Determinants affecting the likelihood of Volunteering in Barretstown Camp for Sick Children

Jessica Russell-Carroll

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Supervisor: Margaret Walsh
Head of Department: Dr. Sinead Eccles

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Department of Psychology
DBS School of Arts
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Abstract

Substantial past research has focused on the positive effects that volunteering has on subjective wellbeing while research into the domain of wellbeing increasing the likelihood of volunteering remains low. This study was designed to assess subjective wellbeing and age in determining volunteer behaviour in Barretstown. This study consisted of volunteers from Barretstown and a control group from the Dublin Business School (n = 93; 38 = volunteers; 55 = non-volunteers). The Satisfaction with Life Scale (SWLS), General Health Questionnaire (GHQ), Rosenberg Self-Esteem Scale (RSE), an adapted extraversion questionnaire (AEQ) and qualitative data were used. The hypotheses are supported by the results and consistent with the findings of other studies. Limitations and avenues for future research will also be discussed.
"If you would like to be selfish, you should do it in a very intelligent way. The stupid way to be selfish is ... seeking happiness for ourselves alone ... the intelligent way to be selfish is to work for the welfare of others."

The Dalai Lama

**The Concept of Life Satisfaction**

Throughout history, the question about what ultimately causes people's life satisfaction or happiness has been asked. Greek philosophers debated as to how people should and could achieve happiness in their lives. Accordingly, two views concerning the pursuit of happiness evolved. Referring to Aristotle, it is stated that true happiness is to be found in the expression of virtue. In other words, a happy person is therefore a moral person. The second view emphasises that individuals who pursue their narrow self-interest become happy. A *homo oeconomicus*, who maximises his or her utility by behaving selfishly, is expected to be happier than people who accept costs to help others. The hedonistic way to seek pleasure and happiness solely for oneself leads, according to this view, to higher subjective well-being.

Satisfaction is a state of mind. It is an evaluative appraisal of something. The term refers to both 'contentment' and 'enjoyment'. As such it covers cognitive- as well as affective-appraisals.
Satisfaction can be both evanescent and stable through time (Veenhoven, 1996). Life-satisfaction is the degree to which a person positively evaluates the overall quality of his/her life as-a-whole. In other words, how much the person likes the life he/she leads. Current synonyms for life satisfaction are: ‘happiness’ and ‘subjective well-being’. One advantage in using the term life-satisfaction rather than the word ‘happiness’ is that it emphasises the subjective character of the concept. The word happiness is also used to refer to an objective good; especially by philosophers. Further, the reason that term life-satisfaction has the advantage over the label of ‘subjective well-being’ is that life-satisfaction refers to an overall evaluation of life rather than to current feelings or to specific psychosomatic symptoms.

Life-satisfaction is one of the indicators of ‘apparent’ wellbeing. Together with the indicator of mental and health, it indicates how well people thrive. The literature on life-satisfaction can be summarised by means of the questions that arise if one follows the utilitarian lead of creating greater happiness for a greater number of people. The first question is what life-satisfaction is precisely. One cannot create greater happiness without a clear definition of happiness (Veenhoven, 1996). Central to life satisfaction for Sumner, for instance, is “a positive evaluation of the conditions of your life, a judgment that, at least on balance, it measures up favorably against your standards or expectations” (1996, p.145). Life satisfaction stands together with the affective elements to yield a relatively comprehensive picture of psychological well-being (Andrews & Withey, 1976; Herzog, Rodgers, & Woodworth, 1982; Diener et al., 1999).
Recent reports indicate that various aspects of well-being may change as we grow older (Carstensen, Isaacowitz, & Charles, 1999; Mroczek, 2001; Fingerman, 2002). For example, negative affect, an important component of well-being, clearly decreases as people age, a finding that has been documented longitudinally (Charles, Reynolds & Gatz, 2001) and cross-sectionally (Mroczek & Kolarz, 1998; Carstensen, Pasupathi, Mayr, & Nesselroade, 2000; Mroczek & Almeida, 2004). As most of the sample in this study were in their twenties or older, these individuals arguably have relatively stronger happiness and self-esteem, self-definitions and more certain and solidified attitudes (Lyubomirsky, Tkach & DiMatteo, 2006). In contrast, inconsistent results have been found regarding age differences in sources of self-esteem (Atchely, 1994, Brandstadter and Greve, 1994). Research has demonstrated a consistent relationship between poor health status and unhappiness and distress, especially in older people (Okun et al., 1984; Lubin et al., 1988). However, other studies have found that when other factors are taken into account, subjective health status has little effect on happiness levels (Diener, 1994).

**Satisfaction with Life and Volunteering**

Since subjective well-being is commonly defined as an aggregate of life satisfaction and the balance of affect, it is not surprising that happy individuals demonstrate both global satisfaction with their lives (Diener, 1984; Argyle, 1987; Myer and Diener, 1995) and satisfaction with specific life domains such as work, recreation, friendship, marriage, health and the self (Campbell, 1981; Argyle, 1987).
Volunteering helps individuals form interpersonal ties and develop their social networks. People with increased social contacts and stronger support networks have lower premature death rates, less heart disease and fewer health risk factors (House, Landis, & Umberson, 1988).

Like Veenhoven (1991), this study takes the pragmatic approach of treating happiness, “wellbeing” and life satisfaction as synonyms capable of measurement by self-assessment, such that a higher score on an instrument measuring life satisfaction similarly suggests a higher level of happiness or wellbeing. Moreover, positive moods have been found to enhance the displays of helping behaviour (George, 1991). There are three possible reasons behind this finding. First, volunteers with positive moods are likely to recall more positive memories of their interactions with coworkers and thus to provide more helping behaviours (Isen, Shalker, Clark & Carp, 1978). Second, individuals with more positive moods are more easily attracted to their coworkers (Bell, 1978), which increases the frequency of assistance they provide to them. Finally, people with positive moods consciously strive to maintain their own positive feelings; they are more likely to help others to maintain their positive mood, particularly when helping is pleasant in nature (Carlson, Charlin & Miller, 1988). Past empirical research has generally found positive moods to be helpful in bringing about more helpful behaviours (Eisenberger et al., 2001).
While it is difficult to know whether healthy people with a sense of wellbeing are more likely to volunteer as or whether volunteering provides health benefits, poor health was indicated as a barrier to volunteering by only 22% of Canadian non-volunteers recently surveyed in the National Survey on Giving, Volunteering and Participating (NGSVP) (Statistics Canada, 1998). In other words, social participation may not only enhance the support available to individuals, but may also promote health by positively affecting thoughts, emotions and behaviour.

An influential top-down view is that wellbeing influences one’s outlook which colours one’s perceptions of specific domains (Feist et al., 1995) such as volunteering behaviour or involvement in prosocial activities. Volunteers often report a ‘helper’s high’: a physical and psychological ‘feel-good’ sensation linked to physiological changes. Volunteering may serve to enhance or improve health because it provides an additional role or identity: individuals with many interests and roles have increased well-being (Dreher, 1996). Research on multiple roles suggests that volunteer activity throughout the adult years promotes healthy aging and activity and multiple roles in older ages (Moen, Dempster-McClain & Williams, 1992). However, evidence also suggests that happiness/wellbeing results in part from a summation of various domains of satisfaction (Feist et al., 1995). In other words, an evaluation of the literature would suggest that volunteerism contributes to successful aging by enhancing one’s life-satisfaction and well-being, sense of purpose, self-confidence and personal growth.
Prosocial Behavior, Age, Gender and SES

Prosocial behaviour refers to "voluntary actions that are intended to help or benefit another individual or group of individuals" (Eisenberg and Mussen 1989, p.3). This definition refers to consequences of a doer's actions rather than the motivations behind those actions. These behaviors include a broad range of activities: sharing, comforting, rescuing, and helping.

Though prosocial behavior can be confused with altruism, they are, in fact, two distinct concepts. Prosocial behavior refers to a pattern of activity, whereas, altruism is the motivation to help others out of pure regard for their needs rather than how the action will benefit oneself.

Numerous studies all over the world have considered differences in life-satisfaction across age and gender. The differences tend to be small and variable. As age increases, volunteer motivation also increases (Okun & Schultz, 2003). Black and Jirovic (1999) concluded that with the exception of the desire to keep busy and active, expressed motives for volunteering “. . . are generally similar across volunteers of all ages” and altruistic motives for volunteering “. . . vary little by age” (p. 45). According to Carstensen, Isaacowitz and Charles (1999), as individuals move through the life cycle, they become more aware that the time left to live is limited. This perception that time left to live is constrained, as opposed to open ended, forces individuals to focus on the present as opposed to the distant future, which, in turn, leads to a shift in the priorities of one’s social goals.
In 2006, the Central Statistics Office published the principal results of the socio-economic census in Ireland. According to the results of the census, 16.4% of the population aged 15 and over were involved in at least one of the five voluntary activity categories listed above i.e. one in six persons aged 15 and over. There was little difference between male and female levels of activity in volunteering.

The activity with the highest recorded number of volunteers was social or charitable work (193,000 persons or 34.8% of active volunteers, 5.7% of the total population aged 15 and over). The 45-49 age-group had the highest participation rate in voluntary activities (23.3%) while almost one in four of all voluntary workers were in their forties. Persons aged between 20-24 years were least likely to volunteer (10.4%). Higher and lower professionals had the highest participation rates in voluntary activities (24.7% and 25.6%, respectively) while semi-skilled and unskilled workers (12.9% and 9.4%, respectively) participated least. The 2006 Census confirms the greater likelihood of volunteering in mid-life (40-64 years of age), the positive relationship between higher socio-economic/ professional status and volunteering and, likewise, the positive relationship between lower socio-economic / professional status and not volunteering.

Extensive research demonstrates that girls tend to be more helpful than boys in a variety of studies (Eisenberg, Cialdini, McCreath & Shell, 1987). However, other studies show either no gender differences in levels of prosocial behavior (Rushton, 1975) or complex statistical interactions with other variables (Rosenhan & White, 1967). Explanations of gender differences in prosocial behavior may be based on an analysis of the content of gender roles (Bierhoff, 2002).
The male gender role emphasises assertive behavior and confidence in personal decisions, whereas the female gender role includes emphasis on interpersonal relationships, nurturance and caring. This suggests that some forms of helping (e.g., in voluntary or caring organisations) are more in correspondence with the female gender role, whereas other forms of helping (e.g., bystander intervention on behalf of victims of a traffic accident while a crowd of onlookers watches) are more in correspondence with the male gender role (Bierhoff, 2002).

In a representative opinion survey by Gaskin, Smith and Paulwitz (1996) which was conducted in Germany and nine other European countries, no overall gender differences in volunteering were obtained. For example, 18% of male respondents and 17% of female respondents in Germany indicated that they were involved as volunteers (Gaskin et al., 1996) The level of volunteering was higher in most other European countries: 38% in The Netherlands, 36% in Sweden, 34% in Great Britain, 32% in Belgium, 28% in Denmark and 25% in Ireland. The differences between these countries are at least in part the result of different cultural traditions. They underscore the importance of cultural influences on prosocial behaviour such as volunteering.

**The Cultural Context for Satisfied Volunteers**

Research into whether individuals living in urban or rural areas are more prosocially active demonstrates that although the level of prosocial behaviour is relatively low in urban areas, rural areas are also characterised by a reluctance to act prosocially (Steblay, 1987).
For example, people in small towns may have a smaller in-group orientation than people in larger communities which may explain the higher incidence of prosocial behaviour among individuals living in such areas. Beyond the benefits of social ties gained from volunteer behaviour, research by Young and Glasgow (1998), among others, suggests a separate and distinct benefit of formal affiliation with community-oriented organisations. People with a strong sense of their own effectiveness, coping abilities, social usefulness and who are socially active and more satisfied with life tend to have better health, lower mortality and healthier lifestyles.

Cultural variation must be taken into account when considering a prosocial behaviour such as volunteering because it is a universally observed activity. Cultural norms exert a significant influence on moral reasoning, which is mediated by different socialisation practices that affect the importance of self-gain, internalized moral standards and empathetic concern as motives for prosocial behaviour (Carlo, Fabes, Laible & Kupanoff, 1999).

Life-satisfaction is more consistently related to participation in voluntary organisations (Veenhoven, 1996). This present research aims to develop a broader understanding of volunteer motives with a particular focus on life-satisfaction. Average life-satisfaction differs markedly between nations. For example in 1980, Hungarians scored 5.9 on a 0-10 scale, and the Swedes 7.8 (Bierhoff, 2002). Does that mean that Hungarians really took less pleasure in life? Several claims to the contrary have been advanced. Elsewhere these doubts have been checked (Ouweneel and Veenhoven, 1991; Veenhoven, 1993).
The first objection is that differences in language hinder comparison. Words like ‘happiness’ and ‘satisfaction’ may not have the same connotations in different languages. Questions using such terms would therefore measure slightly different things.

One important dimension of societal differences is the individualistic or collectivistic orientation (Triandis, 1994). Whereas the Spanish, Greek and Far Eastern cultures emphasise the connectedness of the individual with the group, the English, Germans and Americans tend to prefer an individualistic culture in which the independence of the individual is considered more important than their interdependence in a social network (Bierhoff, 2002).

In most cultures, social status is one of the main organisational principles in society. Hinde (2001) considers social hierarchies to be universal characteristics of human societies. Whereas some results speak for the assumption that members of the upper middle class are more helpful than members of the working class (Feldman, 1968, for Boston, Athens and Paris in Bierhoff, 2002), there are also results that point in the other direction, e.g., the relatively high levels of helpfulness in Turkish slums of Istanbul and Ankara (Korte & Ayvalioglu, 1981).

As noted above, average satisfaction with life differs greatly across nations. These differences can probably not be explained by cultural bias in the measurement of life-satisfaction. There is strong support for an interpretation of the variation in life-satisfaction in terms of differential quality of living-conditions. For example, life-satisfaction is typically greater in the economically most prosperous nations. This relationship appears to be curvilinear; among poorer nations this relationship is more pronounced than in affluent societies (Veenhoven, 1996).
Average life-satisfaction is also greater in nations where human rights and political freedom are highly respected. However, status does not seem to be a reliable predictor of helpfulness on a general level (Amato, 1983). Status is connected with the cost of living which is negatively related to the level of prosocial behaviour in a community (Levine et al., 1994). In other words, social status appears to be a negative predictor of helping in metropolitan areas.

Studies of prosocial behaviour in different nations have revealed that volunteerism varies widely in different countries. This indicates that large cultural differences exist with respect to prosocial behaviour and that cultural variation in prosocial behaviour must be taken into account. Culture colours the type of communication about responsibility for prosocial activities such as volunteering that is dominant among members of society. As both eastern and western Europeans took part in this study it is important to note the cultural differences between them. For example, it is likely that self-serving tendencies in the assignment of responsibility for volunteering predominate in Western culture – self deception and attempts to maintain face tend to dominate the discourse on responsibility. In contrast, in Far Eastern cultures, communication about responsibility focuses on the individual as a member of a social group (Crittenden & Bae, 1994 in Bierhoff, 2002, p.46).
Responsibility

Volunteering can be conceptualised as a social responsibility. Social responsibility means two things: ensuring the welfare of others in everyday life and progressing towards one's goal attainment without violating the justified expectations of others. Whereas the first component is related to empathy, the second component is related to guilt. Empathy and guilt are considered the "quintessential prosocial motives" (Hoffman, 1982, p.304). In general, three main components of empathy are distinguished: vicarious arousal, perspective taking, and behaviour that expresses empathetic feelings. Empathy and guilt refer to the perceived social distress of others. Another common feature is that both emotions relate positively to prosocial behaviour. Empathy and guilt have quite different psychological meanings. Guilt is based on an internal attribution of the observer who is convinced that he or she has caused the plight of the victim. In contrast, empathetic concern arises if the observer is convinced that he or she is an accidental witness of the misfortune of another person.

A related concept is moral reasoning which focuses on conflicts between two or more principles that contradict one another in their consequences and offer contrary recommendations about how to act in a morally relevant situation (Bierhoff, 2002). Specifically, on Kohlberg's (1984) highest level of moral reasoning, general principles are taken as guidelines. The evaluation of actions as either good or bad is derived from universal ethical rules (e.g., justice of equality, caring for people in need, respect for human beings etc.). What empathy and moral reasoning have in common is that both reflect a concern for others. Thinking about the consequences of one's actions on others may arouse empathy (Hoffman, 2000).
People who are concerned with the fate of others are interested in what plagues those individuals and comprehend what others think and feel and, for years empathy was considered to be the primary prosocial emotion. During the 1990s, the central role of guilt feelings for social adaption in general and for prosocial behaviour in particular was emphasised in theory and research (e.g., Baumeister, Stillwell & Heatherton, 1994). A popular notion for the act of volunteering is the negative state relief hypothesis. The negative state relief hypothesis is based on the following reasoning (Cialdini, Kenrick & Bauman, 1982): A transgression induces a negative feeling state in the transgressor. There are several techniques available to reduce the unpleasant state, each of which is sufficient to improve the bad mood of the transgressor. Prosocial behaviour is one technique, among others, which helps the transgressor to feel better because it is self-rewarding. Volunteering is a prosocial behaviour which serves as a self-reinforcing response that improves negative mood in general.

Satisfied individuals may volunteer to maintain a certain level of satisfaction just as unhappy individuals may volunteer to raise their level of satisfaction. People learn as children that prosocial behaviour is socially desirable and that it is good to fulfill society’s expectation of a responsible citizen. Research confirms the assumption that prosocial behaviour could be an attempt to overcome the negative mood that arises after harming another person, which is effective because altruism has self-reinforcing qualities (Weiss et al., 1973). Thus, the negative state relief hypothesis considers the transgressor as a person who is primarily interested in mood management.

“Prosocial behaviour is only a side effect, which is not the result of altruistic intentions but of the fact that doing something good expels bad mood” (Bierhoff, 2002, p. 152).
Satisfied Volunteers: Theoretical Considerations and Previous Research

Life-satisfaction tends to be greater among those who are in good health and who have a lot of energy (Swami et al., 2007). As well as good mental health, the satisfied also share characteristics of psychological resilience (Swami et al., 2007). The act of volunteering can positively affect an individual’s well-being due to various motivational reasons. The different channels can be roughly divided into two groups:

(1) People’s well-being increases because they enjoy helping others per se. The reward is therefore internally due to an intrinsic motivation to care for other’s welfare;

(2) People volunteer instrumentally in order to receive a by-product of volunteer work. The reward may be related experience for their chosen profession; the social aspect of volunteering and travel opportunities.

With regard to intrinsic motivation, volunteers receive an internal reward as a direct result of their activity and/or from the volunteer work they do. Three intrinsic rewards can be distinguished. The first is that people care about the recipient’s utility or ability to function and or succeed. In a survey about the benefits of volunteering, 67% of the interviewed volunteers stated that an important source of satisfaction was seeing the results of their work (Argyle, 1999). Second, volunteers benefit from intrinsic work enjoyment (Frey, 1997).

“The task of volunteering may increase people’s self-determination and feelings of competence because intrinsic motivation involves people freely engaging in activities that they find interesting, that provide novelty and optimal challenge” (Deci and Ryan, 2000, p.235). Thirdly, the act of helping others gives a feeling of enjoyment.
This good feeling may, for example, be due to guilt reduction (Bierhoff, 2002). While some individuals are more extrinsically oriented (materialists), other people put more emphasis on intrinsic life goals. Materialists share the belief that acquisition and possession are central to goals on the path to happiness (Tatzel, 2002). In contrast, people with intrinsic life goals emphasise personal growth, relationships and community spirit as important sources of well-being. In terms of extrinsic reasons, people may also receive utility from helping others because volunteering is extrinsically rewarding. In other words, people volunteer 'instrumentally'; they see volunteering as an investment and expect external benefits or payoffs. If volunteering is undertaken due to extrinsic motivators, then the correlation between volunteering and well-being would be due to expectations of higher earnings in the future. Moreover, people may volunteer in order to invest in their social network.

Through engagement in volunteer work, social contacts evolve which can be valuable in establishing business contacts or for getting employment. However, it is also possible that volunteers may enjoy social interactions without the expectation of an extrinsic reward in the future. In such cases, meeting people and making friends, which can serve to increase the feeling of relatedness is not extrinsically but intrinsically rewarding. For most people, the benefits of volunteering are probably a combination of many of the aforementioned rewards.

Naturally, the question arises whether one set of goals brings more life satisfaction. The research in psychology on this question concludes that people with more materialistic goals are less happy than people who pursue intrinsic life goals (Kasser & Ryan, 2001).
Considerable research now demonstrates that the content of the goals a person pursues has ramifications for his/her happiness or wellbeing. According to Kasser and Ryan (2001), individuals who valued financial success (extrinsic goal) more strongly than they valued emotional intimacy, community feeling and personal growth (intrinsic goals), reported lower well-being and also showed more evidence of psychopathology during interviews with clinicians. Thus, intrinsic and extrinsic goal contents are empirically distinguishable categories which have reliable relations with concurrent wellbeing (Kasser and Ryan 2001). If this idea is applied to prosocial behaviour, one could expect that such a ‘hedonistic paradox’ occurs because people who are more extrinsically oriented do not help others and therefore do not benefit from the internal rewards of prosocial behaviour (Phelps, 2001; Konow and Earley, 2002). As a result, it is not people who pursue their own happiness who are happy but people who care for others.

Recent field studies have used longitudinal survey data and investigate whether volunteering ten years ago had an influence on people’s risk of mortality or depression scores today. The results support the view that volunteering is positively correlated with physical and mental health (Wilson and Musick, 1999). Respondents generally agreed that volunteering had done much to improve their mental health. Specifically, it had given structure, direction and meaning to their life, widened their social networks, improved their vocational and interpersonal skills and helped them to gain access to employment, education and training (Wilson and Musick, 1999). Furthermore, when respondents were asked what impact they believed volunteering had had on their mental health, almost all respondents said that it had had a positive effect.
Thoits and Hewitt (2001) present a study which is the reverse of the analysis in this paper: they use the panel structure of two waves of a US survey to estimate whether volunteering has an influence on various measures of well-being like life-satisfaction, self-esteem, health and depression. To test for selection effects, the authors control for past-reported well-being. On the one hand, the results show that volunteers report higher well-being than non-volunteers and, on the other hand, that past well-being is correlated with present volunteering. However, the study is unable to go any further and address the question of causality. The correlation could be spurious due to unobserved individual heterogeneity. Moreover, people’s well-being may have increased between the two waves due to a third factor which simultaneously increased volunteering. Volunteering is, therefore, not causally responsible for an increase in well-being and so, the reverse (that wellbeing is in part, responsible for an increase in volunteering) must also be explored.

Reports on the relationship between personality factors and volunteering propose that our understanding of prosocial behaviour will be enhanced by examining the interplay of traits and motives. In a study by Carlo, Okun, Knight, & De Guzman (2005), results of path analyses showed that prosocial value motivation to volunteer partially mediated the relation between and extraversion, and volunteering. Furthermore, as agreeableness decreased, extraversion was more strongly related to prosocial value motivation to volunteer. Extroversion will therefore be discussed in relation to volunteering in the next section.
Life Satisfaction and Extroversion in relation to Volunteering

Traits and motives can be conceptualized as representing different levels of personality functioning (McClelland, 1985, McAdams, 1994). McCrae and Costa (1999) posited that traits are “enduring patterns of thoughts, feelings, and actions . . .” (p. 140). Traits are organised hierarchically from narrow to broad traits. Extroversion is posited on the broadest level of this hierarchy. The relations between traits and social behaviours are often relatively modest in magnitude (cf., Bem & Funder, 1978; Kenrick & Funder, 1988). This is also the case for the relations between personality traits and volunteering behaviour (Omoto & Snyder, 1995). Extroversion is associated with sociability, gregariousness, assertiveness, positive emotions, warmth, and activity (McCrae & Costa, 1999); and has been shown to predict volunteering (Smith & Nelson, 1975, Burke & Hall, 1986; Kosek, 1995). Because volunteerism often requires extensive social interactions, scholars have linked it to extroversion (e.g., Burke & Hall, 1986).

Though some social behaviours tend to be more frequent among the satisfied (active, outgoing, friendly), such conduct can also be observed among the dissatisfied (Carlo et al., 2005). Likewise, non-verbal behaviours such as frequent smiling or enthusiastic movements appear to be only modestly related to self-reports of life-satisfaction. Consequently, estimates of someone’s life-satisfaction by his peers are often wrong (Veenhoven, 1996).

According to Veenhoven (1996), with respect to personality, the satisfied tend to be socially extrovert and open to experience. There is a notable tendency towards internal control beliefs, whereas those who are dissatisfied tend to feel they have little control over events (Veenhoven, 1996).
Whereas research on life satisfaction and age has yielded inconclusive results, this is not the case with personality traits and life satisfaction. Numerous studies have reported that extroversion is positively related to life satisfaction with little or no contravening evidence (Costa, Mc-Crae, & Zonderman, 1980; Emmons & Diener, 1985; Heaven, 1989; Pavot, Diener, & Fujita, 1990; DeNeve & Cooper, 1998; Hills & Argyle, 2001). This finding is also consistent across cultures (Schimmack, Radhakrishnan, Oishi, Dzokoto, & Ahadi, 2002). Extroversion is a powerful predictor of the absolute level of life satisfaction (Costa & McCrae, 1980; Emmons & Diener, 1985). Moreover, Furnham (1991) outlines the importance of personality traits, including mental health and extroversion, in determining satisfaction in work and leisure. People who dispositionally focus on moral obligations tend to act in correspondence with their normative beliefs (Cialdini et al., 1991). In summary of the above, field and experimental studies show that the altruistic personality possesses a prosocial orientation which is translated into action when another person is in need.

However, extroversion is a multifaceted construct that also combines more specific traits. The positive emotions/cheerfulness facet of extroversion has been found to be one of the strongest and most consistent predictors of life satisfaction. These findings suggest that measures of positive emotions/cheerfulness are necessary and sufficient to predict life satisfaction from personality traits (Schimmack, Oishi, Furr and Funder, 2004). These results also lead to a more refined understanding of the specific personality traits that influence life satisfaction. Thus, extroverts reflect a positive orientation towards others, which conceptually forges a link between personality dispositions and prosocial value motives.
Hence, it is reasonable to presume that individuals who are altruistic, trusting, warm, and emotionally positive may value prosocial behaviours. Not only does volunteering represent an impressive amount of involvement, but it is also quite stable over time (Penner & Finkelstein, 1998). Research indicates that positive feelings about being a volunteer have been positively correlated with length of service in volunteering activities (Penner & Finkelstein, 1998).

In the present study, the degree to which extroversion and volunteering are related is examined. Hence, in the present study, predictions have been made, regarding the relation of the personality trait of extroversion and volunteering.

**Self-Esteem, Satisfaction and Volunteering**

Self-esteem has a strong relation to happiness (Baumeister et al., 2003). Although research has not clearly established causation, it is suggested that high self-esteem does lead to greater happiness. Even if self-esteem were to fail to contribute to a better, happier life overall, it might accomplish a great deal by helping people to recover from aversive events. Self-esteem is related to reduced blood pressure and improved immune function (Dreher, 1996).

Gerard’s (1985) recent European research found that people who leave school early or come from disadvantaged backgrounds, yet still make an effort to volunteer, show levels of psychological well-being equal to educated, professional non-volunteers. Misfortunes, problems and setbacks can be experienced as blows to one’s favourable view of the self (e.g., Janoff-Bulman, 1992), and it is plausible that high self-esteem enables people to recover faster or more thoroughly from such events.
A major international study on life satisfaction was presented by Diener and Diener (1995). High self-esteem emerged as the strongest of several predictors of life satisfaction overall. The simple correlation between self-esteem and satisfaction was quite significant at .47. In short, self-esteem and wellbeing are substantially interrelated. In conjunction with such findings, the assumption that subjectively happier individuals are more likely to volunteer or engage in other prosocially-related activities gains support, especially when taking the variable of self-esteem into account (Diener and Diener, 1995). However, according to this study, the correlation between self-esteem and happiness (life satisfaction) varied somewhat across countries. In particular it was stronger in individualistic countries than in collectivistic ones.

In Lyubomirsky and Lepper’s study (2002), self-esteem was more strongly correlated with happiness and wellbeing than with hopelessness, optimism and a sense of mastery whereas happiness and wellbeing were more strongly correlated than self-esteem with energy level, overall health, loneliness, mood, emotion and purpose in life. They also reported that feeling satisfied with life has also been found to be a predictor of wellbeing and happiness. Feeling optimistic, not hopeless, having one’s needs fulfilled, being satisfied with one’s level of education and one’s self-worth were the strongest predictors for experiencing the highest self-esteem. Taken together, these findings uniformly indicate that self-esteem and satisfaction are strongly interrelated. People with high self-esteem are substantially more satisfied and happier than are other people. They are also less likely to be depressed, either in general or specifically in response to stressful, traumatic events (Lyubomirsky and Lepper, 2002). It is therefore plausible that self-esteem and life satisfaction are interrelated.
Happiness and life satisfaction appear to be the most desirable correlates of high self-esteem. Although research is needed to establish causality and to control for other variables, it seems quite possible that high self-esteem contributes to making people happy and more satisfied, ever increasing their likelihood of engaging in volunteering behaviours (Baumeister et al., 2003).

**Aims of Present Study**

This paper presents empirical evidence on the relationship between general wellbeing described in terms of life satisfaction, extroversion and age in relation to volunteering behaviour. It is based on a sample of volunteers from Barretstown Camp which provides a therapeutic recreation programme for children suffering from a variety of different illnesses, some terminal. A control group was also used. In addition to questions about their general health, participants are asked about their life satisfaction and the extent of volunteer work they do. Self-esteem is also measured. The question thus becomes an empirical one. Is the sacrifice of donating time and money to help others rewarding and is this reflected in people’s happiness? In order to adequately discriminate between these two rival views on prosocial behaviour and happiness or life satisfaction empirically, a measure of people’s individual well-being is required. This research proposes reported subjective well-being as a proxy measure. Based on extensive research over the last decades (see Diener et al., 1999; Kahneman et al., 1999), the measurement of subjective well-being has made great progress.
This empirical investigation concentrates on whether people who volunteer are more satisfied with their life on a number of levels. Volunteer workers were chosen specifically because the act of volunteering constitutes one of the most important prosocial activities.

On average, 32.1 percent of the European population is involved in volunteer work and this constitutes an equivalent of 4.5 million full time jobs (Anheier and Salamon, 1999).

This study thus, hypothesises that subjective wellbeing as assessed using the Satisfaction with Life Scale (Diener et al., 1985), the Rosenberg (1965) Self-Esteem Questionnaire, the General Health Questionnaire (Goldberg, 1972) and an adapted Extroversion Scale (Eysenck and Eysenck, 1991) is related to the likelihood of engaging in or are determinants of volunteering behaviour. Respondents’ age is also taken into account. Subjective wellbeing would be related to self-reported positive affect and satisfaction with one’s life as a whole as well as with a variety of life domains, temperamental traits (such as an extraverted demeanor), an optimistic outlook, a sense of mastery, fulfilling social relationships and a sense of purpose in life. Objective characteristics and circumstances – such as sex, age and life events were not expected to correlate strongly with happiness. With respect to satisfaction with life (assessed with Diener et al.’s (1985) scale), previous theoretical and empirical work provided a basis for the expectation that there would be a significant association with a personality disposition such as extroversion and life satisfaction. However, due to a paucity of research, no specific predictions were made about the relationship between self-esteem and the other included factors. In sum, this study examines the link between satisfaction with life, self-esteem, general health, extroversion and age in determining volunteering behaviour.
**Hypotheses**

1. Wellbeing increases the likelihood of volunteering in Barretstown.

2. Age predicts volunteering in Barretstown.

3. There will be a relationship between extroversion and volunteering.
Methodology

This section provides a summary of the methodology adopted in this study. The background to the sample is discussed in terms of the non-profit organisation and types of volunteers utilised in the study. The survey instrument is designed in the form of a self-completion questionnaire. Measures for the questionnaire are drawn from the literature.

Design

All respondents were asked to complete a booklet of measures, including a cover page which included some of the instructions and some demographical questions including their age, sex, nationality, education, occupation, marital status and a question on their previous volunteer experience, if any. (See Appendix A for a copy of cover page). The type of design used was an independent measures design. Two groups of individuals were used: (1) A group of volunteers from Barretstown and (2) a control group of non-volunteering college students from the Dublin Business School. Predictor and criterion variables were used. Predictor variables included satisfaction with life, general health and self-esteem. The criterion variable was volunteering.

In other words, there was a focus on the areas of social and emotional personal well-being in an attempt to determine which factors are the strongest in predicting volunteering. A control for personality factors such as extroversion was also used.
The following questionnaires were employed in this study: To measure the respondents’ level of life satisfaction, the Satisfaction with Life Scale (SWLS) (Diener et al., 1985) was utilised (See Appendix B for a copy of the questionnaire). Also, the General Health Questionnaire (GHQ) (Goldberg, 1972) was used to assess participants’ level of mental health (See Appendix C for a copy of the questionnaire). Moreover, the Rosenberg Self-Esteem Questionnaire (RSE) (Rosenberg, 1965) was employed to determine participants’ level of self-esteem (See Appendix D for a copy of the questionnaire). Finally, an Adapted Extroversion Questionnaire (AEQ) (Eysenck and Eysenck, 1991) was used to explore participants’ level of extroversion (See Appendix E for a copy of the questionnaire). In addition, a set of six additional questions were used which asked questions in relation to volunteering experiences for both groups (See Appendix F for a copy of the questionnaire). The Statistical Package for Social Sciences (SPSS: Ver. 14.0) was used to conduct statistical analyses on the data after collection for the results.
Participants

The sample population of participants in this study consisted of 93 individuals; 40.9% \((n = 38)\) volunteers from Barretstown, a camp for children and teenagers suffering from a wide range of diseases and illnesses and 59.1% \((n = 55)\) non-volunteers from a sample of part-time students from the Dublin Business School (Figure 1.1). 17% \((n = 16)\) were male and 83% \((n = 77)\) were female.

The volunteer group were recruited by Barretstown as a mixture of chaperones, buddies, and translators for the campers. The volunteer group were mainly of Eastern European descent (e.g., Czech, Georgian, Polish, Hungarian, Belarussian etc.). There were also Russians, Germans and English participants in the volunteer group. This was due to the nationalities of the campers in Barretstown during this particular summer session. There was a major Irish constituent to the non-volunteer group. The mean age of the sample was 31.19 years (SD=9.232).

Figure 1: Bar Chart Displaying Percentages of Volunteers and Non-Volunteers
Respondents of the total sample were typically well-educated (45.2% \((n = 42)\) with at least some college education). Only 43.6% \((n = 24)\) of the participants in the control group had volunteered previously.

**Materials**

**Data Collection Instruments**

**Satisfaction With Life Scale (SWLS)**

Subjective well-being is a field of psychology that attempts to understand people's evaluations of their lives. These evaluations may be primarily cognitive (e.g., life satisfaction or marital satisfaction) or may consist of the frequency with which people experience pleasant emotions (e.g., joy, as measured by the experience sampling technique) and unpleasant emotions (e.g., depression). The SWLS, developed by Diener et al., (1985) is a short, 5-item instrument designed to measure global cognitive judgments of one's life.

The scale takes about one minute to complete, and is in the public domain. It is answered on a likert scale of 1 (strongly disagree) to 7 (strongly agree) and consists of statements such as “In most ways my life is close to ideal” and “If I could live my life over, I would change almost nothing”. The SWLS score is obtained by adding the ratings for each item. There is a minimum possible score of 5 (minimal life satisfaction) and a maximum possible score of 35 (best possible life satisfaction). Mean satisfaction scores of approximately 23.5 or above represent a positive score for an individual.
Benefits of Scale

This scale is considered clear and unambiguous using straightforward statements to categorise the individuals’ subjective well-being. In essence, it is a useful instrument when assessing subjective well-being of volunteers and non-volunteers as part of clinical trials and in research such as this (Brennan et al., 2008).

Reliability

Results of studies by the authors indicate that the SWLS has good reliability and internal consistency (Pavot et al., 1991; Pavot & Diener, 1993). The two-month test-retest reliability was 0.82 and the coefficient alpha was 0.87. The inter-item correlations are all consistently positive and ranged from 0.44 to 0.71 (with a mean of 0.57) in one study and from 0.61 to 0.81 in another. Factor analyses have been carried out on a number of data sets and these have all revealed a unitary factor accounting for about 70% of the variance.

Validity

The validity of the scale has been examined in a number of ways. Its relation with other measures of subjective well-being has been examined and the results are all in the expected direction. Thus, it correlates positively with other subjective well-being scales, with self-esteem and with interviewer ratings of life satisfaction (Pavot et al., 1991).
The General Health Questionnaire (GHQ)

The General Health Questionnaire (GHQ-12) is a measure of current mental health and since its development by Goldberg (1972) it has been extensively used as a short-screening instrument, producing results that are comparable to longer versions of the GHQ (Goldberg et al., 1997). The GHQ is a well-known instrument for measuring minor psychological distress and has been translated into a variety of languages.

The scale asks whether the respondent has experienced a particular symptom or behaviour recently. Each item is rated on a four-point scale (less than usual, no more than usual, rather more than usual, or much more than usual). The primary aim of the GHQ is to indicate a range of items of psychological distress.

The scores for each answer range from 0 to 3 with a minimum possible score of 0 and a maximum possible score of 36. Thus, the higher the score, the more psychologically distressed the respondent. The GHQ-12 is the shortest version available, and is similar to the GHQ-30 in being a ‘balanced’ GHQ, with half the items indicating health and the other half, illness. The scale takes no more than a couple of minutes to complete and includes questions such as “Have you recently lost much sleep over worry?” and “have you recently been thinking of yourself as a worthless person?”

Benefits of Scale

The GHQ takes only a minute or two to complete and does not contain any items that are likely to distress the respondent. It has been found acceptable in extensive field trials (e.g., Montazeri et al., 2003).
Reliability

To test the reliability, the internal consistency of the questionnaire was measured using Cronbach's alpha coefficient. The alpha for the whole sample was found to be 0.87 and was the same for both males and females indicating satisfactory results (Montazeri et al. 2003). The internal consistency (Cronbach's alpha) values for the GHQ-12 range from .82 to .93. In terms of test-retest reliability, depending on category of patient, scores six months apart, correlated between .51 and .90 (Politi et al., 1994).

Validity

Validity of the instrument was performed using convergent validity. When the correlation between the GHQ-12 and global quality of life scores was investigated, as expected a significant negative correlation emerged (r = -0.56, P < 0.0001) indicating that those who were more distressed showed lower levels of global quality of life (Montazeri et al., 2003). In terms of concurrent validity, when results of the GHQ-12 are compared with the psychiatric research interviews, sensitivity is between 71% and 91% (median 86%).

The Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) examines a unidimensional measure of global self-esteem. The RSE has also been administered as an interview. The RSE scale items were designed to represent a continuum of self-worth statements ranging from statements that are endorsed only by persons with high self-esteem. Rosenberg scored his ten-question scale that was presented on a likert scale with four response choices ranging from ‘strongly agree’ to ‘strongly disagree’.
Statements such as “On the whole I am satisfied with myself” and “I feel I am a person of worth, at least on equal plane with others”. Half of the statements are expressions of positive self-esteem (Statements – 1, 3, 4, 7 and 10) and half are negative (Statements – 2, 5, 6, 8 and 9) and thus, five of the items are reverse-scored. In other words, statements are scored from 1 to 4 in the direction of negative self-esteem. The ratings are then added together to provide the total self-esteem score. Scores range from a minimum of 10 to a maximum of 40, with high scores indicative of higher self-esteem and low scores indicatative of lower self-esteem.

**Benefits of the Scale**

The RSE scale is a brief scale that requires no special training to administer and can be completed in less than five minutes.

**Reliability and Validity**

The RSE scale has demonstrated good reliability and validity across a large number of different sample groups (Sarkova et al., 2006). The RSE scale has been validated for use with substance abuse users and other clinical groups, and is regularly used in treatment outcome studies. The scale has been validated for use with both male and female adolescent, adult and elderly populations. The RSE scale generally has high reliability: test-retest correlations are typically in the range of .82 to .88, and Cronbach’s alpha for various samples are in the range of .87 to .88 (Robins, 2001).
The Eysenck Personality Questionnaire-Revised (short) (EPQ-R)

The EPQ-R is a self-assessment personality test for administration to normal populations. Eysenck and Eysenck (1991) describe the high extroversion scorer as "sociable, likes parties, has many friends, needs to have people to talk to and does not like reading or studying by himself. He craves excitement, takes chances, often sticks his neck out, acts on the spur of the moment and is generally an impulsive individual" (p.31).

The short form of the EPQ-R comprises 48 items, 12 for each of the subscales of extroversion, psychoticism, neuroticism and a lie scale. As part of this research, only the extroversion subscale of the EPQ-R (short version) was used. This will be referred to as the adapted extroversion questionnaire (AEQ) throughout the body of this study.

Examples of questions used in this subscale "does your mood often go up and down?" And "are you rather lively?" etc. Two items are reverse-scored. The 12 questions are answered on a yes/no basis. Each "yes" answer receives a score of 1 and "no" a score of 0. The higher the score, the higher the level of extroversion. There is a minimum possible score of 0 and a maximum possible score of 12. The higher the score, the higher the level of extroversion. Completion of this scale takes no more than one or two minutes and is an adapted version of the original extroversion scale.

Benefits of the Scale

The adapted extroversion scale is a very brief scale that takes no longer than a minute for respondents to complete.
Reliability

The reliability of extroversion scores is usually adequate with a minimum reliability being only slightly below 0.7. Eysenck and Eysenck (1991) give \( r = 0.92 \) as the value for test-retest reliability over a 1-month period with a sample of 160 mixed gender participants.

Validity

Concurrent validity of the EPQR-A scales can be assessed through their correlations with the parent EPQR-S. Correlations between the two versions of the extroversion (+0.91) are all highly satisfactory in view of the reliability of the instruments (Aluja et al., 2003).

Six Additional Questions

At the end of the questionnaire, an additional sheet containing six volunteer-related questions was included. Questions such as “In your opinion, what is the most important quality you think a volunteer should have?” and “Do you consider yourself a spiritual person?” the main themes were then recorded for further examination (See Appendix F for a copy of the questionnaire).
Procedures

Overview

Self-report questionnaires were handed out to all respondents involved who were asked to complete them at their leisure before collection and were not compensated for their time. In the case of the volunteer group from Barretstown, questionnaires were delivered to cottages in the morning and all were instructed to indicate their ID number on each page of the questionnaire. The same procedure was carried out for the control participants who were given the choice of completing the questionnaires either in class or at home before returning them to the researcher.

Barretstown Camp was asked during the first phone contact whether they had an ethics committee and whether they would be interested in having research carried out on some of their summer staff volunteers. As there was an ethics committee, guidelines and applications were sought. Once permission had been given and volunteers had consented to participate in the study, questionnaires were given out and all were informed that they would be collected from them later that day.

When all questionnaires had been answered, volunteers and non-volunteers were thanked for their participation and debriefed by the researcher. They were also assured that they could contact the researcher by email in the event of having any queries or concerns about the study.

The same practice was employed when students from the Dublin Business School were asked to complete the questionnaires.
The criteria for the control group was that they were not currently engaged in volunteering at the time of answering the questionnaire in order to ensure an adequate comparison group.

**Ethical considerations**

*Principle of Consent*

It has thus been widespread practice to accept consent by proxy, e.g. by obtaining written consent from the Camp Director and Coordinator of Barretstown Camp. This practice was employed in the current study. The ethics committee in Barretstown was approached and the proposal was considered before the questionnaires were handed out to the volunteers. The same procedure was employed when carrying out the research on the non-volunteers from the Dublin Business School.

This study was not invasive on volunteers or non-volunteers from a psychological perspective, as all questionnaires were completed directly. All respondents were requested to provide no identifiable information about themselves anywhere on the questionnaire booklet. Instead, they were asked to write an I.D number provided on the cover page on each page of the questionnaire.

In this study the right of volunteers/non-volunteers to refuse consent was fully respected. All questions and methods of asking questions were examined thoroughly to ensure they were free from coercion of any type.
The approach employed to all participants was one of respect and integrity. All personal data about volunteers/non-volunteers was collected stored and accessed in a secure and confidential manner and as mentioned above, participants were assured confidentiality as they were requested not to indicate any identifiable information anywhere on the questionnaire. A sheet of support agencies was included at the end of the questionnaire, encouraging participants affected by any issues relating to the research to contact them should they feel they would like to talk about any concerns they had.

Data Analysis

A number of areas of wellbeing were examined by the questionnaires; life satisfaction, general health and self-esteem. A Multiple Regression was therefore used to determine how well satisfaction with life, general health and self-esteem predict volunteering behaviour. As life satisfaction is believed to increase with age (Carstensen, Isaacowitz and Charles, 1999), a one-way ANOVA was conducted to evaluate the effect of age on volunteering. As extroversion is thought to have an effect on the likelihood of participation in volunteering activities (Burke and Hall, 1986), a partial correlation was conducted to evaluate the relationship between life satisfaction and extroversion scores. Various descriptive statistics and frequencies were conducted to provide participant information as well as an independent samples t-test between self-esteem scores for volunteers/non-volunteers and extroversion scores for volunteers/non-volunteers.
Results

Descriptive and inferential statistical analyses were run on the collected data using SPSS (Ver. 14.0). The results of this study are reported below under both quantitative and qualitative data.

Quantitative Data

As mentioned in the methods section above, the total sample population consisted of 93 respondents. That is, 40.9% (n=38) participants in the experimental (volunteering) group and 59.1% (n=55) participants in the control (non-volunteering) group. Collectively, 51.6% (n=48) of the total sample had volunteered previously; 63.2% (n = 24) for the volunteering group and 43.6% (n = 24) in the control group.
Figure 2: Mean Satisfaction with Life Scores for both the Volunteer and Non-Volunteer Groups for Three different Age Categories

Figure 2 shows the mean satisfaction with life scores for both the volunteering and non-volunteering groups divided into three different age categories. Satisfaction with life scores range from 5 to 35. The higher the score on the SWLS, the higher the satisfaction with life. Each of the three age bands for the volunteering group exhibit higher satisfaction with life scores, 25.5%, 25.2% and 28.5% respectively for 25 years and under, 26-32 and 33+ years compared with 23.3%, 22.2% and 20.9% respectively for the control group. This suggests that those with a higher level of life satisfaction (i.e., those in the volunteer group) had volunteered and those with lower life satisfaction scores (i.e., those in the control group) had not volunteered. This difference was also significant at .032 for the volunteer group and .043 for the control group, p<.05.
Ages ranged from 19 to 58 with a mean age of 31.19 years (SD=9.232). On average, the volunteering group were younger (M = 25.53; SD = 6.765) than the control group (M = 35.11; SD = 8.696).

With regard to gender, 81.6% (n = 31) of the volunteering group were female compared with 83.6% (n = 46) of the control group. 18.4% (n = 7) of the volunteering group and 16.4% (n = 9) of the control group were male.

In terms of respondents’ education, 34.2% (n = 13) of the volunteers had completed secondary school education while 38.2% (n = 21) of the controls had. Moreover, 44.7% (n = 17) of the volunteer group and 45.5% (n = 25) of the control group had a higher degree.

28.9% (n = 11) of the volunteer group were employed as professionals compared with 30.9% (n=17) of the control group. 13.2% (n = 5) of the volunteer group were managers and a further 18.2% (n = 10) of the control group were.

While only 7.9% (n = 3) of the volunteer group were employed in administrative positions, 30.9% (n = 17) of the control group were. All of the control population were students in a college as well as holding the other above mentioned positions while 26.3% (n = 10) of the volunteer group were students.

In relation to marital status of respondents, 71.1% (n = 27) of the volunteer group were single as were 54.5% (n = 30) of the control. However, 15.8% (n = 6) of the volunteers and 18.2% (n = 10) of the controls stated that they had a partner.
Finally, 10.5% ($n = 4$) of the volunteer group and 21.8% ($n = 12$) of the control group were married.

*Table 1: Nationalities of Volunteer and Non-Volunteer Groups*

<table>
<thead>
<tr>
<th></th>
<th>Frequency (n)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Volunteering</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irish</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>British</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>Hungarian</td>
<td>6</td>
<td>15.8</td>
</tr>
<tr>
<td>Russian</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>Slovakian</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>Czech</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Georgian</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Polish</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>Belarussian</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Romanian</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>38</td>
<td>100</td>
</tr>
<tr>
<td><strong>Non-Volunteering</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irish</td>
<td>53</td>
<td>96.4</td>
</tr>
<tr>
<td>British</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>German</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>55</td>
<td>100</td>
</tr>
</tbody>
</table>
Table 1 above shows the nationalities of respondents from both volunteering and non-volunteering groups. As demonstrated, Russian was the main nationality constituent of the volunteering group at 18.4% \((n = 7)\), followed second by Hungarian at 15.8% \((n = 6)\). The volunteer sample was comprised of 7.9% \((n = 3)\) Irish individuals compared with 96.4% \((n = 53)\) Irish individuals in the control group. For this reason, cultural differences between groups were not further explored.

**Gender Differences**

*Table 2: Gender Differences in Self-Esteem*

<table>
<thead>
<tr>
<th>Gender</th>
<th>Mean</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lower Bound</td>
</tr>
<tr>
<td>Male</td>
<td>25.88</td>
<td>-1.048</td>
</tr>
<tr>
<td>Female</td>
<td>25.84</td>
<td>-1.242</td>
</tr>
</tbody>
</table>

Table 2 shows the gender differences on self-esteem in general for the sample. The range of scores on the Rosenberg Self-Esteem Scale spans from 10 to 40 with higher scores indicative of higher self-esteem. A very small difference of .04 exists on mean RSE scores for the two genders, with males showing a slightly higher mean RSE score than females, thereby suggesting that females are lower in self-esteem than males. It also shows that females showed a .062 increase in the RSE score.
It also shows that females showed a 1.94 increase in the RSE score over males at the upper end of the scale and also, an increase of 1.94 at the lower end. The higher mean RSE score for the males suggests that the females in this present study were lower in self-esteem scores. However, when the mean self-esteem scores for both volunteer and non-volunteer groups were analysed inferentially using an independent t-test, the difference was found not to be significant \( t(91) = -1.26, p > .05, \) 2-tailed). Furthermore, the relationship between gender and volunteering was found to be non-significant upon inspection of a Chi-square test, \( r = 1.00, p > .05 \).
The present study examined a number of variables: satisfaction with life, general health, self-esteem and extroversion observed in individuals who volunteer. Table 3 highlights the breakdown of scores for each of the above-named variables.

Table 3: The Range of Scores and Mean and Standard Deviation of the Experimental and Control Groups for each of the Predictor variables

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWLTotal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental</td>
<td>15</td>
<td>35</td>
<td>25.74</td>
<td>2.571</td>
</tr>
<tr>
<td>Control</td>
<td>6</td>
<td>33</td>
<td>21.67</td>
<td>6.782</td>
</tr>
<tr>
<td>GHQTotal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental</td>
<td>3</td>
<td>21</td>
<td>8.18</td>
<td>1.712</td>
</tr>
<tr>
<td>Control</td>
<td>4</td>
<td>33</td>
<td>11.85</td>
<td>6.142</td>
</tr>
<tr>
<td>RSETotal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental</td>
<td>21</td>
<td>30</td>
<td>26.11</td>
<td>1.842</td>
</tr>
<tr>
<td>Control</td>
<td>21</td>
<td>30</td>
<td>25.67</td>
<td>2.046</td>
</tr>
<tr>
<td>AEQTTotal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental</td>
<td>3</td>
<td>10</td>
<td>6.68</td>
<td>1.694</td>
</tr>
<tr>
<td>Control</td>
<td>4</td>
<td>11</td>
<td>7.13</td>
<td>1.634</td>
</tr>
</tbody>
</table>

Scores on the SWLS range from 5 to 35 with higher scores indicating higher life satisfaction. A difference of 4.07 exists on mean SWL scores for the two groups, thereby suggesting that volunteers are more satisfied with their lives than non-volunteers.
Moreover, lower scores on the GHQ indicate a higher level of general health. As shown, a difference of 3.67 is observed on mean GHQ scores for the two groups. This suggests that the volunteer group had a higher level of general health compared with the control. A higher score on the RSE scale is reflective of higher self-esteem (range = 10-40). A difference of .44 exists on mean RSE scores for the two groups, suggesting that the volunteer group had a higher level of self-esteem than the control group. In terms of the personality factor of extroversion, higher scores on the AEQ indicate higher levels of extroversion. A difference of .45 exists on mean AEQ scores for the two groups. This suggests that the control group were more extroverted than the volunteer group.

Inspection of the Normal Q-Q Plots suggests a normal distribution for both the experimental and control groups in the SWLS, GHQ, RSE and AEQ totals and therefore, parametric tests were conducted on the data.

A one-way between groups ANOVA was conducted to explore the impact of age on satisfaction with life. Subjects were divided into three groups according to their age (Group 1: 25 years or less; Group 2: 26-32 years; Group 3: 33+ years). There was a statistically significant difference at the p<.001 level in satisfaction with life for the three age groups [F(2, 90) = 26, p<.001]. The effect size, calculated using eta squared was very large at .36. Post hoc comparisons using the Tukey HSD test indicated that the mean score for group 1 (M = 1.19, SD = .397) was significantly different from group 2 (M = 1.73, SD = .450) and group 3 (M = 1.87, SD = .341). Group 2 did not differ significantly from group 3.
An independent samples t-test was conducted to compare age and volunteering. There was a significant difference between age and volunteering \( t(91) = -5.702, \ p<0.001, \text{2-tailed} \).

An independent samples t-test was conducted to compare the self-esteem scores for volunteers and non-volunteers. There was no significant difference on RSE scores for volunteers (M=26.11, SD=1.842) and non-volunteers (M=25.67, SD=2.046), \( t(91)=1.04, \ p>.05, \text{2-tailed} \).

A further independent samples t-test conducted to compare the extroversion scores for volunteers and non-volunteers revealed no significant difference on extroversion scores for volunteers (M=6.68, SD=1.694) and non-volunteers (M=7.13, SD=1.634), \( t(91)=-1.26, \ p>.05, \text{2-tailed} \).
A Standard Multiple Regression was conducted to determine how well satisfaction with life (SWL), general health (GH), self-esteem (SE) and extroversion (Ext) predict volunteering behaviour.

Table 4 – Summary of Specific Predictor Coefficient Effects in Relation to Results for Volunteering

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Coefficients</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standardised Beta</td>
<td>T</td>
</tr>
<tr>
<td>Satisfaction with Life</td>
<td>-.238</td>
<td>-2.025</td>
</tr>
<tr>
<td>General Health</td>
<td>.244</td>
<td>2.098</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>-.234</td>
<td>-2.421</td>
</tr>
<tr>
<td>Extroversion</td>
<td>.138</td>
<td>1.443</td>
</tr>
</tbody>
</table>

The multiple regression indicates that the amount of variance of volunteering explained by the combined 4 predictor variables of SWL, GHQ, RSE and AEQ is 19.7%, p<.0001. Table 4 above, shows that of these four variables, GH has a significant weak effect (Standardised Beta = .244, p<0.05), although, both SWL and SE have a statistically significant weak effect (Standardised Beta = -.238, p<0.05) and (Standardised Beta = -.243, p<0.05), respectively.
In this case, SWL and GH correlate substantially high with volunteering (Standardised Beta = -.312, p<0.05) and (Standardised Beta = -.319, p<0.05), respectively. There was also a correlation between SWL and GH (-.562, p<0.05).

The relationship between SWL (as measured by the SWLS) and GH (as measured by the GHQ) was investigated using Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a significant difference between the two variables \( r = -.56, n = 93, p<.0005, 2\text{-tailed} \) with high scores on the SWLS associated with lower scores on the GHQ.

**Qualitative Data**

Analyses of the qualitative data for both groups were conducted question by question and a summary of the main themes from respondents of both the volunteer and control groups is reported below.

Question 1 asked respondents to describe why people might volunteer. The main responses that emerged in reaction to this question from both volunteer and non-volunteer groups were “to feel good about myself, to meet new people, to make a difference in someone’s life, to develop better interpersonal skills, to feel needed and to put their skills to good use”.
However, there were a number of negative responses to this question from the control group with statements such as “people volunteer for selfish reasons, out of guilt and only if people are put under pressure to do so, etc.”

When asked why people volunteer or would like to volunteer, responses from both groups were almost identical with statements such as “to make others happy, good experience for my chosen profession, to gain new skills, to become more compassionate, to learn more about myself, travel opportunities and to challenge themselves”

The following is a list of words indicated by both groups as some of the most important qualities a volunteer should have: patience, empathy, humour, caring, flexibility, kindness, understanding, enthusiasm, love, respect, creativity, positivity, sensitivity, responsible, encouraging, friendly and to be a good listener.

For the volunteer group, in response to the question as to whether a close friend or family member had ever taken part in volunteering, ten said yes, 21 said no and seven gave no answer. For the non-volunteer group, 30 said yes, 14 said no and 11 failed to respond.

27 individuals in the volunteer group considered themselves a spiritual person, seven did not while four did not answer. For the control group, 44 said yes, ten said no and one person did not respond.
The sixth question asked respondents of the volunteer group to describe the ways in which they had benefitted from their volunteering experience. The main themes that arose throughout this group were “I feel stronger/better about myself, I’ve learned about my strengths and weaknesses, I feel better able to solve everyday problems, I’ve learned that by dropping the barriers we put around ourselves, we can do almost anything!, I’ve made life-long friends, I have a better sense of satisfaction in life, I’ve learned about the universal giving nature of people through meeting other cultures, it has strengthened my faith, I’ve gained more confidence and my priorities in life have changed for the better”.

Similarly, the main themes that arose in the non-volunteering group when asked to describe how they thought they might benefit from a volunteering experience were: “I would experience other cultures, it might make me feel better about myself, it would give my life more substance, it would give me an increased sense of confidence, self-worth and self-esteem, it would increase my affection for humanity and it would keep my feet on the ground”.
Discussion

Results of the present study show that various measures of well-being are associated with volunteering behaviour in Barretstown. This section clarifies and integrates these results. The hypotheses are discussed first and implications of the results are assessed. Finally, limitations and strengths of this study as well as implications for future research are explored.

Like in previous studies (e.g., Feist et al., 1995; Thoits and Hewitt, 2001), evidence is found to support hypothesis 1 that volunteers are more likely to report higher subjective well-being than non-volunteers. The results of the data suggest that wellbeing, as measured by the four variables of SWL, GH, SE and Ext do influence volunteering behaviour in Barretstown. This suggests that other studies (e.g., Dreher, 1996; Wilson and Musick, 1999), which report that volunteering increases wellbeing, should also take into account respondents' level of well-being before they engage in volunteering activities. Self-reported high levels of wellbeing recorded after an individual takes part in a volunteering activity may be the result of a high level of wellbeing to begin with, which is then enhanced as part of the self-enforcing process of volunteering. This result does not however, establish causality. Such causality problems are pervasive in the earlier literature. Unfortunately, all of these empirical questions face a daunting methodological question – the question of causality.

If volunteers are found to have systematically different attitudes to wellbeing from those of non-volunteers, for example, it is by no means obvious that volunteering affects attitudes to wellbeing or vice versa.
“This is not to say that empirical analysis cannot uncover behavioural or attitudinal consequences of volunteering and public service participation, but only care must be taken to distinguish correlation and causation” (Clotfelter, 1999, p.9). In addition to the direct effect of general well-being on volunteering, the results of this study report that a higher life satisfaction increases the willingness to volunteer in prosocial activities. Hypothesis 1 is therefore not only supported by the relevant literature (Meier & Stutzer, 2004) but also by the results obtained in this study: wellbeing does increase the likelihood of volunteering in Barretstown. Moreover, the relationship between volunteering and life satisfaction can therefore be seen as a self-enforcing process: volunteering increases subjective well-being, which in turn positively affects the willingness to volunteer (Meier & Stutzer, 2004).

Hypothesis 2 postulates a relationship between age and volunteering behaviour. Analysis of the literature suggests a relationship between age and volunteering, with a rise in volunteering behaviour as age increases (Okun and Schultz, 2003). The results of this study are therefore, consistent with hypothesis 2 and with the existing literature. There was a consistent increase in volunteering behaviour as age increased from the twenties onward according to the results of this study with a significant difference between group 1 and 2 and 1 and 3. Groups 2 and 3 did not differ. The 33+ age group had the highest rate of volunteering.
Fung, Carstensen, and Lang (2001) contend that the salience of social goals related to knowledge seeking such as striving for achievement in educational and occupational domains and comparing oneself to others decreases across adulthood, whereas the salience of social goals related to emotional gratification such as efforts to derive emotional meaning from life and to strengthen close social ties increase with age. Thus, from the results of this study, it can be inferred that age does influence volunteering behaviour. More specifically, as age increases, so too does the likelihood of participation in volunteering activities.

The final hypothesis (3) suggests an association between extroversion and volunteering (Feist et al., 1995; Thoits and Hewitt, 2001). The results of this study are consistent with existing evidence that extroversion predicts satisfaction, i.e., satisfied individuals tend to be socially extrovert and open to experience (Veenhoven, 1996). In addition, extroversion has been shown to predict volunteering behaviour (Smith and Nelson, 1975; Burke & Hall, 1986; Kosek, 1995) and as an association between satisfaction and volunteering has been found (hypothesis 1), extroversion is also likely to influence the likelihood of volunteering, especially in non-profit organisation such as Barretstown Camp. Research also supports this suggestion (Burke and Hall, 1986). The results presented here are consistent with both hypothesis 3 and with the current literature (Costa, McCrae & Zonderman, 1980; Veenhoven, 1996), that there is an association between extroversion and volunteering.
Interpretation

In this study, several criteria were used to determine the substantive differences between the two target variables, subjective well-being and volunteering behaviour. With regard to empirical findings, most of the evidence so far is suggestive but not conclusive: volunteers are less prone to depression (Wilson & Musick, 1999), for volunteers, a positive correlation between volunteering and life satisfaction is found (Wheeler et al., 1998), volunteers’ physical health is stronger as they grow older (Stephan, 1991) and ultimately, volunteers are found to have a lower risk of early mortality (Musick et al., 1999; Oman et al., 1999).

Much of the research literature supports the argument that volunteering causally increases well-being. However, the reverse of this, that happier people are more willing to help others may still apply, as the two connections are not mutually contradictory. This section analyses whether the relation between happiness and volunteering can in part be explained by this reverse causality. The level of subjective well-being can influence the extent of volunteering in basically two respects (Isen, 2000). Firstly, wellbeing may lower the marginal effort costs to volunteer. Happiness therefore increases productivity and happy people exhibit better job performance. Secondly, happiness can increase the marginal benefits from volunteering.

For example, according to theories of inequality aversion (Fehr & Schmidt, 1999), people who experience an above average utility (wellbeing) level, try to reduce this feeling of inequality by helping others. The act of helping others may be all the more intrinsically rewarding, the better off a person is in terms of wellbeing.
A number of studies support the findings here, that a correlation can be observed between wellbeing and helping others (Thoits & Hewitt, 2001) or between wellbeing and ethical attitudes (James, 2003). The results are consistent with the notion that happier people are more likely to volunteer.

People who report higher life satisfaction than the reference group are statistically significantly more likely to volunteer. The evidence presented here supports the hypothesis that life satisfaction (in terms of SWL, GH, SE and Ext) is statistically significantly correlated with the decision to contribute time to public goods such as volunteering. Life satisfaction is associated with a higher probability to volunteer.

As it was suggested that life satisfaction impacts the extent of volunteering behaviour, special attention should be given to the question of causality. For causal inference, variation in life satisfaction would have to be observed that is not associated with volunteering. This would ideally be a positive or negative life event, which increases (or decreases) life satisfaction without an independent influence on volunteering. However, the instrumental variable approach that is applied has various problems that are inherent in the attempt to find an instrument for life satisfaction. Life satisfaction is not sensitive to minor life events (Thoits & Hewitt, 2001). This means that if an event is reflected in life satisfaction, it is most likely that this major life event also influences other areas of life (e.g., the extent of volunteering). It is therefore almost impossible to find a convincing instrument for life satisfaction (Thoits & Hewitt, 2001). The above results, that wellbeing influences helping others has, therefore to be interpreted with much care.
The results of this research support not only the notion that wellbeing influences volunteering, but also that evidence is presented for the reverse: that volunteering can influence an individual’s sense of wellbeing. The two directions are not mutually contradictory and can be interpreted as an indicator of a self-enforcing process. Wellbeing increases volunteering, which in turn can further increase wellbeing which may increase the likelihood of further volunteering.

The results of the qualitative data are also supported by existing literature (Isen, Shalker, Clark and Carp, 1978; George, 1991). Individuals who volunteered reported that they did so to give something back and to make others happy. This adds further support to hypothesis 1.

The results presented in this paper point to an open-ended question for future research. Firstly, the question arises why do more people not volunteer in order to increase their life satisfaction? Many people seem to fail to increase their utility because they are not engaged in volunteering. One explanation could be based on the theory of people mispredicting future utility (Frey & Stutzer, 2003).

Limitations and Strengths

This thesis entailed a number of limitations and strengths in terms of the methodology employed and these are described below:

An examination of the relevant literatures points to marked differences between the constructs that are empirically and theoretically linked to wellbeing, compared with those linked to self-esteem.
The present study examined a comprehensive and specific set of variables to assess the relationships involving, self-esteem, general health and satisfaction with life in their contribution to volunteering behaviour.

Unlike much of the literature reviewed here, the present study used a sample of volunteers currently engaged in volunteering aged between 19 and 55 years. As many studies use college student samples only, the age group tends to be much younger. This study succeeded in obtaining a sample with a large age range (\( M = 31.19; \ SD = 9.232 \)) which allows for greater generalisability of the findings.

The research was based on a sample of volunteers from Barretstown camp. The primary nationality of both campers and volunteers alike for this particular session was eastern European. Therefore, it was difficult to obtain a comparable control group sample and part-time students from an urban Irish college were used.

The influence of eastern European values and beliefs on the results of the study was not thoroughly investigated for comparison with the largely Irish control group. If both the experimental and control groups do not hold the same values and beliefs then the results may not be able to be generalised to those groups.

Moreover, most of the research on the benefits of volunteering has two main shortcomings. First, many studies ask participants of volunteer programmes about the benefits of volunteering. The result that people indicate enjoyment as one of the benefits of volunteering is not surprising, given that they have chosen it. Moreover, the result might be due to the fact that participants are more optimistic than average people or that they wish to justify their volunteer work. Second, most studies use cross-sectional data.
Such an empirical strategy, of course, does not allow any conclusions whatsoever to be drawn about causality, because volunteers and non-volunteers may differ in many other respects other than volunteer status. Also, the sample consisted of active volunteers. The motives that provide an impetus for individuals to volunteer may differ from the motives that sustain volunteering for an organization (Gora & Nemerowicz, 1991). Therefore, the results of this study may not generalise to individuals who are potential or former volunteers.

It has been a common criticism of studies that use college and university populations that these participants are not comparable on a variety of facets to the general public. The criticism may apply with this sample in terms of the control group that was used. However, these populations were used in most previous research, thus comparisons of results are kept similar. In terms of the experimental group which was in contrast to a college sample, a broader sample may more accurately reflect the thoughts, feelings and behaviours of the general population in everyday life (Sears, 1986).

A major strength of this research was gaining access to a group of 38 volunteers from Barretstown who were engaged in volunteering behaviour at that time.

Previous research has focused on the positive impact that volunteering can have on one's subjective level of well-being. This study proposed the opposite, suggesting that happiness may contribute to the likelihood of taking part in volunteering. The fact that the influence of wellbeing in determining volunteering has not been the focus of major past research in this area, a major strength of this research was the new direction it took. Furthermore, this opens a new area of interest in psychological research, the future implications of which are discussed below.
Implications for Future Research

The following section discusses recommendations for future research based on the results from the study:

The findings from this study as discussed above have implications for the non-profit sector. The qualitative results from this study indicate that non-profit managers would be wise to facilitate socialising and friendships among volunteers. This could be undertaken by developing structures and activities that encourage contact and networks among volunteers within the organisation.

If a non-profit manager in an organisation such as Barretstown, is unable to successfully facilitate social interaction then it is more likely that the volunteers will develop closer ties with the non-profit organisation and express greater satisfaction.

The influence of the nationality of volunteers was not specifically addressed in this study. Such research could contribute to an understanding of positive volunteer behaviour. However, at present, there is a lack of empirical research on the cultural differences between volunteers of different nations. It is therefore, suggested that further studies in this area concentrate on cultural differences between volunteers to determine the influence of culture on this prosocial activity.

It was also discovered that of the majority of both volunteers and controls considered themselves to be spiritual people. These figures are high. It is therefore recommended that in addition to wellbeing, spirituality should also be taken into account as a possible major factor in people’s decision to take part in volunteer activities. Quantitative analysis could be implemented in later studies to examine the influence of religious beliefs in relation to life satisfaction and volunteering behaviour.
This study examined four main independent variables of well-being (SWL, GH, SE and Ext) in relation to volunteer behaviour.

Although both volunteer and non-volunteer groups had roughly equal numbers for comparing the data, a larger sample group is recommended for future research in this area to allow external validity and for the generalisability of findings. Longitudinal research is also recommended for the purpose of future studies in this area.

While most of the volunteer group were of eastern European descent due to the camp the research was given permission to conduct the research in, the control group was largely Irish. It is therefore suggested that attempts are made in future research, to ensure that both groups are of similar nationality to allow for external validity of findings across cultures.

Most studies that assess life-satisfaction aim at socio-economical differences, such as income, education and employment status. That emphasis is due to the significance of these topics in social policy. If, for example, socio-economically deprived citizens take less pleasure in life, then, that is an argument for egalitarian interventions. However, socio-economic differences appear to be largely irrelevant for life satisfaction; at least in modern industrialised nations. In other words, cultural affects and values need to be explored in future research.

The results section explored the impact of gender on self-esteem as a major component of wellbeing in volunteering behaviour. Future research could explore this relationship further.
As discussed in the literature review, the impact of peoples' mood on participation in volunteering activities cannot be overlooked. It is therefore suggested that mood be taken into account in future research on volunteering behaviour. Moreover, the effect of gender roles on volunteering behaviour should also be explored, especially since the majority of this sample were female (i.e., is volunteering behaviour more consistent with the female gender role?) etc.

Also, research into the role of an empathetic disposition and moral reasoning on volunteering behaviour would provide further insight into this area of research. It is also likely that extrinsic and intrinsic motivations have an effect on volunteering behaviour (Kasser and Ryan, 2001). Volunteering for extrinsic reasons might be correlated with wellbeing due to expectations or anticipation of higher earnings in the future. It is therefore recommended that future research concentrates on these factors in determining volunteering.

The greatest differences in life-satisfaction tend to be in socio-emotional matters, such as intimate relationships and mental health (Veenhoven, 1996). Such areas should be explored more deeply in future research in this area.

For the purposes of future research, it is suggested that individuals complete a questionnaire (such as the compilation of questionnaires used in this study) to measure individuals' levels of wellbeing before they take part in volunteering activities. A test-retest method such as this would ensure that the levels of general well-being were not due to the fact that they were currently engaged in volunteering activities but because they had a higher level of wellbeing than a control group in the first place, before taking part.
Levels of wellbeing before and after volunteering activities could then be recorded, reported and analysed.

Finally, future research could investigate other influential and confounding factors on positive volunteer behaviour such as a sense of mastery or control, empathy, attitudes, stress levels and quality of life.

**Conclusion**

Support is obtained for each of the hypotheses 1, 2 and 3. Firstly, that wellbeing serves to increase volunteer behaviour, a previous sparsely explored area, and second, that age has an influence on volunteer behaviour. Finally, extroversion and life satisfaction are found to be associated. Each of the hypotheses is also supported by the available literature. Further work should attempt to replicate the current findings, controlling as much for cultural variation in results. These studies should also consider test-retest methods for the purposes of conducting research. Once further research has established that there is a link between wellbeing and volunteering, work can begin to determine which isolated component of wellbeing is the strongest predictor of volunteering. Thus, the data from this research further raise the possibility of a link between wellbeing and volunteering. The next step is to replicate this study, controlling as much as possible for confounding variables.

This information will be of much use for recruitment managers in the non-profit sector in organisations such as Barretstown Camp, who seek to target and employ new volunteers.
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APPENDIX A: COVER PAGE AND DEMOGRAPHICS
CONSENT TO PARTICIPATION IN RESEARCH

PURPOSE AND PROCEDURES OF THE STUDY. ID: 1

The purpose of this study is to examine relationships between a general level of psychological wellbeing and volunteering behaviour. As a former Music Activity Leader in Barretstown, I am very interested in various different characteristics and personality traits displayed by the volunteers who travel from all over the world, giving up their time to take part in each of the sessions.

The following questionnaire consists of a number of scales investigating the motives for individuals who do and do not engage in volunteering behaviour.

All research participants can decide to discontinue the study at any time and without penalty. To ensure anonymity, please DO NOT write your name or any other identifiable information on the following pages of this questionnaire booklet. If you would like to receive any further information on the results of this research in the coming months, please write your email address on the line below:

Thank-you

Please indicate your ID number, as indicated on this page, on all pages.

Please attempt to answer ALL questions

Gender:  M    F

Age:

Nationality:

Education: High School/ Higher Degree/ Masters/ Ph.D/ Other (please state)

Occupation: Skilled Labour/ Executive/ Manager/ Homemaker/ Professional/ Administrative/ Student/ Other (please state)

Marital Status: Single/ Partner/ Married/ Divorced/ Widowed/ Other (please state)

Have you ever volunteered before? (If yes, please state how many times)
APPENDIX B: SATISFACTION WITH LIFE SCALE
ID:  
Below are five statements with which you may agree or disagree. Using a 1 to 7 scale, indicate your agreement with each item by placing the appropriate number in the box next to that item. Please be open and honest in your responses. The 7-point scale is:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>2</td>
<td>Disagree</td>
</tr>
<tr>
<td>3</td>
<td>Slightly Disagree</td>
</tr>
<tr>
<td>4</td>
<td>Neither Agree nor Disagree</td>
</tr>
<tr>
<td>5</td>
<td>Slightly Agree</td>
</tr>
<tr>
<td>6</td>
<td>Agree</td>
</tr>
<tr>
<td>7</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

☐ In most ways my life is close to ideal

☐ The conditions of my life are excellent

☐ I am satisfied with my life

☐ So far I have got the important things I want in life

☐ If I could live my life again, I would change almost nothing
APPENDIX C: GENERAL HEALTH QUESTIONNAIRE
Please read this carefully.
We should like to know if you have had any medical complaints and how your health has been in general, over the last few weeks. Please answer ALL the questions simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past. It is important that you try to answer ALL the questions.
Thank-you very much for your cooperation.

Have you recently...

<table>
<thead>
<tr>
<th>Question</th>
<th>Better</th>
<th>Same</th>
<th>Less</th>
<th>Much less</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Been able to concentrate on whatever you’re doing?</td>
<td>Better than usual</td>
<td>Same as usual</td>
<td>Less than usual</td>
<td>Much less than usual</td>
</tr>
<tr>
<td>2. Lost much sleep over worry?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
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<tr>
<td>3. Felt that you are playing a useful part in things?</td>
<td>More so than usual</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>4. Felt capable of making decisions about things?</td>
<td>More so than usual</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>5. Felt constantly Under strain?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>6. Felt you couldn’t overcome your difficulties?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>7. Been able to enjoy your normal day to day activities?</td>
<td>More so than usual</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>8. Been able to face up to your problems?</td>
<td>More so than usual</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>9. Been feeling unhappy and depressed?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>10. Been losing confidence in yourself?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
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</tr>
<tr>
<td>11. Been thinking of yourself as a worthless person?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>12. Been feeling reasonably happy, all things considered?</td>
<td>More so than usual</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
</tbody>
</table>
APPENDIX D: SELF-ESTEEM QUESTIONNAIRE
Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree with the statement circle SA. If you agree circle A. If you disagree circle D. If you strongly disagree circle SD.

1. On the whole I am satisfied with myself
2. At times I think I am no good at all
3. I feel that I have a number of good qualities
4. I am able to do things as well as most other people
5. I feel I do not have much to be proud of
6. I certainly feel useless at times
7. I feel I am a person of worth, at least on equal plane with others
8. I wish I could have more respect for myself
9. All in all, I am inclined to feel that I am a failure
10. I take a positive attitude towards myself
APPENDIX E: ADAPTED EXTROVERSION QUESTIONNAIRE
Please answer each question by putting a circle around the ‘YES’ or ‘NO’ following the question.
There are no right or wrong answers and no trick questions.
Work quickly and do not think too long about the exact meaning of the questions. ID:

1. Does your mood often go up and down? Y N
2. Would being in debt worry you? Y N
3. Are you rather lively Y N
4. If you say you will do something, do you always keep your promise no matter how inconvenient it might be? Y N
5. Have you ever blamed someone for doing something you knew was really your fault? Y N
6. Are all of your habits good and desirable ones? Y N
7. Have you ever taken anything (even a pin or a button) that belonged to someone else? Y N
8. Do you sometimes talk about things you know nothing about? Y N
9. Do you have many friends? Y N
10. Do good manners and cleanliness matter much to you? Y N
11. Have you ever broken or lost something belonging to someone else? Y N
12. Do you think marriage is old-fashioned and should be done away with? Y N
APPENDIX F: SIX ADDITIONAL QUESTIONS
Additional Questions (Please complete ALL questions) ID:

1. Please describe (if you are or have volunteered before) why you think people volunteer?


2. Please describe why you (or why you would like) to volunteer?


3. In your opinion, what is the most important quality you think a volunteer should have?


4. Has a close friend or family member ever taken part in volunteering before? Please explain


5. Do you consider yourself spiritual person?


6. In what ways do you think you have benefitted (or would benefit) from your volunteering experience?