The Journal of Extension

Volume 62 | Number 3 Article 23

9-8-2024

A Case Study: Do You Address Your Volunteers' Well-Being or Mental Health During the COVID-19 Pandemic? If So, How?

Daniel J. Robotham
The Pennsylvania State University, djr6131@psu.edu

Suzanna R. Windon
The Pennsylvania State University

Ann E. Echols
Volunteer Centre County

Recommended Citation

Robotham, D. J., Windon, S. R., & Echols, A. E. (2024). A Case Study: Do You Address Your Volunteers' Well-Being or Mental Health During the COVID-19 Pandemic? If So, How?. *The Journal of Extension, 62*(3), Article 23. https://open.clemson.edu/joe/vol62/iss3/23

This Research in Brief is brought to you for free and open access by the Conferences at Clemson OPEN. It has been accepted for inclusion in The Journal of Extension by an authorized editor of Clemson OPEN. For more information, please contact kokeefe@clemson.edu.

JOURNAL OF Extension Research in Brief Volume 62, Issue 3, 2024

A Case Study: Do You Address Your Volunteers' Well-Being or Mental Health During the COVID-19 Pandemic? If So, How?

Daniel J. Robotham[1], Suzanna R. Windon[1], and Ann E. Echols[2]

AUTHORS: [1]The Pennsylvania State University. [2]Vounteer Centre Country.

Abstract. The uncertainty caused by the COVID-19 pandemic had a profound negative impact on volunteer mental health and well-being. We surveyed local non-profit organizational leaders about their practices toward addressing volunteer well-being and mental health during the COVID-19 pandemic. Study results indicated that while over a quarter of organizations did nothing to address volunteer well-being, other organizations utilized several approaches, including one-on-one and group meetings, program implementation, office culture investment, task assignment, and information dissemination. These findings provide valuable insight for Extension educators to develop community mental health and well-being programs to assist non-profit organizations' response to future uncertainty.

INTRODUCTION

The association between mental health during COVID-19 and volunteerism remains underexamined. According to the World Health Organization (WHO; 2004, p. 12), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Among community nonprofits, the mental health of volunteers is of significant concern. The potential of catching COVID, the fear of change in their volunteering tasks, an inability to keep volunteering, and a lack of sufficient support caused adverse mental health outcomes (e.g., emotional distress, anxiety, depression) in many volunteers, especially medical frontline and essential volunteers (Gómez-Durán et al., 2022). Social-distancing limitations reduced traditional volunteering opportunities (Lachance, 2020). Further, they damaged many volunteers' mental health, prompting them to reduce their hours or cease volunteering entirely (Fidelity Charitable, 2020).

Addressing volunteers' mental health is a community issue, with community leaders helping foster and enable community support (Kirk & Shutte, 2004), especially in times of uncertainty. During the current COVID-19 outbreak, the importance of effective leadership on community mental health became apparent and reiterated the crucial role of Extension educators in developing resilient communities. On a community level, university Extension services are firmly positioned to be more active in addressing mental health challenges. Many Extension services already have health and wellness volunteer programs designed to train community leaders to address volunteers' mental and physical health and well-being (Tjeerdsma, 2022; University of Idaho, n.d.). Such programs as the Master Health Volunteer program at South Dakota State University offer evidence-based training to create community leaders capable of assisting others in mental health, leadership, and well-being (Tjeerdsma, 2022). Similarly, the Community Wellness Volunteer program at the University of Idaho trains youth and adult leaders to serve their local community in various health education areas (University of Idaho, n.d.).

Extension and community wellness programs and services are essential due to the potentially devastating impacts of leader responses on their volunteers' and communities' mental health, especially during times of uncertainty. As we saw during the COVID-19 pandemic, without proper resources, training, and support, leadership issues from the national to the community levels emerged related to poor communication practices, inadequate and potentially inaccurate information dissemination, and a lack of reliability (Maak et al., 2021). Unfortunately, despite the apparent need for reliable information and leadership training, resources and advice for nonprofit organizations looking to address volunteers' well-being or mental health during the COVID-19 pandemic unfolded chaotically. In some areas, Extension

services showed a solid capacity to quickly implement online programming and disseminate mental health information and mitigation strategies to their communities (Narine & Meier, 2020). However, best practices, including trauma-informed practices (see ThriveNYC, n.d.), above and beyond prioritizing volunteers' physical safety must be considered and implemented in all areas and organizations.

Although the need for community leadership and Extension on volunteer mental health is evident, the impact of volunteering itself on mental health is not. Mo et al. (2022) conducted a study assessing volunteers' and health workers' happiness and distress levels. They found that volunteers and health workers reported higher mental distress (e.g., depression, anxiety, somatization) but concurrently reported greater happiness levels than the control group. In another study, Chan et al. (2021) found that older adults actively contributed to their communities by volunteering during COVID-19, and some volunteering activities were linked to fewer depression and anxiety symptoms. The authors recommended encouraging older adults to volunteer during the pandemic as a critical pathway to maintaining mental health.

Overall, the mental health of volunteers is a significant concern for communities and nonprofit organizations. The Extension system is firmly placed to address the issue by providing evidence-based information and strategies to community leaders to pass on to their volunteers. Existing research highlights the need to better understand how to support local nonprofit organizational leaders to address their volunteers' mental health during such crises as the COVID-19 pandemic. Specifically, what are organizational leaders' current practices, and where can Extension most effectively intervene to meet their specific needs? To better understand organizational needs and inform Extension practice, we examined how local nonprofit organizations' leaders addressed volunteers' mental health and well-being during the COVID-19 pandemic.

METHODOLOGY

The study reported here is an offshoot of a more comprehensive volunteer retention case study we conducted in 2021 (Windon et al., 2022). In the comprehensive study, we examined organization communication with volunteers, satisfaction with organization volunteer retention, volunteer management practices, and organizational response to the COVID-19 pandemic. In this paper, we wanted to share our findings from the qualitative part of that more comprehensive study. We asked nonprofit organizational leaders to respond to the question "Did you address your volunteers' well-being or mental health during the COVID-19 pandemic? If so, how?" We administered an online questionnaire via Qualtrics to explore local nonprofit organizations' leaders' perceptions. The target population for our case study was approximately 700 nonprofit organization leaders, all from one county in Pennsylvania. Our case study used a census approach outlined in Dillman et al.'s (2014) online data collection technique. Our study population's list of nonprofit organizations was created from the Internal Revenue Service Charity database. We identified more than 1,500 nonprofit organizations in the county. We then Googled each organization on this list to locate its website to the extent possible. We also contacted and used our local networks to connect with these organizations. We distilled email addresses for 696 organizational leaders whom we classified as board presidents or executive directors. We sent an invitation email to ask these leaders to participate in our voluntary study and sent four email reminders. Data collection occurred during the spring of 2021. We received survey responses from 105 leaders. After removing responses with missing data, the final data set included responses from 74 nonprofit organizational leaders, of whom 55 replied to our open-ended survey question about mental health.

The average tenure of the surveyed organizational leaders was slightly more than 10 years. Concerning the organizations themselves, the average age was 41 years old. Surveyed organizations varied in their areas of focus and services, with human services (28%), other areas (18%), health (9%), advocacy (6%), and religion (6%) as the most common. Regarding the observed impact on the organizational volunteer pool due to the COVID-19 pandemic, surveyed organizations experienced a decline in volunteers overall. The majority indicated a loss of between 0% and 30% of their total volunteer pool due to the pandemic. Finally, most volunteering activity at surveyed organizations was done in person, with the average percentage of remote volunteers at just 40%, and just over a quarter (27%) of surveyed organizations did not use remote work.

Data from open-ended survey questions were imported from Qualtrics to NVIVO 12 (software) to analyze data from the 74 participants. We used the narrative analysis method (Clandinin & Connelly, 2000) because this analytic method helped us interpret text data with a storied form. According to Figgou and Pavlopoulos (2015), narrative analysis can help uncover the underlying ideologies embedded in participants' responses and assist in creating the narratives. Participants' responses were analyzed by using an open coding approach without any predisposed scheme. The interrater reliability term within the scope of qualitative research measures the "consistency or repeatability" of how codes are applied to qualitative data by multiple coders (Trochim & Donnelly, 2006). We developed codes refined from the responses through three readings of the text. We assigned a code according to consensus when we reached at least a 90% agreement for each comment. The units of analysis were phrases, sentences, and paragraphs containing cohesive thought. Sixty-three (63) unique phrases, sentences,

and paragraphs were coded and grouped according to like content. The narrative method assisted us with the structure, content, and function of stories in written form (Demuth & Mey, 2015). Seven major themes emerged from the participants' responses, as reflected in their comments (see the Results section).

RESULTS

The study's results indicate a variable organizational response toward addressing well-being or mental health. The organizational response was classified into seven categories, from doing nothing to offering vaccine information or access or following Centers for Disease Control and Prevention (CDC) recommendations for COVID-19. Seven themes were identified after analyzing the groupings: (a) doing nothing, (b) addressing well-being or mental health on a one-on-one level, (c) addressing well-being or mental health by offering programs or encouraging specific programs or practices, (d) addressing well-being or mental health via office culture, (e) addressing well-being or mental health via task assignments, (f) addressing well-being or mental health at the group level, and (g) addressing well-being or mental health by offering vaccine information and access and by following CDC-suggested COVID-19 safety protocols.

DOING NOTHING

Twenty-nine percent (18 responses) indicated that nothing was done organizationally to address volunteers' well-being during the COVID-19 pandemic.

ADDRESSING WELL-BEING OR MENTAL HEALTH ON A ONE-ON-ONE LEVEL

Twenty-two percent (14 responses) indicated that the organizational response to volunteers' well-being and mental health occurred at the one-on-one level. Examples of participant responses included "personal check-ins," "one-on-one meetings with volunteers to see how they [we]re feeling and doing," and "looking for changes in a volunteer's behavior, and if changes [we]re noted, there [we]re those who would reach out to them to make sure they [we]re OK or if there [wa]s a need we could assist with."

ADDRESSING WELL-BEING OR MENTAL HEALTH BY OFFERING PROGRAMS OR ENCOURAGING SPECIFIC PROGRAMS OR PRACTICES

Thirteen percent (eight responses) indicated organizational response at a programmatic level through offering and promoting mental health and well-being programs and practices. Examples of participant responses included, "We train around self-care and address specific instances where volunteer well-being seem[ed] to be in jeopardy," "[W]e have a unit on self-care and boundary setting and often talk[ed] about the importance of prioritizing our mental health since we work in an emotionally taxing field," and "[O]ur whole team [wa]s encouraged to share webinars, TED talks, podcasts, and articles they c[a]me across related to promoting good mental health during COVID-19."

ADDRESSING WELL-BEING OR MENTAL HEALTH VIA OFFICE CULTURE

Eleven percent (seven responses) indicated that office culture was a significant organizational response toward addressing volunteer well-being and mental health. Examples of participant responses included, "[We] tr[ied] to keep the lines of communication so that volunteers kn[e]w that they c[ould] contact me with questions and concerns they ha[d] about volunteering," "We provide[d] PPE [personal protective] equipment, and we celebrate[d] Christmas with tokens of appreciation and gifts of flower bulbs and/or chocolates," and "[W]e work[ed] hard to create a positive and supportive atmosphere for all who pass[ed] through our doors."

ADDRESSING WELL-BEING OR MENTAL HEALTH VIA TASK ASSIGNMENTS

Eleven percent (seven responses) indicated that organizational response occurred through appropriate and considered task assignments. Participant responses included, "We constantly tweak[ed] our schedule, volunteer jobs, and schedule in response to volunteer feedback and staff observations of volunteer behaviors, comments and concerns," "We created new volunteer roles for those who c[ould] no longer volunteer in person," and "[W]ithin the constraints set forth by the agency that funds our program, I tr[ied] to be flexible about deadlines with our volunteers."

ADDRESSING WELL-BEING OR MENTAL HEALTH AT THE GROUP LEVEL

Ten percent (six responses) indicated a group-level organizational response to address volunteer well-being and mental health. Participant responses included "verbal check-ins at Zoom meetings," "discussions at Zoom meetings," and "positive interactions during committee meetings."

ADDRESSING WELL-BEING OR MENTAL HEALTH BY OFFERING VACCINE INFORMATION AND ACCESS AND BY FOLLOWING CDC-SUGGESTED COVID-19 SAFETY PROTOCOLS

Five percent (three responses) indicated that organizational responses consisted of offering vaccine information and access and following CDC-suggested COVID-19 safety protocols. Examples of participant responses included, "[O]ne thing that has been important to us has been helping those who [we]re interested get access to vaccination appointments, such as our senior volunteers, who may find it challenging to navigate finding appointments using online scheduling systems" and "[P]roviding COVID vaccine and testing info.

We . . . established and [we]re vigilant about our COVID-19 prevention efforts, temp checks, required masks, encouraging double masking, physical distancing, windows open and extra ventilation fans, and drastically reduced numbers of people in-house."

DISCUSSION AND CONCLUSION

This study makes an important contribution to research in volunteerism by directly examining the practices used by community nonprofit leaders to address the mental health impacts of the unprecedented global pandemic on their volunteers. Nonprofit organizational leaders were tasked with interpreting and adapting to rapidly changing health and safety recommendations and regulations. They were also responsible for supporting the mental health of themselves and their volunteers while maintaining organizational services within their community.

The COVID-19 pandemic has dramatically altered our understanding of mental health and well-being. During the pandemic, Extension professionals in many communities attempted to meet the needs of their community by distributing evidence-based information and best practices through various means (e.g., social media, websites, online webinars; Israel et al., 2020). However, an influx of information sources and the wide-scale, rapid adoption of CDC and state policies during the height of the pandemic (e.g., masking, the use of hand sanitizer, physical distancing) meant that organizational and community leaders used many different strategies to address the well-being or mental health of those who volunteered (e.g., by prioritizing physical safety, promoting trust and accountability, facilitating social support; Carlsen et al., 2021; Wei et al., 2020).

This divergence in best practices was evident in our study. Certain practices (e.g., prioritizing physical distancing and safety) were not prominent among the surveyed organizations. However, examples of facilitating social support (checking in through one-on-one phone calls and emails, offering health-related programs, supporting self-care practices, and discussing volunteers' needs in group meetings) were identified by participants as specific mental health and well-being practices and were consistent with those identified in the current literature examining organizational response to COVID-19 (Boiral et al., 2021). Likewise, long-standing best practices, including promoting trust and accountability through open-door policies, mentorship, recognition, and task structure and assignment (Camplin, 2009), were identified by participants in our study.

As referenced earlier, Extension is best placed to provide important information and support to communities and community leaders. The observed differences in organizational strategies represent a significant challenge for Extension to develop and implement effective services for community organizational leaders. Overall, the findings of our study highlight the need for a clear understanding of existing organizational practices and relationships among Extension professionals to help them identify these specific areas for intervention and ensure appropriate and relevant leadership development programs related to improving community and organizational mental health practices.

LIMITATIONS AND RECOMMENDATIONS

It should be acknowledged that the current study had specific limitations. The most significant limitation of the current study was the lack of clarity concerning the related but separate concepts of well-being, mental health, and mental illness. Identifying, defining, and measuring one of these concepts for future study is important to avoid potential conflation and confusion. An example of the conflation issue in the current study involved several respondents mentioning that they offered such programs as self-care for well-being while simultaneously indicating that they did not believe that they offered anything that specifically addressed mental health. This confusion suggests that a better conceptualization and narrower focus on mental health would have been beneficial.

Another limitation of the current study was the inability to account for differences between organizational types (i.e., health-related, youth-focused) and their mental health practices. As referenced earlier, we received responses from local nonprofit organizational leaders whose organizations served different functions within the community. Organizational mental health responses may have varied based on organizational services and structure, which was not captured in the current study. Future studies could expand on the current study to examine potential differences in organizational practices related to addressing the mental health of volunteers based on the nature of the services provided by the organization.

Finally, using open-ended questions allowed for potential variation in the quality and clarity of participants' responses due to differences in their willingness/ability to articulate their organizational practices adequately. Although the responses were anonymized, organizational leaders may have hesitated to describe their responses, especially if they did not align with local, state, or federal recommendations and guidelines. Future studies should incorporate alternative qualitative research strategies, such as structured interviews, to better capture the actions taken by participants and allow for real-time clarification of any misinterpretations and confusion on the part of the participants.

IMPLICATIONS

Given the highly contextual focus of our study, the results cannot be generalized. However, our study results highlight a diverse use of best practices, suggesting that Extension programming should be adjusted to meet the needs of the specific organizations rather than provide general information or training. Additionally, our findings provide valuable insight into current organizational practices that could inform dialogue between local Extension educators and nonprofit organizational leaders about relevant, impactful future programming to address volunteers' well-being or mental health, especially in times of uncertainty and crisis. Finally, outside the studied community, nonprofit organizations and Extension educators in similar environments could use the study results to identify potential practices that would be contextually effective in informing community leadership programming and organizational volunteer management practices.

REFERENCES

Boiral, O., Brotherton, M-C., Rivaud, L., & Guillaumie, L. (2021). Organizations' management of the COVID-19 pandemic: A scoping review of business articles. *Sustainability*, *13*, 3993. https://doi.org/10.3390/su13073993

Camplin, J. C. (2009). Volunteers leading volunteers. *Professional Safety*, *54*(5), 36–42.

Carlsen, H. B., Toubøl, J., & Brincker, B. (2021). On solidarity and volunteering during the COVID-19 crisis in Denmark: The impact of social networks and social media groups on the distribution of support. *European Societies*, *23*(51), 5122–5140. https://doi.org/10.1080/14616696.2020.1818270

Chan, W., Chui, C. H. K., Cheung, J. C. S., Lum, T. Y. S., & Lu, S. (2021). Associations between volunteering and mental health during COVID-19 among Chinese older adults. *Journal of Gerontological Social Work*, *64*(6), 599–612. https://doi.org/10.1080/01634372.2021.1904079

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research.* Jossey-Bass.

Demuth, C., & Mey, G. (2015). Qualitative methodology in developmental psychology. *International encyclopedia of the social and behavioral sciences* (2nd ed., pp. 668–675). Elsevier. https://doi.org/10.1016/B978-0-08-097086-8.23156-5

Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, phone, mail, and mixed-mode surveys: The tailored design method.* Wiley.

Fidelity Charitable. (2020). *The role of volunteering in philanthropy.* https://www.fidelitycharitable.org/content/dam/fc-public/docs/resources/the-role-of-volunteering-in-philanthropy.pdf

Figgou, L., & Pavlopoulos, V. (2015). Social psychology: Research methods. In J. D. Wright (Ed.), *International encyclopedia of the social and behavioral sciences* (2nd ed., pp. 544–552). Elsevier. https://doi.org/10.1016/B978-0-08-097086-8.24028-2

Gómez-Durán, E. L., Fumadó, C. M., Gassó, A. M., Díaz, S., Miranda-Mendizabal, A., Forero, C. G., & Virumbrales, M. (2022). COVID-19 pandemic psychological impact and volunteering experience perceptions of medical students after 2 years. *International Journal of Environmental Research and Public Health*, *19*(12), 7532. https://doi.org/10.3390/ijerph19127532

Israel, G. D., Diehl, D. C., Galindo, S., Ward, C., Ramos, A. K., Harrington, M., & Kasner, E. J. (2020). Extension professionals' information use, protective behaviors, and work-life stress during the COVID-19 pandemic. *Journal of Extension*, *58*(6). https://tigerprints.clemson.edu/joe/vol58/iss6/5

Kirk, P., & Shutte, A. (2004). Community leadership development. *Community Development Journal*, *39*, 234–251. https://doi.org/10.1093/cdj/bsh019

Lachance, E. L. (2020). COVID-19 and its impact on volunteering: Moving towards virtual volunteering. *Leisure Sciences*, *43*(1–2), 104–110. https://doi.org/10.1080/01490400.2020.1773990

Maak, T., Pless, N. M., & Wohlgezogen, F. (2021). The fault lines of leadership: Lessons from the global COVID-19 crisis. *Journal of Change Management*, *21*(1), 66–86. https://doi.org/10.1080/14697017.2021.1861724

Mo, T., Layous, K., Zhou, X., & Sedikides, C. (2022). Distressed but happy: Health workers and volunteers during the COVID-19 pandemic. *Culture and Brain*, *10*(1), 27–42. https://doi.org/10.1007/s40167-021-00100-1

Narine, L., & Meier, C. (2020). Responding in a time of crisis: Assessing Extension efforts during COVID-19. *Advancements in Agricultural Development*, *1*(2), 12–23. https://doi.org/10.37433/aad.v1i2.35

ThriveNYC. (n.d.). *Addressing collective trauma from COVID-19: Integrating trauma-informed practices in the workplace.* Thrive in Your Workplace. https://mental-health.cityofnewyork.us/wp-content/uploads/2020/08/Collective-Trauma-training-slides.pdf

Tjeerdsma, M. (2022, June 17). *Master health volunteer program.* South Dakota State Extension. https://extension.sdstate.edu/master-health-volunteer-program

Trochim, W. K. M., & Donnelly, J. P. (2006). The theory of measurement. *Research methods knowledge base* (3rd ed., pp. 63–106). Atomic Dog.

University of Idaho. (n.d.). *Community wellness volunteer program.* https://www.uidaho.edu/extension/well-connected-communities/volunteer

Wei, E., Segall, J., Villanueva, Y., Dang, L. B., Gasca, V. I., Gonzalez, M. P., Roman, M., Mendez-Justiniano, I., Cohen, A. G., & Cho, H. J. (2020). Coping with trauma, celebrating life: Reinventing patient and staff support during the COVID-19 pandemic. *Health Affairs*, *39*(9), 1597–1600. https://doi.org/10.1377/hlthaff.2020.00929

Windon, S. R., Robotham, D., & Echols, A. (2022). What explained nonprofit organizations' satisfaction with volunteer retention during the COVID-19 pandemic? *Journal of Human Sciences and Extension*, *10*(1). https://doi.org/10.54718/YIUB2599

World Health Organization. (2004). *Promoting mental health: Concepts, emerging evidence, practice* (Summary Report).