

# Serving in Developing Countries: A Mixed Methods Study of International Voluntary Service Performance

Skylar Rolf<sup>1</sup>  · Subrata Chakrabarty<sup>2</sup>

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**Abstract** Many volunteer organizations offer short-term international voluntary service (IVS) opportunities as an avenue for participants to provide aid and humanitarian relief in international communities. This study empirically examines four potential antecedents of IVS performance among short-term IVS participants in developing countries: IVS participants' intention to serve in similar IVS roles in the future, whether their IVS is at their preferred geographic location, IVS participants' prior experience in the host country, and their performance in the sending organization's trainings prior to the IVS. Utilizing both analyses of variance and OLS regression analysis of 147 IVS participants across 18 developing countries, we find evidence that short-term IVS performance is positively associated with future intentions to participate in IVS, previously having visited the host country, and performance during pre-travel trainings. Further, we analyze 158 blog posts written by 19 sample IVS participants, which provides a unique 'inside look' into the relationship between host country language skills and IVS performance.

**Keywords** International voluntary service · Volunteer performance · Developing countries · Humanitarian healthcare · Mixed methods

✉ Skylar Rolf  
rolf@uhcl.edu

Subrata Chakrabarty  
chakrabarty@gmail.com

<sup>1</sup> College of Business, University of Houston – Clear Lake, 2700 Bay Area Boulevard, Houston, TX 77058, USA

<sup>2</sup> Center of Excellence in Entrepreneurship and Innovation, North Carolina A&T State University, 1601 E. Market Street, Greensboro, NC 27411, USA

## Introduction

The popularity of international voluntary service (IVS) remains high with an estimated one million people from the USA serving internationally on an annual basis (Lough, 2015). IVS is defined as “an organized period of engagement and contribution to society by volunteers who work across an international border, in another country, or countries” (Sherraden et al., 2008, p. 397) that generally lasts less than 6 months, though some individuals serve for longer periods of time (Meneghini, 2016). Typically, the purpose of IVS is to either provide aid and humanitarian relief to host communities or to develop the participant's international understanding; however, some IVS includes a combination of these two approaches (Lough & Tiessen, 2018; Sherraden et al., 2006).

Considerable attention has been given to the characteristics and motivations of IVS participants (e.g., Horn & Fry, 2013; Meneghini, 2016; Okabe et al., 2019; Rehberg, 2005), the personal impact IVS has on participants (e.g., Campbell & Warner, 2016; McBride et al., 2012), and how sending and host organizations shape the IVS experience (e.g., Lasker, 2016; Nelson & Child, 2016; Sherraden et al., 2008). Yet, despite one of the primary goals of IVS being to benefit host communities (Sherraden et al., 2006), IVS participants can place additional burdens on host organization staff (Fee, 2021), and there is concern that some IVS efforts, particularly in short-term healthcare (McCall & Iltis, 2014; Nouvet et al., 2018), are doing more harm than good. Given the evidence that IVS participants can both positively and negatively impact host organizations and communities (Dickey et al., 2020; Graham et al., 2012; Tiessen & Heron, 2012) and the costly nature of ineffective IVS programs (Sherraden et al., 2008), greater

understanding of how IVS participants can be more effective is needed.

In response to the need to better understand how IVS participants can positively contribute to host organizations and communities, a stream of research has emerged that examines various dimensions of IVS performance and its antecedents. In this research stream, IVS performance has often been conceptualized as capacity building, which can involve a variety of IVS participant activities such as engaging in the operational aspects of the host organization, providing access to tangible and intangible resources, and contributing new perspectives or human capital to the host organization (Lough et al., 2011). However, other dimensions of IVS performance have also been examined, including effectiveness of transferring skills (Tiessen & Lough, 2019), effectiveness of developing international relationships (Tiessen & Lough, 2019), promoting healthcare and nutrition (Lough et al., 2018), performing manual labor (Lough & Tiessen, 2018), and whether the IVS participant successfully accomplished the IVS' objectives (Fee & Gray, 2020).

Within this research stream, a range of antecedents of IVS performance has been examined with largely mixed results. In a qualitative analysis of semi-structured interviews of staff at both volunteer-hosting and non-volunteer-hosting organizations in Peru, skill-level, IVS duration, and host country language ability of short-term IVS participants emerged as important antecedents to capacity building for host organizations (Lough et al., 2011). Further, recent empirical studies have provided support for the positive impact of being highly skilled across several conceptualizations of IVS performance, including capacity building (Lough & Tiessen, 2018; Tiessen & Lough, 2019), skill transfer (Tiessen & Lough, 2019), developing international relationships (Lough & Tiessen, 2018), and promoting healthcare and nutrition (Lough et al., 2018). There is also evidence that IVS participants with technical training (Tiessen & Lough, 2019), with community development training (Lough et al., 2018), that are culturally sensitive (Lough et al., 2018), that are supported by their host organization (Fee & Gray, 2020), and that possess competencies fitting the host organization's needs (Tiessen & Lough, 2019) are more effective. In contrast, the empirical evidence is mixed regarding the impact of IVS duration (Lough & Tiessen, 2018; Lough et al., 2018; Tiessen & Lough, 2019), relevant host country language ability (Lough et al., 2018; Tiessen & Lough, 2019), whether IVS participants are from higher-income countries (Lough et al., 2018; Tiessen & Lough, 2019), and whether IVS participants serve in a group or as individuals (Lough & Tiessen, 2018; Tiessen & Lough, 2019) on various conceptualizations of IVS performance.

This emerging area of research is crucial to developing a body of knowledge that can guide IVS program decision-makers. Yet, additional research of diverse factors is needed in order to better understand how IVS participants can positively contribute to host organizations and communities (Lough & Tiessen, 2018; Tiessen & Lough, 2019). As such, the purpose of this study is to advance understanding of potential antecedents of individual IVS performance among short-term IVS participants in developing countries. To do so, we utilize a mixed methods approach and, in Phase 1 of the study, employ both analyses of variance and OLS regression analysis using a sample of 147 individuals engaged in short-term IVS across 18 developing countries. In Phase 2, we analyze 158 blog posts written by 19 sample participants. Given that the focus of this study is on the overall performance of short-term healthcare IVS participants, we conceptualize IVS performance as the IVS participant's ability to provide culturally appropriate healthcare or public health initiatives, contribute to the host healthcare facility and community, and adjust to the international environment.

Our first contribution to the IVS performance literature is to examine how person–environment fit impacts IVS performance. Though it has been suggested that an IVS participant's commitment to their IVS placement is important (Hawkes, 2014; Lough et al., 2011), it is unknown how participants' intent to serve internationally again in the future and whether their placement is at their preferred service location is associated with their IVS performance. By utilizing person–environment fit theory to guide our examination of these potential antecedents, we further inform IVS scholarship and illuminate practical applications for IVS program decision-makers and sending organizations as they seek to recruit and prepare effective IVS participants.

We also contribute to the IVS performance literature by empirically examining the impact on IVS performance of two novel aspects of IVS participants' human capital, their prior experience in the host country and their performance in the sending organization's trainings prior to the IVS. Recognizing the challenges of living day-to-day in a new culture for IVS participants (Chang et al., 2012; Sherraden et al., 2008), some sending organizations require participants to have had prior international experience or to participate in pre-travel trainings (Lough & Tiessen, 2018; Sherraden et al., 2008). However, it is unknown whether location-specific prior international experience helps IVS participants be more effective. Likewise, while participating in trainings can positively impact an individual's effectiveness during IVS (Lough et al., 2018; Sherraden et al., 2008; Tiessen & Lough, 2019), it is also unknown whether an individual's performance during these pre-travel trainings is related to IVS performance.

Finally, we contribute to the IVS literature by examining a third aspect of IVS participants' human capital, possessing relevant host country language skills, on IVS performance in Phase 2 of our study. Prior interviews of both sending and host organization staff members have highlighted the importance of host country language skills for IVS effectiveness (Hawkes, 2014; Lasker, 2016; Lough et al., 2011). Furthermore, survey results of 288 volunteer-hosting organizations across 68 low- and middle-income countries indicate that possessing relevant host country language skills are important for promoting healthcare and nutrition (Lough et al., 2018) but does not significantly impact skills transfer, capacity development, or the development of social capital during IVS (Lough et al., 2014; Tiessen & Lough, 2019). Thus, in Phase 2 of our study, we respond to Tiessen and Lough's (2019, p. 315) call for "additional research involving case study data collection and qualitative analyses" regarding the importance of possessing relevant host country language skills for IVS participants. By analyzing the blog posts of a purposive sample of 19 short-term IVS participants rather than relying on post hoc interviews or surveys, we offer a novel 'inside look' into participants' IVS experiences, reflect on how each of the observed themes from our qualitative analysis relate to prior empirical findings, and offer potential future research avenues.

## Phase 1: Examining Possible Antecedents of IVS Performance

### Person–Environment Fit and IVS Performance

To better understand potential antecedents of IVS performance, we first draw from person–environment (P–E) fit theory (Caplan, 1987; Edwards et al., 1998). P–E fit is defined as the "congruence, match, or similarity between the person and environment" (Edwards, 2008, p. 168) and has been conceptualized across multiple dimensions (Andela & van der Doef, 2019). P–E fit theory posits that both the individual and the environment influence an individual's attitudes, actions, and well-being (Edwards et al., 1998). Furthermore, P–E fit theory proposes that individuals experience greater stress when there is a perceived misfit with the environment (Edwards et al., 1998) and more positive outcomes when individuals experience greater fit congruence with their environment (Jansen & Kristof-Brown, 2006).

#### *Pre-IVS Intent to Serve Internationally*

Behavioral intentions indicate an individual's expected future actions, and those intentions that are more distant

future oriented are more likely to be reflective of one's values and "sense of true self" than those intentions that are more near future oriented (Eyal et al., 2009; Kivetz & Tyler, 2007, p. 195). For example, in an experiment that asked individuals to volunteer to be a participant in a research study either in the near or distant future, Eyal et al. (2009, p. 39) found that personal values "influenced participants' intention to contribute time in the distant future and not in the near future." Similarly, intentions to engage in future IVS opportunities as part of one's long-term plans (i.e., distant future) likely reflect a core value of the individual, and given that perceptions of P–E fit can be greater for volunteers who engage in activities that align with their values (Englert et al., 2020), we argue that such participants are more likely to perceive value alignment, and thus P–E fit during their IVS. Furthermore, given prior evidence suggesting that perceptions of fit between one's values, motives, or goals and the volunteer environment is important for achieving positive outcomes (Erdurmazli, 2019; Güntert et al., 2015; Milbourn et al., 2019; Tschirhart et al., 2001; Van Schie et al., 2015), we expect individuals with pre-IVS intent to engage in future IVS opportunities as part of their long-term plans to perform better than IVS participants who do not intend to engage in IVS in the future. Formally:

**H1:** Pre-IVS intent to serve internationally again in the future is positively associated with IVS performance.

#### *Preferred IVS Location*

Similar to looking for a volunteer opportunity that fits their values or future plans, some volunteers also look for specific places where they desire to serve (Englert et al., 2020). In order for volunteers to "feel that they are [being] treated fairly," such preferences must be taken seriously by sending organizations (Falasca & Zobel, 2012, p. 252). In addition, given the greater time commitment required for serving internationally compared to domestically and the importance of being able to communicate cross-culturally (Campbell & Warner, 2016; Lasker, 2016; Lough et al., 2011; Sherraden et al., 2008), pre-IVS location preferences are likely to be especially salient for IVS participants. In sum, given the likely salience of pre-IVS location preferences and the aforementioned positive volunteer outcomes associated with greater perceptions of P–E fit, we expect that participants placed in a preferred IVS location will outperform those not placed in a preferred IVS location. Formally:

**H2:** Placement in a preferred IVS location is positively associated with IVS performance.

## Human Capital and IVS Performance

In addition to the relationship between person–environment fit and IVS performance, we also examine the relationship between an IVS participant's human capital and their performance using human capital theory (Becker, 1964; Wilson & Musick, 1997). Human capital is defined as an individual's knowledge, skills, abilities, experiences, and other characteristics that one might leverage to achieve a desired outcome (Ployhart & Moliterno, 2011). Individuals with relevant knowledge, skills, and abilities are often more desirable for IVS focused on delivering aid and relief, whereas IVS focused on international understanding serves to increase IVS participants' human capital (Sherraden et al., 2006, 2008).

### *Pre-IVS Experience in the Host Country*

When they arrive at their service location, IVS participants must navigate the challenges of adjusting to their new environment (Sherraden et al., 2008). While this adjustment process may not dampen the experience of the IVS participant, host organizations encounter significant costs when hosting volunteers that are not well prepared for the IVS event (Lough & Xiang, 2016). These costs are likely to be especially high when IVS participants fail in their efforts to adjust to the new environment (Takeuchi et al., 2005). As such, some host organizations have minimum requirements, such as prior international experience, for individuals interested in IVS with their organization (Lough & Tiessen, 2018). This requirement helps ensure that a host organizations' visiting IVS participants have previously been exposed to a foreign environment, which is important to becoming more cross-culturally competent and aware of international issues (Chang et al., 2012; McBride et al., 2012). Developing intercultural competence, which is defined as "the ability to perceive and adapt to intercultural differences" (Horn & Fry, 2013, p. 1162), enables more effective adjustment to foreign environments in the future (Kim et al., 2008; Takeuchi et al., 2005). In sum, an IVS participant's prior international experiences provide opportunities for the development of human capital related to adjusting to a foreign environment.

In addition to generalizable learning about adjusting to a foreign environment, an international experience also provides an opportunity to develop location-specific knowledge. This knowledge can be either tacit or explicit regarding a specific country's culture and environment but cannot be generalized beyond the host country context (Lord & Ranft, 2000; Westney, 2001). According to prior studies in international business, one of the ways multinational organizations can seek to minimize the difficulties of operating in foreign environments is by acquiring

location-specific knowledge (Li et al., 2016). This acquisition of location-specific knowledge helps the organization adapt and contextualize its product offerings, services, and communication within that environment (Li et al., 2010). Similarly, we argue that individuals with prior experience in the host country of their IVS possess location-specific knowledge, which is a valuable type of human capital that enables them to more quickly adapt and contextualize their voluntary service to the local environment. Thus, we hypothesize:

**H3:** Prior experience in the host country is positively associated with IVS performance.

### *Pre-IVS Training Performance*

Similar to the benefits of prior experience in an international environment, trainings offered by sending organizations can equip individuals for their IVS. Though there is considerable variance in the quality and extent of the trainings offered by sending organizations of short-term IVS participants (Sherraden et al., 2006), participants seem to perform better during their IVS when pre-travel technical training is provided (Tiessen & Lough, 2019). Furthermore, cross-cultural training can amplify one's ability to adjust to a foreign environment and dampen the stress of the experience (Okpara & Kabongo, 2017; Sanchez et al., 2000). However, learning and performance vary between individuals during organizational trainings (Sitzmann & Weinhardt, 2018). This variance suggests there are likely differences among IVS participants in their development of knowledge, skills, or abilities that are germane to their IVS. Thus, we argue that IVS participants that demonstrate greater competency during the sending organization's trainings will be better performers during a short-term IVS event in a developing country. Formally:

**H4:** Performance in the sending organization's trainings prior to the IVS is positively associated with IVS performance.

## Research Design, Methodology, and Analysis

### *Data Collection*

Following prior literature, we employ a sequential mixed methods study (e.g., Girginov et al., 2017; Khieng & Dahles, 2015). In Phase 1, we empirically examine the impact that pre-IVS intent to serve internationally again in the future, IVS location preference, prior experience in the host country, and performance in the sending organization's trainings prior to the IVS has on IVS performance. To do so, we utilize a sample of 147 short-term IVS

participants using data provided by the International Humanitarian Health Organization (a pseudonym subsequently referred to as “IHHO”). IHHO is a nonprofit organization in the USA that equips healthcare professionals and students to engage in humanitarian healthcare service in international, low-resource communities. Each participant was a healthcare professional or healthcare student that participated in an international voluntary service-learning experience offered by IHHO.<sup>1</sup> Prior to their IVS, each participant in the sample completed an application indicating their interest in serving at an IHHO healthcare facility in a developing country. Participants provided relevant background and demographic information about themselves as well as responded to an array of open-ended questions regarding their preferences and interests in serving internationally. IHHO utilized this information to match individual participants with one of their partnering host country healthcare facilities where the healthcare professional or student could engage in an international voluntary service-learning experience. These partnering healthcare facilities are mission-driven organizations located across 18 developing countries (as classified by the United Nations, 2017).

For this study, we examined participants that completed their IVS between July 1, 2008, through June 30, 2013, which included a total of 236 participants.<sup>2</sup> At the beginning of our data collection process, IHHO provided access to secondary data that included some information about the participants from their applications, such as their age and professional status, details about the location and duration of their IVS, and their performance. Based on this data, we removed those IVS participants with a missing rating earned for overall IVS performance, those with a missing score(s) for their pre-IVS training(s) performance, and those participants with a missing rating for an essay each participant was required to complete upon returning from their IVS. This process reduced the sample from 236 to a remaining 175 participants. We then accessed additional

secondary data regarding these 175 participants, including responses to relevant prompts in their application regarding their intent to serve internationally in the future, their IVS location preferences, and their previous international experiences. For the final step, we removed any participants from the sample with missing or incomplete data, participants that completed the same pre-IVS online training multiple times, participants whose IVS lasted longer than 3 months, participants that had not initiated engagement in the pre-IVS online training(s) prior to the start of their IVS, and participants that completed additional one- or two-week in-person trainings offered by IHHO prior to the IVS event. This process resulted in a final sample of 147 participants.

### *Independent Variables*

*Pre-IVS Intent to Serve Again Internationally* This independent variable was coded as a dummy variable based on participant responses to two open-ended questions in their IHHO application: “What are your long-term plans?” and “What is your motivation for studying international medicine?” The responses were coded 1 if an individual responded with expressed interest in serving internationally in some capacity in the future to either question. Otherwise, the variable was coded 0.

*Preferred IVS Location* This independent variable was coded as a dummy variable based on the participant’s response to prompts in the IHHO application about the individual’s preferences in regards to the healthcare facility or country/region. Some individuals identified location preferences broadly (such as by continents or countries), others identified specific IHHO partnering healthcare facilities as preferences, and some expressed preferences along with an openness to other locations. Responses were coded 1 if participants expressed interest in a geographic location that matched their subsequent IVS placement, if participants expressed openness to any location, or expressed interest in specific locations while also expressing openness to other locations. If participants identified a broad geographic region or specific location(s) without expressing an openness to other locations and did not receive a match with their preferences, it was coded 0.

*Pre-IVS Experience in the Host Country* This independent variable was coded as a dummy variable based on the participant’s response in their IHHO application to an open-ended prompt requesting information about the individual’s prior international experience. Responses were coded 1 if a participant indicated having previously visited

<sup>1</sup> We characterize these service-learning experiences as IVS because they are an opportunity for healthcare professionals and students to utilize their knowledge and skills at a mission-driven healthcare facility in a developing country. This application of knowledge and skills substantively impacts individuals from the local community. Furthermore, these experiences fit the criteria presented by Sherraden et al. (2006, 2008): a) participation includes actively serving others to benefit the health of the local community; b) participation is voluntary rather than mandatory and no financial compensation is received by the participants; and, c) participants are completely immersed in a developing country for a specified time period. Finally, IHHO fits the criteria used by Lasker (2016) to identify global health sending organizations, which suggests that the organization’s participants are engaged in IVS.

<sup>2</sup> Includes 2 participants that started in June 2008 and finished their IVS during July 2008, and includes 3 participants that started in May or June 2013 and finished their IVS during July 2013.

the country of his or her ensuing IVS event; otherwise, the variable was coded 0.

**Pre-IVS Training Performance** This independent variable was measured using the score for the required IHHO self-paced, online training(s) the participant was expected to complete prior to their IVS event. These training(s) covered topic(s) such as international health, international public health, diseases of poverty, cross-cultural competency, HIV treatment, and disaster management in low-resource communities. Participants were required to complete the training(s) that were relevant to their particular IVS event and, when a participant took more than one training, their scores were averaged. The score is given out of a possible 100.

#### Dependent Variable

**IVS Performance** A supervising healthcare professional in the host country was asked to evaluate the IVS participant's overall performance at the conclusion of their IVS using a performance evaluation form provided by IHHO.<sup>3</sup> Following prior literature using a single item to measure IVS performance (e.g., Fee & Gray, 2020), we operationalized IVS performance as the rating received in response to the item "Overall assessment of this IHHO student's performance" on a scale from 1 (Unsatisfactory) to 5 (Superior). This rating reflects the supervisor's overall assessment of the IVS participant's ability to provide culturally appropriate healthcare or public health initiatives, contribute to the host healthcare facility and community, and adjust to the international environment. Utilizing a single-item measure of overall volunteer performance is appropriate when the IVS experiences include a "variety of assignment types, professions, and operating contexts" (Fee & Gray, 2020, p. 12). Furthermore, the use of an external rater to assess volunteer performance strengthens the rigor of this study's analysis (Einolf, 2018).

#### Control Variables

**Age** We control for age of the IVS participants as it has been identified as a characteristic potentially influencing IVS performance (Lough & Tiessen, 2018).

**IVS Duration** We control for the number of days of each IVS as length of the IVS may influence IVS performance (Lough & Tiessen, 2018).

**Professional Status** Given that highly skilled professionals can be more desirable for host country organizations (Lough & Tiessen, 2018), we utilized a dummy variable to control for whether the IVS participant was a healthcare professional (coded as a 1) or a student (coded as a 0).

**Online Self-Paced Trainings** To account for the variation of material covered across the online, self-paced trainings offered by IHHO, we have added a dummy variable for each different training with those participants completing a training designated by a 1, otherwise a 0.

**Region** We controlled for the region of each IVS using dummy variables indicating which region of the world the IVS occurred (Africa, Asia, or Central/South America) (Fee & Gray, 2020).

#### Results

The majority of participants in the sample served in Africa (54%), followed by Central and South America (26%) and Asia (20%) (see Table 1 for descriptive statistics). Most of the participants were under the age of 36 (98.7%), and the average *IVS duration* was approximately 32 days, which is longer than most short-term medical mission trips (Lasker, 2016) but well within Sherraden et al.'s (2006, p. 165) definition of "approximately 1–8 weeks" for short-term IVS (see Table 2 for frequencies of variables). An overwhelming majority of participants intended to serve again internationally following their IVS (88.4%), and 85% of the participants served in one of their preferred locations. The average *pre-IVS training performance* was 90.2%, and only a small percentage of participants had *pre-IVS experience in the host country* (7.5%). For the dependent variable *IVS performance*, the majority of participants were 'High Satisfactory' performers (51.7%) during their IVS, followed by 'Superior' (44.9%) and 'Satisfactory' (3.4%).

While all participants in the sample received a performance rating of 'Satisfactory' or higher, examining the differences between IVS participants that performed at a 'Superior' level compared to 'High Satisfactory' or 'Satisfactory' levels provides meaningful insight for IVS program decision-makers and sending organizations seeking to recruit and equip the most effective IVS participants. Furthermore, growing interest in learning how to maximize the benefits and minimize the harm of international health volunteering (Lasker et al., 2018; Lough et al., 2018) suggests that knowledge regarding what differentiates

<sup>3</sup> In rare situations, sample IVS participants received permission from IHHO to have the external, supervising healthcare professional in their host country complete an alternative evaluation form provided by the IVS participant's educational institution. When this situation occurred, the founder and CEO of IHHO, a physician who was a long-term IVS participant prior to founding IHHO, utilized the external, supervising healthcare professional's assessment of the IVS participant's performance to assign a corresponding *IVS performance* score on a scale of 1 (Unsatisfactory) to 5 (Superior).

**Table 1** Descriptive statistics

Variables	Mean	SD	Min	Max
IVS performance	4.41	0.56	3.00	5.00
Pre-IVS intent to serve again internationally	0.88	0.32	0.00	1.00
Preferred IVS location	0.85	0.36	0.00	1.00
Pre-IVS experience in the host country	0.07	0.26	0.00	1.00
Pre-IVS training performance	90.20	6.39	68.00	100.00
Age	26.56	3.43	21.00	52.00
IVS duration	31.85	8.37	16.00	62.00
Professional status	0.18	0.38	0.00	1.00
Africa region	0.54	0.50	0.00	1.00
Asia region	0.20	0.40	0.00	1.00
Central and South America region	0.26	0.44	0.00	1.00

superior IVS performers is critical for short-term health-care IVS program decision-makers and sending organizations. Thus, we utilized an analysis of variance (ANOVA) followed by a Tukey post hoc test to examine differences between the groups of IVS participants based on the *IVS Performance* ratings they received (see Table 3).

The ANOVA test results indicate statistically significant differences between the groups receiving ‘Superior,’ ‘High Satisfactory,’ or ‘Satisfactory’ ratings for the independent variables *pre-IVS intent to serve again internationally* ( $F = 3.35$ ,  $df = 2$ ,  $p < 0.05$ ), *pre-IVS experience in the host country* ( $F = 3.38$ ,  $df = 2$ ,  $p < 0.05$ ), and *pre-IVS training performance* ( $F = 7.21$ ,  $df = 2$ ,  $p < 0.01$ ). A Tukey post hoc test revealed that the group of IVS participants receiving a ‘Superior’ *IVS Performance* rating had significantly ( $p < 0.05$ ) greater *pre-IVS experience in the host country* than the group of IVS participants receiving a ‘High Satisfactory’ *IVS performance* rating as well as significantly greater *pre-IVS intent to serve again internationally* ( $p < 0.10$ ) and *pre-IVS training performance* ( $p < 0.01$ ) relative to those participants receiving a ‘Satisfactory’ *IVS performance* rating. Furthermore, a comparison of the ‘Superior’ *IVS performance* group of participants to those with lower *IVS performance* ratings indicated a similar pattern of results while also indicating a slightly higher average *IVS Duration* ( $F = 3.00$ ,  $df = 1$ ,  $p < 0.10$ ) among the ‘Superior’ *IVS performance* group, which suggests that the length of IVS, even among short-term IVS participants, has the potential to impact their effectiveness. In summary, the ANOVA and Tukey post hoc test results provide preliminary support for hypotheses 1, 3, and 4.

The correlation (see Table 4) and OLS regression analyses (see Table 5) provide a similar pattern of results for the relationships between the independent variables and *IVS performance* as the ANOVA results. *IVS performance* is positively and significantly correlated with *pre-IVS intent to serve again internationally*, *pre-IVS experience in*

*the host country*, *pre-IVS training performance*, and *IVS duration*; however, *preferred IVS location* and the remaining control variables were not significantly associated with *IVS performance*. The OLS regression analysis indicates, as expected, *pre-IVS intent to serve again internationally* is positively associated with *IVS performance* ( $\beta = 0.19$ ,  $p < 0.05$ ), supporting hypothesis 1. Regarding hypothesis 2, in contrast to our expectations, *preferred IVS location* is not significantly associated with *IVS performance* ( $\beta = 0.06$ ,  $p > 0.10$ ). Regarding hypothesis 3, as expected, *pre-IVS experience in the host country* is positively associated with *IVS performance* ( $\beta = 0.21$ ,  $p < 0.05$ ). Finally, regarding hypothesis 4, as expected, *pre-IVS training performance* is positively associated with *IVS performance* ( $\beta = 0.18$ ,  $p < 0.05$ ). Thus, three of our four hypotheses received support.

## Phase 2: Host Country Language Skills and IVS Performance

Whereas in Phase 1 of our study, we examined four novel potential antecedents of IVS performance, our aim in Phase 2 is to offer a novel ‘inside look’ into an additional type of human capital, possessing relevant host country language skills, that has previously been examined in the IVS literature. In doing so, we respond to Tiessen and Lough’s (2019, p. 315) call for “additional research involving case study data collection and qualitative analyses” regarding IVS participants’ possession of relevant host country language skills. Specifically, through our qualitative analysis, we identify four themes regarding how relevant host country language skills may relate to IVS performance, and we reflect on how each of these themes relate to prior findings.

**Table 2** Frequencies of variables

Variable	Metric	Number of IVS participants (%)
IVS performance	1 (Unsatisfactory)	0 (0.0%)
	2 (Low satisfactory)	0 (0.0%)
	3 (Satisfactory)	5 (3.4%)
	4 (High satisfactory)	76 (51.7%)
	5 (Superior)	66 (44.9%)
Pre-IVS intent to serve again internationally	Yes	130 (88.4%)
	No	17 (11.6%)
Preferred IVS location	Yes	125 (85.0%)
	No	22 (15.0%)
Pre-IVS experience in the host country	Yes	11 (7.5%)
	No	136 (92.5%)
Pre-IVS training performance	60–69%	1 (0.7%)
	70–79%	7 (4.8%)
	80–89%	45 (30.6%)
	90–100%	94 (63.9%)
Age	20–25	64 (43.5%)
	26–30	71 (48.3%)
	30–35	20 (13.6%)
	36–40	1 (0.6%)
	41–45	0 (0.0%)
	46–50	0 (0.0%)
	51–55	1 (0.7%)
Professional status	Healthcare professional	26 (17.7%)
	Healthcare student	121 (82.3%)
IVS duration	15–21 days	1 (0.7%)
	22–28 days	63 (42.9%)
	29–35 days	55 (37.4%)
	36–42 days	10 (6.8%)
	43–49 days	7 (4.8%)
	50–56 days	8 (5.4%)
	57–63 days	3 (2.0%)
Africa Region	Angola	1 (0.7%)
	Cameroon	2 (1.4%)
	Ethiopia	2 (1.4%)
	Ghana	40 (27.2%)
	Kenya	3 (2.0%)
	South Africa	11 (7.5%)
	Tanzania	2 (1.4%)
	Uganda	9 (6.1%)
	Zambia	9 (6.1%)
Asia Region	China	2 (1.4%)
	India	19 (13.0%)
	Nepal	3 (2.0%)
	Papua New Guinea	6 (4.1%)
Central and South America Region	Belize	3 (2.0%)
	Dominican Republic	2 (1.4%)
	Ecuador	5 (3.4%)
	Guatemala	3 (2.0%)
	Honduras	25 (17.0%)

**Table 3** Descriptive statistics by IVS performance ratings

	IVS performance rating			<i>F</i> value
	Superior (N = 66)	High satisfactory (N = 76)	Satisfactory (N = 5)	
Variables	Mean	Mean	Mean	
Pre-IVS intent to serve again internationally	0.94 <sup>a</sup> (Satisfactory <sup>+</sup> )	0.86	0.60 <sup>b</sup> (Superior <sup>+</sup> )	3.35*
Preferred IVS Location	0.86	0.84	0.80	0.11
Pre-IVS experience in the host country	0.14 <sup>c</sup> (High Satisfactory*)	0.03 (Superior*)	0.00	3.38*
Pre-IVS training performance	91.27 <sup>d</sup> (Satisfactory**)	89.9 (Satisfactory**)	80.6 <sup>e</sup> (Superior**, high satisfactory**)	7.21**
Age	26.97	26.25	26.00	0.85
IVS duration	33.17 <sup>f</sup>	30.97	27.80	1.84
Professional status	0.17	0.18	0.20	0.05

IVS Performance rating in () indicates which IVS Performance group was significantly different according to Tukey post hoc test

\*\*\* $p < 0.001$ ; \*\* $p < 0.01$ ; \* $p < 0.05$ ; + $p < 0.10$

<sup>a</sup>Average pre-IVS intent to serve again internationally is statistically higher among participants receiving a superior IVS performance rating ( $F = 3.59$ ,  $df = 1$ ,  $p < .10$ ) compared to those participants receiving below a superior IVS performance rating

<sup>b</sup>Average pre-IVS intent to serve again internationally is statistically lower among participants receiving a satisfactory IVS performance rating ( $F = 4.15$ ,  $df = 1$ ,  $p < .05$ ) compared to those participants receiving above a satisfactory IVS performance rating

<sup>c</sup>Average pre-IVS experience in the host country is statistically higher among participants receiving a superior IVS performance rating ( $F = 6.76$ ,  $df = 1$ ,  $p < .05$ ) compared to those participants receiving below a superior IVS performance rating

<sup>d</sup>Average pre-IVS training performance is statistically higher among participants receiving a superior IVS performance rating ( $F = 3.41$ ,  $df = 1$ ,  $p < .10$ ) compared to those participants receiving below a superior IVS performance rating

<sup>e</sup>Average pre-IVS training performance is statistically lower among participants receiving a satisfactory IVS performance rating ( $F = 12.61$ ,  $df = 1$ ,  $p < .001$ ) compared to those participants receiving above a satisfactory IVS performance rating

<sup>f</sup>Average IVS duration is statistically higher among participants receiving a superior IVS performance rating ( $F = 3.00$ ,  $df = 1$ ,  $p < .10$ ) compared to those participants receiving below a superior IVS performance rating

## Human Capital Theory and Host Country Language Skills

Human capital theory suggests that an individual's knowledge, skills, and abilities contribute to an individual's productivity and can make an individual attractive to volunteer agencies (Becker, 1964; Lee, 2021; Wilson & Musick, 1997). Prior literature suggests that possessing relevant host country language skills is a type of human capital that can enhance communication (Froese et al., 2016) and contribute to "co-creat(ing) knowledge" (Gulati, 2007, p. 781) between individuals with differing cultural backgrounds. Interviews of both sending and host organization staff members have highlighted the importance of relevant host country language skills for IVS participants (Campbell & Warner, 2016; Lasker, 2016; Lough et al., 2011). However, there is mixed empirical evidence regarding the importance of host country language skills during IVS (e.g., Lough et al., 2014, 2018; Tiessen & Lough, 2019).

## Research Design and Methodology

In order to "understand several individuals' common or shared experiences" about how language skills inform a short-term IVS participant's experience in a developing country (Creswell, 2007, p. 60), we implemented an exploratory, phenomenological approach following the guidelines provided by Moustakas (1994) and Creswell (2007). First, we identified participants in the quantitative sample that possessed at least some familiarity with a relevant language spoken in their IVS country.<sup>4</sup> In their IHHO application, each participant was asked to describe their foreign language abilities, and 44 of the IVS participants in our quantitative sample indicated at least some a priori skills with a relevant language spoken in their IVS country. Of these 44 participants, 14 individuals of varying host country language skills documented their IVS by recording some of their thoughts, their observations, or their experiences in the form of an individual, online blog (4 of the

<sup>4</sup> English was not considered in this assessment since all participants in the sample were fluent in English.

**Table 4** Correlation matrix

Variables	1	2	3	4	5	6	7	8	9	10	11
1. IVS performance	1.00										
2. Pre-IVS intent to serve again internationally	0.19*	1.00									
3. Preferred IVS location	0.04	0.03	1.00								
4. Pre-IVS experience in the host country	0.21*	0.10	0.12	1.00							
5. Pre-IVS training performance	0.23**	0.04	- 0.15 <sup>+</sup>	- 0.03	1.00						
6. Age	0.11	- 0.02	- 0.04	0.01	0.06	1.00					
7. IVS duration	0.16 <sup>+</sup>	0.08	0.18*	- 0.05	0.13	- 0.09	1.00				
8. Professional status	- 0.03	0.07	- 0.08	- 0.06	0.14 <sup>+</sup>	0.38***	- 0.16 <sup>+</sup>	1.00			
9. Africa Region	- 0.02	- 0.10	0.04	- 0.08	0.11	- 0.09	- 0.18*	0.14 <sup>+</sup>	1.00		
10. Asia Region	- 0.10	0.18*	- 0.23**	0.08	0.17*	0.02	0.17*	- 0.10	- 0.55***	1.00	
11. Central and South America Region	0.12	- 0.05	0.17*	0.02	- 0.27***	0.08	0.05	- 0.07	- 0.30***	- 0.64***	1.00

\*\*\* $p < 0.001$ ; \*\* $p < 0.01$ ; \* $p < 0.05$ ; <sup>+</sup> $p < 0.10$

**Table 5** OLS regression results

	Individual IVS performance in developing country as dependent variable	
	Standardized parameter estimates $\beta$	
	Model 1	Model 2
<i>Control variables</i>		
Age	0.20* (0.02)	0.21* (0.01)
IVS duration	0.17+ (0.01)	0.11 (0.01)
Professional status	– 0.09 (0.14)	– 0.09 (0.13)
<i>Independent variables</i>		
Pre-IVS intent to serve again internationally		0.19* (0.14)
Preferred IVS location		0.06 (0.13)
Pre-IVS experience in the host country		0.21* (0.18)
Pre-IVS training performance		0.18* (0.01)
Constant	3.26*** (0.58)	1.40 (0.86)
Observations	147	147
R-squared	0.107	0.216
Adjusted R-squared	0.034	0.127
F	1.468	2.412**

Standard errors in parentheses. Sample size = 147 IVS participants

Not shown in results: Dummy variables used to control for the type of online self-paced training IVS participants completed and IVS location. None of the online self-paced training dummy variables were significantly associated with *IVS Performance*

Max VIF = 1.79 (not including online self-paced training dummy variables), indicating no evidence of multicollinearity

\*\*\* $p < 0.001$ ; \*\* $p < 0.01$ ; \* $p < 0.05$ ; + $p < 0.10$

blogs were co-authored with their spouses), which were administered by IHHO and were optional for each participant. In addition to these 14 IVS participants, we also identified 5 IVS participants who did not have relevant host country language skills and had also authored individual, online blogs administered by IHHO. In sum, there were a total of 158 blog posts written by these 19 participants, which is an average of approximately 8 blog posts per participant. The IVS locations of these participants included Dominican Republic (2 participants), Ecuador (1 participant), Ghana (1 participant), Guatemala (2 participants), Honduras (8 participants), India (2 participants), Kenya (1 participant), South Africa (1 participant), and Uganda (1 participant).

Following identification of the blogs to be used in our qualitative analysis, we first analyzed the blog posts written by the 14 IVS participants with relevant host country

language skills. To do so, the first author<sup>5</sup> engaged in horizontalization, which includes identifying relevant “statements, sentences, (and) quotes that provide an understanding of how the participants experienced the phenomenon” (Creswell, 2007, p. 61). After identifying each statement, sentence, or quote related to their experience with language skills in the host country, the first author assigned a code to each segment of content. These codes were utilized to help categorize the content into “clusters of meaning” in order to better understand the IVS participants’ experiences (Creswell, 2007, p. 61). From this categorization and clustering process emerged three themes related to the relationship between host country language skills and IVS performance: *Realizing Insufficiencies*,

<sup>5</sup> Due to the first author’s expertise in IVS in developing countries, he conducted the qualitative analysis portion of the study.

*Experiencing Improvement*, and *Feeling Useful*. A similar horizontalization process was then utilized to analyze the blog posts written by the 5 IVS participants without relevant host country language skills. We highlight these findings under the theme *Relying on Translators*.

## Results

### Realizing Insufficiencies

Many of the 14 IVS participants' relevant blogs that were analyzed included concern about their inability to communicate as effectively or as efficiently as they hoped. Though several of the participants expressed some fear about the adequacy of their language skills prior to the start of their IVS, the realization of insufficiency seemed to be identified most prevalently during the beginning of the IVS. For example, Jeannette, an IVS participant serving in Honduras, wrote in her blog at the beginning of her IVS in Honduras:

"Prayer points: -My Spanish - I'm amazed at how much of my Spanish I've lost. It's rough communicating, knowing that I used to know the vocabulary and have conversations with ease, and now I can't..."

Other participants compared their language skills to locals, with Lilly, an IVS participant serving in the Dominican Republic, commenting "...they speak Spanish REEEAALLLY fast" after arriving at her IVS location. Even some participants who self-identified as relatively confident in their language skills recognized that serving in a foreign environment challenged their abilities to communicate. For example, Andre, an IVS participant in Honduras, wrote the following at the beginning of his IVS:

"...It is easy to think you speak Spanish, but when backpacking you spend 80% of your time saying things like "where can I find a hotel" and "pass the salt." Talking about health care models, development, politics, and being introduced to locals who are "oh so relieved" that I speak Spanish leads to many a conversation that leave my brain trying desperately to keep up. I anxiously await the day I'm truly fluent."

To cope with their perceived host country language insufficiencies, some participants indicated the use of varying tactics, such as spending extra time studying and preparing their language skills, utilizing a translation app or dictionary, and asking for readers of their blog to pray for them. These pursuits of greater relevant host country language skills, if successful, are likely to increase their IVS performance (Lough et al., 2011, 2018). However, this theme also highlights that self-assessment of one's foreign

language abilities can be inaccurate (Zhang, 2019) and may partially explain why Lough et al. (2014) do not find a significant relationship between relevant host country language skills and the development of social capital during IVS. Furthermore, this theme suggests that to ensure IVS participants are placed in a location that is an appropriate fit for their language skills and maximize their effectiveness, sending and host organizations may benefit from an external assessment of relevant host country language skills rather than relying on potential IVS participants' self-assessments.

### Experiencing Improvement

Despite the initial concern of some IVS participants about their insufficient language skills, some IVS participants indicated they grew in their abilities or confidence over time. For example, after noting that her "Spanish is definitely not what it used to be" during the first week of her IVS, Dorothea, an IVS participant in Honduras, noted at the end of her IVS:

"It is so funny how things that were once so foreign and stressful have become so normal and even enjoyable. Like taking a taxi, communicating in Spanish, bargaining for stuff. At first these things were so hard for me to do, and now I thoroughly enjoy them!"

Similarly, toward the end of his IVS in Honduras, Reginald observed:

"At the beginning, I was extremely nervous speaking Spanish and being at a higher level of responsibility. After getting over those hurdles I was able to discover how amazing it is to be at a place using my medical abilities to the glory of God."

These blog posts suggest that the amount of time spent at an IVS location likely impacts participants' abilities to communicate cross-culturally and thereby serve more effectively, which provides further support for host organizations' preferences for volunteers to serve for longer durations (e.g., Lough et al., 2011). However, the mental exhaustion that can be experienced by some IVS participants when communicating cross-culturally may partially explain some of the findings in prior literature that host country language skills are not always associated with greater IVS performance.

### Feeling Useful

While some of the IVS participants struggled with cross-cultural communication, several also experienced a sense of being able to positively contribute to the mission of the

hospital or clinic while leveraging their language skills. For example, Kareem, an IVS participant in Guatemala, observed:

“I worked with the plastic surgeons in a few cases but mostly helped them communicate with their patients and hospital staff, helped write orders and checked up on patients. I felt really useful as I had enough medical and language knowledge to really help them out. I’m not quite fluent in Spanish, but in the field of medicine it’s always been true that ‘when no one else knows how to do it, you’re the expert’.”

In addition, Andre, who served in Honduras, reflected near the end of his experience:

“...The time has really flown by, and I have to say that the most surprising thing (among many) about my time here has been how incredibly useful I’ve felt. For those who haven’t experienced medical school, “useful” is not a feeling we get very used to. Knowing the language is a huge plus, and places me into roles I would not otherwise have...”

These quotes suggest that being proficient in the host country language likely provides a benefit to IVS participants working directly with members of the host community, and this observation closely aligns with prior theoretical arguments and both qualitative and quantitative evidence regarding the importance of possessing relevant host country language skills during IVS (e.g., Campbell & Warner, 2016; Lasker, 2016; Lough et al., 2011, 2018; Sherraden et al., 2008).

### Relying on Translators

In contrast to the blog posts written by IVS participants with relevant host country language skills, there was considerably less attention given to the subject of host country language skills in the blog posts written by five IVS participants without relevant host country language skills. However, among these five IVS participants, four of them referenced the use of translators or interpreters in communicating cross-culturally within their blog posts, and two of the participants identified challenges that occurred when trying to communicate through translators. For example, Tamala, who served in Ghana, discussed her own efforts to learn key phrases in Mampruli as well as the challenges of having so many dialects in the region of the healthcare facility:

“I am trying to pick up some of Mampruli, which is the language that is spoken here. It is difficult though as it is nothing like anything that I have tried before...So far my vocabulary is limited to a handful of

words and some gestures. It is also challenging since there are so many dialects here that often times the interpreters need to have someone else to translate since they can’t understand the patient’s language. All we can do then is to hope that there is another patient or family member around that speaks Mampruli.”

Similarly, Gretchen, who served in South Africa, expressed frustration with trying to communicate with a patient through a translator:

“I explained the process to [a local patient] through a translator that I’m not sure even understood English...in the end I don’t know if [the patient] understood. I can only hope he did. That in a nut shell is the most frustrating part of being here. I want to talk to these people, but I’m stuck watching a translator, who knows nothing about medicine and very little about English, try to get a history and then relay it to me. I wonder how much pertinent information is slipping through the cracks...”

While most other mentions of translators in these participants’ blogs were either not noteworthy or described how translators were helping advance public health efforts, the quotes above suggest that reliance on translators does not always ensure adequate communication between an IVS participant and a local community member. This observation again provides support for prior research that possessing relevant host country language skills is likely beneficial for IVS performance (e.g., Campbell & Warner, 2016; Lasker, 2016; Lough et al., 2011, 2018; Sherraden et al., 2008).

### Discussion

With the continued popularity of IVS and the potential impact, both positive and negative, it can have on host organizations and communities (Dickey et al., 2020; Graham et al., 2012; Tiessen & Heron, 2012), it is important for sending organizations to identify individuals that are likely to be effective during their IVS and to place them in service locations where they can maximize their effectiveness. The findings of recent empirical studies suggest that sending organizations should consider various types of human capital that potential volunteers possess and the type of volunteering work they will engage in (e.g., Lough & Tiessen, 2018; Lough et al., 2018; Tiessen & Lough, 2019). Yet, further advances and more nuanced research are needed in order to better inform IVS program decision-makers and sending organizations (Lough & Tiessen, 2018). Toward this end, our study contributes several novel

findings to the IVS literature that have important implications for sending and host organizations.

While volunteer intention has frequently been considered an important outcome variable in voluntary research (e.g., Stukas et al., 1999; Wu et al., 2016, 2019), our findings suggest that asking potential IVS participants whether they intend for IVS to be a part of their future plans can provide important insights for sending organizations evaluating whether they will meaningfully contribute to a partnering host organization or community. In particular, it may signal how much the potential volunteer values the opportunity to serve internationally. On the other hand, our findings also suggest that ensuring a fit with a potential volunteer's location preference does not necessarily need to be a high priority for sending organizations as it is not significantly associated with their contribution to the host organization and community. While unexpected in light of person–environment fit theory, this result may be due to IVS participants experiencing satisfaction of other preferences not included in our model, such as the timing of their IVS, or it may indicate an understanding by IVS participants that sending organizations are constrained in the individual preferences they can satisfy (Falasca & Zobel, 2012). Likewise, since a placement is decided weeks or months in advance of the IVS, those most dissatisfied with their placement may have self-selected out of the sample by serving through another sending organization or deciding not to engage in IVS. Further research utilizing a person–environment fit theoretical framework is needed to better understand the importance of various potential types of person–environment fit dimensions that sending and host organizations should prioritize.

Some sending and host organizations already prioritize certain types of human capital possessed by potential IVS participants, such as international experience (Lough & Tiessen, 2018), or require trainings (Sherraden et al., 2008), which can help build their human capital. Adding to this emphasis on prior international experience, our findings indicate that the location of the prior international experience is also relevant to an IVS participant's performance. Given that more time in an international environment can help individuals better understand the cultural context (McBride et al., 2012), location-specific knowledge acquired by having previously visited the country where they engage in IVS likely helps them more quickly adapt and contextualize their voluntary service to the local environment during their IVS. Thus, not only is the extent of international experience important, but sending and host organizations recruiting potential IVS participants should also prioritize where their prior international experience occurred. Similarly, this study provides further insights into the relationship between trainings and IVS performance (Lough et al., 2018; Sherraden et al., 2008; Tiessen &

Lough, 2019) by finding that pre-IVS training performance is positively associated with IVS performance. Accordingly, for sending and host organizations, observing performance during pre-travel trainings may be helpful in assigning roles to IVS participants given that some types of IVS, such as performing manual labor, require less skills than others (Lough & Tiessen, 2018), though the type of pre-travel training and its relevance to the type of IVS should be carefully considered. In sum, our findings extend the application of human capital theory in the IVS context by highlighting both location-specific international experience and pre-travel training performance as related to IVS performance.

The final phase of this study responds to Tiessen and Lough's (2019, p. 315) call for "additional research involving case study data collection and qualitative analyses" regarding the importance of possessing relevant host country language skills for IVS participants. While our qualitative analysis supports the general premise in prior literature that relevant host country language skills are important for IVS performance, it also revealed several pathways for future research. First, we find that self-perceptions of IVS participants' language skills may vary during their IVS. For example, several IVS participants observed that upon beginning their IVS, their language skills were poorer than they anticipated. However, some of the participants seemed to improve in their comfortability and language proficiency over time. Thus, the relationship between host country language skills and IVS performance is likely at least partially dependent upon IVS duration, when language skills are assessed, and by whom. Given the commonness of inaccurately assessing one's own foreign language abilities (Zhang, 2019), further research is needed to better understand both how and when sending organizations should assess potential volunteers' relevant host country language skills and how long it takes for IVS participants to either regain diminished language skills or to adapt their language skills to the IVS location. Second, while some IVS participants labored to communicate cross-culturally and relied upon dictionaries or technological applications to aid them, others had access to colleagues or other translators that could help when needed. Given that providing translators can be burdensome for host organizations (Hawkes, 2014), such access is unlikely to be uniform across IVS experiences, and even for some participants with translators, cross-cultural communication was challenging. Thus, while the type of IVS likely impacts the degree with which greater host country language skills are necessary (Lough et al., 2018), the relationship between host country language skills and IVS performance is also likely dependent upon the resources available to aid participants in cross-cultural communication as well as the context of the cross-cultural setting, such

as how many dialects are spoken within the region. Future research is needed to consider in what IVS contexts the availability of cross-cultural communication resources, such as access to translators, are effective at overcoming language barriers so that sending organizations can place participants in positions to best contribute to the host organization and community as well as minimize the mental exhaustion that accompanies cross-cultural communication with inadequate language skills.

### Limitations

Despite the important contributions our study makes, the results should be considered in light of potential limitations. First, the generalizability of our quantitative results is limited to IVS in developing countries, and we caution against expecting similar results in which the cultural distance between the sending country and the host country is relatively small. Furthermore, many of the healthcare facilities where participants served are faith-based, which also limits the generalizability of the results. While faith-based healthcare is not unusual in the context of IVS (Lasker, 2016), consideration of this should be given when interpreting our study's results, and future research is needed to investigate whether the relationships observed in this study are generalizable to predominantly non-faith-based settings. Second, while our quantitative results provide evidence of a positive association between IVS performance and pre-IVS intent to serve again internationally in the future, pre-IVS experience in the host country, and pre-IVS training performance, we cannot claim a causal relationship as it is possible there are potential confounding variables not considered in our analysis. For example, in regard to the positive association between pre-travel training performance and IVS performance in our findings, it is important to note that while organizational trainings certainly can be utilized to enhance individuals' human capital (Fleuren et al., 2020), there are a number of potential alternative explanations for variations in pre-travel training performance, such as individual differences in motivation or training engagement (Sitzmann & Weinhardt, 2018). Future research is needed to better understand when pre-travel trainings are successful in improving relevant IVS participants' human capital compared to other potential explanations for variations in performance. Finally, the scope of our qualitative analysis is limited to those IVS participants that chose to record their experiences through blog posts and to those blogs that were publicly available when the study was conducted.

### Conclusion

By examining IVS performance in the context of developing countries, we add to the broadening scope of understanding about volunteer performance beyond most prior studies' focus on the Western world (Englert & Helmig, 2018). Likewise, our findings contribute to the emerging area of research that can guide IVS program decision-makers (Lough & Tiessen, 2018). As such, we hope this study encourages further research related to the antecedents of IVS performance in developing countries.

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### Declarations

**Conflict of interest** The corresponding author is a former employee of the nonprofit organization that provided the sample data. The second author has no conflicts of interest to disclose.

**Informed Consent** The collection of the data utilized in this study was approved by the appropriate ethics review board.

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