

WHO STEPS UP? A STUDY ON DEMOGRAPHIC PREDICTORS OF VOLUNTEER INTENT AMONG FUTURE NURSES

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Abstract

Healthcare volunteers have a vital role to play in public health emergencies such as pandemics and natural disasters, with nursing students comprising an important portion of the potential workforce. This study investigates how age, marital status, residence area, financial status, and education program affect nursing students' readiness to volunteer in emergency circumstances in the state of Himachal Pradesh, India. A cross-sectional analysis of 400 final-year nursing students was employed using a stratified sampling method. To determine relationships and effect sizes, data were studied using chi-square tests and Cramer's V. The findings indicate that age, monthly family income, and residence were significantly connected with students' willingness to volunteer during emergencies, whereas marital status, living area, and education course had no significant relationship. These outcomes have practical relevance for designing volunteer mobilization plans based on demographic data. The present study adds to the existing research on Indian nursing students and proposes the inclusion of demographic variables.

Keywords: Nursing, Health Crises, Volunteerism, Demography

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INTRODUCTION

In the past few years, the frequency of public health events, such as COVID-19 and natural disasters, underscored the crucial need for an organized and responsive healthcare workforce. Within this framework, volunteers play a critical role by assisting overburdened health-care institutions, providing important services, and engaging in community outreach during crises. Nursing students, as developing healthcare professionals, are an important part of this prospective volunteer force. Their educational background, clinical experience, and community focus make them especially qualified to contribute successfully during emergency situations.

While various research studies have investigated the psychological and behavioural factors of volunteerism—such as motivation, compassion, perceived behavioural control, and social norms—there is still a significant gap in understanding how demographic traits influence the intention to volunteer. Age, marital status, location of residence, family income, and educational level can all have a major impact on students' perceived capacity, willingness, and readiness to volunteer. For example, students from rural or economically underprivileged families may encounter distinct challenges to engagement, whereas students from metropolitan or higher-income environments may have greater access to volunteer activities and resources.

In India, particularly in rural and semi-urban states such as Himachal Pradesh, empirical data on nursing students' emergency volunteerism is lacking. Understanding how demographic variables influence willingness to volunteer during pandemics, catastrophes, or both is critical for establishing context-sensitive policies, educational initiatives, and mobilisation methods. This study seeks to close this gap by looking into the relationship between selected demographic characteristics and the desire of BSc and MSc (final year) nursing students in the state of Himachal Pradesh (India) to volunteer in emergency situations. The results are expected to give actionable insights for educational institutions, public health authorities, and disaster response planners looking to increase community-based health emergency preparedness through focused volunteer participation.

LITERATURE REVIEW

Scholarly interest in volunteering in emergency and healthcare has become more prevalent, especially in the wake of significant global health emergencies. Ajzen's Theory of Planned Behavior (TPB), published in 1991, proposes that attitudes, subjective norms, and perceived behavioral control each affect the intent of individuals to participate in voluntary actions. TPB has been applied in various studies to aim at better understanding students and healthcare's professional volunteers (Schwartz, 1977; Clary et al., 1998). However, despite their ability to substantially influence intention, demographic factors such as age, income, area of residence, and educational accomplishment are often underestimated. Clary et al. (1998) found that younger people are more inclined to volunteer, probably due to their greater vitality and visionary goals. In a comparable manner, Wilson (2000) observed that monetary reward is an important motivator since it encourages people to dedicate time and resources to volunteer service.

Organizational support and training in disaster response have additionally been identified as essential variables. Calloway et al. (2006) found that healthcare students who had received more formal academic exposure to disaster preparedness were more likely to participate in emergency response programs. Madi and Zhao (2019) found that students who underwent simulation-based emergency training were more inclined to volunteer in disaster relief endeavors. These results support the academic importance and the quality of educational programs that influence volunteer preparation.

Variations in geography and culture, as exhibited by characteristics such as district and residing area (rural versus urban), could impact volunteer opportunities and engagement. Although this varies by the setting, people in urban areas may have easier access to formal volunteer programs and training, while people in remote areas may have unified community cohesion and spontaneous volunteering (Musick & Wilson, 2008). Furthermore, Taniguchi (2012) illustrated how regional differences in disaster exposure impact individuals' sense of duty and readiness to help, with individuals in high-risk locations being more likely to engage in preemptive volunteerism. Studies were carried out as well to determine the impact of societal standards on volunteerism based on gender group. For example, Einolf (2011) claimed that cultural norms on compassion and gender roles usually encourage more women to volunteer in the health sector. However, gender is not the primary focus of the current study; it is necessary to comprehend the various ways in which demographic connections could influence volunteer engagement.

There is limited Indian research on nursing students, especially in rural and semi-urban regions such as Himachal Pradesh, and the evidence remains unknowable. Considering the specific challenges of providing healthcare and the rising significance of nursing education in building community resilience, bridging this gap is vital. Sridharan et al. (2020) highlighted the importance of institutional readiness, revealing that while Indian nursing students were usually inclined to help in crises, they required institutional and motivational support. In a similar order, Joseph and Joseph (2017) discovered that, while Indian youth exhibited altruistic feelings, personal or infrastructure constraints typically hindered participation.

Hustinx et al. (2010) have identified environmental and structural hurdles that are often overlooked in volunteerism models, underlining the importance of integrating sociodemographic elements into disaster preparedness frameworks. Handy et al. (2010) emphasized the importance of developing regionally and contextually suitable volunteer recruitment strategies, particularly in collectivist nations such as India, where societal acceptance and family approval serve crucial roles in volunteer decisions. This study attempts to address this gap by objectively exploring how demographic variables determine nursing students' readiness to serve in emergency situations. By targeting on a rural Indian environment, it adds to the theory and practice of healthcare volunteers by incorporating demographic details as essential components of emergency preparations.

RESEARCH METHODOLOGY

Research Design

An online questionnaire analysed demographics and nursing student commitment to volunteering. After examining relevant studies, the questionnaire included five-point Likert scale items about volunteer intentions, six of which were demographic and one multiple-choice. It was generated and distributed using Google Forms®. Himachal Pradesh districts with multiple nursing schools were chosen for cross-sectional surveys of final-year BSc and MSc nursing students. For 1,179 students, the Qualtrics® online calculator calculated 290 samples.

From August to October 2023, 550 questions via WhatsApp were sent, with a 72.72% response and 400 voluntary responses. Data was examined with SPSS 21. Study confidentiality was protected by ethical permission from participating universities.

Research Questions—

RQ1: Do age, marital status, residence, educational course, family financial status, and college district significantly influence the intention to serve during a pandemic, disaster, or both scenarios?

Hypothesis

- H1: Age, marital status, residence, educational course, family financial status, and college district all have a major impact on the intention to volunteer in pandemic conditions.
- H2: Age, marital status, residence, educational course, family financial status, and college district all have a major impact on willingness to help in emergency situations.
- H3: Age, marital status, residence, educational course, family financial status, and college district all have a major impact on the intention to volunteer in both pandemic and crisis scenarios.

Population and Sample

The study included 400 final-year nursing students from Himachal Pradesh, representing both BSc and MSc nursing programs. To achieve district-wide representation, a stratified sampling procedure was adopted. The data was acquired using a standardised questionnaire that contained demographic information as well as a vital variable, "Situation," which categorises readiness to volunteer in the following situations: pandemic only, disaster only, or both. Chi-square tests of independence were used to investigate the relationships between six demographic variables (marriage status, age, living area, monthly family income, education program, and district) and willingness to volunteer. Cramer's V was utilised to determine effect sizes.

RESULTS & FINDINGS

Table 1.1 shows the demographic characteristics of participants :

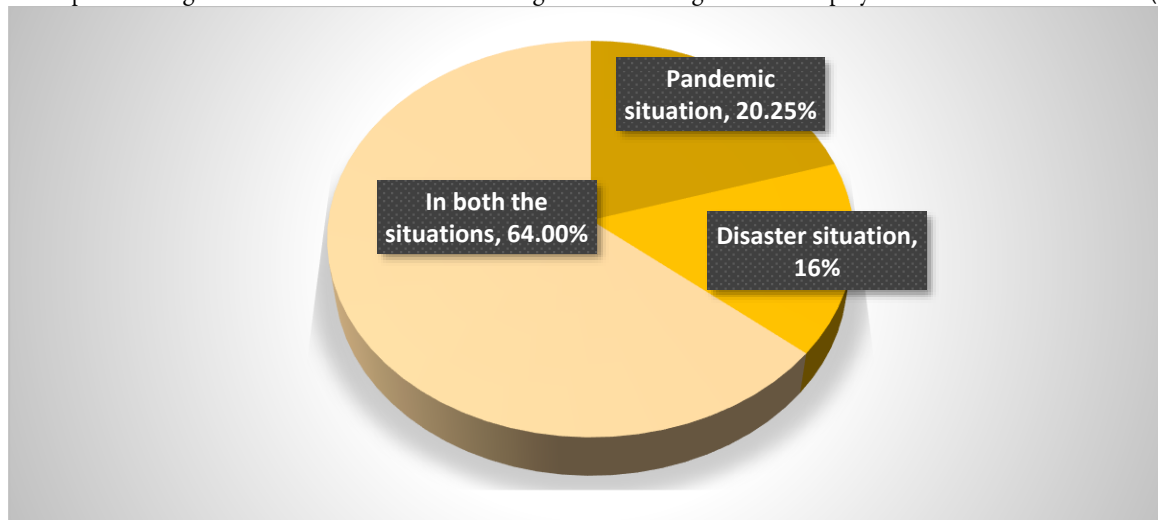
Participants data (n = 400)			
		N	Percentage (%)
Marital status	Married	91	22.75
	Unmarried	309	77.25
Age (years)	less than 20	0	0.00
	20-25	328	82.00
	25-30	63	15.75
	above 30	9	2.25
Residing area	Rural	277	69.25
	Urban	123	30.75
Monthly income (family) (Rs.)	less than 30,000	165	41.25
	30,000-40,000	107	26.75
	40,000-50,000	59	14.75
	above 50,000	69	17.25
Education program	BSc (final)	324	81.00
	MSc (final)	76	19.00
Districts	Shimla	129	32.25
	Solan	54	13.50
	Mandi	56	14.00
	Kangra	161	40.25

Source: Primary data.

The dataset includes 400 respondents and offers demographic information. Most of them (77.25%) are single, and only 22.75% are married. The age data shows that the majority of participants (82%) are between the ages of 20 and 25, with 15.75% aged 25 to 30 and a minor fraction (2.25%) above the age of 30. There are no responses from anyone under 20 years old. In terms of residential areas, 69.25% live in rural areas, whereas 30.75% dwell in cities. According to household income data, 41.25% have less than Rs. 30,000 per month, followed by 26.75% earning between Rs. 30,000 and 40,000, 14.75% earning between Rs. 40,000 and 50,000, and 17.25% earning more than Rs. 50,000.

In terms of education, 81% are in the final year of a BSc program, while 19% are in the final year of an MSc degree. The participants are divided into four districts: 32.25% (Shimla), 13.50% (Solan), 14% (Mandi), and 40.25% from Kangra. This demographic profile shows a young, rural, and unmarried population, most of them pursuing bachelor studies.

Figure 1.1 depicts willingness to volunteer in various settings where nursing students display their abilities to volunteer. (n = 400)



Source: primary data.

Table 1.2 summarizes the findings of the chi-square tests.

Demographic Variable	Chi-square Value	DF	p-value	Cramer's V
Marital Status	3.928	2	.140	.099
Age	13.894	4	.008	.132
Residing Area	1.404	2	.496	.059
Monthly Family Income	35.200	6	<.001	.210
Education Program	3.111	2	.211	.088
District	35.845	10	<.001	.212

Source: Primary data.

Here, the chi-square test has been utilized to determine the relationship between various demographic characteristics and the intention to volunteer during pandemics, disasters, and combined emergencies. Out of the three hypotheses proposed (H1, H2, H3), the study found partial support for each. Specifically, **only age, monthly family income, and district of residence** showed statistically significant associations with the intention to volunteer in emergency situations (pandemics, disasters, or both). Meanwhile, **marital status, living area, and education program** did not show significant influence. Therefore, the hypotheses were **partially proven**, confirming that some but not all demographic variables significantly impact volunteer intent among nursing students.

Among the variables examined, age, monthly family income, and district all had statistically significant relationships with the intention to volunteer. Age has a significant association with the intention to volunteer ($\chi^2 = 13.894$, $df = 4$, $p = .008$), indicating that willingness to participate in volunteer activities varies by age group. The effect size, as indicated by Cramer's V (.132), suggests a weak to moderate connection. This could indicate differences in motivation, energy levels, or availability between younger and older nursing students. Monthly household income had a high and statistically significant correlation ($\chi^2 = 35.200$, $df = 6$, $p < .001$) with the intention to volunteer. With a Cramer's V of 0.210, this suggests a moderate correlation, implying that students from diverse socioeconomic backgrounds interpret volunteering differently—possibly due to financial security, resource availability, or familial duties. District of residency had a significant correlation with intention to volunteer ($\chi^2 = 35.845$, $df = 10$, $p < .001$), with a Cramer's V of .212 indicating a moderate effect size. This finding shows potential geographic or district-level differences in emergency exposure, local volunteering culture, infrastructure, or access to opportunities, all of which could influence student intentions. On the other hand, marital status ($p = .140$), living area ($p = .496$), and education program ($p = .211$) did not show statistically significant associations with intention to volunteer, implying that these factors may not independently influence students' willingness to volunteer during emergency situations in a meaningful way.

DISCUSSION

The outcomes of this study can be conceptually explained within the context of Ajzen's (1991) Theory of Planned Behaviour (TPB), which posits that attitudes, subjective standards, and perceived behavioural control all affect behavioral intention. While TPB has traditionally focused on psychological and cognitive components, the results of this study highlight the importance of including demographic characteristics as contextual moderators that affect or constrain these components. For example, younger respondents may feel more physically capable or emotionally resilient, enhancing their confidence to volunteer. Similarly, family income may influence both perceived behavioral control and subjective criteria, with financially stable participants experiencing fewer constraints and more family or peer support for volunteering. The importance of residing area shows that environmental and institutional factors play an important role in shaping attitudes, possibly via local exposure to emergencies, the prevalence of volunteer opportunities, or district-level norms on community engagement in volunteer activities.

These results also support structural and contextual theories of volunteerism, such as those proposed by Hustinx et al. (2010), which argued that socio-demographic and institutional factors had a significant effect on individual volunteering behaviors. The absence of substantial relationships for variables such as marital status, residence area, and educational program indicates that not all structural elements influence intention equally; rather, volunteering behavior is context-dependent and specifically reactive to specific demographic factors. This provides support to the idea that, while individual-level psychological approaches are important, incorporating sociodemographic variables provides an improved comprehensive understanding of volunteer intention in healthcare emergencies. As a consequence, the theoretical conclusion is that demographic attributes, which are frequently treated as contextual variables, should be treated as more explicitly as proactive aspects in deciding behavioral intentions, particularly in resource-constrained and rural healthcare settings such as Himachal Pradesh.

APPLICATION OF STUDY FINDINGS

These findings have various practical ramifications. First, methods for including volunteers in nursing education and public health programs should consider age-related motives and barriers. Younger students may be engaged by active and short-term opportunities, whereas MSc students may benefit from tasks that require more responsibility. Second, students from low-income families may feel constraints to volunteer. Educational institutions and authorities can explore offering rewards, stipends, or academic credits to mitigate economic obstacles and enhance participation. Third, the variations across districts underscore the need for more tailored responses. Each district's cultural, societal, and infrastructural conditions should be considered while formulating methods for involvement. Districts having lower participation intent, for example, may benefit from enhanced awareness campaigns, training courses, and fostering community initiatives. Understanding which demographic factors have a significant influence on volunteering intention can help stakeholders, including nursing schools, health organizations, and emergency management authorities, to formulate targeted interventions that aim at promoting productive and inclusive volunteer participation during health crises.

CONCLUSION

Combined together, the results support the hypothesis in which demographic context serves as a pivotal moderator within the Theory of Planned Behavior's attitudinal-normative-control triad. Age, family income, and district appear as socio-structural mechanisms through which perceived control, subjective norms, and even attitudes had been changed, ultimately modifying volunteering intentions among nursing students in emergency settings. This highlights the need to expand TPB-based models beyond individual cognition by integrating them in actual situations of socio-economic and geographic diversity—especially among rural, resource-constrained areas like Himachal Pradesh. Future research should therefore specifically integrate demographic and environmental factors more explicitly, employ longitudinal methods to capture shifting intentions, and explore intervention strategies that tailor motivational, skill improvement, and logistical support to the unique demographic profiles shown to be most significant.

LIMITATIONS

This study has certain limitations. First, it is cross-sectional in nature, which restricts causal interpretation between demographic factors and willingness to volunteer. Second, the data is self-reported and may be subject to social desirability bias. Third, the sample is limited to final-year nursing students from Himachal Pradesh, which may not be representative of all nursing students across India. Additionally, the study did not account for psychosocial variables (e.g., motivation, perceived risk, or prior volunteer experience), which could also influence volunteering intent.

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