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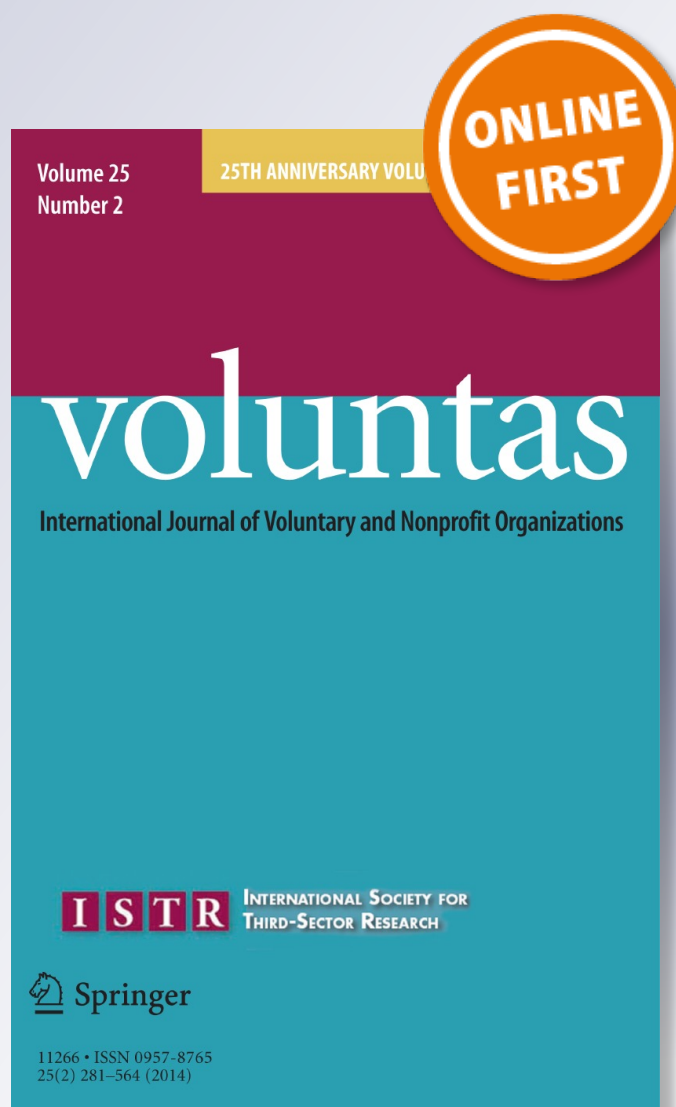
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Life Satisfaction Among Healthcare Volunteers in Malaysia: Role of Personality Factors, Volunteering Motives, and Spiritual Capital

Chanthiran Veerasamy · Murali Sambasivan · Naresh Kumar

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Abstract This article analyzes the role of three antecedents of life satisfaction (LS) among healthcare volunteers in Malaysia. The antecedents are: personality traits, motives to volunteer, and spiritual capital. This study has empirically tested the impact of individual dimensions of personality traits, motives, and spiritual capital along with their inter-relationships in explaining the LS. The volunteers of St. John Ambulance participated in this study. The model has been tested using structural equation modeling and it has been found that the three constructs have an explanatory power of 53 %. The main results are: (1) neuroticism, value motives, protective motives, personal well-being, and spirituality have a direct impact on LS and (2) enhancement motives, social motives, and religiosity have an indirect impact on LS. These results can provide insights to researchers and managers regarding profiling the right volunteers, providing the necessary infrastructure, and providing proper training to the volunteers.

Résumé Cet article analyse le rôle de trois précurseurs de la satisfaction qu'apporte la vie chez les bénévoles œuvrant dans le domaine des soins de santé en Malaisie. Ces précurseurs sont : les traits de personnalité, les motivations liées au bénévolat et le capital spirituel. Pour expliquer cet état de satisfaction, l'étude réalisée a testé empiriquement l'influence individuelle et combinée des dimensions

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que constituent les traits de personnalité, les motivations et le capital spirituel. Les bénévoles de St. John Ambulance ont participé à cette étude. Le modèle testé est issu d'une modélisation par équations structurelles (MES); il a permis de déduire que ces trois concepts ont un pouvoir explicatif de 53 %. Les résultats principaux sont les suivants : (1) le névrosisme, les motivations liées aux valeurs, les motivations de protection, le bien-être personnel et la spiritualité ont un effet direct sur la satisfaction apportée par la vie; (2) les motivations de valorisation, les motivations sociales et la religiosité ont un effet indirect sur la satisfaction apportée par la vie. Ces résultats peuvent constituer une aide pour les chercheurs et les responsables dont l'objectif est de sélectionner les profils de bénévoles adaptés, de fournir les infrastructures nécessaires et de former correctement les bénévoles.

Zusammenfassung Dieser Beitrag untersucht die Rolle von drei Antezedenzen für die Lebenszufriedenheit ehrenamtlich Tätiger im Gesundheitswesen in Malaysia. Zu den Antezedenzen zählen die Persönlichkeitsmerkmale, die Motivation zur Ausübung einer ehrenamtlichen Tätigkeit und das spirituelle Kapital. In der Studie wurden zur Erklärung der Lebenszufriedenheit die Auswirkungen der individuellen Dimensionen der Persönlichkeitsmerkmale, der Motivation und des spirituellen Kapitals und ihre Wechselbeziehungen empirisch untersucht. An der Studie nahmen die ehrenamtlichen Mitarbeiter von St. John Ambulance teil. Das Modell wurde unter Verwendung des Strukturgleichungsmodells getestet, und man kam zu dem Ergebnis, dass die drei Konstrukte eine Aussagekraft von 53 % auswiesen. Die wichtigsten Ergebnisse lauten wie folgt: (1) Neurotizismus, Motivation durch Werte, schutzbezogene Beweggründe, persönliches Wohlbefinden und Spiritualität wirken sich direkt auf die Lebenszufriedenheit aus, während sich (2) die Motivation zur Verbesserung, soziale Beweggründe und Religiosität indirekt auf die Lebenszufriedenheit auswirken. Diese Ergebnisse können Forschern und Managern Erkenntnisse liefern hinsichtlich der Profilerstellung für die richtigen ehrenamtlichen Mitarbeiter, der Schaffung der notwendigen Infrastruktur und der Bereitstellung einer angemessenen Schulung für die ehrenamtlichen Mitarbeiter.

Resumen El presente artículo analiza el papel de tres antecedentes de la satisfacción con la vida entre voluntarios de atención sanitaria en Malasia. Los antecedentes son: rasgos de personalidad, motivos para hacerse voluntarios y capital espiritual. El presente estudio ha examinado empíricamente el impacto de las dimensiones individuales de los rasgos de personalidad, los motivos y el capital espiritual junto con sus interrelaciones para explicar la satisfacción con la vida. Los voluntarios de St. John Ambulance participaron en este estudio. El modelo ha sido probado utilizando el Modelo de Ecuación Estructural (SEM, del inglés Structural Equation Modeling) y se ha encontrado que los tres constructos tienen un poder explicativo del 53 %. Los principales resultados son: (1) que el neuroticismo, los motivos de valor, los motivos de protección, el bienestar personal y la espiritualidad tienen un impacto directo en la satisfacción con la vida y (2) los motivos de mejora, los motivos sociales y la religiosidad tienen un impacto indirecto en la satisfacción con la vida. Estos resultados pueden proporcionar ideas a los investigadores y

directores para trazar perfiles de los voluntarios correctos, proporcionando la infraestructura necesaria y proporcionando la formación adecuada a los voluntarios.

Keywords Personality traits · Motives to volunteer · Spirituality · Religiosity · Personal well-being · Life satisfaction · Healthcare volunteers · Malaysia

Background and Purpose

According to American Red Cross, volunteerism involves an individual who contributes time and service to improve human quality of life for personal, humanitarian, or charitable reasons beyond the responsibilities of paid employment, freely, and without expectation or receipt of compensation (Maranta and Sladowski 2010). Reasons for volunteering have been explained by researchers from three different perspectives: (1) human capital perspective—volunteering is a fruitful action which will provide prestige and respect to the volunteers (Herzog et al. 1989); (2) functional perspective—volunteering provides different functions for different people and the identification of the motive is the best way to know why people volunteer (Clary and Snyder 1999; Omoto and Snyder 2002; Snyder et al. 2000); (3) role identity perspective—the most up to date approach in studying volunteerism (Grube and Piliavin 2000; Piliavin et al. 2002) and this approach is based on the incorporation of the volunteer role into the self-concept that can best explain sustained volunteerism (Piliavin et al. 2002).

Volunteerism is a social support phenomenon; a component of the social interest domain. Social interest involves a sense of belonging (Ansbacher 1991) and probably serves as the strongest explanatory mechanism for social integration experienced when a person engages in volunteering acts (Maslow 1971). Social interest has been shown to be an important contributor to one's satisfaction with life and is now considered a key component of positive mental health (Ansbacher 1991). Volunteers by partaking in volunteering activities are able to enjoy better mental well-being such as reduced stress and depression levels, enhanced self-esteem, and overall life satisfaction (LS) (Piliavin 2005; Thotis and Hewitt 2001; Wilson 2012). A longitudinal study by Meier and Stutzer (2004) provides a robust evidence to support the premise that volunteers are more satisfied with their lives than non-volunteers are. A recent study by Pavlova and Silbereisen (2012) has revealed higher levels of LS among older and younger volunteers in Germany. Research has shown that (life) satisfaction, a favorable evaluation of an experience or behavior, is a robust and reliable predictor of repeated engagement in that experience or behavior (Harrison et al. 2006). In our study, the repeated engagement is with volunteering.

LS is a cognitive judgmental process referring to one's personal assessment of the degree to which important, needs, goals, and wishes are being fulfilled (Frisch 2000). According to Diener (1984), judgments of LS are dependent upon a comparison of one's overall quality of life with some standard which an individual sets for himself or herself without any external imposition. In a recent study, Wadsworth (2013) has made an interesting observation about well-being (includes

LS) by analyzing the sex lives of individuals. He has argued that the sense of well-being has a relative element to it and comes from the belief that an individual is performing better than his/her neighbor. Therefore, it is possible that an individual's perception about the quality of life is influenced by the quality of lives of his/her neighbors. A study by Diener et al. (1993) has found no evidence for the influence of relative standards on income. However, research by McBride (2001) suggests that relative income does matter in an individual's assessment of his/her well-being. Therefore, we conclude that the studies on the sense of well-being based on relative effects have produced mixed results. Although there has been much discussion about the fact that a person's life consists of many different domains (Cummins 1996) such as family, children, money, and so on, different individuals place different values on them making it difficult to come up with the "sum score" of LS (Rice et al. 1985). Therefore, the construct of interest in this study is the overall, global LS, which measures the person's overall "satisfaction with life as a whole" (Tatarkiewicz 1976, p. 8) as opposed to satisfaction with different life domains. Based on the role identity perspective, it has been shown by a few researchers that volunteers who have a higher level of satisfaction tend to serve as volunteers much longer (Piliavin et al. 2002) in addition to enjoying positive health outcomes (Musick and Wilson 1999).

Motivations to help others and feel needed are predominant for healthcare volunteers compared to the non-healthcare volunteers (Tuckman and Chang 1991). According to them, healthcare volunteerism is more fulfilling than other kinds of volunteering activities since it makes the volunteers feel that they are worthwhile and are saving lives. However, healthcare volunteerism is found to be more wanting in developing countries such as Malaysia. Volunteers and voluntary organizations in Malaysia are more focused on social welfare services when compared to healthcare or community security services (Siti 2004). For the healthcare volunteerism to sustain, it is essential that LS of the volunteers be at a higher level. In this study, we assess the level of LS among healthcare volunteers in Malaysia and address the following question: what are the antecedents of LS among healthcare volunteers in Malaysia? Specifically, we investigate three antecedents in this paper: personality traits of the volunteer, motives to volunteer, and spiritual capital of volunteer.

Many researchers have studied the link between personality traits and LS of individuals. For example, Chen et al. (2008) have shown the link among online game players; Parker et al. (2008) have established the link among adult students in Australian universities; Proto and Rustichini (2012) among households in Britain and Germany; Joshanloo and Afshari (2009) have established the link among university students in Iran. A recent study by Buchanan and Bardi (2010) on a small number of volunteers shows that personality traits explain increased LS. However, there is a dearth of research on healthcare volunteers, especially from Asia. In this research, we study the volunteers of St. John Ambulance in Malaysia (SJAM).

Gnoth (1997) has succinctly explained what a motive is: "A motive is a lasting disposition. Each motive has its distinct type of contents in the form of goals of behavior. Contents here means that a person chooses from a repertoire of learned or conceived actions, while the goals refer to the consequences of one's actions" (pp. 287–288). Motives play an important role for sustained volunteering (Finkelstein

et al. 2005). A few studies have analyzed the motivations of hospital volunteers (Zweigenhaft et al. 1996), AIDS volunteers (Reeder et al. 2001) and older volunteers in general (Okun et al. 1998; Pushkar et al. 2002). However, there is a dearth of studies on the motives of healthcare volunteers.

Spiritual capital is one of the recent forms of capital that has been defined by different researchers from different perspectives. For example, Zohar and Marshall (2004) have defined from the individual perspective; Metanexus Institute has defined from the economic perspective; Verter (2003) has defined from the sociological perspective. The dimensions of spiritual capital are personal well-being, spirituality, and religiosity and these are explained later. These dimensions have been shown to have an impact on LS of individuals (Piedmont and Friedman 2012; Zullig et al. 2006).

The contributions of this paper are threefold. First, the framework combines the roles of personality traits, motives, and spiritual capital in explaining the LS of healthcare volunteers (of SJAM) in Malaysia. Our framework takes into account the inter-relationships between the independent constructs. A dearth of empirical studies combines the three main constructs in the study of LS of healthcare volunteers. Second, this study uses individual dimensions of personality traits and motives in analyzing their relationships with LS. Third, the study has been conducted in one of the fastest developing economies in South-east Asia. Healthcare volunteers involved with SJAM play a crucial role in saving lives in developing countries. The governments and NGOs in other developing countries can use the finding of this study to promote healthcare volunteerism.

Some Prefatory Remarks on Spiritual Capital

The concept of spiritual capital has gained prominence in the last 10 years. The concept is rooted in models of religious capital, cultural capital, and social capital (Middlebrooks and Noghiou 2007). The initial work in this area was pioneered by Metanexus Institute through the Spiritual Capital Research Program in 2003. According to this institute, spiritual capital is defined as "...the effects of spiritual and religious practices, beliefs, networks and institutions that have a measurable impact on individuals, communities and societies."

Many definitions have been proposed by many researchers (Berger and Hefner 2006; Finke 2003; Liu 2003; Zohar and Marshall 2004). For example, according to Zohar and Marshall (2004), spiritual capital is "the amount of spiritual knowledge and expertise available to an individual or a culture, adding that the word—spiritual refers to—meaning, values and fundamental purposes" (p. 27). According to Middlebrooks and Noghiou (2007), spiritual capital includes "individual dispositions that manifest as (a) a belief in something larger than self, (b) a sense of interconnectedness, (c) ethical and moral salience, (d) a call or drive to serve, and (e) the capability to transfer the latter conceptualizations into individual and organizational behaviors, and ultimately added value" (p. 10). According to Liu (2003), spiritual capital can be explained and measured as a composite construct. He specifies that the construct be made up of religious capital (religiosity and personal

well-being) and spirituality. At this point, it is useful to highlight the fact that there is no standard scale to measure spiritual capital. Taking a cue from Liu's (2003) suggestion, we consider spiritual capital as a composite construct with three dimensions: spirituality, religiosity, and personal well-being. According to Pargament and Mahoney (2002), spirituality encompasses such subjective processes as the search for existential meaning, transcendence, and the sacred. Religiosity is defined as a "system of ideas or ideological commitments, a personal, subjective side of the religious experience" (Hill and Pargament 2003, p. 64). Personal well-being, as defined by the International Wellbeing Group (2005), is a practical approach to understand a person's own view of their well-being as comprising multiple life domains that contribute to the whole experience of life quality. In our study, we use the seven domains of personal well-being as developed by Cummins et al. (1994). The seven domains are: standard of living, health, achieving in life, relationships, safety, connection to community, and future security.

Theoretical Framework and Hypotheses Development

The framework used in this study can be explained through the role identity theory. This theory explains "why people still volunteer." The role identity theory of behavior postulates that people develop a role identity as a particular type of actor as people engage repeatedly in a type of activity (Grube and Piliavin 2000). A person who volunteers more than a few times may come to think, "I am the kind of person who volunteers" and eventually, "Volunteering is a vital part of who I am" (Piliavin 2005; Thotis and Hewitt 2001; Veerasamy et al. 2013; Wilson 2012). According to Veerasamy et al. (2013), "Sustained volunteerism results in better mental well-being such as reduced stress and depression levels, enhanced self-esteem, and overall life satisfaction of volunteers" (p. 2). Figure 1 shows the framework used in this study.

Personality Traits and Life Satisfaction of Volunteers

A personal trait refers to a predisposition to act in certain ways that enable an observer to anticipate behavior patterns in how individual will act to situations in different social settings and relationships (Park 2011). In this research, we adopt "Big Five" personality traits (John 1990). Many researchers have established the relationship between personality traits and LS (Buchanan and Bardi 2010; Chen et al. 2008; Joshanloo and Afshari 2009; Parker et al. 2008; Proto and Rustichini 2012). Buchanan and Bardi (2010) have used agency-communion framework to study the impact of personality traits and LS on a small number of student volunteers. They have found a strong relationship between personality traits and LS. Based on the above arguments, we posit that:

H1 There is a significant relationship between personality traits and LS of healthcare volunteers.

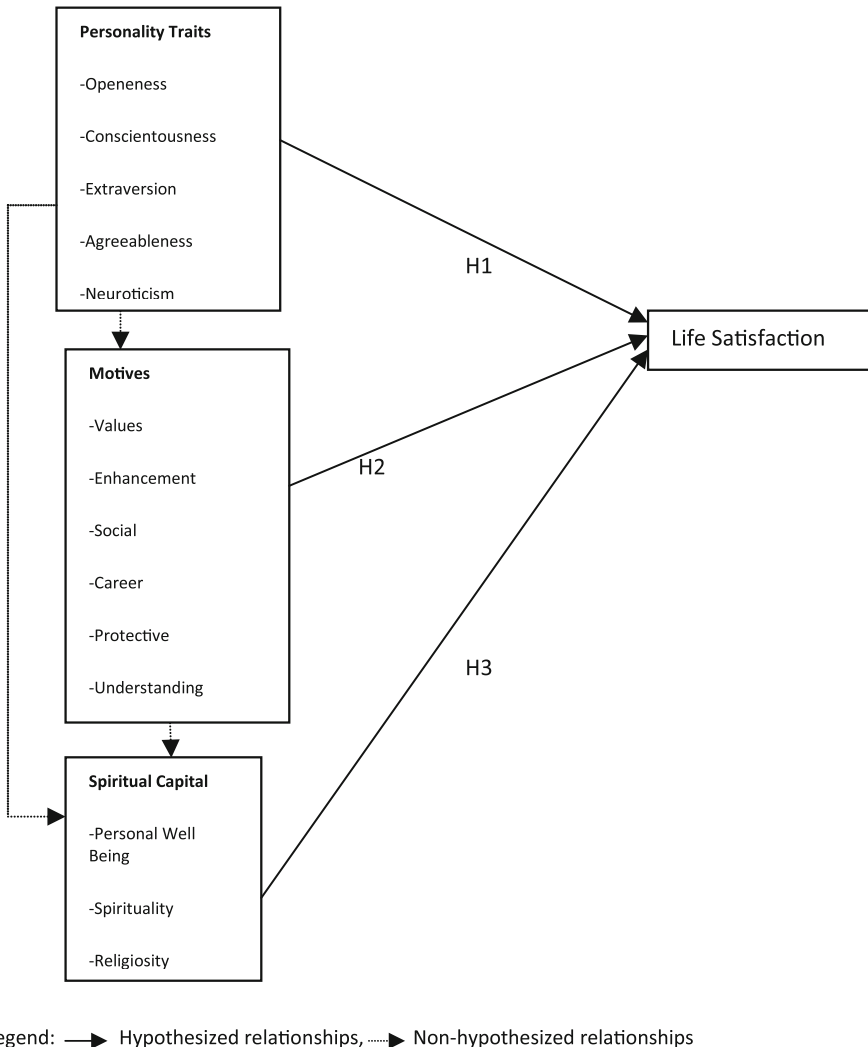


Fig. 1 Conceptual framework

Motives of Volunteering and Life Satisfaction of Volunteers

According to the motivational perspective, individuals repeat volunteering when they are satisfied with the experience of fulfilling their motives (Grant 2012; Lester et al. 2005). The extent to which volunteers' motives are fulfilled is likely to depend on the characteristics of the volunteering task (Grant 2012) and healthcare volunteerism is one of the most fulfilling tasks (Tuckman and Chang 1991). Based on the functional perspective of volunteering, Cnaan and Goldberg-Glen (1991) have argued that the rationale behind one's thoughts, feelings and the actions suggests that behavior is followed by a cognitive evaluation of the benefits resulting

from performing the behavior. [Clary et al. \(1992\)](#) have suggested that individuals volunteer and carry on with volunteering to the degree it can fulfill their primary motivational functions or needs. According to this perspective, different individuals volunteer to meet different motives. As highlighted by many researchers, LS is one of the benefits of volunteering ([Finkelstein et al. 2005](#); [Grant 2012](#)). Based on the above arguments, we hypothesize as follows:

H2 There is a significant relationship between the motives to volunteer and LS of healthcare volunteers.

Spiritual Capital and Life Satisfaction of Volunteers

As stated earlier in this paper, we argue that spiritual capital consists of three components: spirituality, religiosity, and personal well-being. Many studies have established the links between spirituality and LS ([Brillhart 2005](#); [Fabricatore et al. 2000](#); [Tate and Forchheimer 2002](#); [Zullig et al. 2006](#)). The psychology of religion and spirituality, with little help from overarching theories, remains a field that is “contentious” and “fractured” ([Paloutzian and Park 2005](#)). This is compounded by the fact that there are challenges in operationalizing and measuring religiosity and spirituality ([Miller and Thoresen 2003](#); [Rippentrop 2005](#)). In spite of these challenges, researchers are unanimous in predicting the links between religiosity, spirituality, and LS ([Dorahy et al. 1998](#); [Lim and Putnam 2010](#); [Perrone et al. 2006](#); [Roemer 2006](#)).

[Thotis and Hewitt \(2001\)](#) have proposed a personal well-being model and have argued that “people with greater personal well-being (i.e., greater psychosocial resources and physical and mental health) may volunteer more often, and people who are involved in community service may have greater life satisfaction, self-esteem, sense of purpose in life, physical health, and mental health, among other consequences” (p. 118). Many researchers have established the link between well-being and LS ([Cummins 1996](#); [Veenhoven 1991](#)). Based on the above arguments, we posit the following hypothesis:

H3 There is a significant relationship between the spiritual capital and LS of healthcare volunteers.

Setting and Method

Based on the information given in the website (www.sjam.org.my), SJAM was established in 1908. SJAM has more than 60,000 volunteers nationwide and these volunteers dedicate 3.6 million man-hours annually for the service of mankind. Among the volunteers, 25 % are working adults and 75 % are students; 35 % are male members and 65 % are female members. SJAM provides services such as hemodialysis centers, 24-h emergency and non-emergency ambulance services, home nursing care for the invalid, and other humanitarian services. SJAM receives generous funding from individuals and corporate. Based on the confidence level of 95 %, accepted error level of 5 %, and an estimated response rate of about 30 %

(a high response rate was assumed since one of the researchers worked as a volunteer with SJAM), we arrived at a sample size of 1,000. The sampling technique adopted was stratified random sampling (each strata—each state of Malaysia). There are 14 states and federal territories in Malaysia and the sample size was divided proportionately.

Data were gathered through questionnaires administered through the person in-charge of volunteers at each state. The questionnaire consisted of separate sections for each construct: personality traits, motives, spirituality, religiosity, personal well-being, and LS. Besides these constructs, demographic information such as age, race, sex, education, and full-time or part-time job information was also captured. A copy of the questionnaire can be requested from the authors.

Personality in this study refers to personal traits of a volunteer. Personality in the current study was measured by the Big Five personality scale. The actual dimensions of the Big Five personality scale are: extraversion, agreeableness, conscientiousness, neuroticisms, and openness (John and Srivastava 1999). The original scale was modified by Rammstedt and John (2007) and we used this scale in our study. This scale consisted of two items for each dimension. All the 10 items were measured using a 5-point Likert scale ranging from 1—Strongly Disagree to 5—Strongly Agree.

Motives in this research are the factors that motivate the volunteers to volunteer. In other words, motives can be said to be the volunteer functions. We adapted the volunteer function inventory created by Clary et al. (1992). They developed volunteer functions where volunteer motivation was operationally defined as rating on volunteer functions itself and included 30 items. All items were measured by a 5-point Likert scale with “1” indicating “extremely inaccurate” and “5” indicating “extremely accurate.” The six dimensions of the volunteer functions measured in this study were: values, social, career, understanding, enhancement, and protective.

The seven domains of personal well-being as developed by Cummins et al. (1994) have been used in this study. To recap, the seven domains are: standard of living, health, achieving in life, relationships, safety, connection to community, and future security. All items were measured using a scale ranging from “1”—Completely Dissatisfied to “5”—Completely Satisfied. This construct had seven items. Spirituality and Religiosity scales were adopted from the scales developed by Mattis (2000) and these constructs had six (four questions on Religiosity and two questions on spirituality) items.

The volunteer's LS was measured by using the five-item scale of Satisfaction with Life Scale (SWLS) that was developed by Diener et al. (1993). According to Diener et al. (1993), SWLS has been heavily used as a measure of LS. LS measures the global LS. All the five items used a scale ranging from “1”—Strongly Disagree to “5”—Strongly Agree.

Out of 1,000 questionnaires sent, we received responses from 366 volunteers (response rate—36.6 %). The responses received from different regions of Malaysia are as follows: North—33.3 %, Central—20.8 %, East—11.7 %, South—21.1 %, and Sabah and Sarawak—13.1 %. The reliabilities of different constructs are given in Table 1.

Table 1 Reliability coefficients of variables

Variables	# of items	Cronbach alpha			
		Pre-test (<i>N</i> = 33)	Current study <i>N</i> = 366	Past literatures	
Section 1				Gosling et al. (2003)	Hampson and Goldberg (2006)
Personality	10	0.83	0.74	0.78	0.74
Agreeableness	2	0.70	0.77	0.72	0.70
Conscientiousness	2	0.72	0.71	0.85	0.70
Neuroticism	2	0.76	0.73	0.87	0.70
Extraversion	2	0.83	0.84	0.76	0.79
Openness to experience	2	0.81	0.70	0.73	0.79
Section 2				Phillips and Phillips (2010)	Gage and Thapa (2011)
Motives	30				
Values	5	0.79	0.75	0.85	0.92
Enhancement	5	0.90	0.82	0.87	0.82
Social	5	0.81	0.80	0.85	0.87
Career	5	0.89	0.83	0.81	0.87
Protective	5	0.75	0.78	0.82	0.89
Understanding	5	0.78	0.83	0.88	0.92
Section 3				Cummins et al. (2009)	Cummins and Lau (2005)
Personal well being	7	0.82	0.86	0.85	0.84
Section 4				Mattis et al. (2004)	Cooper (2006)
Religiosity	4	0.82	0.70	0.88	0.76
Section 5				Steger et al. (2006)	Steger et al. (2006)
Life satisfaction	5	0.79	0.86	0.87	0.80

Results

Characteristics of Respondents

About 60 % of respondents were males. One-third of respondents were less than 25 years of age and about 22 % of the respondents were more than 46 years of age. About 80 % of the respondents were diploma holders or had higher qualifications. All the respondents were working and 87 % were employed full time and the remaining part time. About 48 % of the respondents were holding managerial positions. On an average, respondents had more than 10 years of volunteering experience and had contributed more than 15 h per month for volunteering activities. About 65 % of respondents were involved in “direct contact”

volunteering as opposed to “indirect contact” volunteering. The direct contact involves giving advise/consultation, information, or counseling such as working hotlines, mentoring/training, help line, or visiting people—Old Folk house/Orphanage House, providing companionship, hospital duty, a care facility-Dialysis Centre, and providing ambulance service.

Descriptive Statistics

The mean, standard deviation, and measures of skewness and kurtosis of each construct are given in Table 2. All constructs listed were seen on average as at least “adequate” (3 on the 5-point scale). Motives and personal well-being were seen as the highest (3.76), followed by religiosity (3.67), LS (3.61), spirituality (3.52), and personality traits (3.37). Measures of skewness and kurtosis of all constructs were between +1 and -1 and therefore, satisfied the normality criteria (George and Mallery 2003). The correlation matrix is given in Table 3. From the table it can be seen that LS has significant correlation with all variables except agreeableness and neuroticism (two dimensions of personality traits).

Testing of Hypotheses

In this research, personality traits, motives, and spiritual capital were the independent constructs and LS was the dependent construct. Besides, while testing the model we included two additional features: (1) relationships between the independent constructs and (2) constructs with their dimensions. Therefore, we used structural equation modeling (SEM) to test the complete model.

The fit statistics of the SEM model are: χ^2 —20.20 (degrees of freedom—11), p value—0.043, root mean square error approximation (RMSEA)—0.047, normed fit index (NFI)—0.99, comparative fit index (CFI)—0.99, goodness of fit index (GFI)—0.99, root mean square error residual (RMR)—0.028. Based on the results, the model fit is good. Fifty-three percent of the variation in LS has been explained by personality traits, motives and spiritual capital ($R^2 = 0.53$). These three constructs seem to predict a significant portion of LS among healthcare volunteers (SJAM) in Malaysia. The next question is: which are the dimensions of each construct that have significant relationships with LS? Table 4 gives the coefficients of each variable (dimension of each construct). The final framework (including, inter-relationships between independent variables) with the coefficient values are given in Fig. 2.

The following inferences can be made from the model output. First, all three hypotheses have been partially supported. Second, among the personality traits only neuroticism has significant negative impact on LS ($\beta = -0.082$, p value = 0.044). Neurotic persons are described as anxious, nervous, and touchy (John 1990) and volunteers tend to score low on neuroticism (Hunt 2002). This result that neuroticism has a significant negative effect on LS is consistent with earlier studies (Chen et al. 2008; Joshanloo and Afshari 2009; Parker et al. 2008). Third, among the six motives only “values” ($\beta = 0.18$, $p = 0.002$) and “protective” ($\beta = 0.20$, $p = 0.004$) have significant, positive, and direct impact on LS. Value motive is a

Table 2 Descriptive statistics of constructs

Construct	Mean (on a 5-scale)	SD	Skewness	Kurtosis
Personality	3.37	0.415	0.424	-0.484
Motive	3.76	0.75	-0.46	-0.04
PWB	3.76	0.616	-0.053	-0.503
Religiosity	3.67	0.79	-0.465	-0.212
Spirituality	3.52	0.688	-0.332	-0.707
Life satisfaction	3.61	0.778	-0.353	0.031

way to express ones altruistic and humanitarian values; protective motive is a way of protecting the ego from difficulties of life (Clary and Snyder 1999). This result is consistent with earlier studies linking motives and LS (Caldarella et al. 2010; Chacon and Vecina 2000). Fourth, among the dimensions of spiritual capital, personal well-being ($\beta = 0.40$, $p = 0.000$), and spirituality ($\beta = 0.18$, $p = 0.000$) have a significant positive impact on LS. The positive relationship between personal well-being and LS is consistent with the existing literature (Cummins 1996; Thotis and Hewitt 2001; Veenhoven 1991). Many researchers have already established the relationships between spirituality and LS (Brillhart 2005; Fabricatore et al. 2000; Tate and Forchheimer 2002; Zullig et al. 2006) and the result of our study is consistent with the results of these studies. Our research, contrary to other studies (Lim and Putnam 2010; Perrone et al. 2006), has found insignificant relationship between religiosity and LS. However, we have found that religiosity indirectly affects LS through spirituality. Fifth, our analysis on the inter-relationships between the dimensions of the independent constructs gives the following results: (1) value motive, enhancement motive, and social motive have significant positive relationships with personal well-being. A recent study by Konrath et al. (2011) has shown that motives of volunteering have significant impact on mortality risk (well-being) of older volunteers. Ho et al. (2012) have shown that motives of volunteering have a significant impact on well-being and have tested age as a moderating variable in this relationship; (2) spirituality has a significant positive relationship with personal well-being. There are many studies that support this relationship (Ivtzan et al. 2013; Marcoen 1994; Reed 1987; Wills 2009); (3) religiosity has a significant positive relationship with spirituality. The link between religiosity and spirituality is well established in the literature (Dorahy et al. 1998; Lim and Putnam 2010; Perrone et al. 2006; Roemer 2006). Sixth, the three major constructs along with their dimensions have been able to explain 53 % of the variance in LS.

Discussion

This research set out to answer two questions: (1) what are the factors (constructs) that have an impact on LS of healthcare volunteers (of SJAM) in Malaysia? (2) Which dimension(s) of each construct has (have) impact on LS? In the process of answering these questions, the framework developed has been able to address 53 %

Table 4 Coefficients of variables (from the SEM output)

Construct	Dimensions	Coefficient value	<i>t</i> value (<i>p</i> value)
Personality traits	Openness	0.079	1.91 (<i>p</i> > 0.05)
	Conscientiousness	-0.012	-0.28 (<i>p</i> > 0.05)
	Extraversion	0.034	0.77 (<i>p</i> > 0.05)
	Agreeableness	0.053	1.29 (<i>p</i> > 0.05)
	Neuroticism	-0.082	-2.01 (<i>p</i> < 0.05)*
Motives	Values	0.18	3.05 (<i>p</i> < 0.05)*
	Enhancement	-0.11	-1.67 (<i>p</i> > 0.05)
	Social	-0.052	-0.92 (<i>p</i> > 0.05)
	Career	-0.030	-0.47 (<i>p</i> > 0.05)
	Protective	0.20	2.86 (<i>p</i> > 0.05)*
	Understanding	0.061	0.93 (<i>p</i> > 0.05)
Spiritual capital	Personal well being	0.40	8.66 (<i>p</i> < 0.01)*
	Religiosity	0.088	1.61 (<i>p</i> > 0.05)
	Spirituality	0.18	3.49 (<i>p</i> < 0.05)*

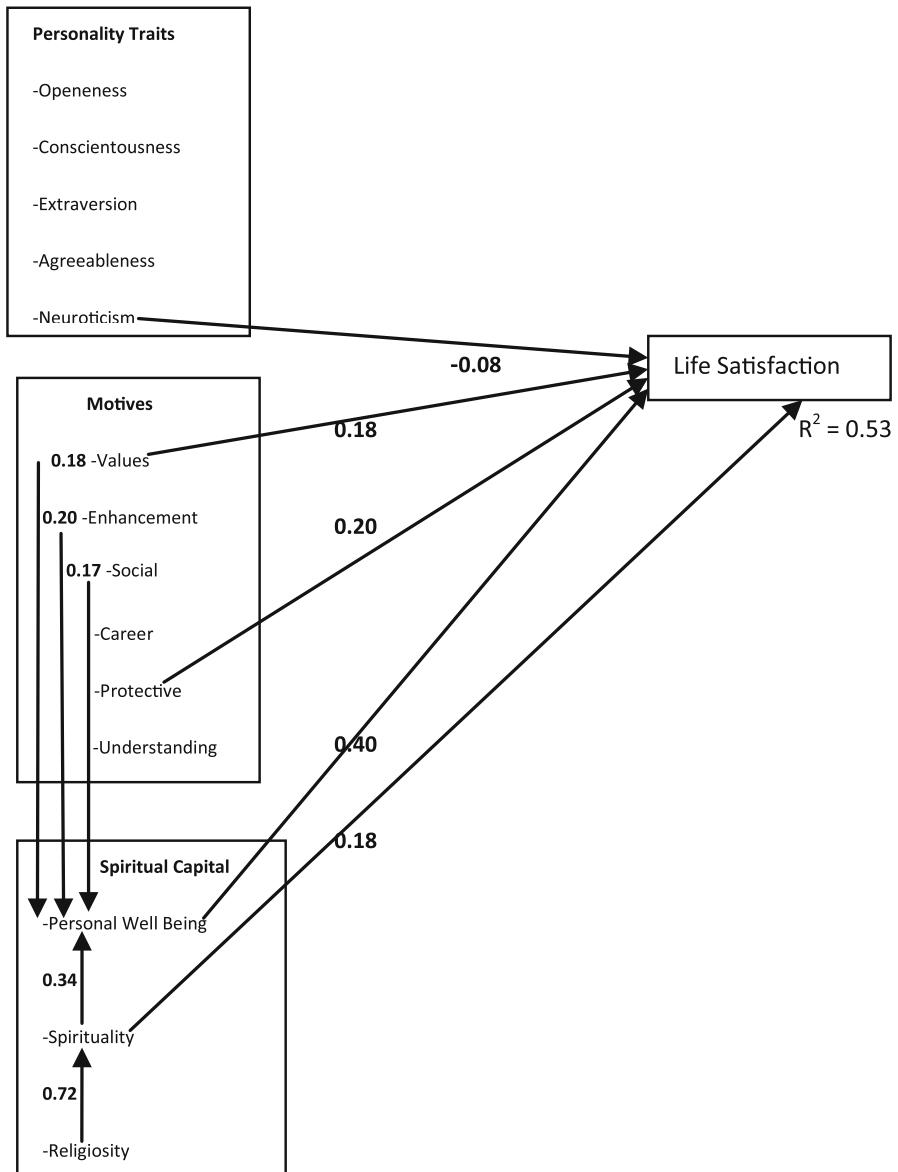
Dependent variable: life satisfaction

* Significant at significance level of 0.05

of the variance in LS. Our study is one of the few studies that have achieved a high level of explanatory power of LS. Some example studies and their explanatory powers are: (1) by Ragheb and Griffith (1982)—30 %; (2) by Ehrhardt et al. (2000)—30 %; (3) by Wood et al. (2008)—34 %; (4) by Stubbe et al. (2005)—38 to 52 %; (5) by Dyrenforth et al. (2010)—17.5 %; (6) van Leeuwen et al. (2012)—50 %. Our study unlike others have also looked at the inter-relationships between the dimensions of the independent constructs.

As indicated earlier, among the personality traits only neuroticism seems to have negative relationship with LS. Neuroticism is associated with strong emotional reactions to stressful situations and these lead to physical and mental illness (Bakker et al. 2002). Volunteering can at times be a stressful task (Dein and Abbas 2005). Volunteers involved in ambulance services might be required to handle dead bodies, victims of gruesome accidents, and relatives of accident victims. These experiences can lead to stress. Therefore, it is important that volunteers selected either are not neurotic or are properly trained to handle stressful situations. The surveyed volunteers of SJAM have scored (mean—2.77 on a 5-scale, standard deviation—0.781) “moderately low” on neuroticism. About 25 % of the volunteers have scored more than 3.5 and these are the volunteers that must be targeted for proper training. Many studies support the view that sustained volunteering reduces stress (North et al. 2002; Wilson 2012; Wilson and Muscik 1999).

Value motive and protective motive have a significant positive relationship with LS. The respondents scored “high” on value motive (mean—3.94 on a 5-scale, standard deviation—0.652) and scored “moderate” on protective motive (mean—3.54 on a 5-scale, standard deviation—0.811). It is important to understand the motives of a volunteer to venture into volunteering. The motives that drive the



Coefficients significant at 0.05 significance level

Fig. 2 Final framework with significant coefficients

volunteers in Malaysia seem to be: (1) altruistic and humanitarian values and (2) volunteerism as a conduit to reduce feelings of guilt about being more fortunate than others are, or to escape from one's own problems (Houle et al. 2005). Is there a connection between the type of volunteer task and motives? According to Houle et al. (2005), "when given a choice, individuals prefer tasks with benefits that match

their personally relevant motives” (p. 337). Therefore, we argue that value and protective motives are important to increase LS of volunteers that are engaged in healthcare (ambulance) services in Malaysia. The motives such as “values”, “enhancement,” and “social” seem to influence LS indirectly through personal well-being of volunteers. The increase in LS can then lead to sustained volunteering (Piliavin et al. 2002).

Personal well-being and spirituality play a dominant role in influencing the LS of healthcare volunteers in Malaysia. The impact of these two constructs on LS has been well espoused in the literature (Brillhart 2005; Fabricatore et al. 2000; Tate and Forchheimer 2002; Thotis and Hewitt 2001; Veenhoven 1991; Zullig et al. 2006). The volunteers (of SJAM) have scored “moderately” on personal well-being (3.76 on a 5-scale, standard deviation—0.616) and on spirituality (3.52 on a 5-scale, standard deviation—0.688). Of all the dimensions, personal well-being has the strongest impact on LS ($\beta = 0.40$, p value = 0.000). Spirituality has a direct effect ($\beta = 0.18$, $p = 0.000$) and indirect effect ($\beta = 0.22$, $p = 0.000$), through personal well-being, on LS. The third dimension of spiritual capital, religiosity ($\beta = 0.72$, $p = 0.000$), indirectly impacts LS through spirituality.

There are three important lessons that emanate from this study. First, LS of healthcare volunteers is essential to ensure sustained volunteerism. The managers can do well by providing the necessary infrastructure and environment that will make volunteering less stressful. Second, the kind of volunteers those are ideal for healthcare volunteerism (SJAM): less neurotic, high on “value,” “protective,” “enhancement,” and “social” motives and high on spirituality, religiosity, and personal well-being. Third, volunteers with relevant personality traits, motives, and spiritual characteristics must be chosen for healthcare volunteerism. Proper training to the volunteers must be provided that will help them handle their jobs with reduced stress levels and in a professional manner.

Limitations

This study has a few limitations. First, the response rate is 36.6 %. This is despite the fact that one of the authors is a volunteer with SJAM. The moderate response rate raises concerns of representativeness. However, this study has included volunteers throughout Malaysia. Second, our study looked at only one type of healthcare voluntary services, i.e., services related to SJAM. In order to generalize it will be interesting to include other healthcare services such as hospitals. Third, this study used self-reported questionnaire to collect data which may cause common method variance. Although it is often considered preferable to have objective reports or supervisor reports or reports from peers, it is common that access to this type of data is simply not available in field research. Fourth, the spirituality scale used in this research was developed by Mattis (2000) and it had two items only. Even though this scale has been used in other studies, there is a need to look for a scale that has more items. Fifth, this study is cross-sectional and therefore, difficult to establish causal relationships between variables (Stone-Romero and Rosopa 2008).

Implications and Next Steps

This study suggests implications for practice and research. Overall, the findings support the conception that personality traits, motives for volunteering, and spiritual capital are essential to explain the LS of healthcare volunteers (of SJAM). It is imperative that researchers consider the dimensions of these constructs and inter-relationships between these dimensions in studying their effects on LS. This approach could enhance the explanatory power of the model. In fact, our model has an explanatory power of 53 % which is one of the highest. Existing research looked at these constructs and their dimensions in isolation.

Most of the previous research on volunteering commonly measured either the various motivations for volunteering or the different types of volunteer activities (see Clary and Snyder 1999; Gillath et al. 2005) or comparisons in prior research were made directly from groups of volunteers to groups of non-volunteers (Singh 2004). In our study, we have looked at a comprehensive framework and this is a significant contribution in volunteering research.

In this study, we argue that spiritual capital is a composite construct and we have included three dimensions: religiosity, personal well-being, and spirituality. In the absence of a standard accepted scale to measure spiritual capital, our study provides a good starting point for further analysis. This construct can be studied further to increase/decrease/modify the included dimensions.

In this study, we have identified the factors that are vital to enhance LS among healthcare volunteers in Malaysia. Among the dimensions that have a direct impact on LS are: neuroticism from personality traits, value motive and protective motive from motives to volunteer, and personal well-being and spirituality from spiritual capital. Besides, the factors that have indirect impact on LS are: enhancement motive and social motive from motives to volunteer and religiosity from spiritual capital. As indicated earlier, literature suggests that LS of volunteers is essential for sustained volunteering. The managers of the voluntary organizations that utilize the services of volunteers can use the results of this study to (1) profile the volunteers suitable for healthcare volunteering and (2) provide proper training and necessary infrastructure that will help volunteers carry out their duties in a less stressful manner.

By understanding the personality, motive, and spiritual capital of volunteers, volunteer organizations will be able to recruit the right volunteer and sustain them within the organization. Moreover, they will be able to overcome the ejection stage as discussed in the Volunteer Stages and Transition Model (VSTM). According to VSTM, there are two kinds of turnover: (1) ejection: early turnover caused by unsuitable volunteers or (2) exiting at the end of a long and fulfilling period of volunteering. Some volunteers are ejected after a short period of volunteering, initiated by the organization or by the volunteers themselves. Only in rare circumstances does the organization discontinue a volunteer's work, since such a process is emotionally and practically difficult for all parties. Volunteers are ejected due to three main obstacles: not fitting in with the group, unfavorable attitudes from their social environment, and/or a lack of suitability between the individual and the organization (Haski-Leventhal and Bargal 2008). Therefore, by identifying who is

likely to volunteer can help establish more effective recruitment, training, and retention strategies (Bussell and Forbes 2001).

How can the skills developed during volunteering be used in the paid employment? One of the earlier research conducted on skills transfer from volunteer work to paid employment were by Hybels (1978) and Schram (1985). In a Hybels' study using 400 women as samples, it established that skills development through volunteerism improved prospects for potential employment. Companies may be inclined to shy away from hiring employees who are involved in volunteering for the fear that it will distract them from their work. According to Carlo et al. (2005), the skills acquired during volunteering may be particularly relevant in jobs that favor agreeable and extraverted employees since these personality traits are associated with volunteering. More research in this area, especially in developing countries, can be useful to encourage more and younger people to get involved in volunteering.

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