study, the participants reported different reasons for barriers. Lack of time 59 (38.8%) was the major reason, financial cost 23 (15.1%), unaware of opportunities 22 (14.5%), the expectation of disorganization at site 10 (6.6%), malpractice concerns 9 (5.9%), lack interest 7 (4.6%) and finally language barrier 6 (3.9%).

We found males 52 (57.1%) were facing barriers more than females 34 (55.7%). Moreover, a strong statistical association was detected between gender and barriers, females were less participating in volunteer work (P-value < 0.05).

# Assessment of the participants' volunteer motivation by volunteer functions inventory (VFI)

In this study, the VFI function was used to assess the participants' motivations, the 30 questions which were summarized into a total of five motivations factors are shown in **Table 4**.

Table 4. The six major factors of motivational functions for volunteering.

VFI Functions	Mean (M)	Standard Deviation (±SD)
Values	4.63	0.48
Understanding	4.54	0.53
Career	4.50	0.56
Enhancement	4.40	0.57
Social	4.21	0.59
Protective	3.97	0.76

By comparing the means of the motivation factors, we found the values motivation had the highest mean  $[4.63 \ (\pm 0.48)]$  among the 6 motivation factors. The second motivation factor was understanding, the mean was  $[4.54 \ (\pm 0.53)]$ . The third motivation factor was the career factor, mean was  $[4.50 \ (\pm 0.56)]$ . The fourth factor was the enhancement factor with a mean of  $[4.40 \ (\pm 0.57)]$ . The fifth factor was the social factor, mean was  $[4.21 \ (\pm 0.59)]$ . And the protective factor  $[3.97 \ (\pm 0.76)]$  was the latest motivation factor among the six motivation factors (Table 4).

**Table 5** shows a 30-item measure of motivations to volunteer. The study found the highest mean item  $4.5~(\pm0.58)$  was "I feel it is important to help others", the second-highest mean "I feel compassion toward people in need" mean was  $4.4~(\pm0.58)$ , followed by "Volunteering allows me to gain a new perspective on things", "Volunteering lets me learn things through direct, hands-on experience", "I can learn how to deal with a variety of people", "Volunteering makes me feel better about myself" and "Volunteering experience will look good on my resume" as the third highest mean. While the lowest items mean was "Volunteering is a good escape from my troubles"  $3.2~(\pm1.21)$ .

The most answered questions with "strongly agree" and "agree" from most of the respondents were "people I know share an interest in community services" with a total of 134 individuals and "others with whom I am close, place a high value on community services" with a total of 130 individuals. While the most questions answered either by "Strongly disagree" or "disagree" was "Volunteering is a good escape from my troubles" with a total of 50 respondents.

#### 4. Discussion

This study was carried out to determine the motivations behind the volunteerism among the Family Medicine Residents and PHC Physicians in Buraydah city, Qassim Region. The majority of respondents had participated in different kinds of volunteer work. Females rated all motives greater than did males; this finding was similar to a previous systemic review study conducted in 48 types of research [8] [9] [10].

The Saudi and younger aged physicians were participated more in volunteer activities compared to the non-Saudi nationality and other age groups; this can be explained by the demographic characteristics of the study populations the Saudi participants were the majority, in addition to the youngest family medicine residents were represented the 50% of the study population, this was similar to study conducted in the Intermountain West of the United States [11].

In our study, the family medicine residents were participating in volunteer work much more than PHC physicians, this significant finding could be due to the compulsory 60 hours of volunteer work of residents cited in their curriculum from the Saudi family Medicine Board. Every resident has to fulfill these volunteer hours before being certified by the program as a Family Medicine Physician [12].

Table 5. Participants' satisfaction about the 30 items of the volunteer functions inventory (VFI) (n = 152).

Q	VFI Functions	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1	Mean (±SD)
		N (%)	N (%)	N (%)	N (%)	N (%)	- ` '
1	Volunteering can help me to get my foot in the door at a place where I would like to work?	49 (32.2)	85 (55.9)	12 (7.9)	5 (3.3)	1 (0.7)	4.2 (±0.72)
2	My friend's volunteer	41 (27.0)	81 (53.3)	23 (15.1)	6 (3.9)	1 (0.7)	4.0 (±0.80)
3	I am concerned about those less fortunate than myself	38 (25.0)	77 (50.7)	23 (15.1)	11 (7.2)	3 (2.0)	3.9 (±0.93)
4	People I'm close to, want me to volunteer	22 (14.5)	71 (46.7)	36 (23.7)	20 (13.2)	3 (2.0)	3.6 (±0.96)
5	Volunteering makes me feel important.	34 (22.4)	89 (58.6)	18 (11.8)	10 (6.6)	1 (0.7)	3.9 (±0.82)
6	People I know share an interest in community service	32 (21.1)	102 (67.1)	7 (4.6)	10 (6.6)	1 (0.7)	4.0 (±0.76)
7	No matter how bad I've been feeling, volunteering helps me to forget about it	35 (23.0)	90 (59.2)	16 (10.5)	5 (3.3%)	6 (3.9)	3.9 (±0.91)
8	I am genuinely concerned about the particular group I am serving	49 (32.2)	90 (59.2)	13 (8.6)	0 (0)	0 (0)	4.2 (±0.59)
9	By volunteering, I feel less lonely	38 (25)	75 (49.3)	18 (11.8)	16 (10.5)	5 (3.3)	3.8 (±1.03)
10	I can make new contacts that might help my business or career	42 (27.6)	96 (63.2)	9 (5.9)	5 (3.3)	0(0)	4.2 (±0.67)
11	Doing volunteer work relieves me of some of the guilt over being more fortunate than others	26 (17.1)	56 (36.8)	36 (23.7)	24 (15.8)	10 (6.6)	3.4 (±1.14)
12	I can learn more about the cause for which I am working	46 (30.3)	97 (63.8)	6 (3.9)	1 (0.7)	2 (1.4)	4.2 (±0.67)
13	Volunteering increases my self-esteem	56 (36.8)	81 (53.3)	11 (7.2)	3 (2.0)	1 (0.7)	4.2 (±0.73)
14	Volunteering allows me to gain a new perspective on things	62 (40.8)	83 (54.6)	3 (2.0)	4 (2.6)	(0)	4.3 (±0.65)
15	Volunteering allows me to explore different career options	46 (30.3)	91 (59.9)	10 (6.6)	5 (3.3)	0 (0)	4.2 (±0.69)
16	I feel compassion toward people in need	67 (44.1)	80 (52.6)	4 (2.6)	1 (0.7)	0 (0)	4.4 (±0.58)
17	Others with whom I am close, place a high value on community service	29 (19.1)	101 (66.4)	16 (10.5)	6 (3.9)	0 (0)	4.0 (±0.68)
18	Volunteering lets me learn things through direct, hands-on experience	53 (34.9)	91 (59.9)	6 (3.9)	91 (59.9)	0 (0)	4.3 (±0.60)
19	I feel it is important to help others	82 (53.9)	64 (42.1)	6 (3.9)	0 (0)	0 (0)	4.5 (±0.58)
20	Volunteering helps me work through my problems	33 (21.7)	79 (52.0)	23 (15.1)	13 (8.6)	4 (2.6)	3.8 (±0.96)

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21	Volunteering will help me to succeed in my chosen profession	45 (29.6)	95 (62.5)	7 (4.6)	5 (3.3)	0 (0)	4.2 (±0.67)
22	I can do something for a cause that is important to me	48 (31.6)	91 (59.9)	8 (5.3)	5 (3.3)	0 (0)	4.2 (±0.68)
23	Volunteering is an important activity to the people I know best	30 (19.7)	88 (57.9)	23 (15.1)	11 (7.2)	30 (19.7)	3.9 (±0.80)
24	Volunteering is a good escape from my troubles	21 (13.8)	54 (35.5)	27 (17.8)	37 (24.3)	13 (8.6)	3.2 (±1.21)
25	I can learn how to deal with a variety of people	57 (37.5)	90 (59.2)	3 (2.0)	2 (1.4)	2 (1.3)	4.3 (±0.58)
26	Volunteering makes me feel needed	28 (18.4)	84 (55.3)	18 (11.8)	18 (11.8)	4 (2.6)	3.8 (±0.58)
27	Volunteering makes me feel better about myself	56 (36.8)	86 (56.6)	6 (3.9)	4 (2.6)	0 (0)	4.3 (±0.55)
28	Volunteering experience will look good on my resume	57 (37.5)	87 (57.2)	6 (3.9)	2 (1.3)	0 (0)	4.3 (±0.61)
29	Volunteering is a way to make new friends	43 (28.3)	92 (60.5)	10 (6.6)	7 (4.6)	0 (0)	4.1 (±0.71)
30	I can explore my strengths	46 (30.3)	97 (63.8)	5 (3.3)	4 (2.6)	0 (0)	4.2 (±0.63)

The most preferable type of volunteer work was found to be the "Health and scientific events" as the study participants were from the medical field, it very logical to prefer health and scientific events volunteer work compared to other voluntary activities.

Most of the PHC physicians and Family Medicine residents informed "Earn the pleasure of Allah with helping others" was the major benefit that will be obtained from participating in volunteer work. In Islam, the "Holy Quran" and "Sunnah" always encourage people to help others, especially vulnerable groups [13] [14].

The reported different barriers that faced the participants and prevented them from doing volunteering activities were many but lack of time was the prominent reason detected. This finding has matched a study conducted in The Addis Clinic [10] [15].

The study demonstrates a statistical correlation between the participants' gender and the barriers that faced them to do volunteer work (P-value < 0.001). Usually, working women have no spare time for extra duties. Also, culturally in some communities, it may not be acceptable for females to participate in voluntary faraway activities.

The main core of this study is an assessment of the participants' motivations toward voluntary work by the Volunteer Functions Inventory (VFI). The value motivation factor was found to be the highest among the other five motivation factors of the volunteer work and; this was similar to a finding reported from previous studies [8] [10] and inconsistence to studies conducted in Texas and UAE [3] [16].

#### 5. Conclusions

This study filled a gap as the first study done about volunteer work among physicians in the Qassim region, Saudi Arabia. And demonstrated the main motivations and barriers toward volunteer work where it can be used in the future as a baseline for further studies about volunteerism. Further studies are required in the future to highlight Volunteer work in different medical specialties, help in accomplishing Saudi Vision 2030 goals regarding volunteerism, and study the human behavior toward voluntary work is highly needed.

### Study limitations

This study had some limitations that could be reviewed and revised for future research. First, the targeted sample of this study was family medicine physicians working in PHCCs from one health sector in Qassim Region. Therefore, the results may not be generalizable to all volunteers and organizations. Future studies need to measure personal factors influencing volunteers' emotional and behavioural responses.

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#### **Conflicts of Interest**

The authors declared no potential conflicts of interest.

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# **Appendix**

# Research Questionnaire

1-Age in Years:	
2-Nationality:	Saudi Non Saudi
3-What is your gender?	F M
4-Current Qualification:	FM Consultant FM Specialist FM resident PHC Physician (has no post graduate degree in Family Medicine)
5-If you are FM Resident, please select your level:	R1 R2 R3 R4
6-From your surroundings, did any one participate in Volunteer work? If yes, who?	Yes No I don't know Family member Friend Neighbor
7-Have you ever been participated in volunteer work?	Yes No
8-What types of volunteer work do you prefer?	الفعاليات العلمية Health and Scientific events الخدمات المجتمعية Community services الأنشطة والمنتجات الإعلامية Multi-Media الأنشطة والمنتجات الإعلامية Social Events الفعاليات الإجتماعية Entertainment & Sports
9-In your opinion, what are the benefits you will get from volunteer work?	<ul> <li>Earn the pleasure of Allah with help of others</li> <li>Help for families and individuals whose needs are often ignored and forgotten.</li> <li>Make new friends</li> <li>Build confidence</li> <li>Learn new skills that could enhance your career.</li> <li>Be an active member of the community.</li> </ul>
10-Do you have a barrier?	Yes No
11-If there is barrier what is it?	<ul> <li>□ Lack of time</li> <li>□ Lack of interest</li> <li>□ Malpractice Concerns</li> <li>□ Financial cost</li> <li>□ Unaware of opportunities</li> <li>□ Language Barrier</li> <li>□ Expectation of disorganization at site.</li> <li>□ Other</li> </ul>
In your opinion, How important or accurate are each of the below possible reasons for undertaking the volunteer work (ranged from strongly agree = 1 to strongly disagree = 7)	1 2 3 4 5 6 7 Strongly Disagree Disagree Neither Agree Agree Strongly Disagree a little Disagree a little or agree
1-Volunteering can help me to get my foot in the door at a place where I would like to work?	
2-I am CONCERNED about those less fortunate than myself.	
3-People I'm close to, want me to volunteer.	

### Continued

- 4-Volunteering makes me feel important.
- 5-People I know, share an interest in community service.
- 6-No matter how bad I've been feeling, volunteering helps me to forget about it.
- 7-I am genuinely concerned about the particular group I am serving.
- 8-By volunteering I feel less lonely.
- 9-I can make new contacts that might help my business or career.
- 10-Doing volunteer work relieves me of some of the guilt over being more fortunate than others.
- 11-I can learn more about the cause for which I am working.
- 12-Volunteering increases my self-esteem.
- 13-Volunteering allows me to gain a new perspective on things.
- 14-Volunteering allows me to explore different career options.
- 15-I feel compassion toward people in need.
- 16-Others with whom I am close, place a high value on community service.
- 17-Volunteering lets me learn things through direct, hands on Experience.
- 18-I feel it is important to help others.
- 19-Volunteering helps me work through my own personal problems.
- 20-Volunteering will help me to succeed in my chosen profession.
- 21-I can do something for a cause that is important to me
- 22-Volunteering is an important activity to the people I know best.
- 23-Volunteering is a good escape from my own troubles.
- 24-I can learn how to deal with a variety of people.
- 25-Volunteering makes me feel needed.
- 26-Volunteering makes me feel better about myself.
- 27-Volunteering experience will look good on my resume.

# Continued

- 28-Volunteering is a way to make new friends.
- 29-I can explore my own strengths.
- 30-My friends volunteer.