Retaining and Recruiting Hospital Foundation Volunteers in a Post-Pandemic Reality

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May 24, 2024

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# Introduction

The health of an entire community depends on its volunteers. While the COVID-19 pandemic may not be fully to blame for reduced volunteerism, community volunteer recruitment efforts face challenges in a post-pandemic world because individuals are hesitant to participate in-person, and organizations fear risk in utilizing volunteers despite the great need and benefits to all. In this action research project I attempt to answer the following research questions: How can the perception of community volunteering be changed in order to increase the number of an organization’s volunteers? What role do nonprofit leaders play in retaining and recruiting community volunteers? In order to answer these research questions, I must explore why people volunteer and also why they leave or stay.

 In the post-pandemic era, it is essential for 100% volunteer-based organizations to adapt their volunteer recruitment and retention strategies in order to accommodate volunteers from the community. The public health lockdowns in response to the COVID-19 pandemic dramatically reduced community volunteer participation––particularly that of older volunteers. In order to encourage greater volunteer participation organizations must make modifications to their protocols in order to accommodate vulnerable, but otherwise willing, volunteers.

The scope of the Hospital Foundation’s action research project is twofold:

1) To review and evaluate the current scholarly and philosophical literature, interpreting and weighing these strategies to ascertain which of them best align with our organization’s volunteers’ needs for social connectivity and sense of purpose.

2) To conduct an internal action research project within the Hospital Foundation, in which I will observe the group then document my findings in a journal. Efforts that fall short of desired goals will be reflected upon, and an assessment of a revised approach would then be utilized with the intention of improving outcomes.

# Statement of the Problem

The problem is a post-pandemic reduction in volunteerism in our Hospital Foundation. While the COVID-19 pandemic may not be fully to blame for reduced volunteerism, community volunteer recruitment efforts face challenges in a post-pandemic world. During the present *post*-pandemic era, our local hospital’s most dramatic public health crisis has subsided despite continued shortages. Yet the Foundation’s volunteer membership has not recovered. In order to continue helping our hospital with unfulfilled equipment needs, it is essential for membership numbers to increase.

 The problem is significant because individuals are hesitant to participate in-person, and organizations are hesitant to utilize volunteers despite the need and benefits. As Vice President of the Foundation, I am taking it upon myself to analyze effective ways to retain volunteers, encourage former members to return, and hopefully grow our membership base as well. Based on the findings of this preliminary research, I will document the effectiveness of adaptive efforts made by the leadership of our 100% volunteer organization to recruit new members from the community in a post-pandemic era of lingering uncertain duration. Reviews of the scholarly literature serve as explorations of how other organizations have addressed their pandemic-related volunteer shortages.

 Community volunteer recruitment efforts face challenges in a post-pandemic world because vulnerable individuals––particularly older adults––have become hesitant to participate in-person, and organizations have become hesitant to utilize volunteers despite the need and benefits to all (Colibaba et al., 2022, p. 5). Community volunteers rely on nonprofit leaders to insure their safety while providing opportunities for meaningful engagement. One psychological factor that provides meaning to volunteers is “the sense of ownership one holds toward the organization” (Ainsworth, 2020, p. 2). With the feeling of ownership, one is less likely to abandon that which they own. While, as Ainsworth asserts, “the sense of ownership may be generated by those involved in volunteering” (p. 3), I maintain that the psychological perception of volunteers’ ownership must first be cultivated and overtly encouraged by a nonprofit organization’s *leadership*.

**Background of the Problem**

## Problem Overview

As a candidate pursuing an action research project I will narrow my focus of study to an organization in which, as a member and Director, I have full access: the Bear Valley Community Hospital Foundation––a small, all-volunteer nonprofit organization whose sole purpose and mission are to raise funds for the hospital. Action research represents a collaborative approach to organizational improvement, in which members work alongside researchers in a cycle of planning, acting, observing, and reflecting on an issue or a problem, aiming to solve it and improve organizational performance (Burnes, 2021).

## Historical Context

Wakefield (2022) asserts that, historically, the length of volunteer service can be predicted by determining the strength of a volunteer’s identity. Whereas other factors such as personality and motive have been postulated, the authors of this article argue that identity underlies all other factors. This article satisfactorily answers an alternative research question: “What changes can be made within the Hospital Foundation in order to retain existing members?” In other words, could an intervention similar to Wakefield’s *strengthen existing members’ sense of identity* and community belonging?

 Arka (2022) reminds us that no one forces a volunteer to show up for work – there is an intrinsic desire to make a difference. Managers often lose touch with this fact, or are unaware of it in the first place. Another strong point made by the authors is that astute and perceptive managers will match volunteers to their interests and aptitudes as closely as possible. The concept of personal interest is also important for organizations searching for new volunteers, as attracting them can be made easier if recruiters search in areas where prospective volunteers are already engaged in hobbies, sports, etc. similar to those interests that an organization supports.

# Analysis through Sociological Theory

The social theory that most closely aligns with our project is *Structural Functionalism*, as pioneered by French sociologist and key social theorist Emile Durkheim (Malik, 2022). Malik writes that Durkheim developed the concepts of *structuralism*, which relates to a social order, and *functionalism*, which “refers to societal desires” (p. 8). Durkheim “discovered the process by which individuals socially integrate into society and developed various models to describe the interaction between people and society” (p. 9).

 Society is a complex system whose sum is greater than its parts and can easily fall out of equilibrium; this directly impacts social stability and can disrupt social order, creating dysfunction. The Foundation is comprised of individual volunteer members (parts) who together represent the organization (sum). This organization, in turn, is part of a larger community. Therefore, the Hospital Foundation represents Durkheim’s structuralist model of individuals integrating into society. The functionalist aspect of Durkheim’s theory––centering on societal desires––dovetails with N.T. Wright’s seven universal human longings (2020), which will be explored in detail later in this paper.

 The Hospital Foundation’s mission and purpose are to support the Bear Valley Community Healthcare District by raising funds for needed equipment for direct patient care. Zooming out from the smallest micro components (individual volunteers), the Foundation is part of a community, which is the macro sum of the societal sphere. This project will study the relationship between individual volunteers, the structure of the Hospital Foundation, and its functionality in terms of increased member retention, satisfaction, and improved quality for all involved.

 Due to the Foundation’s entrenchment within a secular public agency, action research project must refrain from direct Christian references despite the fact that charity and healthcare have solid roots in Christian thought (Schmidt, 2004).

 Reichard (2024) argues that “there is an opportunity for mutual critical-constructive dialog across secular public and religious private contexts” (p. 374). Thus, from an applied and clinical sociology standpoint, the movement from the theoretical into the practical offers an opportunity for the Foundation’s research project to “facilitate trust across a secular–sacred divide” (p. 374).

To address the identified problem, a clinical intervention could involve implementing a comprehensive volunteer engagement program. This program could include regular training sessions, recognition ceremonies, and the establishment of clear roles and responsibilities. The intervention aims to create a positive and supportive environment, fostering a sense of belonging and commitment among volunteers. Implementation of such periodic interventions would require collaboration between the applied or clinical sociologist, hospital staff, and current volunteers. Workshops and training sessions could be conducted to educate volunteers about the importance of their roles and the impact they make. Regular feedback mechanisms and recognition events would be integrated into the organization’s routine as part of an overall perpetual intervention strategy.

For the purposes of this action research project, however, a finite training session is planned as a standalone intervention in order to measure and evaluate the intervention over a condensed duration of time.

# Faith-Based Analysis

In his groundbreaking book *Broken Signposts* (2020), Bible scholar, Anglican bishop and acclaimed author N.T. Wright uses the Gospel of John to reveal how Christianity presents a compelling and relevant explanation for our world. Wright argues that every worldview must consider seven “signposts” inherent to humanity: Justice, Love, Spirituality, Beauty, Freedom, Truth, and Power.  If we do not live up to these ideals, our societies and individual lives become unbalanced, creating anger and frustration—negative emotions that divide us from ourselves and from God, he contends. Wright shows how Christianity defines each signpost and illuminates why we so often see them as being "broken" and unattainable.

Drawing on the wisdom of the Gospels, Wright explains why these signposts are fractured and damaged and how Christianity provides the vision, guidance, and hope for making them whole once again, ultimately healing ourselves and our world.

 Abell (2019) frames healthcare as a form of *ministry*. When viewed in this light, there is clarification as to how the motives for ministering to the sick might carry a higher purpose and calling than simply tending to the sick out of guilt or pity.
Although specific religious references are prohibited in Hospital Foundation interactions, this researcher gained a deep understanding that the roots of today’s society and laws are rooted in sacred texts from Judeo-Christian history.

 Charles (2021) asserts that religion truly is a cultural universal, pointing out that religion is not completely separate from society. This makes sense to me. Regardless of America’s governmental restrictions separating church and state, faith-based groups are often involved in assisting governmental agencies––particularly during and following humanitarian crises or other social disruptions.

 It has been valuable to research and learn how religion and culture––being greatly intertwined throughout human history––influence one another. While engaged with Hospital Foundation duties, this researcher is not able to publicly incorporate religious principles. However, at the personal level it is empowering to reflect upon and incorporate spiritual principles into engagement with the organization.

# Designing the Intervention

## Purpose and Objectives

The purpose of this action research project is to address the problem of post-pandemic reduced volunteerism within our Hospital Foundation. The intervention is a training session in peer-to-peer volunteer recruitment strategies. Due to the Foundation’s place within a secular public agency, action research project must refrain from direct Christian references or engagement. Nonetheless, the post-intervention Evaluation and Reflection sections will include evaluations that align with two universal human longings, as analyzed by author N.T. Wright (2020). For the purposes of this action research project, the selected human longings are *love* and *power*.

The training session model of intervention was selected because I have a working familiarity with the peer-to-peer concept (as applied to marketing). A training session intervention has the ability to arm Hospital Foundation volunteers with tools to help them harness their existing social networks to actively recruit new Foundation members.

 Building a sense of community and fostering a positive volunteer experience are crucial elements in successful peer-to-peer recruitment. By empowering current Foundation members, a ripple effect is created that can significantly expand our volunteer base. Personalized invitations or messages can be more effective than generic outreach, as they demonstrate a genuine interest in involving the individual. Existing members are already passionate about our cause, and can therefore effectively convey this enthusiasm to their peers.

## Sociological Theory

Society is a complex system whose sum is greater than its parts and can easily fall out of equilibrium; this directly impacts social stability and can disrupt social order, creating dysfunction. It is the Structural-Functional interaction between elements that has applications when conducting an action research project for the Hospital Foundation. The Foundation is comprised of individual volunteer members (parts) who together represent the organization (sum). This organization, in turn, is part of a larger community. Therefore, the Hospital Foundation represents Durkheim’s structuralist model of individuals integrating into society.

## Faith-Based Considerations (referencing Wright’s 7 Signposts)

N.T. Wright’s seven human longings or ‘signposts,’ while having applicability to the world at large, are also relevant to the recent challenges faced by our Hospital Foundation.

**Justice**

The longing for justice, which Wright defines as “the satisfaction of seeing everything put right” (p.3) means that we humans seek resolutions to perceived injustices.  However, I will expand this desire for resolution further to include the resolution of problems in general. In the case of our organization, pandemic-related attrition affected the Foundation’s ability to fulfill its purpose of aiding the hospital exactly at the time when supplemental equipment was needed the most. Remaining member volunteers experienced a desperate desire to resolve the problem of serving the community despite low numbers of members.

**Love**

Wright’s second human longing is for love––a relationship with someone or something, whether short term or long term, human or not. Wright views love as “being drawn out of myself toward something or someone else” (p. 33).

In the Gospel of John it is written: “I’m giving you a new commandment, and it’s this: love one another! Just as I have loved you, so you must love one another. This is how everybody will know that you are my disciples, if you have love for each other” (13:34–35). Although the Foundation cannot express this in literal, biblical terms, a biblical form of love is nonetheless expressed through its work. The Hospital Foundation’s work reflects two kinds of love: Love of our community, and love of one another as we interact for the common good. Powerful interpersonal relationships are forged while carrying out Foundation tasks, along with a greater love for the community that our goals ultimately support. With a smaller post-pandemic member numbers, and its resulting stress, the Foundation generates less loving interaction––interpersonal and community; hence our longing to grow our member base.

**Spirituality**, according to Wright, is another human longing. And yet, “Western culture has largely relegated ‘religion’ to the private sphere. This has allowed many aspects of social, public, and political life to proceed on the basis of a ‘functional atheism’” (p. 55).

 Our Hospital Foundation is controlled by a public agency; no form of supernatural belief is permitted within our organization’s public discourse. Thus, although individual Foundation members may have their own personal longings for spiritual/religious meaning, we are expressly forbidden from espousing such longings to others within the context of our volunteer work for the agency.

 This research project is a form of personal ministry because improving healthcare is consistent with the Christian establishment of hospitals, as addressed by Alvin J. Schmidt in his seminal book, *How Christianity Changed the World* (2004). While spiritual thought or doctrine cannot be overtly incorporated into this project’s intervention, its ultimate community objective is to improve conditions for tending
the sick.

**Beauty**

According to Wright, the human longing for beauty represents a “searching for a deeper and richer meaning in a world that sometimes seems to overflow with delight but at other times feels dreadful and cold “ (p. 76).

 The Hospital Foundation presents an annual fundraising event, the *Tree of Lights* ceremony. It could be argued that this event, in which community members gather on the hospital grounds in December, fulfills a human longing for beauty through symbolic meaning. At this event, a living pine tree at the hospital site is decorated with lights, and attendees hold candles while the names of loved ones are honored or memorialized. While the main purpose of the *Tree of Lights* is to raise money for our hospital, its intention is broader––to fill a dark, cold night with the warm beauty of deep, rich meaning. During the pandemic, the Foundation was able to adapt to social gathering restrictions by hosting the event online while also allowing guests to attend while parked in their cars. However, the following year, after restrictions were lifted, the beauty of the *Tree of Lights* ceremony was chaotic because task delegation became burdensome to our small post-pandemic member base.

**Freedom**

Wright initially finds the third longing, freedom, challenging to define because “we all know freedom is important for human flourishing, but we all find it harder than we thought to see what it might mean or how to attain it” (p. 95). With regard to this project’s problem statement, it can be stated that the Foundation was not free to flourish in the wake of the pandemic, with volunteer retention and recruitment as the keys to restoring freedom to fully flourish.

**Truth**

Wright asserts that, “All truth is ‘somebody’s truth’” (p. 114). However, for the purposes of the assigned faith analysis and its relation to the Hospital Foundation action research project, the concept of *truth* is difficult to apply to the problem of volunteer retention and recruitment.

**Power**

Wright recounts a correspondence regarding power. He states, “imagine there is a great crisis: a nuclear attack, a *global pandemic* [emphasis added], or a massive natural disaster. Someone goes to the prime minister, the president, or whoever is supposed to be running the country and says, ‘What are you going to do about this?’ and back comes the answer, ‘It’s all right—you see, God’s in charge now’” (p. 132).

 Relating the human longing for power to our Hospital Foundation’s post-pandemic volunteer retention/recruitment challenges…as stated by Wright: “Things have to be done” (p. 133). During and after the pandemic, our Foundation members’ power has been limited not only by our humanness but by governmental restrictions, supply chain disruptions, uncertainty, and fear. John wrote in his Gospel that Jesus announced to Pilate, “My kingdom isn’t the sort that grows in this world” (18:33–36). While the Hospital Foundation focuses its power on helping the earthly world, it is able to accomplish this by tapping into the deep and endless power source of the kingdom.

At the height of the pandemic, those Foundation members who remained active were temporarily empowered by getting to work, focusing on special fundraising appeals to the community, which resulted in purchases of respiratory equipment and much-needed personal protection equipment for hospital staff. As pandemic-related restrictions eased, the organization remained short-handed––members were emotionally and mentally exhausted. At that point, four key members left the organization, citing ‘burnout’.

##  The purpose of this action research project is to utilize an intervention that sustain existing members and entices new members. As was learned from the aforementioned crisis, the Foundation’s power arises when devoting its efforts toward its mission of helping the hospital. Yet this requires a robust membership; hence the need to study ways of retaining and regaining our human “power base.”

Of the 7 signposts, Love (of fellow members and community) and Power (to get things done) are most germane to this action research project.

## Target Group or Issue

The specific target group consists of the eight (8) *currently active* members of our Hospital Foundation. Although there are 19 members, only 8 are active participants.

## Strategies and Activities

This action research intervention is a training session in peer-to-peer volunteer recruitment strategies. Due to the Foundation’s entrenchment within a secular public agency, the project must refrain from direct Christian references or engagement. Nonetheless, the post-intervention Evaluation and Reflection sections include evaluations that will encourage reflection on perceived satisfaction of human longings.

 This intervention was selected because I have a working familiarity with the peer-to-peer concept (as applied to promotion of fundraising events). The training session model of intervention has the ability to equip Hospital Foundation volunteers with tools to help them harness their existing social networks in order to actively recruit new Foundation members.

 Building a sense of community and fostering a positive volunteer experience are crucial elements in successful peer-to-peer recruitment. By empowering current Foundation members, a ripple effect is created that can significantly expand our volunteer base. Personalized invitations or messages can be more effective than generic outreach, as they demonstrate a genuine interest in involving the individual. Existing members are already passionate about our cause, and can therefore effectively convey this enthusiasm to their peers.

## Resources Needed

At Foundation meeting, discuss training and invite members to attend (TBA).

Book the hospital conference room for specific date/time, with an alternate date/time.

Request that I.T. department set up audiovisual equipment for PowerPoint presentation.

## Timeline

Although the training session outline is formally broken into 7 “sessions,” the actual PowerPoint training session can be completed in a total of two hours.

## Anticipated Challenges

Potential challenges are anticipated relate to scheduling the conference room, equipment, and attendees. A possible workaround option is to present the training live via Zoom.

## Measuring Success

A printed “log sheet” will be given to each attendee of the training session. This will allow attendees to document their newly acquired recruitment strategies. Training session attendees will employ these strategies within their social interactions. After two months post-training, the log sheets will be collected and analyzed for informal qualitative data from participating Foundation members’ social encounters with contacts:

º Contact’s rejection of Foundation-related dialogue

º Contact’s willingness to accept printed Foundation materials

º Contact’s willingness to attend a Foundation meeting or event

º Contact’s physical appearance at a Foundation meeting or event

º Contact applies for membership in the Foundation

It must be noted that, with an active Hospital Foundation member base of only 8 people, even one person from outside our organization joins the Foundation (as a documented result of the training session), this Action Research Intervention will be considered a success!

# Ethical Considerations

Ethical issues in applied and clinical sociology underscore the complex interplay between research, intervention, and the wellbeing of individuals and communities. Navigating these ethical considerations requires a commitment to transparency, cultural sensitivity, and social justice. Applied and clinical sociology play crucial roles in translating sociological knowledge into practical solutions for addressing societal challenges. As sociologists engage with communities and individuals to effect constructive change, a myriad of ethical issues emerges. This section explores the ethical dimensions inherent in applied and clinical sociology, shedding light on the complexities of navigating these concerns while striving for social betterment.

**Informed Consent and Confidentiality**

One foundational ethical consideration in applied and clinical sociology is the principle of informed consent. Researchers and practitioners must ensure that individuals understand the purpose, risks, and benefits of their involvement and freely consent to participate. Additionally, maintaining confidentiality is paramount to safeguarding the privacy and trust of participants. Striking a delicate balance between extracting valuable information and preserving anonymity requires a nuanced approach, as the potential impact of sensitive data on individuals and communities must be carefully considered.

**Avoiding Harm**

Avoiding iatrogenic interventions, where well-intentioned actions inadvertently cause harm, is crucial in applied and clinical sociology. Reichard (2024) asserts that: “There is a tendency within the applied and clinical tradition to attempt interventions until something works, and yet, mistakes are repeated, and the very clients who are the intended recipients of the intervention become perpetual victims instead” (p.373).

 Perhaps iatrogenic harm results from intervention recipients being viewed as *passive subjects* instead of active participants. By actively involving the community in the decision-making process, practitioners can ensure that interventions are contextually relevant and align with the values and priorities of those they aim to assist. Additionally, a commitment to reflexivity is essential, allowing sociologists to continuously reflect upon the impact of their interventions and adjust their approaches accordingly. This self-awareness helps in identifying potential unintended consequences and mitigating any negative effects that may arise during the course of applied and clinical work.

**Power Dynamics and Cultural Sensitivity**

The dynamics of power between sociologists and the communities they engage with raise ethical questions. Practitioners must be vigilant in recognizing and addressing power imbalances to ensure that interventions are collaborative, respectful, and empowering.

 Cultural sensitivity is another critical dimension, demanding an acute awareness of diverse perspectives and values. The ethical imperative here is to avoid cultural imposition, stereotyping, or any form of misrepresentation, and to strive for cultural competence in the development and implementation of programs.

**Social Justice and Unintended Consequences**

Applied and clinical sociology often seeks to promote social justice, yet the pursuit of this noble goal is not without ethical challenges. Striking the right balance between challenging existing inequalities and avoiding unintended negative consequences requires careful consideration. Ethical practitioners must actively work towards constructive social change while being cognizant of the potential impact on vulnerable populations and avoiding actions that could perpetuate or exacerbate social disparities.

**Accountability, Transparency, and Beneficence**

Maintaining accountability and transparency in applied and clinical sociology is essential. Researchers and practitioners have an ethical responsibility to be transparent about the purpose, methods, and outcomes of their work. This involves being accountable to both the communities they serve and the funding sources that support their endeavors. Additionally, the ethical principles of beneficence and non-maleficence come into play, necessitating a careful balancing act between maximizing positive outcomes and minimizing potential harm to individuals and communities.

**Community Involvement and Reflexivity**

Ethical engagement in applied and clinical sociology demands a consideration of the level of community involvement in decision-making processes. Practitioners must navigate the tension between their expert knowledge and the lived experiences of the communities they work with, avoiding paternalistic approaches that may undermine the agency of those involved. Regular reflexivity, self-awareness, and a commitment to ongoing dialogue with stakeholders are critical components of ethical practice in these fields.

**Adherence to Professional Ethics**

By adhering to ethical guidelines, fostering community involvement, and continuously reflecting on their practices, sociologists can contribute to constructive social change while upholding high standards of ethical conduct in their applied and clinical work.

## Respect for Persons

Ensure respect for the individuals and communities involved in your research, even though observational or indirect data collection will be employed.

## Cultural Sensitivity

Cultural sensitivity is assured, as all participants in this Action Research intervention are involved in every aspect of the intervention.

## Addressing and Disclosing Bias

No bias is anticipated, as all participants in this Action Research intervention are involved in every aspect of the intervention.

## Transparency and Accountability

As a participatory Action Research intervention, participants will be involved in every aspect of the intervention.

## Site Permissions

Site permissions are fully granted to the Hospital Foundation.

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