

# Yes, I will do it! Factors promoting the intention to volunteer after COVID-19 pandemic in Italy

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This cross-sectional study assessed the extent to which the intention to volunteer after the COVID-19 pandemic is associated with resilience, post-traumatic growth, and community service self-efficacy in a representative Italian sample ( $N = 295$ ;  $M_{\text{age}} = 44.77$ ;  $SD = 14.79$ ; range = 18–83 years; 53.22% men). The model tested through a path analysis revealed a positive association between community service self-efficacy and intention to continue volunteering. Multi-group comparisons revealed that this relationship was maintained in participants who were active volunteers, while in the group of former volunteers, only a positive association between post-traumatic growth and intention to volunteer was found. This study contributed to highlight the importance of community service self-efficacy and post-traumatic growth in the volunteering experience and the intention to continue volunteering in the future.

**Keywords:** Volunteerism; COVID-19; Post-traumatic growth; Resilience; Community service self-efficacy.

## INTRODUCTION

During the first phases of lockdown and spatial distancing for the COVID-19 pandemic, several volunteer initiatives were established to respond to citizens' needs, especially those deemed to be the most vulnerable (Aresi et al., 2022). This is quite common in the context of emergencies and disasters, as collective trauma fosters solidarity, civic participation, and prosocial behaviours in the community (Whittaker et al., 2015). The present research aimed to explore the links between resilience and Post-Traumatic Growth (PTG), and the intention to continue volunteering after the COVID-19 pandemic, evaluating the mediating role of community service self-efficacy.

Similar to other traumatic events, the pandemic experience might lead to PTG, that is, a range of positive changes as a result of having to deal with stressful events (Taku et al., 2018) and it could be considered a coping strategy that allows the development of positive outcomes after the COVID-19 pandemic (Vazquez et al., 2021).

After going through a traumatic experience people challenge their beliefs and re-evaluate their belief systems. This process also includes a greater willingness to relate to others, feelings of personal strength and resilience, and an increased appreciation of life (Taku et al., 2018). PTG has been also linked to positive mental health and higher engagement in prosocial behaviours during the COVID-19 pandemic (Canale et al., 2022). Indeed, the changes experienced include an increased sense of personal strength, more gratitude, and more meaningful social relationships (e.g. Dickinson, 2021), all shown to be associated with sustained volunteering (Brooks et al., 2020). Moreover, PTG is also connected to the human capacity for resilience, which has been described as a “positive personality characteristic that enhances individual adaptation” (Wagnild & Young, 1993; p. 167).

Both PTG and resilience have been studied as active processes following adversity in volunteers, but if resilience is a developmental process of recovery reflecting positive adaptation, PTG is a growth process of struggle along with recognition of positive changes

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that transforms people who survived a disaster (Kaye-Kauderer et al., 2019). A previous longitudinal study showed that disaster volunteers continued to show greater PTG and resilience over time and associations between desires to help and resilience, suggesting that helping was beneficial for people's well-being (Kaye-Kauderer et al., 2019).

Resilience has been shown to be positively associated with volunteerism. The act of helping generates resilience, life satisfaction, and self-esteem. Volunteering tends to improve social ties and act as protective factors that buffer negative emotions (e.g. Llenares et al., 2020).

Despite the response of many people to the call for volunteers in emergency situations, many crisis volunteers stop their activities when the emergency ends (Kulik et al., 2016; Penner, 2004) and little is known about factors fostering the intention to continue volunteering after serving in times of emergency.

Previous studies have found that a sense of efficacy related to volunteerism (community service self-efficacy, CSSE) plays an important role in fostering community service and civic engagement (Wang et al., 2011). Indeed, the feeling that one's voluntary work effectively impacts the community fuels the motivation to engage in these activities, even when volunteers face organisational constraints (Harp et al., 2016).

This study aimed to evaluate a model linking resilience and PTG, the intention to continue volunteering after an emergency ends, and the mediating role of CSSE that the volunteers developed during their previous voluntary activities.

Overall, we hypothesised that resilience and PTG are associated with the intention to volunteer through the mediation of CSSE. Moreover, CSSE, resilience, and PTG might have different associations to the intention to continue volunteering after an emergency ends in those who were already active in the community (active volunteers) compared with people who are not involved in any type of volunteering at the time of an emergency (but who have been volunteers in the past, i.e. former volunteers).

## PROCEDURE AND PARTICIPANTS

The present study was cross-sectional. Data were collected between 24 and 30 April 2020 through an online survey digitised using the ESOMAR-affiliated survey society SWG's CAWI system. The survey was submitted to a sample of 1011 cases, randomly selected from a panel of 60,000 cases stratified by quota of sex, age, and geographical macro-areas of the Italian population. All participants received information about the study and gave their online consent before starting the survey. The anonymity of the participants was guaranteed

(no personal data or Internet Protocol address was collected). All procedures performed in studies involving human participants were in accordance with the ethical standards of the ASSIRM (the Italian Association of Marketing and Social Research Institutes) and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual adult participants included in the study.

For this study, the inclusion criterion was having answered "yes" to the question "have you joined a COVID-19 emergency-specific volunteer activity in your city?". Of the 1011 people sampled ( $M_{\text{age}} = 50.57$ ;  $SD = 16.53$ ; 50.90% women), 305 people (30%) were carrying out volunteer experience for the COVID-19 emergency. Of these, 10 people were excluded because they had no other present or past volunteer experience. Therefore, the final sample consisted of 295 participants ( $M_{\text{age}} = 44.77$ ;  $SD = 14.79$ ; range = 18–83 years; 53.22% men): 115 participants ( $M_{\text{age}} = 43.60$ ;  $SD = 14.32$ ; range = 19–82 years; 57.39% men) were "former volunteers"; and 180 participants ( $M_{\text{age}} = 45.5$ ;  $SD = 15.07$ ; range = 18–83 years; 50.56% men) were "active volunteers."

## MEASURES

People were instructed to provide their age, gender, and whether they had been involved in voluntary activities in the past or currently. The survey included the following measures (and others unrelated to the present study).

*Intention to volunteer in the future.* We asked the participants to indicate whether they meant to volunteer even after the COVID-19 emergency (yes/no).

*Volunteer experience.* We asked participants if they had experiences of volunteering and to indicate whether they have been involved in voluntary activities in the past or at the beginning of the COVID-19 pandemic.

*Community Service Self-Efficacy Scale (CSSES;* 10-item scale; Reeb et al., 1998; Harp et al., 2016;  $\alpha = .94$  in the present study) was used to assess volunteer self-efficacy. This scale asked participants to indicate their amount of agreement on a 10-point Likert scale to items such as "I am confident that, through volunteering, I can make a difference in my community."

*Post-traumatic Growth Inventory (PTGI;* 10-item scale; Prati & Pietrantonio, 2014;  $\alpha = .95$  in the present study) was used to evaluate positive changes after a traumatic experience, such as the COVID-19 pandemic. Participants answered the items in a 6-point Likert scale (e.g., "I discovered that I am stronger than I thought I was").

*Connor-Davidson Resilience Scale (CD-RISC;* 10-item scale; Scali et al., 2012,  $\alpha = .91$  in the present

study) was used to measure the ability to tolerate experiences such as change, pressure, failure, personal problems and painful feelings. Participants scored each item on a 5-point Likert scale (e.g. “When changes occur, I adapt easily”).

## DATA ANALYSIS

Data analyses were conducted using R (R Core Team, 2022) and the Lavaan package (Rosseel, 2012). Tolerance and VIF (Variance Inflation Factor) were calculated to test the model for multicollinearity. Correlations between variables were assessed and a series of Welch’s *t*-tests for independent samples and a chi-square test were conducted to compare the scores of the study variables between the two groups of volunteers. Subsequently, the proposed model was tested via path analysis using a single observed score for each variable both on the whole sample and on two groups of volunteers using a multi-group approach.

Standardised parameters were calculated using maximum likelihood estimation. Indirect effects were calculated using bootstrap confidence intervals with 5000 bootstrapped iterations. The overall goodness of fit of the model was evaluated using the  $R^2$  of each dependent

variable and the total coefficient of determination (TCD; Jöreskog & Sörbom, 1996), which is commonly considered a reliable fit index for path analysis.

## RESULTS

Descriptive statistics and correlations between the study variables are presented in Table 1.

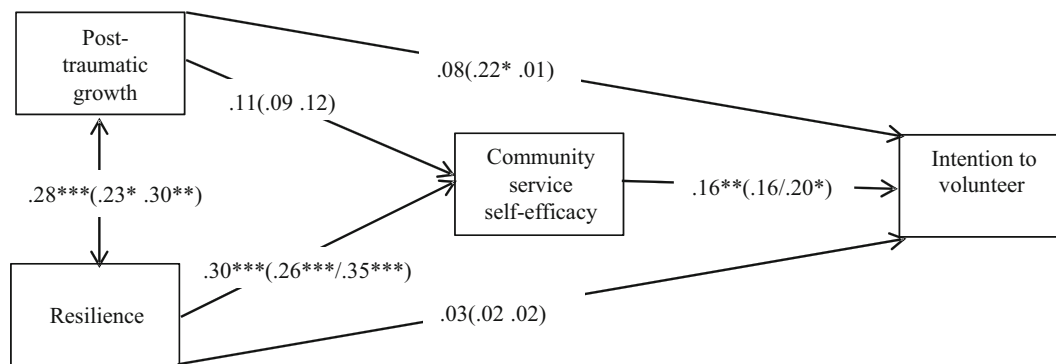
Preliminary analyses showed no significant differences between the two groups concerning age ( $t_{(252.02)} = 1.09$ ;  $p = .27$ ) or gender ( $\chi^2_{(1)} = 1.05$ ;  $p = .30$ ). Intention to volunteer was positively correlated with all other variables, except resilience, both in the whole sample and in each group of volunteers. All tolerance values were above .80 and all VIF values were below 1.2. Since values over 0.02 for tolerance and values under 2.5 for VIF are considered reliable cut-off points (Craney & Surlis, 2002), it is possible to exclude multicollinearity issues for the model. As shown in Figure 1, significant direct associations were found between CSSE and intention to volunteer ( $B = .04$ ; 95% CI: .01–.07;  $\beta = .16$ ;  $p = .009$ ), resilience and CSSE ( $B = .65$ ; 95% CI: .39–.91;  $\beta = .30$ ,  $p < .001$ ), and PTG and resilience ( $B = .24$ ; 95% CI: .13–.37;  $\beta = .28$ ;  $p < .001$ ). Regarding the indirect effects, resilience was associated with intention to volunteer via CSSE ( $B = .03$ ;

**TABLE 1**

Means, SDs, correlations and comparisons among study variables (whole sample below the diagonal, ex-volunteers/active volunteers above the diagonal)

	1	2	3	4	M(SD)			<i>t</i>	<i>df</i>	$\chi^2$ (df)
					Whole sample	Ex-volunteers	Active volunteers			
1. PTG	—	.23* / .30***	.15 / .22**	.25** / .06	3.62(1.22)	3.59(1.09)	3.64(1.30)	.35	272.20	
2. Res.	.28***	—	.30** / .38***	.16 / .07	2.52(.72)	2.55(.64)	2.50(.77)	-.60	272.68	
3. CSSE	.19***	.33***	—	.20* / .20**	6.39(1.54)	6.12(1.65)	6.56(1.44)	2.34*	219.35	
4. INT.VOL.	.11*	.10	.18**	—	.78(.42)	.83(.38)	.74(.44)	-1.69	266.60	
5. Age					44.77(14.79)	43.60(14.32)	45.51(15.07)	1.09	252.02	
6. Gender										1.05(1)

Note:  $N = 295$  (Ex-Volunteers = 115, Active Volunteers = 180); Abbreviations: CSSE = Community Service Self-Efficacy; INT. VOL. = Intention to Volunteer; PTG = Post Traumatic Growth; RES = Resilience. \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .



**Figure 1.** Standardised parameters for the model. Note:  $N = 295$  (Ex-Volunteers = 115, Active Volunteers = 180); \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ ; standardised parameters: whole sample (Ex-Volunteers/Active Volunteers).

95% CI: .006–.054;  $\beta = .05$ ;  $p = .02$ ). Model estimation showed that the TCD was 0.13. The  $R^2$  values showed that the model explained 12.3% of the variance in CSSE and 4.2% of the variance in intention to volunteer.

Regarding the multi-group analysis, the results showed significant differences between the two groups ( $\Delta\chi^2_{[6]} = 15.77$ ;  $p = .015$ ). In particular, the mediation effect of CSSE between resilience and intention to volunteer was statistically significant only for the active volunteer group ( $B = .04$ ; 95% CI: .01–.07;  $\beta = .05$ , 95% CI: .008–.077,  $p = .02$  vs.  $B = .02$ ; 95% CI: .00–.06;  $\beta = .04$ , 95% CI: .000–.059,  $p = .10$ ). Regarding the direct effects, CSSE was significantly associated with intention to volunteer only in the active volunteer group ( $B = .06$ ; 95% CI: .01–.10;  $\beta = .20$ ,  $SE = .02$ ,  $p = .02$  vs.  $B = .04$ ; 95% CI: .00–.08;  $\beta = .16$ ,  $SE = .02$ ,  $p = .07$ ), while the direct effect of PTG on intention to volunteer emerged only in the former volunteer group ( $B = .08$ ; 95% CI: .01–.14;  $\beta = .22$ ,  $SE = .03$ ,  $p = .01$  vs.  $B = .003$ ; 95% CI: –.05 to .05;  $\beta = .01$ ,  $SE = .03$ ,  $p = .90$ ).

## DISCUSSION

This study aimed to test the links between resilience and PTG, and the intention to continue volunteering after an emergency in a sample involving both active and former volunteers, evaluating the mediating role of CSSE.

The results showed that resilience, but not PTG, is associated to CSSE, which in turn is related to future intention to volunteer. It is likely that CSSE is related to stable individual characteristics, such as resilience, rather than changes due to the contextual situation, such as PTG during the pandemic. Moreover, we found a positive association between CSSE and intention to continue volunteering. Multi-group comparisons revealed that the relationships described above were maintained only in the group of active volunteers. With reference to former volunteers, a direct positive association between PTG and intention to volunteer was found, while no significant relationship emerged between CSSE and future intention. It is possible to assume that active volunteers at the time of the emergency were motivated by the CSSE developed in their past experiences, while the intentions of former volunteers were likely to be associated with the PTG derived from the pandemic experience.

Our results can be interpreted considering Penner's (2002) sustained volunteerism model which states that while volunteers are initially motivated by a concatenation of individual and contextual factors, the factors maintaining their intention to continue volunteering over time are related to the volunteering experience itself. It is plausible that active volunteers' intentions are fuelled by stable psychological resources such as resilience, supporting them in being persistent despite the difficulties in their volunteer activities, thus fostering the belief that

it is possible to make a difference through volunteering (CSSE). But the decision to continue is also driven by this perception of being able to make a difference in the community (Harp et al., 2016).

Conversely, for former volunteers, who can be seen as people in the process of “re-entering” volunteering, emotional processes activated by an exceptional event such as the pandemic may have the greatest impact. Consequently, PTG is related to former volunteers' future intentions. Furthermore, we cannot exclude the possibility that, as former volunteers, they might have abandoned voluntary service as a result of a low perceived impact of their actions, that is, low CSSE related to their past experiences.

The actual experience of volunteering is central to this model. Continuity of volunteer activities and self-efficacy are important elements that contribute to developing the volunteer role identity, that is “the extent to which a person identifies with and internalizes the role of being a volunteer” (Penner, 2002, p. 463). According to Penner's (2002), people's experiences during volunteerism will shape their volunteer role identity and a high and engaging level of volunteer activity will likely produce a strong volunteer role identity, that is, connected to sustained volunteerism. Organisations should consider volunteers' satisfaction with their experiences and help people reflect on the effectiveness of their actions. For example, organisations could stress the social impact of volunteering and encourage reflections on the effectiveness of volunteer work in the community. In addition, those who work with volunteers should activate initiatives that help people internalise their volunteer role identity, for example, through the promotion of stories about volunteering, training on the volunteer role, and recognition of volunteer activities not only within an organisation but also in the community. Recognising the role and contribution of volunteering can help increase others' behavioural expectations and self-attributions, which are key elements in constructing a volunteer role identity (Penner, 2002).

The present study had three main limitations. First, the small sample size does not allow generalisation of the data, even though the people involved are representative of the Italian population. Second, the cross-sectional nature of the study does not permit consideration of whether intention became behaviour after the pandemic and we cannot rule out the possibility that intention to volunteer can impact PTG. Participants only declared their future intention to volunteer and this was not actually measured as a future volunteer behaviour after the emergency. Future studies should ascertain whether this self-report measure is congruent with the actual future volunteer behaviour. Third, the effects were modest, suggesting that additional factors not assessed here are likely to be associated with the intention to continue (e.g., motivation, role identity). However, its strength lies in highlighting factors that organisations can leverage

to stimulate crisis volunteers' intention to continue even after an emergency has ended.

In conclusion, this study contributed to the analysis of factors related to the intention to continue volunteering in the future by highlighting the importance of CSSE and PTG in the volunteering experience.

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