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The relationship between motivations of volunteers and psychological well-being in Iranian elderly individuals

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Abstract

Background: Participatory actions and voluntary behaviors play a significant role in the health of elderly individuals. Evidence suggests that engagement in voluntary work positively impacts health, psychological well-being, and even longevity, with these benefits being particularly pronounced among older adults. The aim of this study was to examine the relationship between motivation for volunteer activities and psychological well-being in elderly individuals.

Methods: An analytical cross-sectional study was conducted involving 496 elderly individuals, selected through a multi-stage non-random sampling method, at comprehensive health service centers in Golestan Province, Northern Iran, in 2023. Data were collected through Clary's Voluntary Activities Questionnaire and Ryff's Psychological Well-Being Questionnaire. The data were analyzed using Pearson correlation tests, independent t-tests, chi-square tests, and ANOVA by SPSS v.26, all at a significance level of 0.05.

Results: The mean scores of voluntary motivation and psychological well-being among the elderly were 180.01±11.79 and 64.72±5.30, respectively. The results of the Pearson correlation test indicated a positive and significant relationship between the total score of voluntary functions and the total score of psychological well-being (r=0.1, p = 0.03).

Conclusion: Motivation for volunteer activities may be a significant factor in enhancing the psychological well-being of elderly individuals. Therefore, it is essential for policymakers in elderly health to create conditions that encourage participation in voluntary activities to promote psychological well-being.

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Highlights

What is current knowledge?

Existing evidence indicates that volunteer and altruistic activities have positive effects on the physical and psychological well-being of elderly individuals, primarily in Western cultures. However, there is a lack of research examining the motivations of older adults to engage in volunteer activities and the relationship between these motivations and psychological well-being within Iranian culture.

What is new here?

This study revealed a significant and direct correlation between the overall motivation for volunteer activities among Iranian elderly residents of Golestan Province and their psychological well-being scores. This finding contributes to the understanding of how volunteerism can enhance mental well-being in this specific cultural context.

Introduction

The global population is currently experiencing an ageing trend, with projections indicating that the number of individuals aged over 60 will nearly double between 2015 and 2050 (1). According to the 2016 census, approximately one-sixth of Iran's population comprises individuals aged 65 and older (2).

In Iran, the increase in the elderly population is occurring at a rate five times that of the overall population growth and it is projected that by 2050, one-third of Iran's population will be elderly (3). As average life expectancy continues to rise, chronic age-related conditions, such as dementia, are inevitably accompanied by associated behavioral and psychological disorders (4).

Mental and neurological disorders among the elderly account for 6.6% of the total disabilities-adjusted life years (DALY) within this age group. While older individuals make significant contributions to society as family members, volunteers, and active participants in the workforce, they are also at heightened risk of developing mental disorders and chronic physical illnesses (5).

Furthermore, the elderly are particularly vulnerable to loneliness and social isolation (6). Research indicates that increased social isolation between the ages of 57 and 85 is a predictor of more severe symptoms of depression and anxiety (7,8). Conversely, there is a pressing need for programs that facilitate the participation of older adults in various activities. For instance, UNESCO projects in South Korea promote the involvement of the elderly in artistic and cultural activities (9). Volunteering serves as a prominent example of fostering active ageing within society. The Sims-Gould study demonstrated that elderly men who felt a high level of security in their residential neighborhood were more likely to engage in volunteer activities (10).

Volunteer activities are characterized as unpaid, non-obligatory, and unrelated to familial commitments (11) and participation in such activities is associated with improved health outcomes, lower mortality rates, reduced levels of depression, and enhanced mental well-being (12,13). Furthermore, volunteer activities facilitate intergenerational interaction among the elderly, enabling older individuals to engage with other age groups and fostering mutual social connections and a sense of appreciation (14). The level of participation in volunteer activities tends to be higher among elderly individuals who enjoy better health, possess higher incomes, and have attained higher levels of education (15). Since retirement poses a risk of declining health for some individuals, volunteering can play a significant role in the lives of people during the transition from work to retirement. In many countries, the participation of older adults in volunteer activities is on the rise, and programs

specifically designed for this subpopulation are emerging (16). Engagement in volunteer activities by the elderly not only alleviates social burdens but also contributes to improved health and performance among individuals (17). From a psychological perspective, motivation serves as a driving force that directs goal-oriented or purposeful behavior, operating at both conscious and unconscious levels in humans (18). The motivation to engage in volunteer activities is often intertwined with mental health and psychological well-being. Psychological well-being refers to an individual's self-assessment of their life and can be evaluated using criteria such as life satisfaction, happiness, quality of life, and a sense of life fulfilment, even when focusing solely on psychological aspects (19,20). For instance, the findings of a study indicate that individuals who donate money report experiencing greater happiness, and brain imaging studies have shown that voluntary donation is associated with the activation of reward centers in the brain (21). Individuals engage in altruistic behaviors across various domains and for a multitude of reasons; however, there remains a limited understanding of age-related differences in emotional responses to social behavior, as well as age differences in the emotional motivations underlying altruistic social behavior (22).

Understanding the perspectives and attitudes of older adults regarding volunteering, as well as comprehending how this social behavior relates to their psychological well-being, is essential for creating an environment that encourages greater participation among volunteers (23). Given that there has been insufficient research on voluntary activities and the attitudes of older adults towards them within Iranian society, this study was designed and conducted. It is anticipated that the findings will promote further efforts to engage middle-aged individuals in volunteer-related activities. The aim of this study is to examine the relationship between the motivations for volunteering and psychological well-being in older adults.

Methods

This cross-sectional study, employing an analytical approach, was conducted in 2023 among elderly individuals aged 60 years and older residing in Golestan Province, Northern Iran. In this study, the sample size was determined based on the results of Borgonovi et al.'s 2008 study (Correlation coefficient = 0.225) (24), using G*Power software version 3.1.9.4. With an alpha error of 5% and a power of 80%, and applying the appropriate sample size formula for correlation studies, a total of 496 older adults were estimated as the required sample size.

The inclusion criteria for this study were as follows: participants must be willing to engage in the research, possess the ability to respond to the questionnaire, reside in one of the cities of Kordkuy, Gorgan, or Kalaleh, be over the age of 60 years, and self-report an absence of known psychiatric disorders.

The province was systematically divided into three distinct regions: East, Central, and West, which include the cities of Kordkuy, Gorgan, and Kalaleh. The total sample size was allocated proportionally, reflecting the elderly population served by each center within these three regions (Table 1).

Table 1. Sampling Framework of elderly individuals in comprehensive Health Centers of Golestan Province (n=496)

City	Comprehensive Health Centers	Total number of elderly	Allocated percentage	Number of allocated samples from each Center
Gorgan	Anjirab	500	3.10	14
	Ghadir	1176	7.12	34
	Emam Reza	1053	6.30	29
	Ghalee Hasan	454	2.74	10
	Golha	2357	14.23	96
	Gorgan jadid	1298	7.84	34
	Jaahad	1774	10.71	50
	Ozine	833	5.03	25
Kalaleh	1 (Health Center)	696	4.20	20
	2 (Health Center)	1610	9.72	44
Kordkuy	1 (Health Center)	3201	19.33	95
	2 (Health Center)	1603	9.68	45
Total		16555	100	496

The data collection instrument consisted of a demographic information form, a Volunteer Functions Inventory (VFI), and a psychological well-being scale. The VFI, developed by Clary et al. (1998) (25), has had its psychometric properties evaluated within the Iranian population by Hatami Varzaneh et al. (26). This tool comprises 30 questions and includes six factors, each consisting of five items: values, understanding, protection, social, professional, and enhancement. Scores range from 30 to 210, with lower scores indicating a reduced willingness to engage in volunteer activities (25). The questionnaire measures volunteerism on a continuous scale, with higher scores reflecting a greater willingness to participate in voluntary activities, and no predefined cut-off point is used. Psychometric findings from previous studies have reported the internal consistency of this scale to range from 0.78 to 0.84. Additionally, construct validity and factor structure have been confirmed in 18 factor analysis studies conducted in various countries using this instrument (26-28).

The Psychological Well-Being (PWB) Scale developed by Ryff, which has been validated by Khanjani, was utilized in this study (29,30). This questionnaire comprises six subscales, each consisting of three questions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. A higher score indicates better psychological well-being. The correlation between the short version of the Ryff Psychological Well-Being Scale and the original scale has ranged from 0.70 to 0.89 (30). The Cronbach's alpha coefficient for this questionnaire was reported to be 0.65 (31).

To collect data, the researcher (The first author of the article) visited urban comprehensive health centers in accordance with the classifications outlined in Table 1, after obtaining the necessary permissions. Following the acquisition of informed consent from the participants, the Volunteer Functions Questionnaire and the psychological well-being scale were administered to the elderly participants. The questions were read aloud by the interviewer for all participants, and responses were entered into an online form based on the participants' feedback, which was accessible via mobile devices. The questionnaires were designed on the online Persian platform known as Porsline.

For the analysis of demographic data, mean and standard deviation were used to describe the scores of motivations for volunteer activities and psychological well-being, while frequency and percentages were employed to describe qualitative (Categorical) variables. For bivariate analysis, independent t-tests, chi-square tests, ANOVA, and Pearson correlation tests were utilized. A significance level of $P < 0.05$ was considered in this study. Data presentation and analysis were conducted using IBM SPSS Statistics Version 26 based on participants' responses.

Results

The mean age of the participants was 65.57 years, with a standard deviation (SD) of 5.87 years (Range: 60-85 years). The majority of the elderly participants were women (76%) and married (78%). Table 2 summarizes the demographic characteristics of the elderly participants in the study.

Based on the findings of the study, the subscale " Enhancement (Promotion)" had the highest mean score, while the "Social" subscale had the lowest mean score. The mean scores and standard deviations for the other subscales are presented in Table 3.

The level of psychological well-being is presented according to the Ryff Scale. The highest score was achieved in the "Purpose in Life" subscale, while the lowest score was recorded in the "Environmental Mastery" subscale (Table 4).

Psychological well-being among the elderly is reported in three categories: poor, moderate, and good. More than half of the elderly participants had moderate psychological well-being, with 327 individuals (65.90%) falling into this category. In contrast, 105 participants (21.20%) were classified as having poor psychological well-being, while 64 participants (12.90%) were categorized as having good psychological well-being. The score ranges for each category were as follows: poor (48 - 60), moderate (61 - 70), and good (71 - 81).

The results, as presented in Table 5, indicate significant ethnic differences in two subscales of psychological well-being: Environmental Mastery and Purpose in Life. Specifically, for Environmental Mastery, Baloch participants had the lowest score, whereas Persians had the highest score. In terms of Purpose in Life,

Turkmen elders had the lowest mean score, while Baloch participants had the highest score. No significant differences were found in other subscales (P > 0.05). Notably, the total psychological well-being score differed significantly among ethnic Persian (P = 0.02), with Persian participants exhibiting the highest overall psychological well-being.

Table 2. Distribution of demographic variables among elderly participants in the study (n=496)

Variable name	Subcategories	Count	Percentage
Gender	Male	119	24
	Female	377	76
Marital status	Single	10	2
	Married	387	78
	Widowed	99	20
Education level	Below Diploma	216	43.5
	Diploma	206	41.5
	Associate's/Bachelor's	42	8.5
	Master's/Doctorate	32	6.5
City of residence	Gorgan	283	57%
	Kordkuy	143	28.8
	Kalaleh	70	14.1
Type of residence	Urban	469	94.6
	Suburban	27	5.4
Ethnicity	Turkmen	67	13.5%
	Persian	220	44.4
	Sistani-Baluch	73	14.7
	Other	136	27.4
Occupation	Self-employed	186	37.5
	Unemployed/Homemaker	180	36.3
	Retired	77	15.5
	Employee	23	4.6
	Worker	11	2.2
	Farmer	19	3.8
Income level (in Tomans)	Less than 5 million	413	83.30
	Between 5 and 10 million	55	11.10
	More than 10 million	28	5.60

Table 3. Level of motivation for voluntary activity based on the volunteer functions questionnaire and its subscales among elderly participants in the study (n=496)

Subscales	Minimum score	Maximum score	Mean	Standard Deviation
Values	19.00	35.00	32.80	2.46
Understanding	15.00	35.00	31.18	3.29
Protection	13.00	35.00	28.86	4.23
Social	10.00	35.00	**25.70**	4.63
Professional (Career)	15.00	35.00	28.64	3.81
Enhancement (Promotion)	17.00	35.00	**32.84**	2.52
Total Score	96.00	210.00	180.01	11.79

Table 4. Level of psychological well-being based on the Ryff scale among elderly participants in the study (n=496)

Psychological well-being subscales	Minimum score	Maximum score	Mean	Standard Deviation
Autonomy	5	16	11.30	1.50
Environmental mastery	4	16	**9.64**	2.25
Personal growth	4	16	10.44	1.94
Positive relation with others	4	18	11.41	2.65
Purpose in life	4	18	**11.49**	2.69
Self-acceptance	4	16	10.43	2.34
Total score	48	81	64.72	5.30

In response to the question of whether you have ever engaged in voluntary and charitable activities:

As shown in Table 6, a significant between-group difference (p = 0.02) was observed in total psychological well-being scores. Elders who volunteered achieved higher psychological well-being scores (64.77 ± 5.27) compared to non-volunteers (59.50 ± 5.58), indicating a small-to-medium effect size. Significant differences (p = 0.04) were particularly notable in the Purpose in Life subscale (Volunteers: 11.51 ± 2.69 vs. non-volunteers: 10.17 ± 1.17).

Table 5. Mean scores of psychological well-being and its subscales by ethnicity among elderly participants (n = 496)

Psychological Well-being subscales	Ethnicity	Mean score	Standard deviation	F	P-Value*
Autonomy	Turkmen	11.10	1.39	1.71	0.17
	Persian	11.40	1.45		
	Baloch	11.49	1.45		
	Other ethnicities	11.13	1.70		
Environmental mastery	Turkmen	9.55	2.40	2.93	0.03
	Persian	9.83	2.12		
	Baloch	8.96	2.19		
	Other ethnicities	9.74	2.34		
Personal growth	Turkmen	10.73	1.72	0.86	0.46
	Persian	10.47	1.89		
	Baloch	10.32	2.10		
	Other ethnicities	10.30	2.03		
Positive relation with others	Turkmen	11.43	2.76	1.79	0.15
	Persian	11.58	2.60		
	Baloch	11.70	2.70		
	Other ethnicities	10.98	2.65		
Purpose in life	Turkmen	10.55	2.63	3.29	0.02
	Persian	11.66	2.66		
	Baloch	11.73	2.59		
	Other ethnicities	11.55	2.74		
Self-acceptance	Turkmen	10.58	2.28	0.92	0.43
	Persian	10.55	2.40		
	Baloch	10.41	2.28		
	Other ethnicities	10.16	2.29		
Total score	Turkmen	63.95	5.03	0.30	0.02
	Persian	65.50	5.44		
	Baloch	64.62	4.92		
	Other ethnicities	63.86	5.25		

Table 6. Mean of psychological well-being and subscales by self-reported voluntary activity among elderly participants (n = 496)

Psychological well-being subscales	Having volunteer activity	Mean	Standard Deviation	T	P-Value*
Autonomy	Yes	11.31	1.49	0.50	0.62
	No	11.00	2.36		
Environmental mastery	Yes	9.64	2.25	-0.39	0.69
	No	10.00	1.90		
Personal growth	Yes	10.45	1.93	1.83	0.07
	No	9.00	2.09		
Positive relation with others	Yes	11.42	2.66	0.84	0.40
	No	10.50	2.34		
Purpose in life	Yes	11.51	2.69	2.72	0.04
	No	10.17	1.17		
Self-acceptance	Yes	10.45	2.34	1.69	0.09
	No	8.83	1.33		
Total score	Yes	64.77	5.27	2.43	0.02
	No	59.50	5.58		

The results presented in Table 7 indicate a direct and significant relationship between the total score of volunteer activities and the overall psychological well-being score. Additionally, significant relationships were observed between the total score of volunteer activities and the subscale of psychological well-being related to autonomy, as well as between the social aspect of volunteer activities and both the overall psychological well-being score and the autonomy subscale. Furthermore, significant associations were found between the social aspect of volunteer activities and positive relationships, between professional functioning and the overall well-being score, between professional functioning and positive relationships, and between professional functioning and the subscale of self-acceptance. Lastly, a significant relationship was also noted between promotion and the overall well-being score.

Table 7. Correlation between volunteer activities and psychological well-being in elderly participants (n= 496)

Variables	Self-acceptance		Purpose in life		Positive relation with others		Personal growth		Environmental mastery		Autonomy		Total psychological well-being score	
	P	r *	P	r *	P	r *	P	r *	P	r *	P	r *	P	r *
Total score voluntary activities	0.74	0.02	0.83	- 0.01	0.06	0.08	0.25	0.05	0.75	0.01	**0.03**	0. 10	**0.03**	0.10
Values	0.99	0.001	0.16	- 0.06	0.31	- 0.04	0.25	0.05	0.24	0.05	0.94	0.004	0.77	- 0.01
Understanding	0.07	- 0.08	0.07	- 0.08	0.25	- 0.05	0.16	0.06	0.35	0.04	0.82	- 0.01	0.76	- 0.01
Protection	0.35	0.04	0.59	0.02	0.32	- 0.04	0.40	0.04	0.66	- 0.02	0.25	0.05	0.52	0.03
Social	0.33	- 0.04	0.45	0.03	**0.01**	0.11	0.25	0.05	0.43	0.04	**0.01**	0.11	**0.008**	0.12
Professional (Career)	0.04	0.09	0.95	- 0.003	**0.001**	0.17	0.29	.050	0.19	- 0.05	0.13	0.07	0.03	0.10
Enhancement (Promotion)	0.29	0.05	0.60	0.02	0.85	-0.009	0.58	0.03	0.74	0.02	0.07	0.08	**0.008**	0.07

Discussion

The present study aimed to investigate the relationship between motivation for volunteer activities and psychological well-being in the elderly. The results indicated that the psychological well-being of the elderly increases with higher motivation for volunteer activities and functions. Half of the elderly participants reported a moderate level of motivation for volunteer activities, while more than 60% exhibited moderate psychological well-being.

In the present study, the average total score for motivation toward volunteer activities, as measured by the Volunteer Functions Questionnaire, was approximately 180. A lower score indicates less motivation for volunteer work. It can be inferred that the motivation for volunteer work among the elderly participants in this study was at a desirable level. A direct and significant relationship was found between the volunteer functions of the elderly and their psychological well-being; specifically, as the volunteer functions increased, the well-being scores of the elderly also increased. Evidence suggests that individuals who engage in volunteer activities experience better psychological well-being compared to those who do not participate in such activities. Furthermore, volunteer activities account for additional variance in well-being even after controlling for psychosocial and personality factors (32).

In a study conducted on adults in Australia, participants completed a questionnaire that assessed personal and neighborhood well-being, personality factors, and social psychological resources within the homeostatic well-being model. The analyses revealed that volunteers exhibited higher levels of personal and neighborhood well-being compared to non-volunteers. Additionally, volunteering accounted for greater variance in well-being, even after controlling for psychosocial and personality factors, indicating a strong relationship between volunteering and well-being (33). Volunteering can play a significant role in active aging. The theory of volunteer resources posits that volunteering is influenced by human, social, and cultural capital. The benefits of volunteering have been documented at micro, meso, and macro levels, positively impacting older individuals as well as local communities and society as a whole (34).

Several mechanisms can explain the direct relationship between mental well-being and volunteer functions. Individuals engaged in volunteer activities often possess broader resources, larger social networks, and greater power and prestige, all of which contribute to improved physical and psychological well-being. The sense of accomplishment and usefulness derived from volunteer functions is a key factor in enhancing psychological well-being among these individuals. For elderly individuals who may experience social isolation, participating in volunteer work provides a sense of purpose and helps maintain their social connections. The longitudinal study conducted by Dawila on fostering volunteer work as a social activity among 2,057 elderly Spaniards revealed that low participation in volunteer work is associated with the structure of their social networks. The social networks of elderly Spaniards are primarily composed of family members, while involvement in volunteer activities predominantly occurs through relationships with friends and acquaintances. The authors of this study recommended further investigation into the impact of gender on volunteer involvement (35).

The longitudinal study conducted by Webster and colleagues on the social relationships of 556 adults found that volunteering at a moderate level (101 to 300 hours per year) was associated with fewer symptoms of depression compared to those who did not volunteer. Changes in the social network moderated the relationship between volunteering and self-rated health, with moderate levels of volunteering linked to better mental health outcomes. Therefore, identifying specific conditions under which volunteering is beneficial is essential for developing interventions aimed at promoting health for all individuals, including those in midlife and late life (36).

Additionally, the review study by Nichol and colleagues on the effects of volunteer activities on social, mental, and physical health, as well as the well-being of volunteers, indicated benefits such as reduced mortality and improved performance. Factors such as older age, religious volunteering, and altruistic motivations consistently enhanced these benefits (37).

This study has both strengths and limitations: The high number of elderly samples, along with ethnic diversity and sampling from three different cities in the province, are notable strengths of this study. As this study employed a cross-sectional design, it cannot definitively establish the relationship between psychological well-being variables and motivation for volunteer activities. The non-random sampling method used in this study necessitates caution when generalizing the findings, as the non-random selection of participants may introduce bias. Additionally, the samples consisted of elderly individuals covered by comprehensive health service centers, which may not represent the entire elderly population in Golestan province. Healthier elderly individuals who were able to attend the selected centers participated in the study; therefore, if this study were to be repeated with disabled or ill elderly individuals, different findings may emerge. Among the limitations of the study, it is important to highlight the very small correlation coefficients. Since coefficients less than 0.2 may yield significant p-values, it is possible that these correlations are statistically significant by chance.

Conclusion

The results of the present study indicate that the psychological well-being of the elderly increases with greater motivation toward volunteer activities. Given the anticipated rise in the elderly population in Iran in the coming years, it is essential to engage this demographic in volunteer activities to enhance their mental health. Creating the necessary conditions for the development of these activities can significantly contribute to their overall well-being. Community-level interventions are needed to promote collective participation among the elderly, and longitudinal studies should be conducted to establish the causal relationship between volunteer activities and psychological well-being while controlling for relevant confounding variables.

Additionally, the findings of this study should be integrated into nursing education programs to emphasize the importance of social participation and its impact on the psychological well-being of the elderly. Workshops for nurses and nursing students aimed at encouraging elderly individuals to engage in volunteer activities, along with the design of volunteer programs within healthcare settings, can enhance their social interaction and psychological health. Furthermore, nurses can strengthen the social networks and sense of belonging among the elderly by assessing their motivations for volunteering and establishing support groups.

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Ethical statement
All ethical considerations in human studies have been rigorously maintained, including the preservation of confidentiality, the acquisition of informed consent, the right of participants to withdraw from the study at any time, and adherence to ethical publication practices. The principles of research ethics were followed in accordance with the Declaration of Helsinki, ensuring that all ethical guidelines were actively implemented throughout the study. This study received approval from the Ethics Committee of Golestan University of Medical Sciences, under the ethical code IR.GOUMS.REC.1402.093.

Conflicts of interest
There was no conflict of interest to be declared.

Author contributions
A.S and L.J contributed to the formation of the research idea. A.S, L.J, Z.Sh, and F.M participated in the study design. Z.Sh conducted the sampling. F.M, A.S, and L.J performed the data analysis and interpretation. Z.Sh and A.S prepared the initial draft of the manuscript. Z.Sh, A.S, F.M and L.J reviewed and completed the manuscript. All authors had sufficient participation and contributed to the final version of the manuscript.

Data availability statement
Data will be made available upon reasonable request, subject to review by the research team and consideration of data confidentiality.

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