

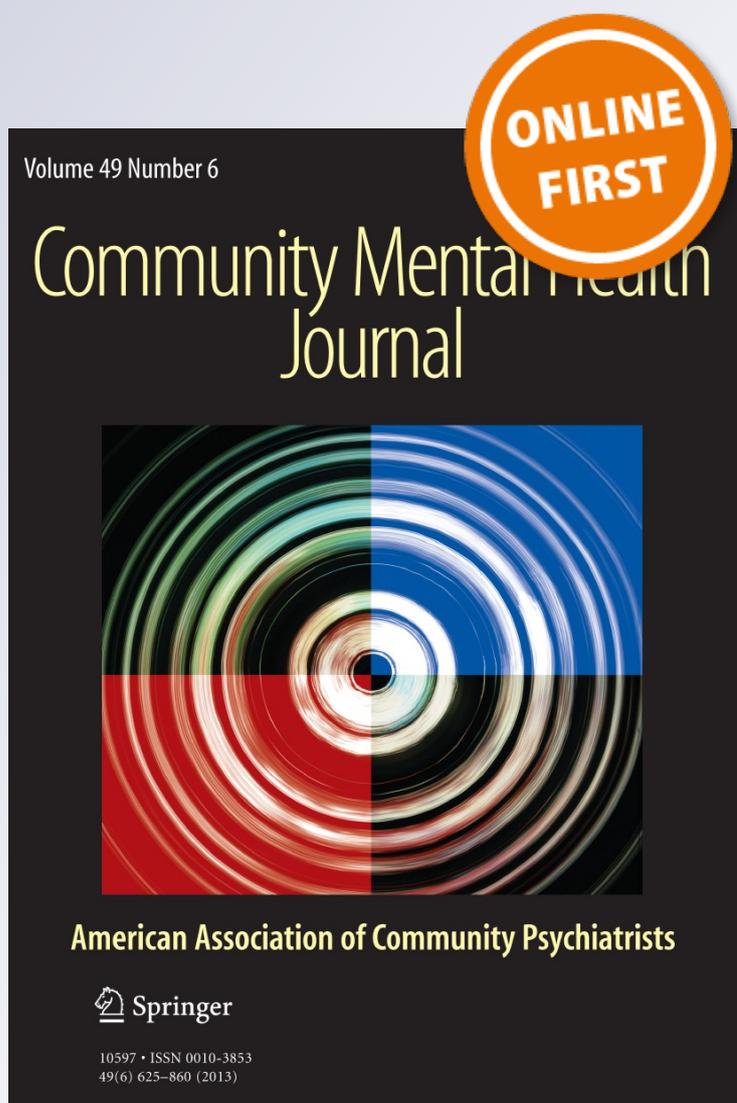
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**W. Rodman MacIlvaine, Lindsay  
A. Nelson, Jeanette A. Stewart & William  
C. Stewart**

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# Association of Strength of Community Service to Personal Wellbeing

W. Rodman MacIlvaine · Lindsay A. Nelson ·  
Jeanette A. Stewart · William C. Stewart

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**Abstract** To assess the impact of community service on personal wellbeing in a mid-west church-based population. A prospective survey evaluating: self-reported community service, the perceived benefit of the service and its association to personal wellbeing. 309 participants were included of whom 92 % were employed full or part time, homemakers or students. Those who served in some capacity had better scores on five Wellbeing questions including: contentment, peace, joy, purpose and community acceptance ( $P < 0.02$ ), but not better self-perceived mental or physical health ( $P > 0.05$ ). People who served had a better combined Wellbeing score than those who could not serve ( $P = 0.03$ ). A higher number of hours served/week was associated with better Global Wellbeing ( $P = 0.02$ ). The greatest perceived benefit of service was related to enhancing wellbeing of others and the service organization itself ( $P < 0.0001$ ). Church going adults, who are serving in some capacity in their church or community, may demonstrate heightened personal wellbeing compared to those who are not assisting others.

**Keywords** Spirituality · Quality of life · Religion · Community service · Wellbeing

## Introduction

A growing number of studies suggest a connection between religion and spirituality to mental and physical health (Curlin et al. 2007; Koenig 2004; Kumar et al. 2008). The medical literature has noted that church attendance, religious practices and spiritual beliefs may improve health and general wellbeing (Parsons et al. 2006; Reed 1987; Keefe et al. 2001; Cotton et al. 1999). In addition, a number of community based surveys have demonstrated that individuals who attend religious services are happier and give their personal resources more generously (Tao 2008; Brooks 2007). Further, a recent study by Stewart and coworkers suggested, at least for the Christian faith, that religiously adherent glaucoma patients generally coped better with their disease and treatment, and they demonstrated a better quality of life than less-adherent patients (Stewart et al. 2011).

In contrast to implementing techniques that directly enhance personal wellbeing, Wheeler and colleagues demonstrated in a meta-analysis that encouraging, at least in older individuals, to serve in the community also enhanced personal wellbeing to those who served as well as providing benefits to the people served (Wheeler et al. 1998). Additionally, Schwartz and colleagues studied the relationship of altruism to better mental health (Schwartz et al. 2003). From this Koenig and associates concluded that 'helping others was significantly correlated with better mental health, even after controlling for age, gender, stressful life events, income, general health, and religious characteristics' (Koenig 2008). These studies suggest the

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W. R. MacIlvaine  
Grace Community Church, Bartlesville, OK, USA

W. R. MacIlvaine  
Veritas Worldview Institute, Oklahoma Wesleyan University,  
Bartlesville, OK, USA

L. A. Nelson · J. A. Stewart · W. C. Stewart (✉)  
Teleios, Inc., 104 Berkeley Square Lane, #286, Goose Creek,  
SC 29445, USA  
e-mail: teleiosresearch@outlook.com

importance of reaching out beyond one's self to help others for globally enhanced wellbeing. However, less work exists evaluating the benefit of service on specific personality characteristics in relation to wellbeing as well as the perceived benefit of the service to the level of wellbeing itself.

The purpose of this study was to assess the impact of community service, and the perceived benefit of the community service, on personal wellbeing in a mid-west church-based population.

## Materials and Methods

### Subjects

This study was a prospective survey analysis of a single church based cohort. The survey was performed during a single Sunday service on August 28, 2011 at the church directed by one of the authors. The church, a Christian evangelical church, was selected because evangelical churches usually view religious adherence seriously and thus it provided a good field setting to correlate depth of adherence to wellbeing (The Barna Group 2010). A single service was chosen to administer the survey to assure that a subject did not inadvertently fill out a duplicate survey at a subsequent church event.

The survey evaluated self-reported adherence to Christian based religious practice, knowledge [Maturity questions based on Christian Scripture (Acts 2:42–47, Ephesians 2:8–9, 1Peter 1:3–5)] and the perceived benefit derived from their religion regarding their personal wellbeing [Wellbeing questions (Galatians 5:22, 1Timothy 6:6, Romans 8:1, Philippians 4:6–7, Hebrews 4:14–16, II Timothy 1:9)]. The survey was developed by one of the authors and can be found online (supplemental material).

### Procedures

All adults (age  $\geq 18$ ) attending the chosen weekly service were asked to participate in this study following an explanation of its purpose. The survey then was distributed and collected during the service. No further attempt was made to encourage participation, or assure that all surveys were collected or completed.

Subjects excluded from this study were those who did not wish to participate, were unable to read and write English (and did not have someone to assist them), or could not cooperate or understand the questions due to inadequate cognitive skills. Subjects were instructed to take as much time as they needed to complete the survey. Subjects were not required to respond to every item.

Further, subjects were asked not to make any notations on the survey that would identify them and were assured

their individual answers would not be viewed by church staff. Due to the survey design of this study ethical approval was not required, but no personal identification was collected and no medical or psychological based treatment was prescribed. The participants were not financially compensated for completing the survey.

Each completed survey was assigned a unique number which could not be linked to the subject's identity. Data from the completed surveys were entered into an Excel spreadsheet for compilation and analysis.

### Statistics

All statistical tests were non-paired, two-sided and used a  $P$  value of 0.05. The sample population was not powered statistically since this was a descriptive, non-comparative survey. A one-way ANOVA was used to evaluate each comparison on this study (Book 1978).

In addition to the demography questions the survey questions were classified as follows: 'Service questions' (Questions 1–2) and 'Benefit questions' (Questions 3–6). These questions together were designed to assess a subject's service activity and the perceived benefit to themselves and the community. In contrast, Wellbeing questions (Questions 7–13) reflected the potential impact of service on their personal life.

Subjects were subdivided for each benefit question to 'most perceived' or 'less perceived'. The 'most perceived' level for all questions was arbitrarily placed at  $\leq 1.0$  on the visual analog scale (graded 0–6) which roughly divided the group into halves.

## Results

### Subject Characteristics

In total, 309 subjects participated in the survey of whom 283 (92 %) were full or part time employed, homemakers or students. The subject characteristics are shown in Table 1. The average survey scores for all subjects for each question are found in Tables 2 and 3. For all participants wellbeing was generally good with the best scores noted for the questions: 'I have good mental health' and 'I feel accepted by my community' ( $P < 0.0001$ ).

### Effect of service

Generally, those people who served in some capacity in or outside the church demonstrated better scores on five Wellbeing characteristics than those who did not, including: contentment, peace joy, purpose and community

**Table 1** Respondent characteristics (n = 309)

Characteristic	Detail	Subjects	Percentage
Race	White	294	95
	Native American	8	3
	Other	4	1
	No answer	3	1
Gender	Female	169	55
	Male	140	45
Age	18–25	48	16
	26–35	52	17
	36–50	77	25
	51–65	104	34
	>65	24	8
	No answer	4	1
Religion	Born again Christian	245	79
	Christian	49	16
	Seeker	8	3
	No answer	7	2
Employment	Full-time employed	186	60
	Full-time homemaker	36	12
	Part-time employed	25	8
	Retired	23	7
	Student	16	5
	Part homemaker/part employed	11	4
	Part employed/student	6	2
	Full employed/student	3	1
	Unemployed	1	0
	No answer	2	1
Education	College graduate	213	69
	Some college	66	21
	HS/GED	23	7
	Some HS	3	1
	K-12	4	1

**Table 2** Wellbeing questions (n = 309)

Survey questions	Subjects	Average score	P value
I am content with life	303	1.7 ± 1.3	<0.0001
I have peace	304	1.4 ± 1.2	
I am joyful	304	1.5 ± 1.3	
I have purpose	304	1.3 ± 1.3	
I have good mental health	304	1.2 ± 1.3	
I feel accepted by my community	303	1.2 ± 1.3	
I have good physical health	305	1.3 ± 1.3	

acceptance ( $P \leq 0.02$ , Table 4). This wellbeing, however, did not translate into better self-perceived overall mental or physical health ( $P > 0.05$ ).

**Table 3** Benefit Questions (n = 219)

Survey questions	Subjects	Average score	P value
My service enhances well-being of others: individuals, the service organization itself, GCC or the local community	215	0.8 ± 1.1	<0.0001
My service makes me less likely to complain as I perceive needs of others and am busy trying to meet them	215	1.2 ± 1.2	
My service causes me to progress in some technical knowledge to further improve my service	213	1.9 ± 1.5	
My service causes me to progress my spiritual knowledge to further improve my service	214	1.2 ± 1.2	

Those that did not serve (cannot serve, do not serve, other or no answer) were excluded from Benefit Questions

**Table 4** Mean scores for Wellbeing questions based on responses to the service question

Survey questions	Do you serve in some manner?		P value
	Yes (n = 219)	No (n = 90)	
I am content with life	1.5	1.9	0.02
I have peace	1.3	1.8	0.002
I am joyful	1.4	1.9	0.003
I have purpose	1.1	1.8	<0.0001
I have good mental health	1.1	1.4	0.06
I feel accepted by my community	1.0	1.5	0.003
I have good physical health	1.3	1.4	0.32

Table 5 indicates that people who served also demonstrated a better global wellbeing score (average of seven questions together) than those who could not serve ( $P = 0.032$ ). Further, a greater number of hours served per week also benefitted global wellbeing ( $P = 0.02$ ) and the perceived extent of the benefit of the service ( $P = 0.0012$ ).

Perceived Benefit of Service

The greatest perceived benefit from service was related to the question that a subject's efforts enhance wellbeing of other individuals and the service organization itself ( $P < 0.0001$ , Table 3). Further, a greater number of hours served per week increased the perceived benefit of the service ( $P = 0.0012$ , Table 5).

When subjects were divided into those who perceived greater benefit (0–1) or less perceived benefit (>1) for their

**Table 5** Maturity questions (n = 309)

Survey questions	Serve	Response	Subjects	Average global benefit score	P value	Average global wellbeing score	P value
Currently I serve in	Yes	GCC program	147	1.4 ± 1.0	0.19	1.4 ± 1.0	0.032
		Non GCC community service	103	1.2 ± 0.7		1.4 ± 0.8	
		GCC community service	51	1.6 ± 0.8		1.3 ± 0.7	
	No	Cannot serve or attend church	51	1.9 ± 1.7		1.8 ± 1.4	
		Other (i.e. visitor)	20	1.5 ± 0.5		1.3 ± 0.8	
		Do not desire to serve/ attend church	7	1.1 ± 0.5		1.3 ± 0.9	
How many hours do you serve per week <sup>a</sup>	Yes	1–2 h	98	1.5 ± 1.0	0.0012	1.4 ± 1.0	0.02
		3–5 h	67	1.2 ± 0.9		1.2 ± 1.0	
		6–10 h	19	0.7 ± 0.8		0.8 ± 0.7	
		>10 h	16	0.8 ± 0.8		1.0 ± 0.5	

GCC grace community church

<sup>a</sup> This population is 219 since 90 subjects did not serve

service for each of the Benefit (service) questions we found a difference between groups for answers on each of the seven Wellbeing questions ( $P \leq 0.004$ , Table 6). The strongest separation between groups on the Wellbeing scales resulted generally from the Benefit question: peace, joy and purpose.

However, generally no greater effect on wellbeing was noted by perceiving a benefit on more than one Benefit questions. Also, the perceived benefit of the service was not dependent upon whether or not it was church or community based service (church or non-church sponsored,  $P = 0.19$ , Table 5).

**Discussion**

The purpose of this study was to assess the impact of community service, and the perceived benefit of the community service, on personal wellbeing in a mid-west church-based population.

This study showed that individuals, who routinely participated in a community or church based service program demonstrated generally better wellbeing scores, compared to those who did not, including: contentment, peace, joy, purpose and community acceptance. Additionally, people who served had a better global wellbeing score (average of seven questions together) than those who could not serve. Further, the number of hours served per week also benefited global wellbeing and perceived benefit of the service. The perceived benefit of the service was not dependent on the general type of service, i.e., whether in the church or a non-church sponsored community based service.

**Table 6** Mean scores for Wellbeing questions for subjects who were adherent to any Benefit question (n = 219)

Survey questions	Most perceived benefit (n = 195)	Less perceived benefit (n = 24)	P value
I am content with life	1.5	2.2	0.004
I have peace	1.2	2.2	<0.0001
I am joyful	1.3	2.4	<0.0001
I have purpose	1.0	2.1	<0.0001
I have good mental health	1.0	1.9	0.0003
I feel accepted by my community	0.9	1.8	0.0006
I have good physical health	1.2	1.9	0.006

Nonetheless, several Wellbeing questions did not translate into better self-perceived overall mental or physical health. These findings differed from better perceived overall quality of life found on several past studies among patients in a medical setting (Keefe et al. 2001; Wheeler et al. 1998; Stewart et al. 2012). These findings were a surprise to the authors and our data cannot explain the differences. The two parameters not showing a difference were quite general in nature and may have been more difficult to differentiate in our subject population because of the the overall physically healthy, young, professional and engaged nature of the congregation. Further, the difference in these findings from the prior studies possibly may be in relationship to that they evaluated patients or older populations where any improvement in well-being

might be more easily perceived as enhanced mental or physical health as opposed to our healthy study group. The greatest perceived benefit derived from service was related to the question that a subject's effort enhances wellbeing of other individuals and the service organization itself. Subjects who perceived the greatest positive effect of their service, based on their responses to the Benefit (of service) questions, demonstrated better wellbeing on each of the seven Wellbeing questions related to this parameter with the strongest association to wellbeing for: peace, joy and purpose. However, generally no greater effect on wellbeing was noted by perceiving a benefit on more than one Benefit question.

What is the basis for the better wellbeing found in individuals in our survey who serve the community? This is not completely clear by our results. The data hint that people who serve have a sense that their service is helping not only themselves and their own social group (i.e., their church), but also their community and those who are being served. Only 1 h a week of service was sufficient to derive the wellbeing benefit and increased roughly up to 6 h a week.

Other potential factors for our findings were not explored. However, we can speculate that the derived sense of wellbeing also may have resulted from several potential factors: first; in this case the social group was based in a Christian church, which as a religion, values helpful works within the church itself and the community (Serow 1989; Weigert and Johnson 1984; Yates and Youniss 1996). Consequently, the social group itself may have rewarded other members who serve by positive comments, encouragement, social acceptance, and a feeling of heightened importance. Second, the benefit from the perceived fulfilling of Scriptural injunctions to the Christian adherent (Ryrie 1981); third, increased social relationships through community service (Mohamed and Wheeler 2001); fourth, other-centered approach that removes the focus from the person themselves; and finally, greater physical health because of increased activity required to fulfill the obligations to the community (Science Daily 2011).

This study suggests that church going adults, who are serving in some capacity in their church or community, demonstrate heightened personal wellbeing compared to those who are not assisting others.

This study did not evaluate the effect of service in non-church goers or members of other religions. In addition, a non-church control group was not used. As the studied church population was generally well educated and of a limited racial mix, a control group from a different church or group with different demographic would be useful in the future to determine if these conclusions are still valid. Further, the church used was evangelical in nature so the results may not represent the potential effect of wellbeing

in non-evangelical churches. More research is required to further evaluate the benefit of service on personal wellbeing in the population in general.

**Conflict of interest** None.

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