



# A Look into Motivations and Barriers to Student Involvement at the SHARING Clinic, a Student-Run Free Clinic

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## Abstract

**Background:** The University of Nebraska Medical Center (UNMC) is the host of a student-run free clinic (SRFC) called SHARING (Student Health Alliance Reaching Indigent Needy Groups) which has been serving uninsured patients in the Omaha metro area since 1997. Interprofessional student volunteers from medicine, pharmacy, nursing, medical laboratory science, physical therapy, and physician assistant programs operate under the supervision of an attending physician at each clinic. As a quality improvement project regarding volunteer recruitment, a survey of students was undertaken to determine the motivations and barriers to participation at SHARING.

**Methods:** An anonymous, web-based survey hosted on Microsoft Forms was sent once to current UNMC students using their institutional email addresses. The survey included Likert scale as well as open- and closed-ended questions. Themes were identified in the responses to the open-ended questions and tallied.

**Results:** Out of 1,310 students surveyed, 137 participated for a response rate of 10.5%. Of those who responded, 65% had previously volunteered at SHARING, and their top motivators included gaining clinical experience and helping people in need of free healthcare. Likert scale questions indicated that volunteers were satisfied with their experiences and improved their empathy, clinical reasoning, and interprofessional skills. Of those who had not participated at SHARING, the top barriers were reported to be lack of time for volunteering and feeling inadequately prepared to offer medical care.

**Conclusion:** Decreasing barriers to participation is important for a successful SRFC to be staffed by busy student volunteers. Suggestions for improved participation included a more detailed training program, more flexibility in clinic scheduling, academic incentives such as awards/recognition, and prioritization of advertising efforts. Due to the limited number of respondents to this survey, a wider study may give more detailed feedback that could lead to further quality improvement measures.

## Introduction

The goal of the student run free clinic (SRFC) is to offer health care to vulnerable populations while providing an experiential and multidisciplinary learning environment for medical students and other health professions students. According to a 2021 report from the American Medical Association, before the coronavirus disease-2019 (COVID-19) pandemic, 28.9 million Americans younger than 65 years of age were uninsured.<sup>1</sup>

SRFCs can act as a safety net for these patients.

In addition to the benefit of providing healthcare to those who otherwise may not have access, numerous studies have shown positive outcomes for both students who volunteer as well as patients who receive care at SRFCs. One study found that medical students who do not volunteer at the free clinic associated with their school demonstrate a statistically significant decline in empathy scores across their four years of education.<sup>2</sup> Another study found that students

feel a greater ability to work on an interdisciplinary team, as well as increased clinical decision making skills after they took a course in interprofessional work and volunteered at their SRFC.<sup>3</sup>

Increased feelings of efficacy and ability to work in interprofessional groups was associated with student volunteerism at SRFCs in a number of studies.<sup>4-6</sup> Patient satisfaction was found to be positive at several SRFCs as well.<sup>7-9</sup> Finally, care has been evaluated using metrics like diabetes and hypertension control and showed that SRFCs can provide care equal to, or exceeding, that of other safety net providers and national averages.<sup>10-12</sup>

Motivations for volunteerism have been examined in previous studies. One study asked why healthcare students participate in medical service trips and found that they were motivated by the opportunity to learn more and practice their clinical skills in a way that allowed them to help others in need.<sup>13</sup> Another study done at an SRFC in Sao Paulo, Brazil, found that medical students, specifically, were motivated by both their desire to help others, as well as their sense of duty as future physicians.<sup>14</sup>

SRFCs cannot function without student volunteers; thus, the goal of the current study was to evaluate the motivations and barriers for students volunteering in one SRFC. This study was performed at the Student Health Alliance Reaching Indigent Needy Groups (SHARING) Clinics, an interdisciplinary student-run clinic at the University of Nebraska Medical Center (UNMC) in Omaha, Nebraska. The SHARING Clinics consist of a primary care clinic (SHARING), a sexual health clinic (RESPECT), and a diabetes clinic (GOODLIFE). SHARING Clinic is held every Tuesday evening, RESPECT is held every Monday evening, and GOODLIFE is held one weekday evening per month. These clinics are open to interprofessional volunteers from the Colleges of Medicine, Pharmacy, and Nursing, as well as students in medical laboratory science, physical therapy, and physician assistant programs from the College of Allied Health Professions (CAHP) and social work students from the University of Nebraska Omaha. Each clinic operates under the oversight of an attending physician, with care teams evaluating patients and reporting directly to that physician. Student volunteers are accepted from all levels of

their programs after completing a training module and at least one shadowing experience in the clinic where they wish to volunteer.

As student volunteers are instrumental to the existence and sustainability of the clinic, a secondary goal of this research is to identify areas of quality improvement for the SHARING Clinic leadership team, enabling them to implement strategies to strengthen the volunteer pool and remove some of the barriers to student participation in the clinic.

## Methods

During the Fall 2020 semester, a total of 1,310 UNMC students from the Omaha campus in the Colleges of Medicine (419 students), Pharmacy (237 students), Nursing (234 students), and Allied Health Professions (420 students) were sent an anonymous web-based survey to their institutional email addresses one time. The survey was deemed exempt by the UNMC Institutional Review Board. It included a five-point Likert scale, open-ended, and close-ended questions. The format was a branching survey with a minimum of 6 questions for those who had never volunteered and a maximum of 10 questions for those who had previously volunteered. The complete survey is included in the online appendix.

After the survey submission period closed, three of the authors—SC, BM, and SR—independently went through the free response questions to identify common themes. The investigators met to discuss and reach consensus on the identified themes. The three authors went through the responses jointly to categorize and tally the responses. Some answers included more than one theme. In these cases, the responses were counted in each theme that applied to the answer.

## Results

A total of 137 students responded out of 1,310 recipients for an overall response rate of 10.5%. Of all the respondents, 95.6% had heard of the SHARING Clinics (Table 1). All calculations were completed using Microsoft Excel software.

Overall, 65% of respondents had volunteered at SHARING at least once. The primary motivators

included the desire for clinic experience, feeling it was important to help those in need, and gaining required volunteer hours. Respondents could select more than one option (Figure 1).

The free form responses (n=57) to the question “What did you enjoy about volunteering at the SHARING Clinic?” were identified as the following themes: application of knowledge and skills in clinic (n=30), service to the community (n=18), working on an interdisciplinary team (n=13), opportunity to work with mentors (n=6), and networking (n=5).

When asked “What did you dislike about volunteering at the SHARING Clinic?” students (n=57) responded in free form with the following themes: inefficient use of time (n=25), lack of training (n=12), administrative disorganization (n=12), patient no-shows (n=7), COVID-related disruptions (n=5), unclear interprofessional roles (n=4), and feeling personally underprepared (n=2).

When asked to respond in free form to the question, “After volunteering at the SHARING Clinic, what do you think could be improved?” the following themes were identified (n=47): effective and streamlined workflow (n=17), robust training program (n=15), and flexibility in clinic days and times to accommodate student schedules (n=6),

The five-point Likert scale questions assessed agreement with phrases about interprofessional skills and clinical reasoning. These results showed that most respondents agreed or strongly agreed that they were satisfied with their volunteer experience and felt that it improved many of their medical and bedside manner skills (Figure 2).

According to those who had not volunteered

**Table 1.** Survey response rate by college and percent of respondents who had knowledge of the SHARING clinic and had previously volunteered at least once

| College  | Response (%) | Know of clinic (%) | Previous volunteer (%) |
|----------|--------------|--------------------|------------------------|
| Medicine | 51 (37.2)    | 51 (37.2)          | 36 (26.3)              |
| Nursing  | 4 (2.9)      | 0 (0.0)            | 0 (0.0)                |
| Pharmacy | 34 (24.8)    | 34 (24.8)          | 32 (23.4)              |
| AHP      | 48 (35.0)    | 46 (33.6)          | 21 (15.3)              |
| Total    | 137 (100.0)  | 131 (95.6)         | 89 (65.0)              |

*SHARING: Student Health Alliance Reaching Indigent Needy Groups; AHP: Allied Health Professions*

at SHARING, the main barriers to participation included lack of time, lack of feeling prepared to offer care to real patients, being unaware of the opportunity, and scheduling conflicts. The answer options “Volunteering does not interest me” and “These clinics do not interest me” both received zero responses. The rest of the responses are below (Figure 3).

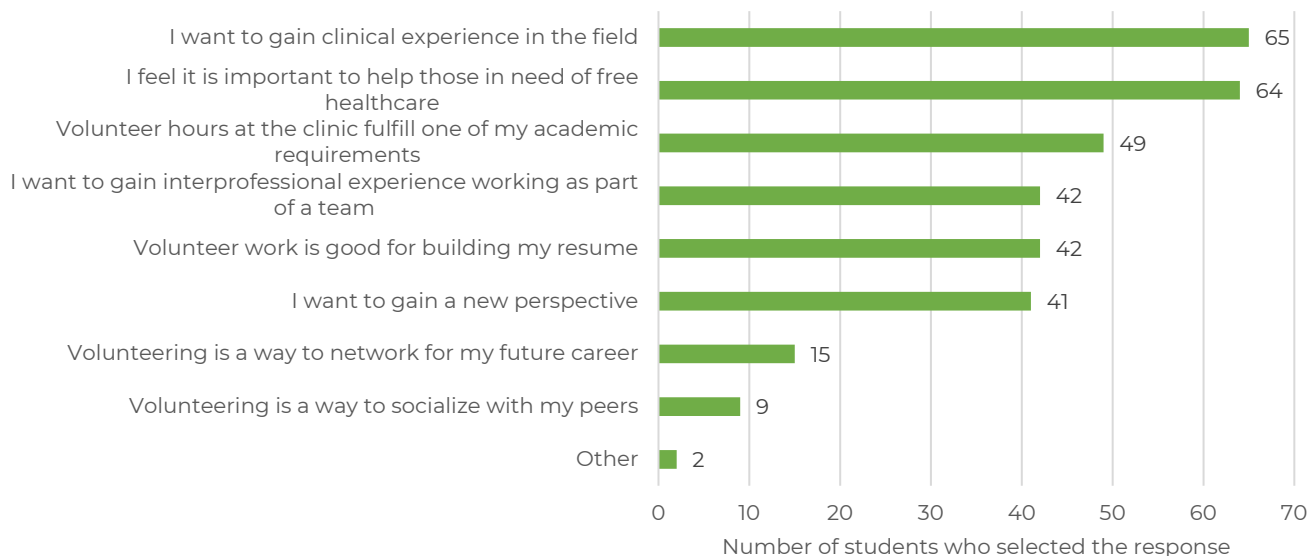
All students, regardless of previous volunteer experience at SHARING, were asked about what would encourage them to volunteer more at SHARING Clinic. Respondents could choose more than one proposed change. Most reported that a detailed training program and more flexible scheduling would be most beneficial in increasing student volunteerism (Table 2).

### Discussion

The results of this survey showed that the top motivators for all students who responded that they had volunteered at least once were to gain more clinical experience, help those in need, fulfill an academic requirement, build their resume, and obtain interprofessional experience. To retain student volunteers and increase volunteerism, the SHARING Clinic—and other SRFCs—could focus their advertising on these benefits. Health professions schools could provide institutional support to SRFCs by providing awards or recognition for students to highlight on their resume. To address the desire for interprofessional experience, SRFCs could offer opportunities for socialization outside of clinic hours, such as happy hours and dinners as well as organized annual interprofessional retreats to allow for professional development. We recognize that at SRFCs financing could be a barrier that needs to be explored.

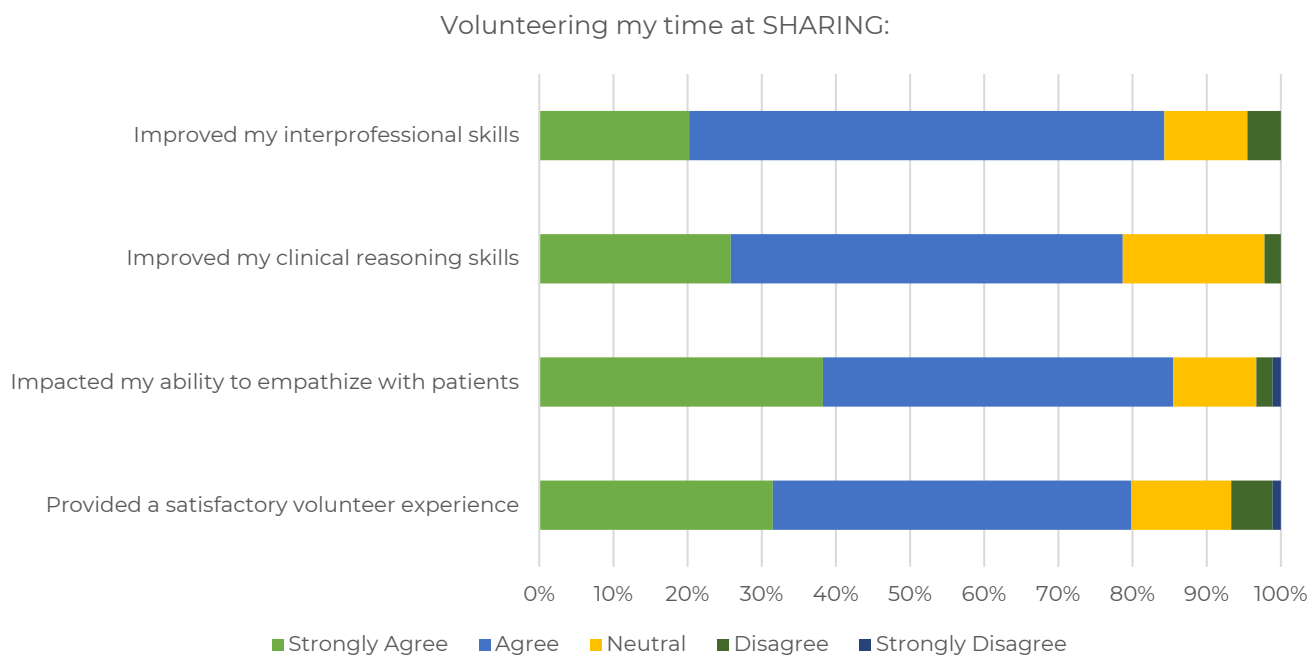
For those who had never volunteered at SHARING, the main barriers were cited as: lack of time to volunteer anywhere, feeling unprepared to offer medical care to real patients, lack of time to volunteer at SHARING with future plans to participate, other, and being unaware of the opportunity. SRFCs could help alleviate the feelings of under preparation by holding patient communication, history taking, and physical exam skills sessions. Additionally, SRFCs would benefit from having robust training programs. Some of the students who participate at the clinic have limited health care experience and volunteer infrequently. The current training program at the

**Figure 1.** Primary motivations for volunteering at SHARING Clinic (n=89)



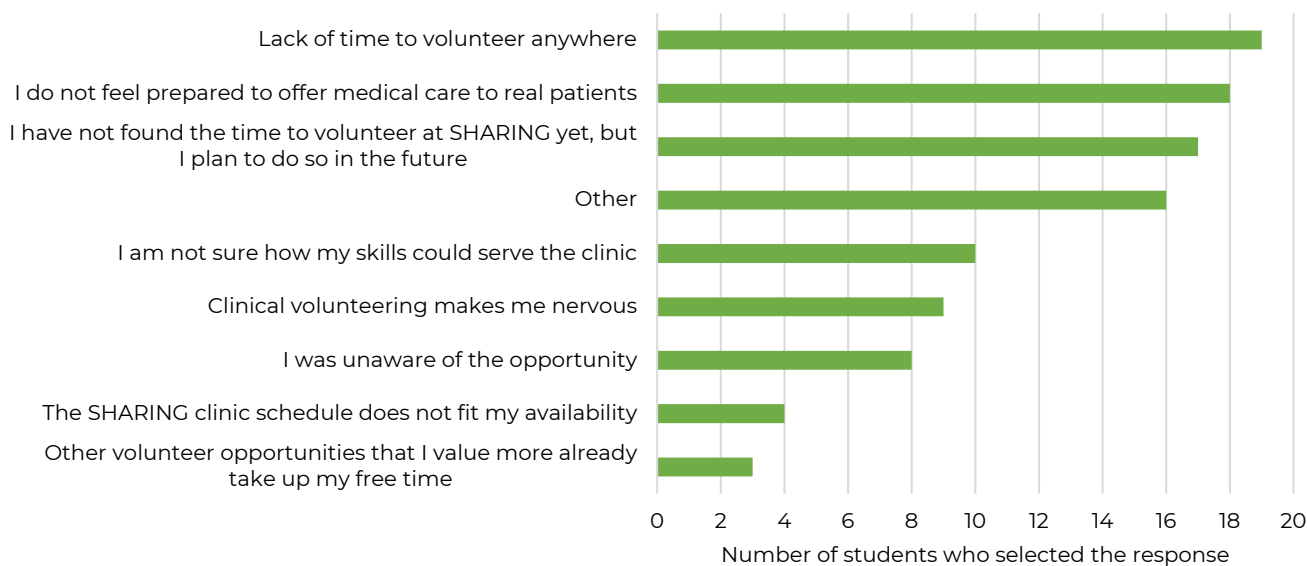
Respondents were allowed to select more than one option.  
 SHARING: Student Health Alliance Reaching Indigent Needy Groups

**Figure 2.** Respondents rated their level of agreement with the following phrases using a five-point Likert Scale (n=89).



SHARING: Student Health Alliance Reaching Indigent Needy Groups

**Figure 3.** Barriers to participation reported by those who have not volunteered at SHARING Clinics (n=48)



Respondents were allowed to select more than one option.  
 SHARING: Student Health Alliance Reaching Indigent Needy Group

SHARING Clinic consists of a single twenty-minute online module that is not updated annually as well as the requirement to shadow a fellow student provider once. We recommend that SRFCs hold in-person training sessions after completion of a short online training module to give volunteers hands-on training experience, like taking vitals, and to introduce them to the actual clinic space. We think it is important for SRFCs to regularly update their training materials to reflect the current environment at the clinic and to maintain an up-to-date hard copy with frequently asked questions, electronic medical record instructions and clear definitions of student provider roles and responsibilities. We advocate for using easily-understood terms, recognizing the varied levels of experience amongst volunteers.

To address the lack of awareness of the clinic, we recommend that SRFC representatives prioritize promotion by attending university orientation events, hanging fliers in all eligible colleges, and utilizing other university specific advertising avenues. The UNMC, for example, has a daily e-newsletter that informs students of campus

events. The Sharing Clinic does not currently advertise their dates on this newsletter. Other clinics should examine if they are using all available advertising resources. Future studies could examine the efficacy of various advertising methods by measuring volunteer rates after implementing new campaigns. One example would be including QR codes on SRFC fliers around campus and tracking website hits.

A major limitation of the current study is the

**Table 2.** Changes that would entice further student volunteerism

| Proposed Change                            | Number Responding (%) |
|--|-----------------------|
| Detailed training program                  | 76 (55.0)             |
| More flexible hours/days                   | 70 (51.0)             |
| Academic incentives such as extra credit   | 41 (30.0)             |
| Clinical experience requirements           | 36 (26.0)             |
| Ability to work from home via telemedicine | 33 (24.0)             |
| Awards/recognition                         | 23 (17.0)             |
| Other                                      | 13 (9.0)              |

response rate of 10.5%. The survey was only sent once to minimize email burden on students. A challenge to attaining an appropriate response rate is that students frequently receive survey requests through their institutional email addresses. These requests come from student and faculty researchers as well as administration fulfilling accreditation requirements. Some of these surveys at our specific institution are required of students, while others, like the research requests, are optional. Students may be experiencing survey fatigue and subsequently ignore optional surveys for this reason. It has been demonstrated that health care provider surveys generally have a lower response rate than surveys of lay people; however, it has been also found that sending surveys multiple times or sending reminders can increase response rate.<sup>15,16</sup> In future surveys of health professions students, we recommend sending out two reminder emails after the original survey and soliciting the help of college deans to encourage participation.

There is some evidence to suggest that telephone surveys have a much higher response rate than email surveys.<sup>17</sup> We recommend telephone surveys for smaller sample sizes, however, for our sample size of 1,310, it would not be feasible due to the increased time commitment. With telephone surveys, privacy concerns with attaining personal phone numbers as well as research budget or time availability must be addressed and assessed.

Notably, there was low response rate (1.7%) from the College of Nursing (CON), and none of those who responded had ever heard of SHARING. This shows that the SHARING Clinic needs to put more resources into recruiting and advertising with the CON. Perhaps adding a nursing student recruiter to the SHARING Clinic board to increase nursing participation could address this disparity, as there are already pharmacy and medical student recruiters on the SHARING board. A challenge with the CON is the length of their program, as the traditional program is two years, and the accelerated program is just one year compared to four years for both the pharmacy and the medical programs. SHARING could consider reaching out to nurse practitioner students, as their education track is longer. In addition, they already have clinical experience and

could serve as mentors for less experienced students. The pharmacy students had all heard of SHARING, likely because it is a program requirement for them. Physician Assistants from the CAHP are also required to volunteer.

Another limitation to the current study is the lack of statistical analysis. This was due to small sample size, low response rate, and lack of demographic information in the original survey. To address this weakness, future surveys can include questions about gender, age, year in program, and area of specialty interest.

Finally, the main changes that were suggested by students to increase volunteerism included a detailed training program and more flexible scheduling. During the year of 2020, the SHARING Clinic moved to a telemedicine format because of the COVID-19 pandemic. This allowed more people to volunteer who normally would be unable due to scheduling conflicts. SRFCs holding one telemedicine night per month may increase volunteerism. Also, having a weekday or weekend day clinic could increase volunteerism. It is important to keep clinic schedules consistent, however, so that patients can become familiar with the available times. A solution should be sought to allow flexibility for student providers while respecting patient need for consistency.

## Conclusion

SRFCs cannot run without student volunteers. Addressing motivations and barriers to student participation is paramount to finding solutions and increasing volunteerism. Our results indicate that students volunteer to attain more clinical experience, build their resume, and network with interprofessional students. We recommend that institutions support their SRFC by providing recognition to frequent volunteers to highlight on their resumes. We also recommend SRFCs hold more social events for interprofessional networking as well as retreats for professional development across disciplines. One barrier was lack of time to volunteer, for which we recommended holding flexible clinic hours. Students also reported feeling unprepared to volunteer. To address this barrier, our approach is multifaceted, including in-person and online training for new volunteers, skills labs, and maintaining an up-to-

date and easily accessible manual that addresses common questions. A barrier to participation was lack of knowledge of the clinic, for which we recommended a more robust outreach program, including utilizing fliers, e-newsletters, and campus events. Future research into best practices for campus distribution of SRFC volunteer opportunities is recommended. The response rate to the current survey was low at 10.5%. We believe that sending the survey multiple times or with reminders and considering a telephone survey could increase this and make the results more representative of the student body at large.

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### Disclosures

The authors have no conflicts of interest to disclose.

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