Australian volunteers in the health sector: Antecedents to volunteers’ intention to leave

by

Valerie van Loggerenberg
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Dawn Valerie van Loggerenberg

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DECLARATION

I declare that this thesis is my own account of my research.

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Dawn Valerie van Loggerenberg
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I would like to dedicate this to Jesus Christ, whose faithfulness toward me has seen me through all my life events, large and small. Thank you to my family and friends for your never-ending cheerleading as I worked on this project. May God reward you, I never could.

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"Until the great mass of the people shall be filled with the sense of responsibility for each others welfare, social justice can never be attained."

-- Helen Keller
This study focused on the Australian health sector, examining the factors that influence the intention of volunteers to leave their employing organizations. There is a general scarcity of research concerning volunteer work, and understanding health sector volunteers is particularly important due to the significance of their contribution in Australia. In exploring volunteer work, this study has utilized a variant of the Mathieu and Zajac (1990) model of organizational commitment. In the health sector much of the work performed by volunteers is very similar to that done by paid employees. In addition, in the Australian health sector volunteers and paid employees often work alongside one another.

The methodology integrated quantitative and qualitative data in order to generate a broad understanding of the factors influencing volunteer intention to leave an organization. Using the Mathieu and Zajac model variant, a hypothesis was developed and investigated. Quantitative data was gathered through the Job Characteristics Index (JCI), General Job Satisfaction Survey, and Organizational Commitment Questionnaire (OCQ). In light of the quantitative findings not supporting the initial hypothesis of job characteristics being antecedent to intention to leave as mediated by job satisfaction and organizational commitment, a grounded theory approach was used to explore the antecedent factors. Qualitative data was gathered through open-ended questions in the survey and interviews.
The following relationships were discovered and explored: motivation and job characteristics impacted upon the meaningfulness of volunteer work and upon organizational commitment, which had a covarying relationship with job satisfaction. The job characteristics of task identity, feedback and friendship opportunities were correlated with organizational commitment. In essence, the factors of motivation (recognized as altruism) and meaningfulness of work that volunteers do in the Australian health sector determine how the job characteristics and other factors will influence the decision to leave an organization.

The study discusses key findings and presents recommendations for relating to effective management of volunteers in the health sector. As a secondary outcome, the study demonstrates the value of judiciously using models and measures normally associated with paid employment in understanding volunteer activity. It is anticipated that these outcomes will inform future research within the volunteer sector.
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Within Australia, the act of community service through volunteer work initially emerged from and was reinforced by the survival culture of early pioneers, and has since remained a well-established practice. Recent data states that 5.2 million (34%) adult Australians volunteered in the previous 12 months (ABS, 2007). In particular, the health sector has relied on volunteers to provide services in a variety of roles, including ambulance emergency response, fund raising for equipment and minor surgeries in the remote outback. Many of these and other jobs in the health sector would normally be done by paid employees (Lyons, 1999). In recent decades there has been a substantial and increasing shift of service provision from the government to the non-profit sector, which relies heavily on unpaid volunteers (Greenslade & White, 2005; Leonard & Hayward-Brown, 2002), and such volunteerism has only become the conscious and deserved subject of increasing national and local attention in recent years. This is particularly important in the health sector where retaining the vital skills of volunteers is important for a stable long-term workforce (NHMRC, 2003). Increased awareness of the value and significance of voluntary work has contributed to its varied exploration and analysis in numerous formal studies (see Grubbs, 1998; McCurley & Ellis, 2002; Wilson, 2000; Wood, 1998), and has led to employer groups, non-profit organizations, and the government emphasizing its value and encouraging its practice (Kanter, 1999). For example, several business corporations began promoting volunteerism among
employees due to the assorted benefits for their corporations and for non-profit organizations. In addition, the “Year of the Volunteer” initiative in 2001 further emphasized and publicized the importance of volunteer work.

However, despite such public support and initiatives, in 2005 and 2006 Australian volunteer groups reported a drop in volunteer numbers, which may have partly resulted from the economic prosperity experienced within Australia early in the 21st century. Similarly, health sector organizations reported a drop in numbers, not just within hospitals but also in grass roots organizations (P. Schofeld, volunteer manager, personal correspondence, April 13, 2006). The widely-perceived notion that economic prosperity stimulates volunteerism, due to more people having more time and money to invest, is conceivably false, and recent research has suggested that high volunteerism is predominantly associated with economic recession, when the need for community and a sense of belonging in the midst of socio-economic uncertainty escalates (Ellis, 1995). As such, given the recognized contributions of volunteers to Australian society (Lyons, 1999), it is important to understand and demarcate the motivations for volunteerism in order to sustain involvement and reduce turnover, independent of the inherent economic conditions.

Numerous studies have considered and analysed the social and personal reasons and motivations for volunteerism, and have explored their pragmatic application in recruiting and retaining volunteers. Some research has suggested that the successful engagement of a volunteer is determined by whether their experiences meet their expectations (Allen, Lucero & Van Norman, 1997; Wilson, 2000). The Executive Director of a large volunteer association affirmed this perception: “The more we know
about those expectations, the better we can try to meet them and ensure that the volunteer remains motivated” (cited in Eisinger, 2002, p. 31). However, such studies have not specifically addressed why volunteers choose to work with one particular organization over another, or the commitment of individual volunteers to their chosen organization(s). As a result there exists a gap in academic enquiry concerning these aspects of volunteer work and overall turnover (Elliot-Lopez, 2004).

This study, in addressing this research deficit, specifically towards understanding and reducing volunteer turnover in the Australian health sector, intends to elucidate and examine the antecedent factors that frame and elicit the intention of volunteers to leave a health sector organization. Various Australian health sector organizations depend on volunteer work, and it is essential to understand how such organizations manage, motivate, and retain volunteers (Eisinger, 2002). The financial and human resources allocated to and available within the volunteer sector are very limited, and therefore must be used wisely. In this sense, understanding and emphasising the retention of volunteers addresses the key resource of people, and by facilitating volunteer retention in the Australian health sector it is anticipated that organizations will be better able to manage their resources and achieve their goals.
Definition and Value of Volunteerism

The concepts volunteer work and volunteer attract several varying definitions in research literature (Rochester, 2006), and two such accepted definitions are provided for consideration and analysis. Volunteer work has been generally identified in some literature as “unpaid work provided to parties to whom the worker owes no contractual, familial or friendship obligations” (Wilson & Musick, 1997a, p. 694), whilst the Australian Bureau of Statistics (ABS) officially classified a volunteer as “Someone who, in the last 12 months, willingly gave unpaid help in the form of time, service or skills, through an organization or group” (ABS, 2000, online). These definitions provide an overview of the concepts indicating the individual and organizational levels of volunteerism; however, the latter definition is more applicable for this study as the volunteers explored exclusively served in an official organization, rather than independently. In addition, the ABS conducted a study, separate from the Australian population census, addressing and exploring volunteerism and the frequency of volunteer work, and produced the Voluntary Work 2000 Report (ABS, 2000). The study specifically questioned individuals about work they had participated in during the previous 12 months, and the results indicated that 32% of Australians over 18 years of age had volunteered during that time. Other significant and relevant results within this ABS Report will be further elucidated and examined presently.

Internationally, volunteerism has been consistently linked to the emergence of strong communities, in that differing contributions by volunteers have significantly
affected the subsistence and quality of communities (UN Secretary General Keynote Speech, 2000). Much sociological research has been conducted regarding such contributions, identifying the undoubtedly positive and divergent work of volunteers within varying countries in local and regional areas (see Farmer & Fedor, 1999; Leonard, Onyx & Hayward-Brown, 2005b; Lyons 1999; Salamon & Sokolowski, 2001; Volunteering Australia, 2003); however, uncertainty exists concerning how to best evaluate and gauge the value of these contributions. As it is difficult to accurately measure the social and political value of volunteerism, even though these spheres may be profoundly affected, the value of volunteerism is arguably more easily and reliably calculated by considering the economic effects (Lyons, 1999). This can be accomplished by comparing the monetary worth of a quantity of volunteer work with the monetary worth of an equivalent quantity of paid work. According to Ironmonger, volunteers in Australia “contribute[d] approximately 2,200 million hours at a value of $42 billion per annum” (cited in Volunteering Australia, 2003, p.1).

This finding illustrates the significant economic value of volunteerism, and indicates that in the absence of such contributions the Australian community would have to source the cost, or the work would remain undone. In particular, volunteer absence would have weighty implications for the non-profit sector, which relies heavily on volunteer contributions in order to minimise the funding of projects by public sector taxpayers. For example, without volunteers many community programs, including crucial health sector programs, would either simply cease to exist, or taxpayers would assume the responsibility to cover the costs, including replacing volunteers with paid employees, which would be an enormous financial burden for the government and
wider population. In Australia, the Federal Government and State Governments have particularly recognised this inherent value of volunteer contributions and provide both direct and indirect funding through grants to encourage volunteerism. Federal Government grants are endowed through the Volunteering Secretariat in each State, providing the government with a central mechanism to support and sustain the volunteer sector. Such grants support and sustain the formal development of volunteerism and arguably augment volunteering in democratic societies (Salamon & Sokolowski, 2001).

Whilst the Australian government financial support of volunteerism is undeniably beneficial, it has also resulted in an increasing demand for accountability concerning the volunteer sector spending of public monies (Leonard et al., 2005b; Lyons, 1999). Moreover, the quantity of government assistance has been sharply criticised; for example, many non-profit organizations were charged substantially higher insurance rates following the insurance crisis caused by the losses incurred in the 2001 9/11 terrorist attacks in the United States of America (Lyons, 2005; Rochester, 2006; Volunteering Australia Submission to the Economics References Committee, 2002 – 2004). Consequently, increasingly apparent and prominent governance and global issues influence the impact of volunteerism.
Volunteer Demographics and Contextual Issues

In order to understand the context within which volunteers work in the Australian health sector, it is important to gain some insight into volunteering in Australia at a macro level. Comprehensively examining and understanding the landscape of the volunteer sector in Australia is increasingly important given the impetus for enhanced government support of volunteerism (Leonard et al., 2005b). In addressing the landscape, the demographic profile of volunteering will be initially explored utilising the results within the ABS Voluntary Work 2000 Report, and subsequently prominent recruitment and retention efforts will be analysed.

The widely held perception that retirees, those above 65 years of age, account for the largest proportion of volunteers in Australia is false. The ABS Report on volunteering indicated that men and women between 35 and 44 years of age account for the largest proportion of volunteers. The misperception regarding retiree involvement in volunteerism can be explained, in that some research has found that older volunteers demonstrate more commitment to their service than younger volunteers (Warburton, Terry, Rosenman & Shapiro, 2001), which is arguably particularly applicable for recent retirees who are more focussed on structuring their newly-increased leisure time (Bradley, 2000). However, in Australia, a larger proportion of retirees volunteer compared to persons who are part-time employed or unemployed, and, although comprising a smaller proportion, volunteer retirees holistically contribute more hours
than those volunteers employed fulltime, 265.2 million hours compared to 260.7 million hours respectively (ABS, 2000).

Whilst the ABS Report identified that levels of volunteer work vary according to stage of life, the overall difference between males and females was marginal across age groups (approximately 1-2%). For males and females, the median amount of time allocated to volunteer work was 1.4 hours per week (72 hours per year), with males volunteering 64 hours per year and females volunteering 74 hours per year. The median amount of time allocated to volunteering increased with age, with retirees working a median of 2.5 hours per week, although this did not increase the overall rate of volunteering. The ABS Report importantly observed “[r]egular (weekly) voluntary work accounted for 73% of all voluntary hours worked, indicating a substantial commitment of time, skill and effort on the part of volunteers” (ABS, 2000, p. 7).

In comparing regional and metropolitan areas, the ABS Report indicated that there were higher rates of volunteering outside capital cities (regional) than within capital cities (metropolitan), 38% of people compared to 28% of people respectively (ABS, 2000). This can be explained in that regional areas have traditionally had fewer available public services, which created the need for community self-responsibility and led to the development of various regional groups, such as the Bush Fire Brigade and the Country Women’s Association, which presently have notable and well-established service roles (Lyons & Hocking, 2000).

The ABS Report also indicated that a significant proportion of volunteers were employed persons within varying economic echelons of expertise and skill. Professionals had the highest rate of volunteering (46%), followed by clerical, sales and
services workers (45%), managers and administrators (42%), and intermediate and transport workers had the lowest rate of volunteering (22%). Alternately, the proportion of unemployed persons volunteering tended to be lower, and those involved in volunteer efforts often undertook service in order to gain field experience, training, and connections (Gay, 1998). Of interest, the ABS Report discovered that people were more likely to volunteer within an industry comparable to the industry in which they were employed or desired to be employed, and that the majority volunteered within non-profit organizations. However, the particular non-profit organizations chosen differed markedly across industries and ages. Volunteers worked in community/welfare organizations at the highest rate (35.2%), followed closely by sport/recreation organizations (34.1%). Volunteers worked for health organizations at the lowest rate (7.7%) in the ABS report (ABS, 2000).

Non-profit organizations are fundamentally community-based organizations in which volunteerism is undertaken, and encompass a broad contextual spectrum (ABS, 2000; Leonard et al., 2005b). For example, Rotary and Apex provide a business context for volunteerism, whilst The Salvation Army and St. Vincent de Paul Society provide a community context for volunteerism. According to the ABS Report, the most common activities undertaken by volunteers within such differing areas were fundraising (56%), management (45%), teaching (44%), and administration (14%) (ABS, 2000). Less common activities included coaching children’s sports teams and umpiring games, preparing and serving food, and responding to emergencies. Volunteer involvement in relation to age appeared to have a downward trend for sport/recreation and education/training/youth development organizations, and an upward trend for health,
community/welfare, and religious organizations. Regardless, the diversity of volunteer activities in non-profit organizations is high, and arguably analogous to the diversity offered in paid work.

The ABS Report also indicated that whilst volunteers occasionally altered the organization worked for, they tended to remain in the same area or industry for a length of time. For instance, 40% had been volunteering in their current organization for at least 6 years, and 25% for more than 10 years (ABS, 2000). However, despite this dedication, the ABS Report showed that changing the organization worked for often reflected a volunteer’s stage in life, and their corresponding changing interests and family commitments. For example, people often commenced volunteering through involvement in their children’s activities, and then over time undertook more formal roles within an organization(s). Recent research has challenged the level of volunteer dedication in that volunteers may concurrently work for several organizations (ABS, 2003), and that volunteers are more commonly engaging in short-term work with a predetermined length of service. These observations indicate an increasing interest in volunteerism that is flexible, is not long-term, and enables a variable level of commitment (“The faces of volunteering,” 2007).
Volunteerism in the Health Sector

The Australian health sector has always been reliant on government funding. In the 1970s a universal healthcare system was introduced that was State-funded, and the assumption by Australians is that the government will continue to underwrite the health sector. As previously specified, volunteers in Australia provide an acknowledged and vital societal service through their involvement in developing and reinforcing public support systems (ABS, 2000; Lyons, 1999). However, the health sector is particularly experiencing consistent financial pressure, having fewer funds to support more people. This has been a politically sensitive issue for several years, and has persistently been a hot debate topic during election periods (see ABC Radio 720, 14th November 2006). The health sector is a leading employer in the non-profit sector, and indeed, partly due to financial pressure, depends heavily on volunteers to carry out extensive activities and tasks, which in organizations would ordinarily comprise paid employment positions (Lyons, 1999). In the health sector, upon commencement of voluntary service, most volunteers, whether health professionals or not, are trained and supervised by a paid manager responsible for volunteerism within the organization. This occurs in many large hospitals, particularly teaching hospitals, and other health organizations that operate corporately. However, some volunteers are part of auxiliary groups, which are wholly managed and operated by volunteers, and have committees that liaise with hospital management to ensure that their goals correspond and will assist.
Volunteer work within the health sector includes providing emergency assistance, helping people to locate hospital wards, visiting and counselling patients, delivering flowers, and performing minor surgeries. The value of these contributions is evident given the specialized and important nature of these activities and tasks, and subsequently it is vital to identify and understand how to motivate and retain those volunteers that undertake this work. As identified, recent trends indicating increasing interest in short-term and flexible volunteering augments the importance of ascertaining ways to motivate and retain volunteers in health-related volunteer fields (“Project: Stand up and be counted,” 2002). The Australian National Heath and Medical Research Council (NHMRC) assert that a major goal of volunteer management should comprise the maintenance of a stable, long-term volunteer workforce in the health sector (NHMRC, 2003). This measure would arguably prevent many valuable resources being expended in recruiting and training, and increase the confidence of paid staff in volunteer workers.

Furthermore, the ABS Voluntary Work 2000 Report identified that health sector volunteering comprises a low proportion of all volunteers (7.7%), which leads to the deduction of volunteer turnover being a fundamental issue within the health sector. For example, in Tasmania, volunteer ambulance officers recorded a 30% to 50% turnover rate within the first year of volunteering (“Project: Stand Up and be Counted,” 2002). This information suggests that whilst fewer people across age cohorts are choosing to volunteer within the health sector, implying an issue with volunteer recruitment, a predominant hindrance for many organizations continues to be retaining workers (NHMRC, 2003). As such, in terms of the recruitment pool, the health sector depends
heavily upon the participation and productivity of paid employees. Of interest, in health-related organizations 14% of paid employees also undertook necessary volunteer work, compared to the general workforce where only 8% of all volunteers worked in that capacity within their paid employment industry (ABS, 2000). These figures suggest that in the health sector there is an atypical relationship between paid employment and volunteer work.

In the health sector, the majority of paid and volunteer work is undertaken by females, with almost twice as many volunteer females compared to volunteer males, with volunteer females on average contributing substantially more hours per year than volunteer males, 45 hours compared to 32 hours respectively (ABS, 2000). This trend can be historically explained in that female participation in caring professions was traditionally perceived to be an extension of their provision of family care (Immerman & Mackey, 2003). Subsequently, some research contends that volunteer work is a “confidence trick by the State, whereby people provide services for free which should be provided by the State” (Leonard & Hayward-Brown, 2002, p. 32). This perception has been challenged by the notion that volunteer work has acted as a platform upon which the skills and abilities of women are effectively promoted in the work environment, thereby contributing to their increased participation in the paid workforce (Leonard & Hayward-Brown, 2002). However, whether these perspectives will alter remains to be seen as societal values shift and the next generation of women make choices.

In Australia, in 2001, a total of 806,171 men and women were involved in paid employment in the health and community services sector (ABS, 2001), and
approximately 330,000 volunteers provided more than 12 million hours of service in the health sector (ABS, 2000; NHMRC, 2003). Of these volunteers, a moderate number remained within their chosen health organization for a considerable length of time, with 24.8% remaining within their organization for less than 1 year, 44.7% for 1-5 years, 14.4% for 6-10 years, and 16.1% for more than 10 years (ABS, 2000). Despite the moderate number that remained, these figures show a significant decline in volunteer rates following the five-year mark, which indicates that there is considerable early volunteer attrition within the health sector. However, there is very little research examining those factors that contribute to the retention of volunteers in specific organizations (Leonard et al., 2005b; Tansky, Gallagher & Wetzel, 1997).

Previous research has indicated that an extensive period of voluntary contribution in the health sector may be related to a volunteer’s reasons for serving (Wilson 2000). Other research has shown, for example, that nurses work in the health sector because they are motivated to help others (McNeese-Smith & Nazarey, 2001). In the health sector, an awareness of the immense need and enjoyment in supporting others appears to contribute to greater volunteering rates by working professionals. However, such limited information concerning this issue necessitates further research as the varied activities and tasks of volunteers within the health sector are invaluable, and as such their increased retention is vital.
Volunteer Intention to Leave

It is important to understand and examine what motivates volunteers to contribute. Extensive research concerning volunteer motivation has provided organizations with an abundance of information regarding recruitment strategies (Adams & Shepherd, 1996; Bradley, 2000). Alternatively, as commented previously, there is currently a shortfall of empirical literature addressing why volunteers remain within organizations, and attempting to comprehend the realities of such decision-making for volunteers is crucial. Why do volunteers initially choose to work with one organization over another, and are there specific organizational factors that influence this decision? Most importantly, what can volunteer reliant organizations do, if anything, to retain volunteers?

The UPS Foundation conducted a study examining why volunteers leave, focussing on the actual turnover rather than intention to leave. In analysing data from volunteers, the Foundation discovered that 26% stated that they left because the charity was not managed well, 23% stated that the charity did not use volunteer time well, 18% stated that the charity did not use volunteer talents well, 16% stated that the charity did not clearly define volunteer tasks, and 9% stated that the charity did not thank volunteers (UPS Foundation, 1998). It is anticipated that these factors will be important in this study, and that other factors will also impinge upon the decisions of volunteers to leave, such as the social environment of an organization. In addition, there is some evidence that volunteers who ascertain skills through volunteering and are subsequently
able to acquire a new job are contributing to turnover rates. The Schizophrenic Fellowship of New South Wales (SFNSW) requires a minimum volunteer time commitment of 12 months prior to accepting an application in order to better manage volunteer turnover (SFNSW, online). This information demonstrates that the factors influencing volunteer behaviour are complex, and the lack of research concerning retention reinforces the sparse consideration afforded volunteering (Greenslade & White, 2005).

It is important to understand that within organizations, significant resources are allocated to recruiting and training volunteers, similar to paid employment, such as time, skills and finances where advertisements are placed in newspapers and relevant publications, and such costs are borne by the organization and other volunteers. If volunteer reliant organizations could enhance their retention of volunteer workers, then resources could be increasingly allocated to the achievement of organizational goals. Motivational research and recruitment strategies in volunteer literature often critically explore and explicate this issue of reducing turnover.

Some research commented that the development of a specific role within an organization is a key element in preventing volunteer departure (Grube and Piliavin, 2000), and other research affirmed that once volunteers become established they will not leave an organization easily (Catano, Pond & Kelloway, 2001). Nevertheless, volunteer rates in the health sector decline markedly following five years of service, as presented previously, arguably representing attrition (ABS, 2000). This study aims to essentially address this issue by elucidating and examining the intention of volunteers within health sector organizations to leave. This study anticipates that eliciting and
delineating why health sector volunteers leave will generally further advance an understanding of the issues and assist the management of volunteers.

There has been a substantial amount of research focussing on the paid workforce and understanding employee intention to leave. Organizational psychologists have particularly studied turnover from the perspective of employees in terms of intention to leave, and from the perspective of organizations in terms of retention (Bobko, 2001). Generally, intention to leave concerns employee anticipation of change and decision making; whilst retention concerns the organization’s recognition of actual behaviour, such as turnover data due to employee departure (Bobko, 2001; Luthans, 2002). The following measures, Job Characteristics Index (JCI), General Job Satisfaction Survey, and Organizational Commitment Questionnaire (OCQ), can assist an organization to predict employee intention to leave (Linz, 2003; Mathieu & Zajac, 1990); however, no research was found concerning the use of these instruments for volunteers. Given the paucity of specialized organizational research in the volunteering area and research specifically indicating the ineffective use of such instruments for volunteers, the application of these measures in investigating volunteer work is proposed. Effective application of these instruments presupposes that the nature of volunteer work is similar to paid work.

Retention is undoubtedly an important aspect within any organization that seeks to harness its resources (Luthans, 2002), and, therefore, more recently there has been increasing emphasis on developing strategies to augment retention. In Australia, this has been amplified by increased economic growth since the late 1990s, which has contributed to a labour shortage. As stated previously, there are substantial ongoing
recruitment and training costs for volunteers in non-profit organizations, and 
minimising turnover and increasing volunteer retention could reduce these costs, thus 
assisting organizations to achieve other pragmatic and central goals. In addressing this 
issue, particularly towards reducing turnover in organizations, this study intends to 
elucidate and examine the antecedent factors that frame and elicit the intention of 
volunteers to leave positions, focusing on health sector organizations.
CHAPTER 2
HYPOTHESIS DEVELOPMENT: THE ANTECEDENTS TO INTENTION TO LEAVE OF VOLUNTEERS

In Australia, the current climate of economic growth means that workers, including volunteers, are generally far more mobile, contributing to retention concerns. This study aims to elucidate and examine several antecedent factors relating to intention to leave in order to further understand some of the issues surrounding volunteer retention, namely how to retain volunteers. Organizational psychology is a robust discipline comprising a wealth of pragmatic research regarding paid employees within organizations (see Bernthal, 2004; Frank et al., 2004; Gubman, 2004; Romzek, 1990; Stallworth, 2004), which has led to the development of several models detailing key factors that effect intention to leave. The development of models that explain workers’ intention to leave enable organizations to change workplace practices and policies so that fewer workers act on those intentions (Bobko, 2001; Luthans, 2002). However, such significant theoretical underpinning and organizational enquiry has largely not been undertaken within the volunteer workforce (NHMRC, 2003; Rochester, 2006). Methods developed to analyse paid work have not been utilized to better understand volunteer work, which arguably mirrors the generally common value that society has traditionally afforded volunteer work.

Of the research undertaken, some research has utilized organizational behaviour models to examine both volunteer and paid employees. A study conducted in the United States of America interviewed volunteers and paid workers within the same hospital,
specifically investigating organizational commitment and organizational justice (Liao-Troth, 2001). Measures addressing attitude to work found no significant difference between volunteers and paid workers, indicating that health sector volunteers approach and view work in a similar manner to paid employees. Further research has examined the rate of volunteer attrition focussing on the expectations of volunteers rather than organizational processes (see Bowman, 1998; Farmer & Fedor, 1999; Starnes & Wymer, 2001; Wilson, 2000). Such research found that whilst large numbers of people volunteer, periodic volunteer turnover means that organizations consistently redress the same issues concerning volunteers, rather than making desired or intended progress. This also means that resources are continuously expended on entry-level volunteer training, rather than being allocated to the further development of volunteer skills.

In order to develop good management strategies for volunteers in the health sector and generally, volunteer work needs to be better understood. In pursuing this, applying the constructs and methods developed through paid work research comprises a new area of enquiry, and is particularly salient because if volunteer work is indeed ‘work’ then it is arguably comparable to paid work. This includes measuring and considering volunteer work in terms of contribution to Gross Domestic Product (GDP) (Ironmonger, cited in Volunteering Australia, 2003), and in terms of skill development, which is directly related to paid work (Gay, 1998) and social capital (Lyons, 1999). Volunteers also organize and administer their work in similar ways to paid workers, through organizational structure, management, rosters and the like. Given these sources and features of comparison, paid work constructs (such as job characteristics and
organizational commitment) and methods (such as the Job Characteristics Index and the Organizational Commitment Questionnaire) should be transferable to the area of volunteer work.

Model of Organizational Commitment (Mathieu & Zajac, 1990)

Mathieu and Zajac (1990) developed a model of antecedents, correlates and consequences based on a meta-analysis of organizational commitment (see Figure 1), which incorporates a comprehensive analysis of retention in the paid workforce. Mathieu and Zajac ascertained that personal characteristics and organizational commitment had a fairly small correlation, although they acknowledged that this relationship could change over time. Job characteristics were found to contribute to higher levels of organizational commitment, thereby reducing turnover. The impact of leadership style and organizational characteristics were found to be moderated by other variables, such as employee personal characteristics. In the motivation and organizational commitment correlation, internal motivation acquired a higher correlation than external motivation, such as cash bonuses. Job involvement, occupational commitment and union commitment had a slight correlation with organizational commitment, although not as strongly as anticipated. Stress was negatively correlated with organizational commitment. Job satisfaction was highly correlated with organizational commitment. Low levels of organizational commitment
had a strong correlation with intention to leave and also intention to seek alternate employment opportunities.

Figure 1. Mathieu and Zajac's (1990, p. 174) Classification of antecedents, correlates and consequences of organizational commitment.

Of interest, intention to leave employment and actual behaviour, such as resigning, were only moderately correlated at 0.50. Mathieu and Zajac (1990) ascribed the variation between intention and behaviour to particular organizational features, such
as pay rates and viable work alternatives. However, these issues are irrelevant for volunteers as remuneration is non-existent and there are many volunteering opportunities in Australia, and, therefore, it is anticipated that this study will uncover alternate factors influencing volunteer intention to leave. As specified, the Mathieu and Zajac (1990) model is focussed on organizational commitment, and considers the antecedents, correlates and consequences of this construct in relation to paid work.

A variation of the Mathieu and Zajac (1990) model is developed and described later in this chapter. This variation on the model was utilized to examine volunteer work and the antecedents and correlates that frame and elicits intention to leave amongst volunteers. Thus, the model utilized in this study predominantly considers the perception and experiences of volunteers rather than wider organizational factors, which affords a narrow focus in order to clearly establish relationship with volunteer retention. The important constructs included in the model developed are discussed in this chapter, these being motivation, job characteristics, job satisfaction, organizational commitment and intention to leave.

Motivation

This study, as indicated, is particularly focussed on soundly measuring volunteer work and also on developing a better understanding concerning how volunteers engage with their work, particularly in relation to intention to leave. Elucidating and analysing volunteer involvement and motivation is crucial in establishing such understanding. The
initial reasons for volunteering are multifaceted, and often involve personal values and social obligation (Allen, Lucero & Van Norman, 1997; Fisher & Ackerman, 1998; Larsson & Ronnmark, 1996). In Australia, some research has contended that various people become involved in volunteering through three main avenues (Lyons & Hocking, 2000). First, people within their 30s and 40s become involved by volunteering for activities including their children; second, people in rural areas become involved in volunteering through the paucity of local or regional professional services; and third, well-educated people and older people become involved in volunteering due to the idea of public service. The ABS has also suggested several predominant reasons for volunteering, including serving the community, personal satisfaction, religious beliefs, being active and social contact, with the most common reasons being “helping others and the community” (47%) and “personal satisfaction” (42.7%) (ABS, 2000, p. 20). Numerous people also volunteer in order to gain work experience and develop skills. However, whether these initial reasons for volunteering subsequently assist volunteer retention is largely questionable given the significant turnover rate in the volunteer sector.

In terms of organizational psychology, volunteer motivation has been well researched (Liao-Troth, 2001). Much research asserts that volunteering involves altruism, community-centred giving and empowerment, and that the undertaking and efficacy of volunteer work depends upon volunteers bearing such characteristics, which necessitates sufficient motivation (e.g. Ashcraft & Kedrowicz, 2002; Julian, Reischl, Carrick & Katrenich, 1997; Larsson & Ronnmark, 1996; Zweigenhaft, Armstrong, Quintis & Riddick, 1996). Whilst there are various motivational factors, according to
research, volunteers predominantly participate in organizations because of a desire to serve others and provide for or transform their community, which implies a relationship of reciprocation or obligation (Adams & Shepherd, 1996; Fisher & Ackerman, 1998; Leonard & Hayward-Brown, 2002; Liao-Troth, 2001; Stewart & Weinstein, 1997). A substantial amount of research regarding volunteer motivation has focussed on reciprocation or obligation, and has asserted that such reciprocation or obligation is more often directed towards an undefined ‘community’ rather than towards a specified organization. As such, volunteers often choose where and, to some extent, how their volunteering occurs, which is analogous to the notion of meaningful work.

However, alternatively, other research has suggested that volunteer participation is more individual-centred and “based on the fulfilment of individualistic motivations” or personal ideals (Greenslade & White, 2005, p. 172). This perhaps refers to an association between a volunteer’s values and meaningful work or a volunteer’s commitment to the goals of an organization, rather than emphasising individual selfish needs or wants, or negating ‘giving’ per se. This particular research may have been influenced by the application of a functional approach, and as such the findings are contrary to those presented in more social oriented research, as explained previously.

Nevertheless, overall, such motivational factors consequently mean that when the work ceases to be meaningful or when volunteer expectations are not met, volunteers may feel more at liberty to leave. In this sense, when comparing volunteers and paid employees, commitment to an organization appears to differ, contrary to other research (Liao-Troth, 2001). However, the lack of a certainty about the nature of volunteer motivation, whether it is based upon philanthropy or self-fulfilment,
demonstrates that volunteer behaviour cannot be easily predicted or controlled (Zappala, 2000). The role of volunteers and value of volunteer work is undoubtedly imperative, and this study aims to further analyse this area of volunteerism by addressing this gap in knowledge. In exploring the nature of motivation, this study intends to ascertain whether, and if so how, motivation functions as a predictor of intention to leave among volunteers.

Psychological research has importantly noted that the motivations of volunteers are primarily influenced by internal and external factors. Internal factors influencing motivation simply concern the inherent performance of tasks without material incentive or social reinforcers (Frank, Finnegan & Taylor, 2004). In this sense, it is understood that the motivations of volunteers are altruistic, principally based on serving or providing for the community and generally bettering the circumstances of others (Bradley 2000; Leonard et al., 2005b; “Pro Bono”, 2001; Warburton et al., 2001). Working for the ‘common good’ is central amongst internally influenced volunteers and material or social gain is superfluous (Cairnes, 2002). External factors influencing motivation are centred upon personal growth or interest in terms of opportunity for social interaction or to improve skills, and productivity in terms of the desire for daily structure or to feel useful and needed (Bradley, 2000; Warburton et al., 2001). According to Wheeler, Gorey and Greenblatt, “Researchers have concluded that older people get an increased sense of well-being through volunteering, and it enhances their self-image through a continued sense of usefulness and productivity” (cited in Bradley, 2000, p. 50). Whilst this emphasises the utilization of skills, it highlights an imperative underlying factor, the importance of making a meaningful contribution to wider society.
Some research has considered the importance of effort recognition in volunteering, and found no significant relationship indicating that people simply volunteer because they are asked to help (Fisher & Ackerman, 1998). This supports the argument that people are predominantly altruistic and focused on the needs of others, rather than themselves, when volunteering. However, other research has found that effort recognition is important in relation to volunteers remaining with organizations (Wilson, 2000). For example, social connection and recognition have been identified as dominant themes for women in volunteer work (Leonard & Hayward-Brown, 2002). This seemingly contradictory research perhaps means that whilst people do not necessarily engage in volunteer work solely for recognition, volunteers cherish knowing that their work is valued or making a difference, and receiving recognition is one way to acquire this feedback.

Although it is assumed that volunteers are primarily motivated by the desire to give, some research has found that volunteers also gain through their work (Zappala, 2000). According to Cnaan and Goldberg-Glen (cited in Zweigenhaft et al., 1996, p. 25):

> Volunteers are both altruistic and egoistic. That is, volunteers do not distinguish between types of motives; rather they act on both. Volunteers act not from a single motive or category of motives but from a combination of motives that can be described overall as ‘a rewarding experience’. They not only give but they get back some type of reward or satisfaction.

Notably, it is the meaning of the contribution being made that acts as a motivator for volunteers (Leslie, Lindsay, Mullings & Salkeld, 1999; Puffer & Meindl, 1992). As commented, “When volunteers understand the overall goal and their role in achieving that goal, they develop self esteem and a sense of fulfilment knowing that they have
made an impact” (Shim & Kleiner, 2003, p. 67). Thus, regardless of the initial motivation leading people to volunteer their time and skills, ultimately both internal and external factors will provide on-going reasons to volunteer. This perspective assists in understanding the complexities within volunteer motivational research (Larsson & Ronnmark, 1996; Puffer & Meindl, 1992; Zappala, 2000), and also assists in understanding volunteer retention by differentiating and considering initial motivation and the on-going meaning of such work.

In terms of motivation and retention, it is essential to address the issues surrounding volunteer expectations, as volunteer organizations principally believe that failing to meet these expectations contributes to volunteer turnover. In meeting volunteer expectations, research significantly emphasises the importance of clearly delineating the roles and responsibilities of volunteers before they commence work. For example, it is particularly important to provide volunteers with a job description, an approximation of the time required or a time frame, and adequate training to maximise the quality of participation (“Ask the experts”, 2000; Kleine, 2001; Merrick, 2000; “Six steps”, 1995). Such measures provide volunteers with a lucid image regarding the expectations of an organization, giving volunteers the opportunity to compare the job requirements with their expectations and skills.
Job Involvement: Meaningfulness and Engagement

Within organizational psychology, a substantial amount of recent research has addressed the meaning of work and engagement with work for paid employees (e.g. Gubman, 2004; May, Gilson & Harter, 2004; Patterson, 2001). These concepts are closely connected to job involvement, which is part of the organizational commitment model (Mathieu & Zajac, 1990) examined earlier. Meaningful work and work engagement relate to the emotional engagement and cognition that an employee has concerning their work, and also their actual workplace behaviour (May et al., 2004). Much research has broadly discussed the importance and impact of employee engagement and level of engagement on organizational commitment and consequently retention (Bernthal, 2004; Frank et al., 2004; Gubman, 2004). This human resource construct, developed and utilized in the paid work sector, has also been utilized in the volunteer sector, and the construct was found to be comparatively important in relation to volunteer work (Sheehan, 1998). Volunteers who did not deem their work as intrinsically meaningful and were not engaged with their work had lower levels of organizational commitment.

It is important for volunteers to feel that their work is meaningful, and that they are not simply undertaking work that paid employees will not do (Sirota, 1995). In addition, given the notion that people in Australia are largely time-poor, when people undertake volunteer work they want to know that they are making a significant or valuable contribution (Zappala, 2000). However, what an organization and what a
volunteer perceive as significant or valuable may not correspond (Daspin, 1999). For example, an organization may perceive filling envelopes as significant or valuable in order to communicate with constituents, raise awareness and fundraise; however, a volunteer may perceive the same task as trivial or mundane, and as such not a meaningful contribution comparably. Further paid work organizational research has found that there is a significant relationship between job enrichment, which includes providing employees with opportunities to experience a variety of tasks, and the psychological meaningfulness of work (May et al., 2004). The implication for volunteer managers may be that work diversity and scope can impact upon the meaningfulness of work, and thus increase retention. Using such organizational research may contribute to the better management of volunteer work.

In addition, research into social impact has increased awareness concerning the meaningfulness of volunteer work, and has significantly found that the social and political value of volunteer work is broad. For example, non-profit organizations encourage collaboration amongst volunteers in the provision of services for themselves or others (Lyons, 1999; Salamon & Sokolowski, 2001), contributing to ‘social capital’, which is connected to the development of trust, reciprocity and social networks (Rochester, 2006). Research has asserted that social capital is a prerequisite for establishing a durable democratic political system and for continuing economic prosperity (Putnam, cited in Lyons, 1999), and research in the United States of America has indicated that people who volunteer in non-profit organizations are more likely to be involved in political processes (Lyons, 1999). As such, volunteering can be interpreted as reflecting and disseminating wider community engagement.
Volunteers in the health sector often retain an enduring commitment to the organizations they work for, which can be interpreted as engagement with work. However, whether this work is meaningful, and how that impacts upon their organizational commitment and intention to leave, are unknown. This study aims to investigate the relationship between meaningful work and work engagement in relation to volunteer retention, and subsequently propose a range of management strategies directed towards augmenting volunteer work and increasing retention.

Job Characteristics

Research concerning paid employees has recognized the relationship between work diversity and scope, and affective organizational commitment. As commented, “Specifically, across many different samples of employees, affective commitment has been positively correlated with job challenge, degree of autonomy, and variety of skills the employee uses” (Meyer & Allen, 1997, p. 45). Every job comprises several characteristics or components, with various dimensions, which can be identified as work behaviours and colleague relationships. There is substantial research that has examined job characteristics and developed related theories (see Cook, Hepworth, Wall & Warr, 1981; Luthans, 2002; Thatcher, Stepina & Boyle, 2003). An initial job characteristics model included autonomy, variety, task identity and feedback, which were identified as influencing motivation, job satisfaction and turnover. Further development led to the
addition of dealing with others and friendship opportunities, which were identified as influencing work engagement due to social involvement (Luthans, 2002). As explained, “Overall, the job characteristics model represents a way to predict employee motivation and satisfaction and hopefully organizational outcomes such as quality of work and absenteeism/turnover” (Luthans, 2002, p. 528).

The Job Characteristics Inventory (JCI) is a questionnaire designed to quantitatively measure job characteristics, including the characteristics outlined above, and has been utilized extensively in paid employment research (Sims, Szilagyi and Keller, cited in Bhuian & Menguc, 2002). The core dimensions of the JCI are: *Skill variety*: the degree to which a job requires people to perform a wide range of operations in their work, including using a variety of equipment and procedures. *Autonomy*: the degree to which people have a say in their work, and decide on equipment and procedures. *Task identity*: the degree to which people do a complete task and can see the results of their efforts. *Feedback*: the degree to which people receive information regarding their performance. *Dealing with others*: the degree to which people are required to deal with others to complete their work. *Friendship opportunities*: the degree to which a job allows people to talk with others and establish informal relationships while working. Generally, as explained, the features of volunteer work do not decisively differ from paid work, and as such this study intends to constructively utilize this measure in analysing the dynamics of volunteer work.

Early research determined that job characteristics were significantly related to organizational commitment (Steers, 1977), and further research found that organizational commitment is positively related to job characteristics and less related to
personal attributes (Hunt, Chonko & Wood, 1985). Such research corresponds with the findings of Mathieu and Zajac (1990). For example, one study found that the job characteristics of hospital foodservice employees, specifically skill variety and feedback, were a predictor of organizational commitment (Sneed and Herman, 1990), and a further study found that the job characteristics of marketing employees, specifically autonomy, variety and feedback directly influenced organizational commitment (Ramaswami, Agarwal & Bhargava, 1993). In addition, job characteristics were identified as significant antecedents to paid employee organizational commitment (see Shim, Lusch & Goldsberry, 2002; Thatcher et al., 2003). For example, one study found that highly committed employees perceived job characteristics as more stimulating, whilst less committed employees perceived job characteristics as less stimulating and were less satisfied with their jobs (O'Reilly, Parletter & Bloom, cited in Bhuian & Menguc, 2002). Therefore, according to research, the impact of job characteristics on organizational commitment is significant.

In addition, substantial research has explored the relationship between paid employee organizational commitment and job satisfaction (Bhuian & Menguc, 2002), with some research contending that job satisfaction is an antecedent to organizational commitment (Shim et al., 2002), and that job satisfaction mediates the impact of other variables on organizational commitment (Lok & Crawford, 2001). One study found that volunteers were less likely to remain committed to an organization if the allocated work did not match their skills and interests, or if they lacked reasonable autonomy in undertaking their work (Wilson, 2000). A meta-analytic review of research identified that there were no significant differences between part-time and full-time employees
regarding organizational commitment, job satisfaction, intention to leave and satisfaction with job components (Thorsteinson, 2003). In particular, this study seeks to explore and understand whether job characteristics are an antecedent to organizational commitment in the volunteer workforce, and whether job satisfaction moderates this influence.

Job Satisfaction

Whilst there are numerous definitions, job satisfaction is most commonly defined as “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experience” (Luthans, 2002, p. 230). Most definitions contain three common characteristics: first, work environment factors, including social integration, communication and management or leadership style; second, professional factors, including autonomy, organizational policies and remuneration; and third, skill factors, including expertise and rewarding interaction (Kuokkanen, Leino-Kilpi & Katajisto, 2003). In particular, organizational directed “Job satisfaction emphasizes the specific task environment in which an employee performs his or her duties” (Chen, 2004, p. 432). In addition, job satisfaction research reported, “Five distinct elements of job satisfaction [which] have been empirically validated, relating the construct to pay, security, support, socialization, and growth.” (Parnell & Crandall, 2003, online). The extensive number and range of definitions concerning job satisfaction is perhaps due to
individual variations in perception or understanding regarding job expectations. For example, what one worker finds boring another worker finds intriguing. As such, in measuring job satisfaction workers should evaluate and stipulate their position in relation to specific concepts, such as ‘satisfied’ and ‘intent to leave’.

Job satisfaction measures were found to be similar to job characteristic measures (Ferratt, Dunham & Pierce, 1981), contributing to the view that job characteristics are a significant antecedent to job satisfaction. However, amongst paid employees, much research has found that job satisfaction acts to mediate job characteristics as an antecedent to organizational commitment, and suggests that job satisfaction might be an antecedent to organizational commitment (see Chen, 2004; Lok & Crawford 2001; McNeese-Smith & Nazarey, 2001). For example, one study identified a positive relationship between job satisfaction and organizational commitment for hospital foodservice employees (Sneed & Herman, 1990), and another study, focussing on part-time employees, found that perceived equity and job satisfaction were significant predictors of organizational commitment (Tansky et al., 1997). As astutely observed, “managers could be encouraged to know that an employee's state of satisfaction at work may simultaneously heighten affective, continuance, and normative commitments” (Cluggston, 2000, online). Further research of paid employees has identified that an assortment of variables indirectly influence organizational commitment through their impact on job satisfaction, such as age, pre-employment expectations, perceived job characteristics and leadership style (Lok & Crawford 2001).

Such research emphasises a correlation between job satisfaction and organizational commitment (Linz, 2003; Mathieu & Zajac, 1990). As asserted, “The job
satisfaction-organizational commitment linkage has received considerable attention in the literature, with most studies providing support for a significant, positive association” (Parnell & Crandall, 2003, online). However, there is on-going debate regarding the nature of the relationship between job satisfaction and organizational commitment (Lok & Crawford 2001; Testa, 2001). One study examining hospitals found that organizational culture was a more significant predictor of organizational commitment than job satisfaction (Lok & Crawford, 2001).

This study recognizes that there appears to be a covariant relationship between job satisfaction and organizational commitment for paid employees, with job characteristics acting as the antecedent, and aims to apply this deduction to volunteers. A key motivational factor for health sector volunteers concerns helping people in need, which creates a space for a significant connection between job satisfaction and organizational commitment. In addition, organizational citizenship behaviour (OCB) includes an element that reflects volunteer behaviour, whereby workers undertaking tasks outside their job descriptions, in order to assist company productivity, record high levels of OCB (Cappelli & Rogovsky, 1998; Kim, 2005). In examining OCB in a hospital, one study reported that job satisfaction and organizational commitment were significant predictors of OCB (Bolon, 1997).

Job satisfaction is also commonly directly correlated with intention to leave (Linz, 2003), and the absence of job satisfaction is commonly connected to high turnover (Luthans, 2002). Research suggests that leadership styles and training predominantly influence the level of employee job satisfaction (Saks, 1996; Shim et al., 2002). However, as commented, “High job satisfaction will not, in and of itself, keep
turnover low, but it does seem to help.” (Luthans, 2002, p. 233). Much research indicates that the influence of job satisfaction on turnover is mediated by organizational commitment (Thatcher et al., 2003), arguably due to organizational commitment following job satisfaction amongst workers. Some research confirms that organizational commitment is a better predictor of desirable outcomes, such as lower turnover, than job satisfaction (Luthans, 2002).

Organizational Commitment

In research conducted during the 1970s and 1980s, organizational commitment emerged as a significant mediating factor in relationships between employees and organizations (Commeiras & Fournier, 2001), and has since been identified as a strong predictor of intention to leave (see Elizur & Kowlowsky, 2001; Lok & Crawford, 2001; Kim, 2005; Mc-Neese-Smtih & Nazarey, 2001). Organizational commitment is a well-researched construct that has amassed numerous alternate definitions (see Cook, et al., 1981; Dunham, Grube & Castaneda, 1994; Elizur & Koslowsky, 2001; Kim, 2005), and is now recognized to be a multi-dimensional construct (Finegan, 2000; Kim, 2005). Organizational commitment is generally defined as the level of commitment of an individual to the aims or goals of an organization (Nijhof, de Jong & Beukhof, 1998; Serafino, 2000), whereby “commitment binds an individual to the organization” (Meyer & Allen, 1997, p13). Notably, commitment to an organization is perceived to be distinct
and separate from commitment to a profession (Mathieu & Zajac, 1990; McNeese-Smith & Nazarey, 2001). As further elucidated, organizational commitment is:

…the affective commitment that represents an employee's strong desire to remain a member of a particular organization when the opportunity to change jobs exists. This desire can exist for a number of reasons: because an employee personally identifies with, is psychologically attached to, is concerned for the future welfare of, is loyal to the organization (Bhuian & Menguc, 2002, p. 3).

This study aims to specifically elucidate and examine volunteer organizational commitment as a significant predictor of intention to leave, as previously modelled by Mathieu and Zajac (1990).

There are two main areas of organizational commitment research. The first area of research specifically examines the attitudinal component of organizational commitment, including behavioural aspects (Cook, et al., 1981; Kim, 2005; Mir, Mir & Mosca, 2002). Research has identified that this attitudinal component comprises three features, “a strong belief in and acceptance of the organization’s goals and values; a readiness to exert considerable effort on behalf of the organization; and a strong desire to remain a member of the organization” (Porter & Smith, cited in Cook et al., 1981, p. 84). This organizational commitment model emphasises achievement of the goals and values of the organization, a ‘top down’ approach, which has been broadly validated (Benkhoff 1997; Luthans, 2002). In order to achieve goals, the organization seeks employee commitment and depends upon a strong relationship between task significance and citizenship behaviour (Cappelli & Rogovsky, 1998; Tang & Ibrahim, 1998). For example, high organizational commitment contributes to employees assisting others with organizationally relevant tasks “because that action is perceived as
contributing to or advancing organizational goals and values” (Bolon, 1997, p. 232). Based upon motivation, as previously discussed, it is partly recognized that volunteers are similarly concerned with organizational goals. This model could be useful in the development of organizational policy regarding volunteers, in terms of ensuring the development of policy that predominantly focuses on organizational goals rather than reflecting volunteer idiosyncrasies, which may inhibit the organization.

The second area of research specifically examines the multidimensional nature of organizational commitment, including attitudes, intentions and cost-benefits analyses (Kim, 2005; Meyer & Allen, 1997; Mir et al., 2002). This succeeding organizational commitment model recognizes the inherent complexities concerning organizational commitment and particularly emphasises the perspectives of employees. Research has identified that this multidimensional nature comprises three components, namely affective, continuance and normative (Irving, Coleman & Cooper, 1997; Meyer & Allen, 1997). Affective organizational commitment refers to emotional attachment, identification and involvement, which relates to aspects in the previous model (Meyer & Allen, 1997). Continuance organizational commitment refers to the costs involved in leaving or staying, including financial, career building and retirement plan costs (Meyer & Allen, 1997; Romzek 1990). Normative organizational commitment refers to the feeling of obligation (Meyer & Allen, 1997). Further research has asserted that affective organizational commitment largely represents a traditional attitudinal understanding, and that continuance organizational commitment is an “instrumental evaluation of the relative utilities of staying or leaving” (Mir et al., 2002, p. 3). This organizational commitment model is particularly valuable in examining retention as it distinguishes
between components in the overall organizational commitment construct, which allows a thorough examination of individual commitment and expressly relates to retention. This model could be useful in further understanding the factors influencing volunteer’s organizational commitment by enabling the isolation and accentuation of emotional and economic or other considerations.

Research within the health sector has specifically sought to identify and explore those factors that increase employee commitment or contribute to employee intention to leave (McNeese-Smith & Nazarey, 2001). For example, paid employees who considered their skills non-transferable expressed higher levels of continuance organizational commitment (Meyer & Allen, 1997), which is particularly perceptible in a tight labour economy where options are scarce in specialized skill areas. However, this was irrelevant for the majority of workers who could access numerous positions and alternate organizations due to having transferable skills. In this study, this aspect of organizational commitment is anticipated to be extraneous for volunteers as financial costs or implications are superfluous, their costs are principally related to time and skills, and volunteers have numerous available options and are able to utilize their skills in various sectors due to incessant recruitment within most non-profit organizations.

Minimal research has identified a connection between job characteristics and normative organizational commitment, perhaps due to a sense of obligation requiring the extensive socialization of an individual within an organization (Meyer & Allen, 1997). In this study, this aspect of organizational commitment is anticipated to be higher amongst volunteers compared to employees due to the nature of volunteering. In particular, the health sector in Australia comprises a significant quantity of volunteers,
as specified, and provides a unique environment for volunteering that assumes some form of obligation. For example, the provision of special care by a hospital in a time of crisis for the volunteer or a related loved one can contribute to feelings of obligation or reciprocity.

However, substantial research has concluded that job characteristics are an imperative predictor of broader organizational commitment (see Mathieu & Zajac, 1990; Nijhof et al., 1998; Pearson & Chong, 1997). Job involvement, job scope and job challenge have been identified as strengthening organizational commitment (Mir et al., 2002), and factors particularly contributing to job challenge have been highly correlated with organizational commitment (Allen & Meyer, cited in Pearson & Chong, 1997). Further research has identified that social interaction impacts upon organizational commitment (see Wilson, 2000; Zappala & Burrell, 2002), and in particular that participative environments contribute to higher levels of volunteer organizational commitment (Cuskelly, 1995). For example, research comparing volunteer leaders and union leaders discovered that volunteers were more committed to their organization due to having more opportunities for social interaction (Catano et al., 2001).

Rapid modern economic changes also influence organizational commitment. This situation requires a flexible workforce that is able to promptly respond to economic fluctuations, which contributes to less emphasis on employee organizational commitment (Mir et al., 2002). Some research has contended that organizational commitment amongst healthcare professionals may be decreasing as organizations focus on restructuring to achieve greater cost effectiveness (Corser, cited in McNeese-Smith & Nazarey, 2001). Given this economic situation, where the dollar impacts upon loyalty
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(Camilleri, 2002), it is essential to recognize that volunteer work inherently counters this standard work environment, due to the nature of volunteer motivation, work engagement and perceived meaningfulness. In this sense, this study anticipates that the constitution of volunteer organizational commitment will differ from paid employee organizational commitment, and intends to explore this further.

In terms of social interaction, economic growth and numerous job opportunities contribute to a reduction in social participation “in proportion to the extent that people put their own narrow interests first and feel disconnected from others in their community” (Wilson & Musick, 1997b, p. 253). Such economic implications significantly affect the volunteer sector. For example, in Australia, the economic boom in recent years has corresponded with various organizations reporting a decline in volunteer numbers. Some research initially identified a decline in volunteer numbers at the beginning of this century (Zappala, 2000), and more recent research from volunteer organizations has confirmed the continuation of this situation (P. Schofeld, volunteer manager, personal correspondence, April 13, 2006). This study seeks to further examine volunteer job characteristic factors in order to further understand volunteer turnover.

Research has also discovered that paid employee organizational commitment is influenced by the recruitment process, the training provided and downsizing procedures (see Lok & Crawford, 2001; McNeese-Smith & Nazarey, 2001; Mir et al., 2002; Saks, 1996), which is consistent with anecdotal evidence concerned with delineating volunteer retention (see Ellis, 1995; Farmer & Fedor, 1999; Kleine, 2001). As such, volunteer recruitment should clearly convey the job requirements and goals of the organization. Organizational commitment also generally increases with employee age,
income, experience level, job title and responsibility, and decreases with higher levels of education and rates of employment in alternate organizations (Bhuian & Menguc, 2002; Thorsteinson, 2003). As such, organizational commitment is influenced by various factors and fluctuates across time, which arguably necessitates an awareness and exploration of this construct in order to assist management to increase organizational commitment and reduce turnover.

As specified previously, the relationship between job satisfaction and organizational commitment is debated (see Bhuian & Menguc, 2002; Curry, Wakefield, Price & Mueller, 1986; Elizur & Koslowsky, 2001). Research has found that employees who are content with the nature of their work have higher levels of job satisfaction and organizational commitment (see Gifford, Zammuta & Goodman, 2002; Lok & Crawford, 2001; Reed, Kratchman & Strawser, 1994), which perhaps refers to work engagement, namely performance. Further research comparing part-time and full-time paid employees found that perceived equity and job satisfaction had the most impact on organizational commitment amongst part-time workers (Tansky et al., 1997). This involved the perceived treatment of part-time employees compared to the full-time employees, relating to organizational justice and the relative value attributed their work. This study anticipates that volunteer organizational commitment will be similarly affected by job satisfaction.

Whilst some research identified a minimal connection between job performance and organizational commitment (Hackett et al., 1994), other research found a strong relationship (Kim, 2005; McNeese-Smith & Nazarey, 2001). This discrepancy may be explained in that more recent research understands job performance in terms of
organizational citizenship behaviour. Substantial research has demonstrated that organizational commitment is a key predictor of workplace behaviour, relating to performance, absenteeism and intention to leave (see Elizur & Koslowsky, 2001; Lok & Crawford, 2001; McNeese-Smith & Nazarey, 2001). It is important to similarly consider the activity of employees within a job and examine their potential departure (Meyer & Allen, 1997). For example, research investigating volunteers in New South Wales, Australia, reported that a lack of task opportunities impacted negatively upon motivation and job satisfaction (Lucas & Williams, 2000). The opportunity for volunteers to utilize learned skills within the workplace also significantly impacts upon organizational commitment and intention to leave (Serafino, 2000). Further research identified that disengaged employees with low organizational commitment who do not leave an organization can sabotage productivity (Romzek, 1990). It is imperative for management to ardently consider the variable factors that can influence job satisfaction and organizational commitment, including employee expectations and job characteristics, as low organizational commitment usually leads to intention to leave. Arguably, such understanding will subsequently enable an effective analysis of retention towards reducing turnover.
Intention to Leave

Within organizations, retention refers to maintaining employee participation and preventing employee departure. High turnover is perceived as costly within organizations due to training expenses and inexperienced employees hindering productivity (Luthans, 2002), and low turnover is perceived as generally creating societal benefits by reducing job movement rates and increasing national productivity or quality of work (Luthans, 2002; Mathieu & Zajac, 1990). Organizational behaviour research regarding retention has concentrated on the impact of job design, leadership styles, remuneration, bonuses and rewards. However, varying personal factors also influence retention, such as lifestyle choices, childcare or eldercare, and opportunities for broader experiences or travel.

The concept of “intention to leave” is focused on the decision-making of an employee, which is based upon a continuum from the initial thinking about leaving to the actual behaviour of leaving (Bobko, 2001). Getting a clear indication of intention to leave can only be accomplished by either requesting a clear indication of intended behaviour or by examining turnover data which clearly shows the behaviour (i.e. the employee has left the organization). However, in the absence of turnover data, directly asking workers whether they are leaving and why is an unambiguous way to elucidate and examine the concept. Recent organizational research has focussed on the management of organizational work environments in terms of influencing the decision-making process of employees (Frank et al., 2004; Romzek, 1990). Arguably, such
focus is warranted as retention is largely a people problem and not a turnover problem (Frank et al., 2004; Kleiman, 2006). As proverbially stated, employees join organizations and leave managers. However, the factors contributing to intention to leave are broad, and this study aims to particularly focus on job characteristics and their impact upon job satisfaction and organizational commitment.

According to research, intention to leave is significantly related to organizational commitment and is strongly connected to job satisfaction (see Kirkman & Shapiro, 2001; Parnell & Crandall, 2003; Romzek, 1990; Stallworth, 2004). Research has identified that low levels of affective, continuance and normative organizational commitment negatively impact upon intention to leave (Claggston, 2000; Stallworth, 2004). In addition to organizational commitment, research concerning health sector nurses discovered that retention is also connected to the meaningfulness of work and teamwork (Cangelosi, Markham & Bounds, 1998), which counters a key belief within most health organizations that higher wages will endurably solve turnover problems. Further research has found that during economic downturn, whilst employees may stay for financial reasons displaying continuance organizational commitment, employees will predominantly disengage from the workplace leading to lower productivity (Frank et al., 2004). As such, based upon an extensive review of research and particularly the model developed by Mathieu and Zajac (1990), this study aims to identify specific job characteristics, mediated by job satisfaction and organizational commitment, that act as antecedents for volunteer retention in the Australian health sector. This study anticipates that motivation and the meaningfulness of work will moderate organizational commitment and subsequently intention to leave.
Hypothesis Development: The Proposed Model

The hypothesis proposed in this study is that the antecedents relating to volunteer retention are located within the same areas as those identified for paid employees. As such, this study is exploratory in nature and is based upon the assumption that developed paid work constructs can be applied to volunteer work. This study intends to utilize a model based on the Mathieu and Zajac (1990) model, adapted to specifically investigate volunteer work (see Figure 2). The Mathieu and Zajac model utilized an extensive amount of research concerning paid employment, a well-established area of theoretical enquiry, and detailed the antecedents, correlates and consequences based on a meta-analysis of organizational commitment. There is an immense lack of theoretical enquiry concerning volunteer work and a similar model has not been developed for the purpose of further examining volunteer work. For this reason, the current study used the Mathieu and Zajac model to provide a framework for exploring and examining volunteer work. The Mathieu and Zajac model specified personal characteristics, role states, job characteristics, group and leader relations, and organizational characteristics as antecedents to organizational commitment. Motivation and job satisfaction correlated with organizational commitment, and job performance, intention to leave and turnover were consequences of organizational commitment. The current research examines outcomes for health sector volunteers by way of a simplified modification of the Mathieu and Zajac (1990) model. This model omits personal
characteristics (such as salary and values) and focuses on important factors for volunteers as demonstrated in anecdotal literature on volunteer work.

This study specifically aims to elucidate and explore the antecedents relating to intention to leave amongst volunteers in the Australian health sector. In examining wider research, the largely anecdotal research concerning volunteer work and through wide discussion with volunteers, several important antecedents have been identified. These include motivation, job characteristics, job satisfaction, organizational commitment and meaningfulness (or value) of work. These factors are central within this study in terms of developing an understanding about volunteer intention to leave, and are illustrated in the adapted model presented in Figure 2. One of the key reasons for the choice of constructs included in the model developed for study of volunteer
work, is that the overall administration of volunteer work is very different than of paid employees. Therefore, the study focused on those constructs that would provide information to volunteer managers to manage within their workplaces. Volunteer managers cannot proscribe personal characteristics and roles as they are already under-resourced in their staffing. Therefore, the model focused on the jobs and tasks only in terms of what volunteer managers could control. Motivation is particularly emphasised as being the predominant reason for engagement in volunteer work, in that people commence volunteering because they want to help others in a meaningful way. Motivation and job involvement are identified as meaningfulness of work, which was not subject to quantitative measurement like the other factors. Job characteristics are presented as influencing job satisfaction, moderated by organizational commitment, and subsequently organizational commitment is presented as predicting intention to leave amongst volunteers.

This study aims to examine volunteer intention to leave within the Australian health sector, as influenced by job characteristics, organizational commitment and job satisfaction. Research on paid employees has been utilized to inform this discussion. Based on research, this study anticipates that social aspects, including friendship opportunities and dealing with others, will significantly impact upon volunteer organizational commitment due to the social nature of volunteer work and that personal interaction could provide a meaningful context for volunteering. In addition, it is important to note that organizational commitment is multi-dimensional, including the concepts of psychological contracts, reciprocity and organizational justice (Liao-Troth,
2001). Therefore, the results of this study should be considered relative to such inherent complexities.

Overall, this study intends to provide health sector volunteer managers with information directed at reducing volunteer turnover and increasing retention within organizations, and to provide a foundation for future research utilizing paid employment theoretical enquiry to further understand volunteer work in the Australian health sector. In addition, given the paucity of research specifically examining volunteer work, this study could potentially become a significant reference point. The successful application of the adapted model in this study could facilitate the development of a theoretical framework within which volunteer work could be further analysed.
CHAPTER 3
METHODOLOGY

In elucidating and examining the antecedent factors relating to volunteer intention to leave, quantitative and qualitative investigation methods were utilized in order to generate a broad understanding about health sector volunteer work and the relationship between influential variables. Given the paucity of empirical research analysing volunteer work, acquiring data from a multifaceted base was deemed most appropriate. It was anticipated that the application of varying methods would yield a more reliable and holistic picture, as suggested in previous research, of volunteer work in the health sector (see Jick, 1979; Mangan, Lalwani & Gardner, 2004). For example, some research identified triangulation methodology, which similarly relies on multiple data sources, as beneficial in explicating organizational concepts (see Davies, 2003; Yauch & Steudel, 2003), and in exploring the health sector (see Risjord, Dunbar & Moloney, 2002). As identified, “Using multiple methods or sources of data … can also expand the confidence with which conclusions can be drawn from a set of data” (Spector, 1994, p. 387). On this broad foundation, various organizational psychology constructs were considered, including motivation, meaningfulness of work, job characteristics, job satisfaction and organizational commitment.

The difficulty of proving causality with numerous variables was acknowledged, and that more than predictability was required to understand the antecedent factors relating to volunteer intention to leave (Shadish, Cook & Campbell, 2002). The results demonstrate that many of the investigated variables are antecedent factors.
In order to comprehensively understand volunteer work and their antecedents to leave, focussing on one industry sector was deemed appropriate. Substantial established research has particularly examined health sector paid employee retention and organizational commitment. In the health sector, as in a few other industries, volunteers and paid employees often form teams and work alongside each other, leading to minimal differences in management styles and other organizational factors (Luthans, 2002). As previously identified, approximately 7%–10% of the Australian health sector workforce consists of volunteers (NHMRC, 2003), and the departure of these volunteers would create a substantial gap in this workforce. In this study, such nuances have enabled the consideration of previous paid work research and theories, and their application to volunteer work, with paid employees comprising the control group. Quantitative and qualitative data was gathered from several hospitals and related groups in order to acquire a holistic understanding of the health sector. This chapter particularly describes the data collection procedure, including the participants, instrumentation and analyses undertaken, and also identifies methodological issues.

This study used the Mathieu and Zajac (1990) modified model to initially investigate Australian health sector volunteers’ organizational commitment and intention to leave. Given the anecdotal literature, the hypothesis was that the job characteristics of friendship opportunities and dealing with others would be significant antecedents of intention to leave. The outcomes of the quantitative data analysis were unexpected and did not provide clear information on the reasons that volunteers in the health sector left their organizations. Therefore, the use of the hypothetical approach to understanding volunteers’ intention to leave was set aside while the research used a new
approach to examining and exploring the area. A grounded theory approach to the qualitative data collection and analysis was then undertaken. This proved fruitful in clarifying the quantitative data and deepening the understanding of the antecedents of intention to leave in the health sector volunteers. The dual approach to data collection and analysis provided a richer picture and clearer knowledge of the antecedents of Australian health sector volunteers’ intention to leave an organization.

Procedure

Volunteer research has predominantly emphasized motivation and value of work, and as such this study initially focussed on alternate quantitative variables, namely job characteristics, job satisfaction and organizational commitment. This investigation was completed and several questions were answered regarding the relationship between these variables and volunteer intention to leave. However, the literature review and these results indicated that something else was occurring in volunteer deliberation. Subsequently, semi-structured formal individual interviews were conducted to collect additional data, and incorporated the variables of motivation and meaningfulness of work. Several meetings and informal discussions with key persons, including paid managers of volunteers and volunteer Auxiliary Presidents, informed the overall direction of this study and the role of individual interviews, following quantitative data collection. Therefore, the formulation of this study included
two phases to maximize data collection and analysis, and produce a more comprehensive understanding of volunteer work.

**Questionnaires**

The first phase involved collecting quantitative data from volunteers and paid employees in the health sector, including questions relating to job characteristics, job satisfaction and organizational commitment, and a question on intention to leave the organization. Formal instruments were utilized, which will be discussed more fully later, including a self-report questionnaire. Whilst the self-report method has received some criticism, it “can be quite useful in providing a picture of how people feel about and view their jobs” (Spector, 1994, p. 390). As this study primarily aimed to elucidate the perspective of volunteers concerning intention to leave, the self-report questionnaire was perceived as relevant and appropriate within this first research phase.

The questionnaire was distributed to employees and volunteers through their respective organizations, and was also placed on the Murdoch University website. Within organizations the questionnaire was circulated via pay slips and newsletters, via emails and information on flyers in staff areas. For example, Sir Charles Gairdner Hospital (SCGH) randomly circulated questionnaires to staff via their pay slips. SCGH had approximately 200 volunteers, and in matching this figure 200 paid employees in each department were also forwarded a questionnaire. Participants could complete the questionnaire on paper, or if preferred they could complete it online.

Information about the research was distributed to over 10,000 volunteers and paid employees, in total, Australia-wide. It is difficult to estimate the number of
volunteers invited to participate, although given the number of volunteers within organizations and assuming every volunteer received the information, then approximately 1,200 volunteers were approached, and 1,200 paid employees were likewise approached. Overall, in total, 92 volunteers and 213 paid employees completed the questionnaire, representing a response rate of almost 8% for volunteers and almost 18% for paid employees.

**Interviews**

Following an analysis of the quantitative data, it was clear that there were some unanswered questions, and further investigation was required. The second phase involved semi-structured formal individual interviews, aimed at supplementing the quantitative data, and collecting information about motivation and work engagement by gleaning the perspective of volunteers and their experience of their work. Key persons at hospitals, including paid managers of volunteers and volunteer Auxiliary Presidents, were contacted and asked to assist in locating volunteers to participate in the interviews. Based on the constructs in the Mathieu and Zajac (1990) model, the variant developed in the hypothesis was utilized to create the interview questions. As a result, the few questions formed focused on motivation, meaningfulness of work, job characteristics, job satisfaction, organizational commitment and intention to leave. The interviews enabled the creation and contribution of “narrative descriptions that could be used to illustrate the most important study results and to clarify the context and dynamics” (Shadish, Cook & Campbell, 2002, p. 390). The qualitative data gathered will be analysed more fully in the next chapter.
In total, ten volunteers were interviewed. Of these participants, nine were female, which reflects the gender imbalance in the health sector. Eight participants were of retirement age, and had been volunteering for an average of nine years. One female participant was 50 years old and was planning to return to formal study the following year to become a nurse. The only male participant was younger, in his forties, and had similarly been volunteering for many years. Whilst the average age group of volunteers in the wider community is 35-44 years (ABS, 2000), these volunteer participants were representative of Australian health sector volunteers who are generally older.

**Analysis of Data**

The data gathered from volunteers and paid employees was compared. Recruiting volunteers and paid employees from the same organizations minimized extraneous organizational factors that may have impacted upon organizational commitment, job satisfaction and intention to leave. It was assumed that the impact of other variables, including organizational justice, trust and management style, would be equally distributed amongst volunteers and paid employees, thereby allowing the study to focus on the principal antecedents. Furthermore, it was assumed that the economic and political realities within organizations would be commensurate, considering they were all Australian organizations.

During the interview process, intention to leave was difficult to measure and determine as statements of intent by volunteers appeared to be affected by the feeling of letting down the patients, and as such the volunteers resisted definitively saying that
they would leave. However, clearer information was gleaned by discussing the reasons that other volunteers had left, as it alleviated the personal sense of disappointing others. In determining the impact on intention to leave, quantitative and qualitative data analyses included the following. Quantitative data: means of variables, bivariate correlations between variables, mediational analysis of intention to leave, multiple regressions for job characteristics on job satisfaction and organizational commitment, and discriminant function analysis predicting intention to leave. Qualitative data: content analysis of questionnaire and interview free responses, and exploration and discussion in light of other data and findings.

Outcomes

The questionnaire results and the interview data were compiled separately in order to comprehensively understand the information provided. This allowed better data analysis and understanding of the volunteer work area, particularly given the recognized inherent complexities. The outcomes were subsequently combined into a single discussion of the antecedent factors relating to volunteer intention to leave within the Australian Health Sector. Overall, it was anticipated that this methodology would provide the best way to map the landscape of volunteering.
Quantitative Data

Participants

This study occurred in Australia, and various Australian organizations were randomly selected and approached to participate to represent the wide range of organizations in the health sector, including large teaching hospitals, smaller private hospitals, community hospitals, community health centres, and ground roots health organizations. It was important to collect data from multiple sites to ensure appropriate diversity in data sampling in order to provide a grounded approach to generalizing the results (Shadish, Cook & Campbell, 2002).

The health service providers that participated in the present study, including hospitals and other agencies, were experiencing volunteer shortage and were consistently focussed on actively recruiting volunteers. Of these, only two hospitals had previously had volunteer waiting lists, and the respective managers explained that previous high community regard and the subsequent high status attributed to working within their organizations contributed to volunteerism being popular. However, the vast majority of health service providers had been actively recruiting incessantly.

Three major teaching hospitals that participated in this study have 4,000-5,000 paid staff, and between 200 and 400 regular volunteers, which significantly represents 5%-10% of the everyday workforce in these teaching hospitals. This corresponds with the general statistics in the ABS (2000) and NHMRC (2003) research. Moreover, some hospitals for special appeals, such as a fundraising street appeal, can attract up to 2,000 event-only volunteers.
The Australian organizations that agreed to participate are fully listed here in order to clarify and make visible the variety and types of organizations involved, as well as their locations: Sir Charles Gairdner Hospital (Perth) (SCGH), Lifeline Inc. (Perth), The Alfred Hospital (Melbourne), St Vincent De Paul Society (Perth), Friends of Royal Perth Hospital (RPH), Armadale-Kelmscott Memorial Hospital Auxiliary (Perth), Flinders Medical Centre (Adelaide), Swan District Hospital Auxiliary (Perth), O’Neill Clinic (Perth), King Edward Women’s Hospital Auxiliary (Perth), Southern Districts Support Association (Perth), Hepatitis Council of WA, Kalamunda District Community Hospital Auxiliary (Perth), and Rockingham-Kwinana Hospital Auxiliary (Perth). These represent the range of health sector organizations from community organizations to large teaching hospitals in Australia. Information about this study was disseminated to these organizations through informal volunteer networks, such as Volunteering Western Australia. The following organizations had volunteers and paid employees participate in this study: SCGH, Flinders Medical Centre, O’Neill Clinic, and Lifeline Inc. For two organizations, participation was contingent on the provision of an organization-specific report. As such, separate reports were written and given to these organizations.

Overall, 92 volunteers and 213 paid employees provided usable questionnaires, and the questionnaires from two volunteers and one paid employee were eliminated because less than 50% of the questions were answered. It is necessary to note that whilst the volunteer participants stemmed from a range of organizations, a significant majority of paid employee participants were from SCGH (210 out of 213). It was anticipated that this would not significantly impact the study as previous research had
not discerned much difference between organizational environment factors for teaching hospitals, and also the study was focussed on understanding volunteer work, with paid employees providing control group information.

Demographic variables were ascertained through standardized questions addressing gender, age, education level, length of service at organization or current position, number of hours worked per week, and number of jobs currently held. Measures on these variables were categorical in order to alleviate any sense of intrusion potentially felt by participants, and also enabled the data collected to be compared with ABS data (Kerlinger, 1986). Table 1 comprises a summary of the demographics of the volunteer and paid employee participants.

The median was provided for age and number of hours worked and more accurately depicted the participants. The median age of volunteers was over 61 years, which more accurately reflected the actual age group of the majority of participants. An expected difference between volunteer and paid employee participants concerned the number of hours worked per week, whereby the volunteers worked 5-10 hours and the paid employees worked 30-40 hours per week. The vast majority of volunteer participants were female (82.6%) and had a vocational tertiary level of education, and a relatively large number had more than one job (32.6%), which may have been a paid or volunteer position. Volunteer participants had worked within their respective organizations for 6-12 months, and only five volunteers intended to leave within the coming six months (5.4%). Similar to the volunteer participants, the vast majority of paid employee participants were female (84.5%). The paid employee participants were aged between 31-40 years, had a professional tertiary level education, and 15.5% had
more than one job. Paid employees had worked within their organization for over 18 months, and 28 intended to leave within the coming six months (13.1%).

**Table 1**

**Personal Characteristics of Respondents**

<table>
<thead>
<tr>
<th>Category of data</th>
<th>Volunteers N = 92</th>
<th>Paid employees N = 213</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of hours worked per week (median)</td>
<td>5 - 10</td>
<td>30 - 40</td>
</tr>
<tr>
<td>Tenure with the organization (median)</td>
<td>6 - 12 months</td>
<td>Over 18 months</td>
</tr>
<tr>
<td>Age (mode)</td>
<td>Over 61 years</td>
<td>41 - 50 years</td>
</tr>
<tr>
<td>Education level (majority)</td>
<td>Tertiary - vocational</td>
<td>Tertiary - professional</td>
</tr>
<tr>
<td>Gender</td>
<td>16 males (17%)</td>
<td>33 male (15%)</td>
</tr>
<tr>
<td></td>
<td>76 females (83%)</td>
<td>180 females (85%)</td>
</tr>
<tr>
<td>Number of respondents that hold more than one job</td>
<td>30 (33%)</td>
<td>33 (15%)</td>
</tr>
<tr>
<td>Number of respondents that intend to leave the organization in the following 6 months</td>
<td>5 (5%)</td>
<td>28 (13%)</td>
</tr>
</tbody>
</table>

It is necessary to consider these demographics in light of particular issues. The significant proportion of females working in the health sector directly relates to historical societal factors. Females have traditionally assumed the caregiver role in the home, and across time this has continued into the working environment and influences the decisions of those in paid and volunteer positions (Reed et al., 1994). In addition, in discussions, paid managers of volunteers and volunteer Auxiliary Presidents revealed that a significant proportion of volunteers were older and had been working in the health sector for a lengthy period of time. However, numerous older volunteers verbally indicated that they did not see the relevance of completing the questionnaire or
did not have anything “important” to say, hence contributing to the low average age of the participants.

The question about intent to leave the organization within the coming six months had a binary “yes” or “no” response, intended to account for the sensitive nature of such an enquiry. People are often reluctant to discuss their intention to leave an organization, particularly if they have had negative experiences or have negative feelings or attitudes towards the organization. The General Job Satisfaction Survey included questions about intention to leave in terms of whether quitting had been considered. As such, including one question circumvented the overlap between measures and the outcomes they intended to predict (Cohen, 1993). Whilst other research has usually utilized a twelve-month period to measure turnover (Cohen, 2000), a six-month period appeared to be more reasonable in this study given the planning structures of volunteer work rosters and that volunteer turnover records were not available. In this study, it was thought that clear intention to leave would enable the best possible measure of behaviour.

**Instrumentation**

The variables investigated in this study, namely job characteristics, job satisfaction and organizational commitment, have been extensively researched and delineated in terms of intention to leave, as discussed in the previous chapter. The following instruments were utilized in this study to measure these variables: 1) Organizational Commitment Questionnaire (revised) (OCQ) developed by Allen and Meyer (1997); 2) Job Characteristics Inventory (JCI) developed by Sims, Szilagyi and
Keller (Cook et al., 1981; Fried & Ferris, 1987); and 3) General Job Satisfaction Survey developed by Hackman and Oldham (Cook et al., 1981). These three instruments were incorporated into a single self-report questionnaire, which also included demographic questions and an open-ended question (see Appendix A).

The OCQ has also been extensively investigated, and substantial research has explored and discussed the reliability and validity (see Hackett, Bycio & Hausdorf, 1994; Irving, Coleman & Cooper, 1997; Meyer & Allen, 1997). The OCQ has been utilized across a variety of occupations and organizations. The revised questionnaire includes three components of commitment, namely affective, continuance and normative, which consist of six items each. The reliability scores for affective, continuance and normative commitment are 0.85, 0.79 and 0.73 respectively (Meyer & Allan, 1997). Within each component, the items are rated on a 7-point agree-disagree scale, although some items are reverse scored. Identical items were utilized for paid employees and volunteers. Following are three examples of items from the OCQ, with the last item being reverse scored: (1) I really feel as if this organization’s problems are my own. (2) Too much of my life would be disrupted if I decided I wanted to leave my organization right now. (3) I do not feel any obligation to remain with my current employer.

The JCI has been extensively researched and the dimensions it purports to measure have been well correlated (Cook et al., 1981; Fried & Ferris, 1987). Internal consistency estimates for the JCI exceed 0.800 (Griffin, et al., 1980). There are no significant issues with this instrument, and it has been utilized in numerous studies. Earlier work on job characteristics was extended by the revised scale, which included
“friendship opportunities” and “dealing with others”. It was anticipated that these characteristics would be significant for volunteers. The JCI includes thirty items that are divided into two sections and are scored on a 3-point scale, although some items are reverse scored. For items 1-13 the scale is “Very little, a moderate amount, very much”, and for items 14-30 the scale is “A minimum amount, a moderate amount, very much”. No items were changed for this study, and following are three examples of items from the JCI, with the last item being reverse scored: (1) How much of your job depends upon your ability to work with others? (2) To what extent are you able to act independently of your supervisor in performing your job function? (3) How repetitious are your duties?

The five item Job Diagnostic Survey (JDS), known as the General Job Satisfaction Survey (short form), assesses overall job satisfaction (Hackman & Oldham, 1975). The JDS has likewise been extensively studied, and steadily utilized in research. The JDS has been consistently correlated with overall job satisfaction, growth satisfaction and internal work motivation (Fried & Ferris, 1987). The reported reliability of the General Job Satisfaction scale is 0.770 (Hackman & Oldham, 1978). The survey includes five questions that are scored on a seven-point scale, ranging from disagree strongly to agree strongly, although some questions reverse scored. No items were changed for this study, and following are three examples of items from the General Job Satisfaction Survey, with the last item being reverse scored: (1) I am generally satisfied with the kind of work I do in this job. (2) Most people on this job are very satisfied with the job. (3) People on this job often think of quitting.
As commented, a single self-report questionnaire was formed based on these three instruments, and also included demographic questions and an open-ended question. The demographic questions included gender, age group, education level, length of time in current position, number of hours worked per week, and number of jobs currently held. A question directly regarding intention to leave question was also included: *Do you intend to leave this organization in the next 6 months?* This question had a binary response, “yes” or “no”, which was scored dichotomously for determining point biserial correlations. These, with a number of special cases, are calculable as Pearson’s correlations (Bobko, 2001; Harris 2001). The open-ended question asked participants to freely comment on “other important information”. This opportunity for free response was designed to ascertain and elicit further issues or variables that participants perceived as significant that had not been specifically addressed (Kerlinger, 1986), and provided a space within which participants could share personal opinions or perspectives regarding their jobs and emotional attachment.

*The Pilot Study*

In designing and forming the self-report questionnaire a pilot study was conducted to identify issues with the survey questions. The demographic questions were only included with the OCQ and the JCI as it was necessary to gauge whether the OCQ and the JCI items were applicable and suitable for volunteers without modification. The pilot study found that these instruments could be used without alteration for volunteers (see Appendix C). In addition, due to the results of the pilot
study, the questionnaire was extended to include a measure for job satisfaction and a direct question about intention to leave. During the pilot study, when volunteers were asked for any additional comments, it became clear that job satisfaction was important. It was also initially assumed that turnover data would be available or that intention to leave could be inferred from responses to the OCQ; however, the pilot study highlighted the inadequacy of this approach. Without a direct question about intention to leave within the coming six months, it would have been increasingly difficult to predict retention as turnover data was not available and it could not be measured by organizational commitment alone. The results of the pilot study also revealed that the words “job” and “task” in the JCI were confusing to some volunteers as they did not associate their contributions with “work”. In addressing this, a cover letter was developed that stated: “Please think about the things that you do as a volunteer, the actual types of action you do when you read the words “job” or “task” when you are answering this questionnaire about your volunteer work.”

**Analyses Undertaken**

Following collection, the data was de-identified in order to ensure the privacy and anonymity of the participants. Then in assessing the hypothesis, the data was statistically analysed utilizing SPSS to determine the significance of relationships between job characteristics as antecedents, and job satisfaction and organizational commitment as mediators, towards predicting intention to leave. Generally, the forms of analyses undertaken were determined by the nature of the quantitative data. Several statistical analyses were considered and applied in order to thoroughly investigate
correlations and possible causative relationships between variables, and confirm the hypothesis. The techniques applied were Pearson’s one-tailed correlations, multiple regressions, mediational analysis and discriminant function analysis. The open-ended question was content analysed for key themes, which were then ranked according to frequency (Kerlinger, 1986).
Qualitative Data

Participants

Following the broad distribution of the questionnaire, several meetings and informal discussions were held with key persons in hospitals, including paid managers of volunteers and volunteer Auxiliary Presidents. During these discussions, significant background information regarding organizational culture and management practices was provided and noted, contributing to later analysis of the interview data. These discussions also provided much needed information regarding the numbers involved in volunteering and retention rates within the sector, which had been difficult to locate. In addition, following the collection and analysis of the quantitative data, some unanticipated results occurred that necessitated further investigation. To clarify and supplement these results, semi-structured formal individual interviews were organized and conducted. The hospital managers and Auxiliary Presidents were asked to assist in recruiting volunteers for the interviews and to provide the contact details for those volunteers willing to participate. The interviews generally aimed to “go deeper into the motivations of respondents and their reasons for responding as they do” (Kerlinger, 1986, p. 440), to specifically glean more in-depth information concerning the motivation and work engagement of volunteers. The information gathered from volunteers was principally informal, and therefore more revealing of their thought processes when engaging in their work (Turner, 1983).

Ten interviews were conducted with volunteers, involving nine females and one male. Of these, eight participants were over 65 years of age and all participants had
been volunteering for a relatively long period of time, the longest time being 35 years within a single organization. These volunteers were evidently sufficiently interested in this research to allocate their time to the interview process, and as such the information gathered arguably reflects the perspectives and experiences of volunteers with above average commitment levels. The information gathered is arguably partly limited due to the higher average age of the interview participants compared to the questionnaire participants, and also most interview participants were no longer engaged in paid employment. There are two possible explanations for these variations. First, older volunteers may have preferred not to complete the questionnaire and may have undervalued the potential benefit of their contribution. Second, retired volunteers may have simply had more available time to allocate to the interview process. In addition, key persons in the informal meetings revealed that some volunteers struggled to understand questions in the questionnaire and others believed they had nothing “important” to contribute. However, when personally approached volunteers agreed to participate in the interview process.

Instrumentation

The interviews were unstandardized and semi-structured, comprising open-ended questions aimed at creating a funnel effect and flow of information leading to the key question concerning volunteer intention to leave an organization (see Appendix B). Funnel questions were principally utilized to access and glean specific attitudes and behaviours (Kerlinger, 1986), to particularly delineate why volunteers worked for a respective organization and understand reasons for leaving. The interviews gave
volunteers an opportunity to freely respond and to “expand on their beliefs” (Kerlinger, 1986, p. 483), which provided extensive insight regarding the perspectives of volunteers concerning their work. The interviews were either conducted in a volunteer’s home or at their organization, according to their preference. The interviews were taped and later transcribed, and ranged from 45 minutes to over two hours in length, depending upon the willingness of each participant to respond to probing questions and offer information or examples. The participants were guaranteed anonymity, and as such during transcribing any references to people or organizations were removed.

**Analyses Undertaken**

The interview data was coded and analysed according to dominant themes, interwoven within the responses by participants, as it was assumed that the single coding of responses would sacrifice accuracy. Some research, based on the grounded theory approach to data mining (Turner, 1983), has compared the development of themes or categories with the construction of a book index or labels for a filing system, and has suggested that aspects within a category should connect in a meaningful way and that each category should be patently and clearly differentiated (Patton, 2002). As such, the themes were determined by the information gathered within the interviews and the notes from the informal meetings previously held with key persons. The quantitative questionnaire results also informed this process and the interpretation of the interview data (Turner, 1983), which enabled the application of retroductive reasoning. This contributed to the development of volunteer work theory (Thompson, 2006), and
also allowed the complexities within the volunteer work area to be considered, alleviating the potential over-simplification of the issues (Turner, 1983). The interview data was initially conveyed as descriptive data, and, through the process of inductive analysis, has been subsequently presented as interpreted data.

Overall, the interview data provided meaningful information concerning volunteer motivation, work engagement and their relationship to their work, and provided a deeper understanding of the issues facing managers of volunteers in the Australian health sector (Turner, 1983). For example, whilst volunteers are willing to work on a regular basis or on call, they often have family commitments that need to be considered by the organization, and when these are not heeded volunteers feel undervalued or used and will often leave the organization. In addition, during the winter months, volunteer numbers can drop significantly as many retirees travel north for the warmer weather, which can lead to difficulties in hospitals in managing the workload, given that winter is the busiest time due to seasonal viruses.
Methodological Issues

The low volunteer and paid employee response rate was considered an issue. However, it was decided that the data was worthwhile and groundbreaking, given the breadth of the study and that no previous research had applied paid work constructs to volunteer work. It is noted and proposed that future research should focus on a smaller area of the health sector (such as, teaching hospitals) and obtain higher levels of volunteer participation in order to provide clearer predictive outcomes. Structured equation modelling (SEM) can be utilized to develop a path model of causation (Shadish, Cook & Campbell, 2002); however, SEM requires a large number of participants in order to apply Lisrel or Amos. In the design there should be 15 participants per question and the data must be normal, with no outliers (Stevens, 1996). In this study, there were 71 separate questions and, even if demographic questions were removed, over 700 participants would have been required. Previous research has suggested that five cases per parameter in SEM may be sufficient with perfectly well-behaved data, that is, normally distributed, no missing data or outlying cases, and so on (see Bentler & Chou, 1987). In this study, 350 participants would still be required. However, utilizing SEM with less than 120 participants would be problematic as the results generated would be unstable. It was suggested that mediational analysis would provide a similar, more stable result output with a lower number of participants (Dr P. Bain, personal correspondence, July 5, 2005). As such, future research should intend to ascertain a clear causal pathway.
An issue was also identified concerning the questionnaire. During the collation of the questionnaire, Question 6 ("I owe a great deal to my organization"), the final question in the normative commitment section of the OCQ, was not included due to an administrative error. The former five questions in this section aimed to elicit emotional responses, utilizing terms such as “loyalty”, “guilty” and “sense of obligation”, and also strongly emphasised the transactional nature of working due to obligation. Normative commitment is based on the feeling of obligation to the organization, and it was decided, through item analysis, that Question 6 alone would not be a high loading factor and that the remaining five questions should adequately generate the information required to measure the normative commitment of participants. However, reliability tests were undertaken in order to ascertain whether the missing question would significantly impact upon the reliability of the data and outcomes of the study. An exploratory principal component factor analysis was conducted to determine how many factors would be influenced by the missing question. Initially, four factors were determined, due to an outlier question (Question 2). Factor analysis is sensitive to outliers, they can change the factors. The scree plot was then examined and showed three leading factors. A further factor analysis was conducted utilizing covariance instead of correlation, taking into account the nature of the data, and produced a three-factor model (see Figure 1). This is consistent with confirmatory research on the OCQ (see Allen & Meyer, 1997; Dunham et al., 1994).
A further principal component factor analysis was conducted in order to confirm the OCQ factors, namely the three-factor model. As expected, this analysis also identified three factors, corresponding with the Allen and Meyer (1991) model. The following table includes the factor analysis eigenvalues and clearly indicates the factors from the model (see Table 2). The three-factor model explained 59.66% of the variance in the questions. Therefore, it was concluded that the missing question would not impact upon the validity of the data and outcomes of the study. In checking these outcomes, Prof. John Meyer was consulted and confirmed that if the factor analysis presented the three-factor model then the missing question would not impact upon the OCQ data and outcomes of the study (J. Meyer, personal communication, November 28, 2006).
Table 2

Principal Component Analysis with Eigenvalues from the OCQ.

<table>
<thead>
<tr>
<th>Component</th>
<th>Initial Eigenvalues</th>
<th>Extraction Sums of Squared Loadings</th>
<th>Rotation Sums of Squared Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>% of Variance</td>
<td>Cumulative %</td>
</tr>
<tr>
<td>1</td>
<td>5.18</td>
<td>30.47</td>
<td>30.47</td>
</tr>
<tr>
<td>3</td>
<td>1.58</td>
<td>9.26</td>
<td>59.67</td>
</tr>
<tr>
<td>4</td>
<td>1.00</td>
<td>5.89</td>
<td>65.56</td>
</tr>
<tr>
<td>5</td>
<td>.74</td>
<td>4.35</td>
<td>69.90</td>
</tr>
<tr>
<td>6</td>
<td>.67</td>
<td>3.96</td>
<td>73.86</td>
</tr>
<tr>
<td>7</td>
<td>.62</td>
<td>3.67</td>
<td>77.53</td>
</tr>
<tr>
<td>8</td>
<td>.52</td>
<td>3.04</td>
<td>80.57</td>
</tr>
<tr>
<td>9</td>
<td>.50</td>
<td>2.91</td>
<td>83.48</td>
</tr>
<tr>
<td>10</td>
<td>.48</td>
<td>2.81</td>
<td>86.29</td>
</tr>
<tr>
<td>11</td>
<td>.44</td>
<td>2.60</td>
<td>88.89</td>
</tr>
<tr>
<td>12</td>
<td>.39</td>
<td>2.30</td>
<td>91.19</td>
</tr>
<tr>
<td>13</td>
<td>.38</td>
<td>2.24</td>
<td>93.43</td>
</tr>
<tr>
<td>14</td>
<td>.35</td>
<td>2.07</td>
<td>95.49</td>
</tr>
<tr>
<td>15</td>
<td>.31</td>
<td>1.84</td>
<td>97.33</td>
</tr>
<tr>
<td>16</td>
<td>.24</td>
<td>1.42</td>
<td>98.75</td>
</tr>
<tr>
<td>17</td>
<td>.21</td>
<td>1.25</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Extraction Method: Principal Component Analysis.

To further increase confidence in the outcomes of the study, reliability was examined. The reliability of a measure and the questions that load onto a factor are calculated by investigating the alpha scores. According to original reliability data, Cronbach’s alpha scores for affective, continuance and normative commitment were
0.85, 0.79 and 0.73 respectively (Allen & Meyer, 1997). For the data collected in this study, Cronbach’s alpha scores for affective, continuance and normative commitment were 0.81, 0.84 and 0.79 respectively. As such, the normative commitment alpha was 0.73 for the original study and 0.789 for this study, which does not indicate a significant difference. Thus, the omission of Question 6 has not significantly impacted upon the reliability of the scale, and the results can be used confidently. In addition, previous research investigating the reliability of the OCQ involved a sample that included both volunteers and paid employees, and the findings for Cronbach’s alpha scores for normative commitment were 0.67-0.78 (Dunham et al., 1994). The data in the current study is similar to this previous research, which suggests that the data can be used with confidence despite the error. The questions measuring the OCQ factors loaded as predicted by original and confirmatory research. Finally, all means for organizational commitment were calculated using the number of actual questions, rather than the number of intended questions. All means for normative commitment were calculated for five variables. An aggregate commitment score was calculated using the means for affective, continuance and normative commitments. Therefore, the results of this study are valid and reliable.
Methodological Summary

The structure of this study was unusual, gathering quantitative data first and then qualitative data. Initially the study developed a hypothesis of volunteers’ organizational commitment and intention to leave based on previous studies of paid work and anecdotal information published by volunteer magazines. Analysis of the quantitative data did not support the hypothesis and the results were unclear. At this point the hypothesis was set aside and a more exploratory approach was taken using grounded theory for the collection and analysis of qualitative data.

The data collected in this study was principally useful, despite the relatively poor response rate typical with questionnaires. The antecedent factors relating to volunteer intention to leave were identified, and motivation and meaningfulness of work were particularly explored. The volunteers interviewed especially assisted with clarifying some of the counter-intuitive quantitative results. Given the strength of the instruments and the amount of data gathered by quantitative and qualitative means, this study has arguably produced useful results that augment an understanding about managing volunteers towards improving retention. Thus, by utilizing a combined data method, this study was able to identify significant antecedents relating to volunteer intention to leave, and make recommendations for management that could contribute to higher retention rates.
CHAPTER 4
RESULTS OF THE STUDY

This study has gathered quantitative and qualitative data from volunteers and paid employees within the Australian health sector in order to better understand volunteer retention. Whilst retention is conceptually broad and influenced by numerous pragmatic factors, this study focused on the following as antecedents: job characteristics, motivation, job satisfaction and organizational commitment. Data from paid employees was incorporated in order to inform the analysis and discussion of volunteer data, because, as described earlier, previous research has utilized the instruments within the paid workforce. This chapter will expound and examine this data in light of intention to leave an organization. A direct question concerning intention to leave was included: *Do you intend to leave this organization in the next 6 months?* This question had a binary response in the form of “yes” or “no”, which was coded “1” for “yes” and “2” for “no”. In confirming causal explanation:

The key is to specify (1) which parts of the treatment (2) affect what parts of the outcome (3) through which causal mediating processes in order to accurately describe the components needed to be transferred to other situations if we are to reproduce the effect (Shadish, Cook & Campbell, 2002, p. 369).

Retroductive reasoning also identifies crucial connections through a grounded theory approach, which involves the amalgamation of various categories and themes into a theory towards educing a new area of study (Thompson, 2006; Turner, 1983). Within this study, due to the inconsistent normal distribution of the quantitative questionnaire data, the qualitative interview data was important to understanding the outcomes.
As anticipated, a comparison of the aggregate means of volunteers and paid employees within the health sector indicated minimal difference in organizational commitment and job characteristics. In terms of job characteristics, the significant differences concerned skill variety and autonomy, in that volunteers had slightly less variety and less autonomy regarding the work they undertake and the tasks performed. This outcome concerning autonomy was unexpected as it was assumed that volunteers would experience greater autonomy regarding their work. Motivational reasons and work engagement were also significant for volunteers and contributed to intention to leave. However, these results may be health sector specific, as health sector work is highly regulated by the foremost positioning of the wellbeing of patients.
Quantitative Data Analyses

Statistics for All Measures

The internal reliability of the key measures used in this study was found to be satisfactory. The alpha values for all components assessed on the basis of the respondents are shown in Table 3. The tabled values support the independence of the various measures. These are consistent with the findings in previous research (see Allen & Meyer, 1997; Griffin et al., 1980; Hackman and Oldham, 1978) as discussed in the previous chapter.

Table 3

Reliability Scores of Instrumentation

<table>
<thead>
<tr>
<th>Instrument scale</th>
<th>Alpha coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Characteristics Index overall</td>
<td>0.85</td>
</tr>
<tr>
<td>JCI Skill variety</td>
<td>0.71</td>
</tr>
<tr>
<td>JCI Autonomy</td>
<td>0.73</td>
</tr>
<tr>
<td>JCI Feedback</td>
<td>0.76</td>
</tr>
<tr>
<td>JCI Task identity</td>
<td>0.81</td>
</tr>
<tr>
<td>JCI Dealing with others</td>
<td>0.34</td>
</tr>
<tr>
<td>JCI Friendship opportunities</td>
<td>0.82</td>
</tr>
<tr>
<td>General Job Satisfaction</td>
<td>0.78</td>
</tr>
<tr>
<td>OCQ Affective commitment</td>
<td>0.81</td>
</tr>
<tr>
<td>OCQ Continuance commitment</td>
<td>0.84</td>
</tr>
<tr>
<td>OCQ Normative commitment</td>
<td>0.79</td>
</tr>
</tbody>
</table>
Comprehensive scores for the subtests for each of the ten variables measured are shown in Table 4 for all respondents. Information on volunteers and paid employee respondents is presented separately (see Tables 5 and 6 respectively). The means data indicates some differences between volunteers and paid employees. Of note, affective commitment and normative commitment for volunteers were slightly higher compared to paid employees. This was not anticipated for normative commitment as it concerns the obligation to remain in an organization. However, it may explain some of the unexpected results that were subsequently found within the model. Overall, volunteer commitment levels were higher than paid employee commitment levels. This was partially anticipated due to the nature of volunteering. Skill variety and autonomy were the only job characteristics that showed a significant difference between volunteers and paid employees. This may indicate that, in the Australian health sector, the nature of volunteer work does not differ significantly from paid employee work. The job satisfaction ratings for volunteers and paid employees were not significantly different.
Table 4

Descriptive Statistics of All Participants in the Health Sector for Organizational Commitment, Job Characteristics and Job Satisfaction (N = 305)

<table>
<thead>
<tr>
<th></th>
<th>Affective commitment</th>
<th>Continuance commitment</th>
<th>Normative commitment</th>
<th>Skill variety</th>
<th>Autonomy</th>
<th>Task identity</th>
<th>Feedback</th>
<th>Dealing with others</th>
<th>Friendship opportunities</th>
<th>Job satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>4.73</td>
<td>3.47</td>
<td>4.01</td>
<td>3.31</td>
<td>4.02</td>
<td>3.99</td>
<td>3.25</td>
<td>4.25</td>
<td>3.78</td>
<td>4.54</td>
</tr>
<tr>
<td>Std. Error of Mean</td>
<td>0.07</td>
<td>0.09</td>
<td>0.09</td>
<td>0.05</td>
<td>0.05</td>
<td>0.06</td>
<td>0.06</td>
<td>0.04</td>
<td>0.05</td>
<td>0.03</td>
</tr>
<tr>
<td>Median</td>
<td>4.67</td>
<td>3.33</td>
<td>4.20</td>
<td>3.40</td>
<td>4.33</td>
<td>4.00</td>
<td>3.40</td>
<td>4.33</td>
<td>3.86</td>
<td>4.40</td>
</tr>
<tr>
<td>Mode</td>
<td>4.50</td>
<td>1.00</td>
<td>4.60</td>
<td>3.00</td>
<td>5.00</td>
<td>5.00</td>
<td>3.40</td>
<td>5.00</td>
<td>5.00</td>
<td>4.40</td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>1.28</td>
<td>1.57</td>
<td>1.60</td>
<td>0.83</td>
<td>0.80</td>
<td>1.01</td>
<td>1.06</td>
<td>0.70</td>
<td>0.87</td>
<td>0.61</td>
</tr>
<tr>
<td>Variance</td>
<td>1.63</td>
<td>2.47</td>
<td>2.55</td>
<td>0.70</td>
<td>0.65</td>
<td>1.02</td>
<td>1.13</td>
<td>0.49</td>
<td>0.75</td>
<td>0.37</td>
</tr>
<tr>
<td>Skewness</td>
<td>-0.25</td>
<td>0.36</td>
<td>-0.07</td>
<td>-0.38</td>
<td>-0.73</td>
<td>-0.88</td>
<td>-1.02</td>
<td>-0.30</td>
<td>-0.11</td>
<td></td>
</tr>
<tr>
<td>Std. Error of Skewness</td>
<td>0.14</td>
<td>0.14</td>
<td>0.14</td>
<td>0.14</td>
<td>0.14</td>
<td>0.14</td>
<td>0.14</td>
<td>0.14</td>
<td>0.14</td>
<td></td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-0.30</td>
<td>-0.62</td>
<td>-0.78</td>
<td>0.21</td>
<td>0.09</td>
<td>0.08</td>
<td>-0.63</td>
<td>0.93</td>
<td>-0.70</td>
<td>2.49</td>
</tr>
<tr>
<td>Std. Error of Kurtosis</td>
<td>0.28</td>
<td>0.28</td>
<td>0.28</td>
<td>0.28</td>
<td>0.28</td>
<td>0.28</td>
<td>0.28</td>
<td>0.28</td>
<td>0.28</td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>6.00</td>
<td>6.00</td>
<td>6.00</td>
<td>4.00</td>
<td>4.00</td>
<td>4.00</td>
<td>5.20</td>
<td>3.33</td>
<td>3.71</td>
<td>4.40</td>
</tr>
<tr>
<td>Minimum</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.67</td>
<td>1.29</td>
</tr>
<tr>
<td>Maximum</td>
<td>7.00</td>
<td>7.00</td>
<td>7.00</td>
<td>5.00</td>
<td>5.00</td>
<td>5.00</td>
<td>6.20</td>
<td>5.00</td>
<td>5.00</td>
<td>6.60</td>
</tr>
</tbody>
</table>
Table 5

Descriptive Statistics of Volunteers in the Health Sector for Organizational Commitment, Job Characteristics and Job Satisfaction (N = 92).

<table>
<thead>
<tr>
<th></th>
<th>Affective commitment</th>
<th>Continuance commitment</th>
<th>Normative commitment</th>
<th>Skill variety</th>
<th>Autonomy</th>
<th>Task identity</th>
<th>Feedback</th>
<th>Dealing with others</th>
<th>Friendship opportunities</th>
<th>Job satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>5.22</td>
<td>3.08</td>
<td>4.64</td>
<td>3.06</td>
<td>3.88</td>
<td>3.96</td>
<td>3.31</td>
<td>4.24</td>
<td>3.89</td>
<td>4.63</td>
</tr>
<tr>
<td>Std. Error of Mean</td>
<td>0.13</td>
<td>0.16</td>
<td>0.17</td>
<td>0.09</td>
<td>0.09</td>
<td>0.11</td>
<td>0.12</td>
<td>0.09</td>
<td>0.10</td>
<td>0.06</td>
</tr>
<tr>
<td>Median</td>
<td>5.33</td>
<td>3.00</td>
<td>4.80</td>
<td>3.00</td>
<td>4.00</td>
<td>4.42</td>
<td>3.40</td>
<td>4.33</td>
<td>3.86</td>
<td>4.60</td>
</tr>
<tr>
<td>Mode</td>
<td>3.67</td>
<td>1.00</td>
<td>4.00</td>
<td>3.40</td>
<td>4.33</td>
<td>5.00</td>
<td>3.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.60</td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>1.29</td>
<td>1.56</td>
<td>1.61</td>
<td>0.88</td>
<td>0.86</td>
<td>1.04</td>
<td>1.13</td>
<td>0.89</td>
<td>0.95</td>
<td>0.62</td>
</tr>
<tr>
<td>Variance</td>
<td>1.66</td>
<td>2.44</td>
<td>2.59</td>
<td>0.77</td>
<td>0.73</td>
<td>1.08</td>
<td>1.28</td>
<td>0.79</td>
<td>0.89</td>
<td>0.39</td>
</tr>
<tr>
<td>Skewness</td>
<td>-0.33</td>
<td>0.67</td>
<td>-0.52</td>
<td>-0.36</td>
<td>-0.64</td>
<td>-0.77</td>
<td>-0.25</td>
<td>-1.14</td>
<td>-0.68</td>
<td>0.80</td>
</tr>
<tr>
<td>Std. Error of Skewness</td>
<td>0.25</td>
<td>0.25</td>
<td>0.25</td>
<td>0.25</td>
<td>0.25</td>
<td>0.25</td>
<td>0.25</td>
<td>0.25</td>
<td>0.25</td>
<td>0.25</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-0.92</td>
<td>0.06</td>
<td>-0.33</td>
<td>-0.18</td>
<td>-0.17</td>
<td>-0.40</td>
<td>-0.89</td>
<td>0.30</td>
<td>-0.15</td>
<td>1.74</td>
</tr>
<tr>
<td>Std. Error of Kurtosis</td>
<td>0.50</td>
<td>0.50</td>
<td>0.50</td>
<td>0.50</td>
<td>0.50</td>
<td>0.50</td>
<td>0.50</td>
<td>0.50</td>
<td>0.50</td>
<td>0.50</td>
</tr>
<tr>
<td>Range</td>
<td>4.67</td>
<td>6.00</td>
<td>6.00</td>
<td>4.00</td>
<td>3.33</td>
<td>4.00</td>
<td>4.00</td>
<td>3.33</td>
<td>3.71</td>
<td>3.60</td>
</tr>
<tr>
<td>Minimum</td>
<td>2.33</td>
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<td>1.00</td>
<td>1.67</td>
<td>1.00</td>
<td>1.00</td>
<td>1.67</td>
<td>1.29</td>
<td>3.00</td>
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<tr>
<td>Maximum</td>
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<td>7.00</td>
<td>7.00</td>
<td>5.00</td>
<td>5.00</td>
<td>5.00</td>
<td>5.00</td>
<td>5.00</td>
<td>5.00</td>
<td>6.60</td>
</tr>
</tbody>
</table>

a Multiple modes exist. The smallest value is shown.
Table 6

Descriptive Statistics of Paid Employees in the Health Sector for Organizational Commitment, Job Characteristics and Job Satisfaction (N = 213).

<table>
<thead>
<tr>
<th></th>
<th>Affective commitment</th>
<th>Continuance commitment</th>
<th>Normative commitment</th>
<th>Skill variety</th>
<th>Autonomy</th>
<th>Task identity</th>
<th>Feedback</th>
<th>Dealing with others</th>
<th>Friendship opportunities</th>
<th>Job satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>4.51</td>
<td>3.64</td>
<td>3.75</td>
<td>3.42</td>
<td>4.08</td>
<td>4.00</td>
<td>3.23</td>
<td>4.25</td>
<td>3.73</td>
<td>4.51</td>
</tr>
<tr>
<td>Std. Error of Mean</td>
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Histograms separately show the distribution of measures (see Figures 4 – 13) for each variable measured for volunteers and paid employees. It should be noted that the data displayed has no common y-axis because of the nature of the SPSS analysis, which adjusts for the actual data in the set. This makes visual interpretation a little more
complex. This data indicates the spread of scores, with the norm for the data shown by a line.

Figure 4. Histograms of affective organizational commitment distribution for volunteers and paid employees.
Figure 5. Histograms of continuance organizational commitment distribution for volunteers and paid employees.
Figure 6. Histograms of normative organizational commitment distribution for volunteers and paid employees.
Figure 7. Histograms of job characteristic – skill variety for volunteers and paid employees.
Figure 8. Histograms of job characteristic - autonomy for volunteers and paid employees.
Figure 9. Histograms of job characteristic – task identity for volunteers and paid employees.
Figure 10: Histograms of job characteristic - feedback for volunteers and paid employees.
Figure 11. Histograms of job characteristic –dealing with others for volunteers and paid employees.
Figure 12. Histograms of job characteristic - friendship opportunities for volunteers and paid employees.
VOL: 1 Volunteer

JOBSATIS

VOL: 2 Paid

JOBSATIS

Figure 13. Histograms of job satisfaction for volunteers and paid employees.
The descriptive statistics indicated some differences between volunteers and paid employees. Affective and normative commitment being higher for volunteers, and continuance commitment being lower for volunteers. Skill variety appears lower for volunteers. These apparent differences between volunteers and paid employees were investigated further by a series of simple ANOVAs (see Table 7).

**Table 7**

ANOVA showing between groups variance of volunteers and paid employees across the measured variables.

<table>
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<th>Source</th>
<th>df</th>
<th>F</th>
<th>Mean square</th>
<th>p</th>
</tr>
</thead>
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<tr>
<td>Continuance commitment</td>
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<td>8.46</td>
<td>20.40</td>
<td>0.00</td>
</tr>
<tr>
<td>Normative commitment</td>
<td>1</td>
<td>21.21</td>
<td>50.66</td>
<td>0.00</td>
</tr>
<tr>
<td>Skill variety</td>
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<td>12.33</td>
<td>8.28</td>
<td>0.00</td>
</tr>
<tr>
<td>Autonomy</td>
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<td>3.95</td>
<td>2.52</td>
<td>0.05</td>
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<tr>
<td>Task identity</td>
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<td>0.12</td>
<td>0.12</td>
<td>0.73</td>
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<td>Feedback</td>
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<td>0.52</td>
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<tr>
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<td>Friendship opportunities</td>
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<td>0.14</td>
</tr>
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<td>Job Satisfaction</td>
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</tr>
<tr>
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<td>0.05</td>
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</table>

The ANOVAs showed significant differences between volunteers and paid employees for several variables. With organizational commitment, affective and
normative commitment are different, $F (1,303) = 21.18, p = 0.000$ and $F (1,303) = 21.21, p = 0.00$, respectively, and continuance commitment is only slightly lower for volunteers than paid employees, $F (1,303) = 8.46, p = 0.00$. With job characteristics, skill variety and autonomy for volunteers and paid employees are also different, $F (1,303) = 12.33, p = 0.00$ and $F (1,303) = 3.95, p = 0.05$, respectively, indicating that paid employees have a greater amount of skill variety and autonomy in their work compared to volunteers. Intention to leave is also different with fewer volunteers than paid employees planning to leave in the coming six months. The data specified that 5.4% of volunteers and 13.1% of paid employees intended to leave their organization within the coming six months.

**Bivariate Correlations Between Variables**

Correlations between the ten variables are shown in Table 8 for volunteers and for paid employees. The table indicates a probability of the Pearson’s correlation coefficient between the two respective values where the analysis suggested the Pearson correlations were likely to be non zero (type 1 error rate used was 0.05).

Several significant correlations were found between variables, yet all of the relationships were weak. The correlation matrix below includes the demographic data and the investigated constructs: job characteristics, job satisfaction and organizational commitment. For volunteers ($N = 92$), only task identity correlated with continuance commitment ($0.21^*$) and normative commitment ($0.21^*$). Job characteristics correlated

* Correlation at significance level 0.05 (1-tailed)
** Correlation at significance level 0.01 (1-tailed)
with job satisfaction, namely task identity (0.25**), feedback (0.27**) and dealing with others (0.21*). Organizational commitment correlated with intention to leave, namely affective commitment (0.28**) and normative commitment (0.23*). Job characteristics did not significantly correlate with intention to leave, and, as expected, job satisfaction negatively correlated with intention to leave (-0.22*).

For paid employees (N = 213), organizational commitment correlated significantly with intention to leave, specifically affective (0.33**) and normative (0.17**). Affective commitment correlated with job satisfaction (0.26**). All job characteristics correlated with affective commitment, namely skill variety (0.20**), autonomy (0.18**), task identity (0.25*), feedback (0.24**), dealing with others (0.33**) and friendship opportunities (0.34**). Normative commitment correlated with task identity (0.20**) and feedback (0.22**). Job characteristics correlated with job satisfaction, namely dealing with others (0.18**) and friendship opportunities (0.18**),. Job characteristics also correlated with intention to leave, namely autonomy (0.20**), task identity (0.21**) and friendship opportunities being (0.18**).
### Table 8

*Pearson’s One-tailed Correlations of All Variables for Volunteers (N = 92) and Paid Employees (N = 213)*.

<table>
<thead>
<tr>
<th>Volunteers</th>
<th>Affective commitment</th>
<th>Continuance commitment</th>
<th>Normative commitment</th>
<th>Skill variety</th>
<th>Autonomy</th>
<th>Task identity</th>
<th>Feedback</th>
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<td>0.07</td>
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</table>

* Correlation at significance level 0.05 (1-tailed)
** Correlation at significance level 0.01 (1-tailed)
In mediational analysis, partial correlations are performed, controlling for mediating factors between two variables (Shadish, Cook & Campbell, 2002). Arguably, this reveals a relationship that is mediated by the removed factor in the partial correlation (Bobko, 2001). The research hypothesis is that job characteristics predict job satisfaction, which is an antecedent to organizational commitment. In turn, organizational commitment is an antecedent to intention to leave, which is determined by the binary question response: Do you intend to leave this organization in the next 6 months? As such, this analysis should show that job satisfaction and organizational commitment mediate the relationship between job characteristics and intention to leave. Job satisfaction and organizational commitment were controlled separately in order to identify the relationship between job characteristics and intention to leave (Bobko, 2001). For volunteers, job characteristics and organizational commitment, and organizational commitment and intention to leave were significantly correlated. As such, when organizational commitment was used as a mediating variable between job characteristics and intention to leave, task identity and friendship opportunities were negatively correlated with intention to leave (see Figure 14).
When job satisfaction was controlled, only dealing with others under job characteristics was correlated with intention to leave (see Figure 15). Therefore, job satisfaction mediates the relationship between job characteristics and intention to leave amongst volunteers. This suggests a potential link between job characteristics as antecedents to intention to leave, which is strengthened by the qualitative interview data discussed later in this chapter.
For paid employees, when organizational commitment and job satisfaction were controlled, the correlation between job characteristics and intention to leave was reduced, namely autonomy went from 0.20** to 0.15*, and task identity and friendship opportunities went from significant to non-significant (see Figure 16). Therefore, organizational commitment mediates the relationship between job characteristics and intention to leave. This is comparable to previous research that has identified organizational commitment as the key mediating variable for paid employees in the health sector. When job satisfaction was controlled, there was no difference in the correlations between job characteristics and intention to leave. Therefore, job satisfaction does not mediate the relationship between job characteristics and intention to leave.

Figure 16. Mediation analysis of paid employee data.
In order to determine the variance of affective organizational commitment explained by job characteristics for volunteers, a further multiple regression was performed. The variance was explained by feedback ($R^2 = 0.23$) (See Table 9). For paid employees a parallel multiple regression indicated that the variance explained in affective commitment was by task identity ($R^2 = 0.32$) (See Table 10).

**Table 9**

*Multiple Regression: Predicting Affective Commitment from Job Characteristics for Volunteers (N = 92).*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beta</th>
<th>Standard Error</th>
<th>$R^2$</th>
</tr>
</thead>
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<tr>
<td>Feedback</td>
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<td>0.20</td>
<td>0.23</td>
</tr>
</tbody>
</table>

**Table 10**

*Multiple Regression: Predicting Affective Commitment from Job Characteristics for Paid Employees (N = 213).*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beta</th>
<th>Standard Error</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Task identity</td>
<td>0.57</td>
<td>0.29</td>
<td>0.32</td>
</tr>
</tbody>
</table>
In terms of job characteristics and job satisfaction, for volunteers, feedback was explained some of the variance in intention to leave ($R^2 = 0.07$) (See Table 11). This was confirmed by the qualitative interview data discussed later in this chapter. For paid employees, friendship opportunities was the only variable explaining variance ($R^2 = 0.03$) (see Table 12). These findings only explain a small proportion of the variance in job satisfaction and are not very useful without further data.

**Table 11**

*Multiple Regression: Predicting Job Satisfaction from Job Characteristics for Volunteers ($N = 92$).*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beta</th>
<th>Standard Error</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feedback</td>
<td>0.27</td>
<td>0.06</td>
<td>0.07</td>
</tr>
</tbody>
</table>

**Table 12**

*Multiple Regression: Predicting Job Satisfaction from Job Characteristics for Paid Employees ($N = 213$).*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beta</th>
<th>Standard Error</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friendship opportunities</td>
<td>0.18</td>
<td>0.50</td>
<td>0.03</td>
</tr>
</tbody>
</table>
**Intention to Leave: Discriminant Function Analysis**

Discriminant analysis was undertaken to determine group membership for intention to leave based on a linear combination of the variables in the quantitative data. Discriminant analysis requires group membership and is designed for “yes/no” type data prediction. Discriminant function coefficients were calculated, denoting the unique (partial) contribution of each variable to the discriminant function, that is whether job characteristics were predictive of intention to leave without any other variables added (see Table 13). For volunteers, none of the job characteristics significantly predicted intention to leave. However, for paid employees, three job characteristics significantly predicted intention to leave, namely autonomy, $F(1,208) = 8.65$, $p = 0.00$, task identity, $F(1,208) = 9.32$, $p = 0.00$ and friendship opportunities, $F(1,208) = 6.74$, $p = 0.01$. When completing the model, autonomy was removed by SPSS because the absolute size of the correlation was not sufficiently high. This discriminant analysis showed that task identity and friendship opportunities predicted only 6.05% of the variance of intention to leave.
Table 13

**Discriminant Function Analysis: Job Characteristics Predicting Intention to Leave for Paid Employees.**

<table>
<thead>
<tr>
<th>Tests of Discriminant Dimensions</th>
<th>Chi-square</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canonical Correlation</td>
<td>12.92</td>
<td>2</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standardized Discriminant Coefficients</th>
<th>Dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Task Identity</td>
<td>0.72</td>
</tr>
<tr>
<td>Friendship opportunities</td>
<td>0.56</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Functions at Group Centroids</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intent to leave</td>
<td>-0.64</td>
</tr>
<tr>
<td>2</td>
<td>0.10</td>
</tr>
</tbody>
</table>

For paid employees, task identity (Wilk’s Lambda coefficient 0.72) and friendship opportunities (Wilk’s Lambda coefficient 0.56) predicted intention to leave. In understanding what intention these variables were predicting, either intention to leave or stay, the means for the significant discriminant functions were determined. The variables predicted “Yes” (intention to leave) and were negatively correlated (-0.64), and correctly predicted 61.9% of cases. Therefore, having deduced the task identity and friendship opportunity levels, the likelihood of paid employees leaving an organization could be predicted with 61.9% accuracy. A second analysis was undertaken to determine whether all the variables predicted intention to leave for volunteers and paid employees (see Table 14).
Table 14

Discriminant Function Analysis of Job Characteristics, Job Satisfaction and Organizational Commitment Predicting Intention to Leave.

<table>
<thead>
<tr>
<th>Tests of Discriminant Dimensions</th>
<th>Canonical Correlation</th>
<th>Chi-square</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer</td>
<td>0.36</td>
<td>12.36</td>
<td>2</td>
<td>0.00</td>
</tr>
<tr>
<td>Paid Employees</td>
<td>0.36</td>
<td>28.97</td>
<td>2</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standardized Discriminant Coefficients</th>
<th>Dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer</td>
<td>Affective OC</td>
</tr>
<tr>
<td></td>
<td>Job Satisfaction</td>
</tr>
<tr>
<td>Paid</td>
<td>Affective OC</td>
</tr>
<tr>
<td></td>
<td>Autonomy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Functions at Group Centroids</th>
<th>Intent to leave</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer</td>
<td>1</td>
<td>-1.59</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>Paid employees</td>
<td>1</td>
<td>-0.98</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0.15</td>
</tr>
</tbody>
</table>

Unstandardized canonical discriminant functions evaluated at group means

For volunteers, job satisfaction, $F (1,88) = 4.68$, $p = 0.03$, and organizational commitment significantly predicted intention to leave. The significant values for organizational commitment included affective commitment, $F (1,88) = 7.45$, $p = 0.01$ and normative commitment, $F (1,88) = 4.92$, $p = 0.03$. These variables predicted 13.25% of the variance in intention to leave.

For paid employees a number of job characteristics and organizational commitment significantly predicted intention to leave. The significant values for job
characteristics included autonomy, $F_{(1,208)} = 8.65, p = 0.00$, task identity, $F_{(1,208)} = 9.32, p = 0.00$ and friendship opportunities, $F_{(1,208)} = 6.74, p = 0.01$. The significant values for organizational commitment included affective commitment, $F_{(1,208)} = 25.29, p = 0.00$ and normative commitment, $F_{(1,208)} = 6.17, p = 0.01$. These variables predicted 13.03% of the variance in intention to leave.

The discriminant function coefficients principally identified that intention to leave was predicted by job satisfaction (Wilk’s Lambda coefficient -0.67) and affective commitment (Wilk’s Lambda coefficient 0.81). These results confirmed those relationships discovered through mediational analysis. For paid employees the significant variables were affective commitment (Wilk’s Lambda coefficient 0.86) and autonomy (Wilk’s Lambda coefficient 0.44). Intention to leave was accurately predicted in 61.9% of cases for paid employees. The means for the significant discriminant functions were determined. The variables predicted “Yes” (intention to leave), which was confirmed by the canonical group centroids (regression weights) of -1.60 for volunteers and -0.98 for paid employees. As such, for volunteers and paid employees there was an intention to stay in the organization.
Summary of quantitative findings

Volunteers are, on average, older, less well educated and work fewer hours than paid employees. Affective commitment in volunteers is significantly higher than in paid employees, which was expected given the nature of volunteer work. For volunteers there was a covarying relationship between job satisfaction and organizational commitment. This is similarly reflected in paid employees, which bears out previous research.

Mediational analysis showed that organizational commitment mediated the relationship of task identity and friendship opportunities on intention to leave for volunteers. Job satisfaction mediated the variable dealing with others on intention to leave for volunteers. For paid employees organizational commitment mediated the influence of autonomy on intention to leave.

In the multiple regressions, none of the job characteristics were clearly predictive of intention to leave for volunteers. This was an unexpected finding, as friendship opportunities and dealing with others were initially hypothesized to be important job characteristics to volunteers from anecdotal literature. Job satisfaction and affective commitment were both important antecedent factors to intention to leave in volunteers. The job characteristics that explained the variance in a regression analysis of both affective organizational commitment and job satisfaction (separate regressions) for volunteers was feedback. Dealing with others explained some variance in job satisfaction for volunteers.
In regression analysis, the job characteristic autonomy and affective organizational commitment were important in explaining variance in intention to leave of paid employees. Further regression analyses of paid employee data showed that task identity explained the variance in affective commitment and friendship opportunities explained the variance in job satisfaction.

Given the Mathieu and Zajac (1990) model hypothesized that job characteristics would predict job satisfaction, which would predict organizational commitment, and that in turn would influence intention to leave, the results imply that the model is not that clear for volunteers. Overall, the relationships explaining variance in intention to leave were weak with little variance being explained by the relationships between job characteristics and job satisfaction or organizational commitment by the data. While the quantitative data is useful in mapping some of the relationships between the variables, further information is required to gain insight into the antecedents of intention to leave in Australian health sector volunteers. Qualitative investigation was used to further understand the area of volunteers’ intention to leave.
Qualitative Data Analysis

Questionnaire: open-ended question

This study has endeavoured to decipher how to reduce volunteer turnover and increase retention by applying job design strategies utilized by human resource managers to increase retention. As such, the work environment of volunteers and paid employees was afforded considerable attention, due to its impact on organizational commitment, and incorporated questions relating to job characteristics. The initial questionnaire data collected from volunteers and paid employees included limited qualitative information, gleaned through a concluding open-ended question: Are there any other things about your job that you consider important that you have not been asked about above? A minority of participants provided this feedback. In line with the grounded theory approach (Turner 1983), the responses were content analysed for clear themes and statements (Kerlinger, 1986) and were summarized into short statements, which were categorized according to various areas of work. The major themes were ranked from highest to lowest according to the number of volunteer respondents, with the numbers listed under both “volunteer” and “paid employee” (see Table 15). The paid employee numbers are shown to provide context and demonstrate the similarities and differences between these groups within the health sector. However, these principally indicate those aspects that are important to volunteers and paid employees and should not be taken as definitive.
Table 15

Participants’ Perceptions of Important Things about Their Work they were not formally asked about in the Survey.

<table>
<thead>
<tr>
<th>Issue stated as important</th>
<th>Volunteers</th>
<th>Paid employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appreciation from clients</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2. Being helpful to people</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>3. Valued/acknowledged at work</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>4. Flexibility (allows time for family/personal needs &amp; demands)</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>5. Quality of work</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Opportunity for skill development</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>7. Thank organization for its assistance to me</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>8. Risks of doing small jobs that are uninsured for medical liability</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>9. Good teamwork</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>10. Political agendas / bureaucracy</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>11. Forced retirement due to age</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>12. Support from other staff</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>13. Distance from home</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>14. Career path</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>15. Supervisor/management issues (e.g. management style, performance management, supervisor feedback)</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>16. Levels of remuneration</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>17. Facilities and equipment available</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>18. Ideas of staff listened to</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>19. Work conditions</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>20. Morale</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>21. Culture</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>22. Being autonomous</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>23. Safety/danger of staff</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>24. Professional profile within the organization</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>25. Patient advocacy</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>26. Workload</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Numbers are actual frequencies
In considering the top four “important issues not asked about”, for volunteers there is an emphasis on being helpful to others. This is consistent with previous related research that has reported that 47% of volunteers state that their reason for volunteering concerns being of service to the community (Volunteering Australia, 2003). This perceived helpfulness also contributes to the meaningfulness of their work, which contributes to increased organizational commitment. The results indicated that this increased retention rates within the health sector. For paid employees, the imperative aspects focussed on work conditions and career development, including flexibility, and the opportunity to develop skills and further their careers, which perhaps shows a longer-term focus. Following these were management and supervisory issues and remuneration. Volunteers did not mention these, probably because they are able to leave if they feel the supervisor is not performing as expected, and, by definition, remuneration is not part of volunteering.

**Interviews with Volunteers**

The interviews conducted in stage two of the data collection intended to expand upon the questionnaire data, and educe alternate perspectives and insight: “Qualitative methods provide an important avenue for discovering and exploring causal explanations” (Shadish, Cook & Campbell, 2002, p. 389). As such, the interviews facilitated the development of narrative descriptions that illustrated the results, and clarified the health sector context and inherent dynamics (Shadish, Cook & Campbell, 2002; Turner, 1983). The interviews also enabled the collection and analysis of data specifically relating to volunteer motivation and meaningfulness of work, which
elucidated some puzzling results stemming from the questionnaire data (Kerlinger, 1986; Shadish, Cook & Campbell, 2002). Whilst there is substantial research regarding volunteer motivation and the meaningfulness of their work, the interviews provided greater insight about these constructs in relation to retention and the quantitatively measured antecedents. This allowed the exploration of relationships that were revealed in the quantitative data, namely causal relationships (Bobko, 2001; Kerlinger, 1986; Turner, 1983). The links between organizational commitment and motivation, and also meaningfulness of work were important outcomes in this study.

The interview results are presented and analysed below under thematic subheadings drawn from statements by the interviewees. This data aimed to contribute to an understanding of the antecedents relating to volunteer intention to leave within the Australian health sector. The qualitative data particularly explored motivation, meaningfulness of work, job characteristics, job satisfaction, organizational commitment and retention of volunteers, which provided a systematic view of volunteer work and an examination of their intention to leave (Thompson, 2006). Notably, some of the volunteer work undertaken by the interviewees included ambulance response, kiosk attendants, counsellors and administration, which reflects the variety of volunteer work within the Australian health sector, which is as varied as paid work, and which depends upon an extensive skill base.

The themes developed were initially informed by the quantitative data and literature review; however, these changed following an analysis of the interview transcripts and the detection of broader information not fitting the initial themes. As such, whilst the initial model hypothesized generated the interview data, it did not
hinder the interpretation of the data and other significant relationships were found (Thompson, 2006). The themes identified comprised motivation, structure to the day, meaningfulness of work, appreciation, social connection, teamwork, belonging within an organization, skill development, reasons others have left, intention to leave, and suggestions for improvement. The thematic results below include statements from the interviews, as well as observations and inductive comments in order to glean a better understanding of the phenomena studied and to encourage the founding of theory regarding volunteer work (Thompson, 2006).

Motivation

Almost every volunteer commented that their contribution reflected what they enjoyed doing. As stated by one volunteer: “I like to do what I want to do”. They stipulated that they did not feel obligated to work within an organization, and that their commitment was not dependent upon social reciprocation. They indicated that they were committed to volunteering as a way of contributing to society rather than being committed to an organization alone. Therefore, they did not feel obligated to society or an organization. However, every volunteer stated that they were committed to their current organization and had no intention of leaving, even though the majority had volunteered for a lengthy period of time in numerous sectors and organizations. As such, the motivations of volunteers are perceivably complex and interrelated with values, meaningfulness of work and a sense of belonging within an organization.
Several volunteers commented that whilst many people showed appreciation, their work emulated what they wanted to do, reflecting an altruistic motivation. As stated by one volunteer: “I’m selfish really. Because I do what I want to do”. Although they wanted to contribute to society, they were motivated by the desire to help rather than by social obligation. As such, their volunteering may include creating community within a society that disconnects and isolates those who are “no longer useful” as they are not contributing to the GDP. Their volunteering may also comprise a platform that gives their lives meaning and importance, rather than being another number. These imbue the motivational factors and core rewards that underlie the impetus to volunteer.

The motivational factors included the reward of knowing that they were helping others, and the appreciation of those organizations and individuals that were being assisted. As stated by one volunteer: “I suppose it’s enabling me to forget about myself and give my energies to other people. That’s good for me.” This statement demonstrates the value of external rewards, and seems to indicate a commitment to remain within an organization due to emotional connection to the work. As such, the contribution of volunteers to the greater good was an external reward initiated by the motivation to help others and productively utilize ones skills. This contribution created a meaningful way for volunteers to engage with the wider community and use their skills in a rewarding way, reinforcing their societal value. However, whilst volunteers had no expectation of social reciprocation for their work, they clearly had expectations concerning the type of work undertaken and the kind of people they worked with. This was evident in anecdotes regarding incidents that caused several volunteers to consider leaving, such as being asked to liaise with the public at the hospital entrance when kiosk
work was notably preferred. The feeling of being used reduced job satisfaction, which will be discussed further later, which can consequently negatively impact upon organizational commitment (see Cluggston, 2000), leading to decreased retention rates.

**Structure to the day**

The majority of volunteers interviewed were retirees, and all commented that they enjoyed having something to do and would not want to be at home bored watching television. As stated by one volunteer: “I like being busy”. This finding follows previous research, which has indicated that volunteering provides some structure to the day for those without paid employment. As stated by one volunteer, explaining her enjoyment of meaningful work that structured her day: “It seems that volunteers are needed, and I feel that I am doing something worthwhile”. As such, whilst the volunteers did not expect any reward for their input, there were external rewards that reinforced the meaningfulness and value of their work. The work itself was a reward as it filled many hours in the day, and there were other non-monetary rewards, including appreciation from patients and community recognition and admiration for the dedication of volunteers in helping others. For the volunteers, undertaking work that was meaningful and provided a context for social interaction facilitated their enjoyment and emphasized the value of their contribution, which added to volunteer retention in this study.

Notably, many volunteers took a different approach to filling their day, compared to paid employees. Health sector volunteers were so committed to their
organization and work team that they would uphold the preferences of others over their own. One volunteer, who was involved in paid and volunteer work, chose volunteer shifts that were positioned around paid work and family commitments, which was sometimes difficult. Another volunteer, who was retired and hated getting up early, awoke early every Thursday morning for a hospital shift because of good team relationships and dynamics, and did not want to change despite having the option to acquire later shifts. Therefore, volunteer work provided structure for the day and opportunities for social interaction, which illustrates two forms of commitment for health sector volunteers. The first form is commitment to the organization and inherent goals, and the second form is commitment to other volunteers within their team, which are linked to affective and normative commitment respectively.

As with the questionnaire data, the interview data established that skill variety, under job characteristics, was important to volunteers as they enjoyed utilizing their alternate skills and volunteer work provided a structured opportunity that generated meaning. The interview data also confirmed that task identity and feedback, under job characteristics, were principally significant for volunteers as these aspects provided the context for the value and meaningfulness of the work undertaken. In terms of the questionnaire data, this also explains why the results for volunteer organizational commitment were high, particularly for affective commitment. Whilst the volunteers appeared to view their work as similar to an interest or hobby and did not consider it “work” in the paid sense, they perceived their work as making a real difference and being as valuable as paid work. Their commitment to fulfilling allocated shifts and to completing tasks, even when their rostered shift had officially finished, demonstrated
strong organizational citizenship behaviour. As such, although the volunteers did not see themselves as necessarily “working”, they were definitely aware of the importance of their contribution. This is possibly an anomaly within the health sector due to the nature of voluntary work within that environment. Volunteers within other sectors may increasingly view their work as an interest or hobby as it may be less associated with alleviating the suffering or dealing with the needs of people. Further research on volunteer work engagement would be required to verify this.

Meaningfulness of work

For the volunteers, the meaningfulness of their work was generated by recognizing their contribution within the lives of others as opposed to its monetary worth had they been paid. Of importance, the initial motivation of wanting to help others also engendered motivation over time. As such, having felt this initial motivation and in sensing their contribution to a greater goal, volunteers continued to engage with their work and contribute. Many volunteers commented on the personal wellbeing experienced from participating in volunteer work, which generated further meaning surrounding their work. As stated by one volunteer: “I gained a greater compassion for people, and a knowledge about the way that others had to live their lives - it’s not as comfortable as my own. It’s made me realize how privileged I am”. As such, many volunteers, through their work, became increasingly aware of the blessings in their lives, which contributed to personal thankfulness and also higher levels of affective commitment. This sense of wellbeing, cultivated by witnessing the circumstances of
other people, additionally reinforced volunteer motivation and decreased volunteer intention to leave.

In addition, their increased sense of personal gratitude and the subsequent recognition of their ability to give more can be linked to social reciprocation, contributing to normative commitment. This was anticipated to be higher for paid employees than volunteers in the questionnaire data. However, when volunteers feel fortunate and consequently reciprocate by giving, there is an unspoken and underlying sense of community obligation. Therefore, those who recognized their advantaged economic and social position felt an obligation, whilst able, to make a meaningful contribution to the community through volunteer work. These results explain the higher than expected levels of normative commitment for volunteers found in the questionnaire data. For health sector volunteers, the perceived meaningfulness of their work and their social obligation contributed to low turnover rates in this study.

The majority of volunteers were committed to excellence, namely doing a good job despite inconvenience, and appeared to take pride in their work. An important component of their commitment was the absence of financial remuneration, and attempting to value their voluntary contributions in monetary terms would undervalue their work. Paid work was viewed as different from volunteer work and, in comparison, arguably less intrinsically meaningful. As stated by one volunteer: “When I retired I felt that I had the privilege to do something without having to think about the hours or the money.” This comment indicated the job satisfaction that was derived from volunteering, and that motivation was based on personal values rather than extrinsic factors like money, which may have influenced decision-making in paid employment.
As such, the meaningfulness of their work and their level of work engagement was important. These health sector volunteers highly valued their work and strongly identified with their organizational role. The personal value attributed their work reflects a high level of work engagement and is linked to identification with the volunteer role, which is associated with task identity. This explains why task identity was identified as a significant antecedent in the questionnaire data, which contributes to an understanding of the perceptions and behaviour of volunteers.

Whilst the volunteers appreciated and were motivated by the gratitude that people offered, they were primarily internally motivated by having an inherent sense of purpose and being useful to others. Helping others and having the opportunity to utilize their alternate skills, whether highly specialized or transferable, contributing to the achievement of organizational goals were imperative in forming meaningfulness in their work. Even retired volunteers who were previously employed in a caring profession, such as nursing, seemingly found their volunteer work more meaningful than their prior paid work. The organizational commitment of these volunteers was high due to this sense of making a difference to others, and explains some of the low turnover rates for volunteers in the Australian health sector.

**Appreciation**

Many volunteers explained that they were often informed of or directly received appreciation, which connects to the concept of feedback under job characteristics. Whilst the volunteers recognized the importance of feedback, they stated that they did
not undertake the work for such external rewards. During the interviews and other informal discussions, it became apparent that a culture of denying external rewards existed amongst volunteers, which may be due to societal expectations concerning volunteering. The socially accepted image of volunteers is that they give without recognition and avoid the limelight. However, many volunteers undertake well recognized work, such as Committee members or ambulance officers, demonstrating a real difference between perception and reality. One key informant acknowledged: “Volunteers do deserve something”. For the volunteers, the daily informal gratitude expressed by staff and patients was important, such as smiles and statements of thanks. As commented by one volunteer: “One of the major things to me is appreciation knowing your time is valuable to the organization”. Receiving feedback from those they worked for augmented their experience of meaningfulness regarding their contributions and reinforced the value of their work in achieving organizational goals, which contributes to high retention rates in the health sector.

Many organizations expressed appreciation to their volunteers through formal recognition. One hospital auxiliary president explained that after ten years of service the volunteer received a certificate, after twenty years they placed the volunteer’s name on an Honour Board, and after twenty five years the volunteer received an engraved silver tray. Two volunteers interviewed at this hospital readily expressed their anticipation of having their name placed on the Honour Board. The organizations typically had an annual “Volunteers’ Day” to express their gratitude to the volunteers, involving a lunch or dinner, and the volunteers expressed their appreciation of this gesture. The president also explained: “We would put on the Christmas lunch even if
the hospital didn’t do anything.” Whilst such rewards did not directly contribute to volunteer job satisfaction, an affirmation of their contributions to organizational goals did increase their affective commitment. In turn, this increased retention due to enhanced engagement with their work resulting from feedback, and increased their feeling of belonging within an organization that was helping others.

**Social connection**

Social interaction is an important part within all work environments, and whilst many workers may enjoy the tasks involved in their job, they may decide to leave due to poor social interaction with colleagues. Within the health sector, this includes a range of social interaction, from formal to informal, with other volunteers, paid employees and patients. During the interviews, most volunteers stated that they enjoyed meeting new people, and several volunteers commented: “I love people” or “I like people”. It is imperative that volunteers enjoy working with others as their work requires substantial contact with a variety of people. As commented by one long-term volunteer: “You have to actually like people to do this job”.

In terms of volunteerism as a measure of social capital, contributing to the wider community or the greater good of society is important, and was linked to skill variety and feedback, and dealing with others and friendship opportunities, under job characteristics. For most volunteers, the workplace became a place for social interaction and a substitute collegial community, and it provided a means to feel valued by society. One volunteer commented: “The patients appreciate that we’re there when
they need us”. In terms of motivation, this statement is related to dealing with others, affective commitment and job satisfaction in that health sector volunteers had higher job satisfaction and affective commitment when their work involves dealing with people. Wanting to help others, as motivation, provided a context for social connection for the volunteers, and helping people in need increased the meaningfulness of their work.

Undertaking and engaging in work on a more formal social level was important to volunteers. As commented by several volunteers: “A great day is when I have helped someone”. Due to their interest in helping others, their work required a high level of dealing with others, and focussing on making a difference in the lives of others created a sense of meaningful work. This comment also explains the higher than expected level of continuance commitment identified in the questionnaire data. There were few opportunities where volunteers could undertake work that could literally impact the quality of life experienced by others. For other volunteers, undertaking work that provided more informal and friendly social interaction was important. As commented by one volunteer: “The people at the hospital are vulnerable it feels good to give a hand.” One volunteer was especially interested in spending time with children: “My grandchildren are long past that age, so it’s nice to spend time with small children”. Therefore, as hypothesized, friendship opportunities and dealing with others were important job characteristics, and these antecedent factors connect to volunteer work engagement and contribute to the motivation to continue volunteering.

Notably, compared to paid employees, it was anticipated that volunteers would be more likely to informally socialize with volunteer or paid colleagues outside of the workplace; however, this did not occur. Most volunteers did not socialize with other
colleagues beyond the work environment, and only made social connections within the workplace, which reflects the interaction that paid employees have with their colleagues. This similarity between volunteers and paid employees is consistent with the quantitative results, in terms of dealing with others and friendship opportunities, which indicated that volunteers and paid employees approach their work in similar ways. Like paid employees, volunteers were engaged with and committed to their work schedules and planning, perhaps largely because their work enabled them to overcome a sense of isolation and loneliness, and formed part of their social life. Therefore, in considering antecedent factors to retention, the social connection aspects within volunteering appeared important in this study.

**Teamwork**

Every volunteer explained that they worked in small teams and were part of the organization. As commented by one volunteer: “It’s about working with good people; you know there are good people I work with.” This directly relates to dealing with others, under job characteristics, and indicates the importance of organizations acknowledging this aspect. Within modern Australian society, there is an increasing disconnection as people become more isolated, and an increasing lack of social community as more households become single-person homes. Where this social or emotional connection is lacking, to some extent, volunteering may be fulfilling these needs. For volunteers, teamwork meant more than just social interaction; it enabled a closer, more dynamic and on-going relationship with people who held similar values.
Whilst the volunteers appreciated differences in personality, they expressed some preference in terms of choosing the people they worked with in teams. One volunteer stated: “Some people are not meant for this job. Sometimes it’s the personality that picks the problems rather than that there’s a problem”. Much literature addressing the paid workforce, has explored how differences in personality and perspective can create conflict in work teams. Comments from the volunteers suggest that this research could be applied to volunteering within the health sector and other industries.

Several volunteers stated that bad work teams had led some volunteers to leave, and that working with difficult people, if encountered, would contribute to their decision to leave. However, the volunteers were quick to explain that they were in good teams and liked the people they worked with. One volunteer explained: “I have good people to work with there, and I enjoy that”. A level of trust was also seemingly important within teams, for example, in terms of volunteers ensuring that they were on time for a rostered shift. Notably, the volunteers were sensitive about divulging any negative experiences with team members, which reflects the importance of the dealing with others aspect, and confirms that workplace social interaction should predict intention to leave. This data importantly reinforces the hypothesis that people join organizations and leave managers. From an organizational perspective, those involved in the management of volunteers should be as carefully recruited as those within the paid workforce. This premise will be discussed further later.
Belonging within an organization

Whilst there was a range of work within the health sector for volunteers, almost all jobs involved meeting patients and other staff. In this sense, interacting with people was a major part of volunteering within the health sector. Therefore, the relationship between volunteers and paid employees is increasingly important in terms of retention as it reflects organizational culture and the valuing of volunteer work. In one hospital a new facility was built that changed the role of volunteers. In the old building, the volunteers operated a kiosk that provided snacks and sandwiches. In the new building, a lease was initiated with a private company that supplied full café facilities. The volunteers were subsequently allocated a smaller kiosk selling chocolates, drinks, lollies and general merchandise. This changed their role by removing work that included interaction with other volunteers, such as making sandwiches. Notably, a number of volunteers left because they did not want to deal with the public, and the volunteers that remained were more people-oriented and not solely task-oriented, which contributed to a lack of volunteers in the kiosk area and consequent problems for the volunteer managers. The remaining volunteers felt that they were adequately consulted before the changes, which has resulted in increased interaction with hospital administration staff and management, and higher volunteer organizational commitment.

Several volunteers similarly commented: “I love to sit and talk and laugh with people”. For the volunteers such informal social interaction was an important aspect of their work and for many it also alleviated the isolation experienced due to retirement and aging. The volunteers also indicated that they would leave if they did not enjoy the
interaction with other people. Volunteering within a work environment that allows for friendship opportunities, similar to the paid workforce, generates a social dimension that adds to the experience of work. The volunteers had increased organizational commitment due to opportunities for social interaction, which elicited a feeling of working towards valuable organizational goals with others who shared similar values. This sense of collegial work within a supportive organization also decreases turnover.

The health sector is an area where the impact of volunteer assistance is immediate and clearly shapes broader outcomes. For example, providing counselling to a person undergoing a serious operation is immediately gratifying as the volunteer can see an emotional response. This contributed to increased job satisfaction for volunteers, and potentially explains the unanticipated high levels of organizational commitment evident in the questionnaire data. In addition, the initial reason for volunteering, namely the desire to help others, also contributed to their motivation to continue within an organization. This data confirmed the importance of autonomy, initially identified in the questionnaire data under job characteristics. The volunteers expressed that they enjoyed their work, undertook valuable tasks and produced good outcomes, and that they did not require supervision. The volunteers explained that they had little supervision, and felt that the organization had recognized their productivity and allowed them to undertake their work independently. This autonomy reinforced the meaningfulness of their work, which was comparable to the paid workforce. As a result, too much organizational intervention or supervision was perceived as demonstrating a lack of trust in the volunteers, and would undermine their motivation to continue working. This confirms
the importance of volunteer autonomy and validates the findings in previous research (see Wilson, 2000).

**Skill development**

The majority of tasks undertaken by volunteers required some level of skill, including dealing with people. For example, in dealing with patients who were dying, volunteers needed to manage their own emotional involvement. Some positions also required highly specialized skills, for example surgeon for minor procedures, counsellor for dying patients and ambulance officer. Importantly, if volunteers did not undertake these jobs, they would remain undone or would generate budget pressures within the health sector as people would need to be employed and paid. Many volunteers expressed that they enjoyed using their skills, whether old or new skills. Some volunteers brought previously acquired skills to their work and other volunteers attended particular groups in order to learn new skills. As commented by one volunteer: “It is important to stay on at the hospital because you become part of a team, and you use the skills that you have”. The volunteers recognized the link between skill development and the ability to more effectively meet organizational goals. This demonstrated that volunteers perceived skill variety as an important job characteristic (see Wilson, 2000), and confirmed the connection between job satisfaction and organizational commitment (see Lok & Crawford, 2001), which is identified as a reciprocal loop. For volunteers, increased job satisfaction seemingly leads to increased organizational commitment and reduced turnover.
A number of doctors and nurses volunteered even though they were already busy and despite the insurance risks associated with performing medical procedures on a voluntary basis. The feeling of being personally blessed and the desire to assist those who had little motivated these volunteers. This motivation was complex as it involved an unspoken sense of obligation to society and gave their volunteer work a meaning that differed from their paid work. In addition, the skills required in their volunteer work were similar to their paid work, which somewhat contributed to their motivation to volunteer as it provided an opportunity to reinforce their skills. This potentially illustrates a useful volunteer recruitment tool directed at people who have not worked for a period of time, such as stay-at-home parents planning to return to paid work.

Most health sector organizations appear to recognise the need for volunteer training. Every volunteer discussed the training provided within their organization, with several specializations including high-level training, such as counselling and ambulance services. The volunteers commented on the value of the training and stipulated that organizations should continue to provide training for new and on-going volunteers. As stated by one volunteer: “The organization should have an initiation course, it works both ways. Staff have an opportunity to see the people and we can have the opportunity to see the system”. As skill variety is an important volunteer job characteristic, organizations that provide skill training are more likely to retain their volunteers for longer. This may also contribute to the feeling of belonging within an organization, which reflects paid employment research that has identified that organizations with valuable entry level training have higher retention rates. For those volunteers who were also paid health workers, meaningfulness was augmented by the context in which they
were using their skills. Whilst their skills were important and development was necessary, the meaningfulness of their work was enhanced by the context of helping others without financial remuneration. This resulted in an unexpected high level of normative commitment for volunteers, and to an extent explains the quantitative results.

Reasons others have left

When asked whether they would leave the organization in the future, every volunteer said “No”. When asked whether there was anything that caused them to think about leaving, most volunteers said “Nothing”. Generally, if the volunteers perceived that their contribution was valuable and made a difference, they were committed to continuing their work. The number of times that they worked within a week did not influence their response; those that were rostered on once a month were as committed as those that were rostered on multiple days a week. This may reflect the flexibility that characterises health sector work at all levels, which was previously discussed. The health sector is better able to accommodate the working preferences of volunteers, in terms of hours and days, than, for example, the school sector. As such, for the volunteers, dealing with others, under job characteristics, appears to be a determining factor for job satisfaction and organizational commitment. The volunteers principally identified with their work and the organization, rather than with other volunteers. Most volunteers strongly emphasized their volunteer role and sense of identity within the organization, which explains the quantitative result indicating the importance of task identity to volunteers.
When asked why other volunteers had left there were several explanations, including illness, moving away and joining the “grey nomads”. Further reasons concerned family problems, including difficulties with childcare or eldercare. These reasons were seemingly related to lifestyle and life stage, did not essentially reflect organizational commitment, and were apparently external to organizational practices. There was very little that management could do to alter such turnover, and organizations did not have the resources to assist volunteers with family care. Whilst the volunteers wanted to help others, there were other issues and needs that were prioritised over this intrinsic desire.

However, an alternate reason for leaving concerned the feeling of being used. As illustrated by one volunteer who took patients to appointments: “Like one day I went to take a lady for her hair appointment, and when I got there, no one was home. I was about to leave when she came in another car, and she said her niece had taken her out. And I thought, well, that’s not right. Why didn’t she take you? It leaves you feeling used, you know”. Whilst the volunteers did not anticipate reciprocation for their efforts, there were some expectations regarding organizational management in terms of how they worked and the forms of work undertaken. These expectations and the response of the organization greatly influenced the decision of volunteers to stay or leave. This reflects continuance commitment, whereby volunteers weigh up the costs of staying within an organization. When the meaningfulness of their work decreased and the costs of staying became too high, the volunteers considered leaving. As such, disappointment in the job tasks lessens the meaningfulness of contribution, which then negatively reinforces the initial motivation to volunteer.
Furthermore, an additional reason for leaving concerned organizational politics, which the volunteers explained as more often personality-based than organization-based. For example, when working in a team, if there was an individual that did not work well with the other team members it would upset the dynamics, and sometimes caused good volunteers to leave. The volunteers stipulated that their position was focussed on helping others in need and not dealing with a stressful team environment. For volunteers, there are few barriers to leaving, and dealing with others, under job characteristics, can have a considerable impact on organizational commitment and retention. This study has found that dealing with others is a significant antecedent to leaving for health sector volunteers. As previously stated, people join organizations and leave managers, or leave other volunteers in this case.

**Intention to leave**

Every volunteer had undertaken volunteer work elsewhere, several volunteers were simultaneously working in the health sector and another industry, and every volunteer expressed a long-term commitment to the health sector. This may be interpreted as a career commitment to volunteering, similar to the career commitment of paid employees. In understanding volunteer commitment, it is important to recognize that some volunteers did not participate in the survey because they felt that their contribution was too small even though they had been working within the hospital for fifteen years or more. This directly relates to affective commitment, which refers to emotional attachment to an organization, and many volunteers exhibited this attachment
to their hospital or health agency. For example, changing the name of Royal Perth Hospital was recently discussed due to relocation. This upset many volunteers and in response they organized a petition to keep the name. For volunteers, similar to paid employees, organizational commitment and retention are closely linked.

In addition, none of the volunteers considered or wanted to obtain the same job or undertake the same work elsewhere, and every volunteer expressed organizational commitment. The volunteers may have associated such change with loss of position, use of skills or social connections, which relates to continuance commitment. Other factors, such as social reciprocation, may have influenced the level of normative commitment. When asked about leaving, the volunteers commonly stated: “Nothing would make me think of leaving”. As commented by one volunteer: “I have no ideas of leaving”. Such statements confirmed the high level of affective commitment identified in the questionnaire data, and the overall commitment to stay found in the questionnaire data was confirmed in the interview data. This suggests that for volunteers the various antecedents that have been discussed, namely meaningfulness of work, motivation to volunteer, work engagement, job characteristics and job satisfaction, are all-important.

**Suggestions for improvement**

The volunteers interviewed were finally asked what recommendations they could offer organizations to augment the retention of volunteers. This question aimed to draw on their considerable experience, recognizing that all had volunteered elsewhere, with several still working elsewhere, and all had extensive experience in
The first recommendation was that the organization, when planning volunteer work, needed to consider the time of volunteers. Organizations often assumed that volunteers were available and did not consider the many other commitments that volunteers may have. The volunteers especially commented on the significance of flexibility in their work. In designing the work environment, it is important for health sector human resource managers to consider these aspects, and in designing jobs, the incorporation of more flexibility and autonomy will contribute to higher levels of organizational commitment and increase retention.

Organizations were also encouraged to provide volunteers with information about the progress towards achieving organizational goals, as part of on-going communication with volunteers. Such communication gives volunteers feedback regarding their contribution to the goals and a sense of value within the organizational culture, which contributes to their experience and the meaningfulness of their work. As commented by one volunteer: “It’s good to be updated with things that are happening in your environment. You don’t feel like you are getting left behind”. However, whilst volunteers want information on organizational performance and on-going communication with management, they do not want to attend too many meetings. One volunteer had stopped volunteering elsewhere due to the number of meetings. As stated by one volunteer: “You have to know what they [volunteers] need, like if they only volunteer once a month and they don’t see the relevance of lots of training every couple of months”.

It was recommended that induction training include the positive and negative aspects of volunteering. This would provide interested people with a realistic idea of
what to expect, and prevent the disappointment that can ensue when high expectations are unmet, which is an area explored within much literature. Many volunteers also stated that a probationary period would be useful for staff and volunteers, focusing on organization-person matching, and giving volunteers the opportunity to decide whether they want to undertake the job. As commented by one volunteer: “Not everyone is suited, so it’s good to have a trial, like a probation.” Training was also recommended for volunteers and staff. For volunteers, the training should relate to the tasks they are expected to undertake. For example, if volunteers are serving tea and coffee in waiting rooms, then the training should be relatively short-term and based on orientation; however, if volunteers are counselling, then the training should be considerably longer and based on skills. For staff, as they are often uncertain about volunteer roles, the training should relate to interaction with volunteers aimed at enhancing patient care. As commented by one volunteer: “Like, in ward [X], the top guy there comes over to talk to me, where other staff don’t. So, I think he is setting the tone. They have to make people feel valuable”.

The volunteers involved in counselling, stated that they predominantly encountered people who were dealing with difficult situations and were highly stressed. One volunteer mentioned dying children as especially difficult to cope with: “I don’t ask what’s wrong with the children, it’s too sad”. It was recommended that debriefing be available for volunteers in such positions. The level of support a volunteer receives can reduce turnover (Farmer & Fedor, 1999). It was also recommended that health sector human resource managers conduct training with supervisors related to providing volunteers and staff with meaningful feedback. Such training would improve the
quality and quantity of feedback (Sneed & Herman, 1990), and would assist relationships within paid employee teams and with volunteers.

One volunteer worked at a hospital that did not provide free parking, and mentioned that free parking would be useful given the time, energy and petrol already expended in order to volunteer. Notably, the hospital was located in the central business district and parking could cost up to two dollars per hour. Also other volunteers had free parking, which they appreciated, due to some hospitals providing free designated parking bays for volunteers. Finally, in terms of organizational culture, every volunteer commented on the importance of organizational recognition in the form of “thank you”. Every volunteer stated that the patients readily expressed gratitude and that they were happy with the way the organization expressed appreciation. One volunteer commented on a Christmas thank you dinner where the hospital staff served the volunteers: “It’s good to have a thank you thing”. However, as stipulated by one volunteer: “The thing that makes me think about quitting is usually when staff are rude to me, because you are doing them a favour and not getting paid for it. Definitely, how you’re being treated would make you think twice, because you don’t have to be there”. The volunteers were more concerned about the existence of a culture of appreciation rather than receiving gifts or tokens of thanks.
Summary of Findings

Whilst no causal findings were identified to substantiate the initial model proposed, clear antecedents were identified for volunteers. These antecedents were comparable with the Mathieu and Zajac (1990) model that identified antecedents in job characteristics that predicted job satisfaction, organizational commitment and intention to leave an organization. Based on this model, this study identified antecedent relationships that explain some of the complex relationships found in the data (Shadish, Cook & Campbell, 2002; Thompson, 2006).

This study aimed to elucidate the antecedent factors relating to volunteer intention to leave an organization within the Australian health sector, and has ascertained the following relationships. For volunteers, motivation, particularly in terms of making a meaningful contribution to others, and job characteristics impacted upon the perceived meaningfulness of their work and their job satisfaction. These factors and organizational culture influenced the level of organizational commitment, which had a covarying relationship with job satisfaction. The combination of these factors quite reliably predicted intention to leave, and affective commitment in particular was a strong predictor of intention to leave. Specific motivational factors included the values of the volunteer and the organization in terms of helping others within a work context that comprised healthy team dynamics. Initial motivational factors for volunteering seemingly contributed to volunteers remaining within an organization. These factors, such as helping others, created meaningful work through the job characteristics, and
were reinforced by job characteristics and external rewards, which reflected and rewarded the initial motivation, creating a reciprocal loop and ongoing retention.

For volunteers, all job characteristics were correlated with organizational commitment and job satisfaction. The job characteristics that significantly influenced motivation, and organizational commitment and job satisfaction, were task identity, feedback and friendship opportunities. In terms of volunteers, these findings suggest that organizational managers need to foster the meaningfulness attributed their work, broadly communicate the significance of their contribution, and provide a healthy social work environment. These findings and recommendations aimed at improving the management of health sector volunteers will be discussed in the following chapter.

In this study, for paid employees, the antecedents relating to intention to leave were job characteristics, which impacted on job satisfaction and intention to leave. These findings confirmed previous research and reflected the Mathieu and Zajac (1990) model. The job characteristics predicting intention to leave were autonomy, task identity and friendship opportunities, and dealing with others and feedback significantly influenced organizational commitment, which subsequently predicted intention to leave. Work conditions such as flexibility of hours, skill development and career development opportunities were also important for paid employees. Whilst this study makes no recommendations regarding these aspects, it is important for health sector human resource managers to note these.
CHAPTER 5
DISCUSSION

This study has focused on examining volunteer work within the Australian health sector and identifying antecedent factors informing volunteer intention to leave. A variation of the Mathieu and Zajac (1990) model, marking the antecedents, correlates and consequences of organizational commitment, was applied to volunteer work, and various methods were used for data collection and analysis. Quantitative data was gathered through questionnaires measuring job characteristics, job satisfaction, organizational commitment and intention to leave. Qualitative data was gathered through interviews with volunteers, and meetings and informal discussions with paid volunteer managers and volunteer Auxiliary Presidents, which added richness and depth to the examination of Australian health sector volunteer work (Thompson, 2006; Turner, 1983). For volunteers, making a difference through their work and contributing to the community were important factors, and the decision to leave was perceived as complex, especially for those who had worked within an organization for some time. Within organizations, management that values volunteer work and fosters their sense of identity are likely to have lower turnover rates compared to management that undervalues and takes for granted volunteers’ contributions.

It is anticipated that the results in this study will assist volunteer managers to better understand volunteer retention and thus reduce turnover. This chapter intends to further elucidate antecedent factors framing volunteer intention to leave, namely motivation, job characteristics, meaningfulness of work, job satisfaction and
organizational commitment. This analysis will emphasize the following key findings: altruism and expectations of volunteers under motivation; formal measures of work and nature of volunteer work under job characteristics; job involvement and organizational culture under meaningfulness of work; job satisfaction; organizational goals and relationships, value of volunteer work, and career commitment under organizational commitment; volunteer decision to leave under intention to leave; and recommendations to organizations. A brief introduction to theory development for volunteer work will be subsequently presented.

Motivation

Volunteer altruism

Motivation has been identified as a key feature in volunteer recruitment, particularly the desire and opportunity to help others linked to meaningfulness of work. In this study, health sector volunteers expressed numerous motivations, indicating the variety of factors, both intrinsic and extrinsic, which contribute to people volunteering their time and skills (Lyons & Hocking, 2000). However, most volunteers especially emphasized their inherent desire and commitment to helping others, to help those who were unable to help themselves. They felt privileged and blessed in their lives and perceived volunteering as a means to share this with those less fortunate, although through such opportunity and experience they felt that they often gained more than they
gave. The centrality of this motivational factor, “wanting to help others”, confirms similar findings in previous research (see ABS, 2000; Fisher and Ackerman, 1998). In this study, a few volunteers also identified “giving back to the community” as a motivational factor; however, this was less pronounced compared to previous research where this factor was more significant (see Leonard, Onyx & Hayward-Brown, 2005a; Warburton et al., 2001). Volunteer motivations were essentially rooted in altruism, including engaging in tasks or meaningful work that they truly enjoyed and forming relationships or “social connections” with those they worked with (Leonard & Hayward-Brown, 2002). As such, for volunteers, using their time and skills in a rewarding way to make a difference in individual lives or the community were both overriding motivational factors in this study.

During volunteer interviews, when discussing their work and motivation for volunteering, many volunteers stated, “I love it”, indicating the intrinsic value and their personal commitment to helping others. Many volunteers also described the quality of personal satisfaction experienced from contributing their time and talents, and two volunteers commented that it was a privilege to solely assist people without thinking about money or obligation. These comments demonstrated the high level of job satisfaction amongst the volunteers who participated in this study, and reflected the influence of personal values that aligned with broader organizational goals, namely helping others in need or less fortunate. As such, the impetus for volunteers was determined by their inherent values, which then created meaning in their work within their respective health sector organization. Whilst the desire and opportunity to help others and make a difference initially framed volunteer motivation, these also
contributed to their continued motivation, engagement in work and commitment to the organization, which certainly augments an understanding of volunteer motivation.

**Volunteer expectations**

In previous research, an issue discussed concerned volunteer expectations, particularly the tendency of volunteers to leave an organization when they were disappointed (see Allen, Lucero & Van Norman, 1997; Eisinger, 2002; Wilson, 2000). This study has similarly found that health sector volunteers will probably decide to leave an organization if their expectations are not met. These expectations are based on the motivations that volunteers have regarding their work, for example, they expect to help people, they expect their work to make a difference, and they expect to enjoy their work. Volunteers often entered an organization with established expectations about how they could help and about their roles and responsibilities, which were usually informed by those who invited them to volunteer, by their own experience of being helped in the health sector or by socially constructed concepts. Whilst volunteers did not easily verbalize expectations, these were demonstrated when they expressed disappointment at not being able to perform tasks that they wanted to within an organization. As such, when the job characteristics or tasks did not match volunteer expectations disappointment ensued. In this study, this finding comprises the principle antecedent informing intention to leave, and confirms previous research that has linked the process of altruism and reward to intrinsic motivation (see Greenslade & White, 2005; Leslie, et al., 1999; Puffer & Meindl, 1992).
A further issue that influenced the disappointment of volunteers concerned how volunteer work was treated and valued within an organization. Whilst volunteers did not directly expect management and staff to reward their work, organizations with a culture of appreciation for volunteer work appeared to have more engaged volunteers. Volunteers were likely to leave if they felt their work was undervalued and they were being used to fulfil organizational goals distinct from helping others. The working environment of volunteers could be improved or supported by management having regular communication and dialogue with volunteers towards acquiring feedback about expectations and disappointments. For example, if volunteers are fund raising for a vital piece of equipment and the organization suddenly receives government funding and purchases it without their help, then the volunteers may perceive their work as trivial. However, this would be alleviated if management could communicate with the volunteers and inform them that their work contributed to government awareness releasing the necessary funds, and that their fund raising can now go toward another vital piece of equipment. This response would give their work meaning and reinforce their motivation to help. Previous research has similarly emphasized the importance of consulting volunteers about the tasks they undertake and discussing with them strategies for achieving organizational goals (Cuskelly, 1995). For volunteers, this dialogue and information imbues a sense of workplace autonomy, provides the wider context for contributions and reinforces the meaningfulness of work, contributing to job satisfaction and long-term retention.
Job Characteristics

Formal measures of work

An important issue addressed in this study concerned the validity of using formal measures to gather quantitative data in the volunteering area, and it has been established that these measures can be successfully used. The results of data gathered from paid employees as a control group, indicated the validity of the measures for volunteers within the same sector given that the work performed was similar and the outcomes were closely associated. The paid employee data reflected similar outcomes to previous research, which confirms that this study is valid. If the measures were not viable for volunteer work then the results would have been incomprehensible. During this study, it was also discovered that simply measuring observable phenomena would not provide sufficient understanding of the complex volunteering area. Furthermore, because the base of paid work is social reciprocation, simply applying paid work theory to volunteer work would lead to inaccurate models explaining volunteer behaviour. This study suggests a new model of volunteer work and that future research be based on theories of altruism rather than social reciprocation. Therefore, research on volunteer work applying constructs should take this theoretical context into account, incorporating theory development and various reasoning approaches, such as inductive, deductive and retroductive reasoning (Thompson, 2006).

Whilst the volunteers did not perceive their work as “work” in the formal sense, in that they considered “work” to be labour for paid remuneration, they nonetheless
regarded their volunteer work as similarly important as paid work. Volunteers were committed to rosters and to the respective teams that they worked with, and understood the value of their contribution to organizational goals and that their teamwork comprised part of that contribution. The personal work ethic of volunteers, including turning up when rostered, not wanting to disappoint the team and working well on assigned tasks, could impact organizational commitment, as identified in other research (see Elizur & Koslowsky, 2001; Leonard et al., 2005b). This approach to work explained the unexpected similarities between volunteers and paid employees in terms of friendship opportunities, in that the volunteers did not use their work to build informal, social friendships and rather sought to have healthy, collegial team relationships. Of note, in this study, volunteers and paid employees contributed several written statements that corresponded, concerning what was important to them. In managing volunteers, health sector management should appreciate that volunteers often perceive their work and contributions as equally valuable and important as paid work, but tend to view it as what they enjoy doing – somewhat similar to a hobby - rather than as “work”.

Nature of volunteer work

It was anticipated that volunteer work in the health sector would primarily involve administration, such as in kiosks or fund raising activities, due to the health sector comprising many specialized professions. However, this study discovered that health sector volunteer work was much broader than expected. Volunteers were involved in every facet of the health sector alongside paid employees, including
administration, performing medical procedures, emergency treatment and counselling.

The complexity and variety of volunteer work was extensive and essentially reflected the paid work in the health sector. In particular, it was necessary to consider the tasks of health sector volunteers and paid employees in order to understand their similar JCI scores. As indicated, their tasks were closely matched and in many cases duplicated exactly to the extent that every task was undertaken by volunteers, from fund raising to basic nursing duties to administration. Many of the programs managed by volunteers, such as kiosks, operated on corporate lines and therefore reflected paid employee work. Tasks that were medical in nature, such as counselling or medical procedures, were identical to paid employee work.

However, skill variety was higher for paid employees as they often performed several tasks and needed to be multiskilled, whereas volunteers primarily performed single tasks, such as counselling or administration. Previous research has emphasized the importance of skill variety as an aspect of paid employee work (see Hunt et al., 1985; Ramaswami et al., 1993; Sneed & Herman, 1990). Whilst voluntary work could include opportunities in alternate areas engaging in varying tasks, most volunteers chose to work in one area. This has been progressively changing due to growing demand for volunteers as public sector roles are increasingly transferred to the non-profit sector, contributing to the essential broadening of voluntary work and opportunities for multiskilling. As such, volunteer coordinators should approach potential volunteers, explaining these work opportunities and encouraging them to undertake new tasks. It may be useful to initiate a job matching system to better meet the expectations of
volunteers and organizations. This should contribute to volunteer work engagement and increase retention rates.

In addition, it was assumed that volunteer tasks would be less “work” or “business” oriented than paid employee tasks, contributing to the expectation that soft skills involving dealing with others and friendship opportunities would be more important to volunteers than paid employees. This study revealed that various tasks, such as fund raising, counselling and managing staff, were uniformly challenging in the volunteer and corporate sectors, and that the skills required for volunteer and paid employee tasks were broad and demanding. Several paid employees commented on the importance of developing new skills, having further training and the availability of professional development. Some volunteers commented on the importance of induction training, and other volunteers emphasized the necessity of on going training particularly in specialized areas, such as emergency ambulance response, bookkeeping and counselling. Volunteers generally stated the importance of being valued and having their contributions recognized within the organization.

This study has identified the variety of volunteer work, although less so than for paid work, and the need for volunteer work to be clearly linked to organizational goals. For volunteers, the meaningfulness of work derived from undertaking tasks towards helping others and achieving organizational goals, rather than from the tasks alone. Volunteers were willing, if required, to undertake mundane and repetitive tasks to accomplish organizational goals; for example, folding bags, counting gloves, restocking shelves, folding mail and serving drinks. These tasks were not necessarily desirable, but volunteers performed them because of their commitment to broader outcomes. The
satisfaction of achieving a greater organizational purpose than the task itself gave their work meaning. Therefore, for volunteers to feel satisfied and have a sense of meaningfulness regarding their work the tasks needed to be clearly linked to organizational goals (Wilson & Musick, 1997b).

Autonomy has been regularly identified as an important workplace feature, that is, the degree to which employees have a say in their work (Ramaswami et al., 1993). This study has similarly discovered the importance of this for health sector employees, particularly for volunteers who indicated their preference for being “left to get on with it” and their aversion to being over managed. Previous research has stipulated that volunteers were less likely to remain within an organization if they did not have sufficient autonomy (Wilson, 2000). However, in this study, volunteers stated that they were prepared to accept less autonomy at times because they understood that they were contributing to organizational goals. This commitment to these goals had precedence over personal workplace preferences. In addition, in this study, flexibility in time and tasks was a significant work aspect for volunteers and paid employees, and they made many comments about the importance of this. Flexibility gave them a feeling of control and the ability to decide when and where they would work, which contributed to their sense of autonomy. Jobs that are designed to allow flexibility and greater autonomy in tasks undertaken should lead to higher organizational commitment and increased retention.

Volunteers expressed resentment when management assumed their incessant availability, and when they felt taken for granted or used. They explained that their time was valuable and that they had various commitments beyond the organization. In
previous research volunteers stipulated a need for recognition and efficacy of caring (Leonard & Hayward-Brown, 2002). Volunteers emphasized the importance of their contribution being appreciated through an acknowledgement of the time given to an organization, instead of their availability being assumed. This relates to organizational culture and volunteer perceptions concerning the value attributed their contributions by management. Organizations that converse with volunteers about their availability will convey to volunteers and others that their time and contributions are valued and not taken for granted. In addition, task identity, which refers to the degree to which a person can perceive results following the completion of a task, was mediated by organizational commitment and was a significant dimension in predicting intention to leave for health sector volunteers and paid employees. Previous paid employee research similarly found task identity to be a “relatively stable antecedent of organizational commitment” (Steer, 1977, p. 51). In this study, the likeness between volunteers and paid employees could reflect the nature of health sector work and the motivations of those who decide to work in caring professions, reducing turnover. This link between motivation in caring professions and turnover reduction has been formerly supported (Bolon, 1997).

As stated, it was anticipated that the job characteristic “dealing with others”, that is, the degree to which a person is required to associate with others to complete their work, would be more significant for volunteers than paid employees. This expectation was based on former research that discussed the value of providing volunteers with social connection in their work (Leonard & Hayward-Brown, 2002). However, in this study, dealing with others was similarly important for volunteers and paid employees,
which relates to further research that identified dealing with others as an important factor in commitment (Bolon, 1997; Pearson & Chong, 1997). As such, volunteering within organizations should include opportunities for collegial work and personal interaction. Nurturing a sense of collegiality will strengthen the relationship between volunteers and organizations, and reduce turnover. In addition, based on previous research, it was anticipated that the job characteristic “friendship opportunities”, that is, the degree to which a person is able to converse with others and establish informal relationships whilst working, would be most important for volunteers and a greater part of their work (Leonard & Hayward-Brown, 2002). However, in this study, this factor was significant for paid employees as an antecedent to intention to leave. The importance of friendship opportunities for health sector volunteers and paid employees was understandable given the personal values underlying their decision to work in caring professions, that in their work they handled important life issues, and that their tasks depended on teamwork. The health sector environment comprises professions that are based on caring for the sick and needy, which can be intensely emotional. This work context contributes to the formation of camaraderie, which reinforces similar values and interests.
Meaningfulness of Work

Job involvement

As stated previously, the Australian health sector, compared to other industries, comprises the highest number of paid employees who also volunteer within the same sector (ABS, 2000). For these paid employees, their understanding of the importance of their volunteer contributions and the general outcomes of volunteer work was based on their knowledge as professionals. Both paid employees and volunteers within the health sector contributed to important life events for patients on a daily basis. For volunteers, meaningfulness of work was a significant factor as it affected their job satisfaction and motivation levels, which influenced their organizational commitment and ultimately determined their intention to leave. Previous research found that volunteers were not interested in simply undertaking tasks that paid employees repudiated or that organizations wanted completed to save money (Sirotta, 1995). Volunteers inherently wanted their work to have meaning within the overall context of organizational goals.

Many volunteers commented that gratitude from patients formed their sense of being valued and that their contributions were worthwhile. Most patients, on a regular basis, showed their appreciation of volunteer assistance by saying “thank you” or “good job”. This appreciation and seeing the patients improve and go home, significantly contributed to the meaningfulness of their work and augmented their level of job satisfaction. Appreciation and recognition from health sector management reinforced
the value of their work and the importance of their contributions in generating vital outcomes, which resulted in increased retention rates. Many paid employees also commented that feedback from patients and supervisors made them feel validated, and that a lack of positive feedback from senior staff and management influenced their feelings about the organization. However, volunteers could simply leave if they perceived that their work was not valued or meaningful. For volunteers, there is little financial cost associated with leaving and there is an abundance of opportunities within other organizations, such as the State Emergency Services, if they are prepared to learn different skills or willing to apply their skills elsewhere. As such, their need for feedback should be recognized and managed well.

Organizational culture

Volunteers predominantly wanted to undertake work that was meaningful and made a difference, and volunteers were more engaged when they could make a unique contribution, had focused work with accountability and feedback, and when there was interpersonal support and trust (Bernthal, 2004). As such, organizations need to understand the meaningfulness of their work and consistently communicate to volunteers the value of their contributions. For many volunteers feelings of being taken for granted or used were influenced by the behaviour of paid employees towards them. One volunteer stated that she would only consider leaving the organization if paid employees were rude to her, which was not related to paid employees having a bad day but rather paid employees causing volunteers to feel that they were not engaged in “real work”. Such attitudes undermined the value of volunteer contributions, detracting from
the meaningfulness of their work and contributing to higher turnover rates. However, volunteers did not necessarily want formal recognition of their work, involving certificates, plaques or public promotion, but rather sought acknowledgement from management and staff that their work was valued and significant within the organization. One way of providing feedback towards increasing volunteer job satisfaction involves marking significant moments, such as ten years of voluntary service.

A further aspect of organizational culture in building relationships with volunteers concerns involving them in consultation when major changes are considered. In this study, two health sector organizations had experienced significant change, whereby one organization involved volunteers as stakeholders in an extensive consultation process, and the other organization did not. For the organization that consulted volunteers, whilst some decided to leave due to the change, those volunteers that stayed had higher commitment levels due to their inclusion in the process and the value afforded their work. For the organization that did not consult volunteers, the relationship between management and volunteers became strained as volunteers recruited members of the public to sign petitions against the change, resulting in volunteers being disconnected from organizational goals. As identified in previous research, this study similarly found that management needs to acknowledge the value of volunteer contributions and demonstrate this (Eisinger, 2002). In hospitals with volunteer waiting lists, which occurred occasionally, the process of placing volunteers in useful positions was usually slow due to paid employees not understanding the role of volunteers within the organization and how they could contribute to organizational
goals. Alternatively, many community and grassroots organizations reliant on volunteers appeared to have better working relationships between paid and volunteer employees. Australian health sector organizations, in training paid employees, should emphasize the development of working relationships with volunteers, and an understanding of the valuable contributions of volunteers towards achieving organizational goals. Such appreciation should become part of organizational culture, leading to an increase in volunteer numbers and retention levels.

Job satisfaction

This study found that health sector volunteers and paid employees had similar levels of job satisfaction, which perhaps reflected their work environment. The health sector predominantly attracts people who want to undertake a “caring profession”, as the work largely involves helping others, which can be intrinsically rewarding and potentially provides greater job satisfaction compared to other sectors and occupations. In this sense, what made volunteering rewarding (Kim & Murnigham, 1997; Leonard et al., 2005b) was often part of the general job design in the health sector for all employees. In this study, volunteers were prepared to remain within an organization if they perceived and were satisfied that their work was making a difference and meeting the needs of patients, which was an intrinsic motivator and reward. This was reflected
in organizational culture, providing volunteers with opportunities for feedback regarding the value of their work, which also generated increased organizational commitment (Lok & Crawford, 2001). Two volunteers described feeling used by organizations they had previously worked in and had left those organizations due to these experiences.

Whilst this study discovered a strong correlation between job satisfaction and organizational commitment, a clear causal connection was not found and it cannot be suggested that one precedes the other. However, due to the similar job satisfaction levels of health sector volunteers and paid employees it could be inferred that volunteer job satisfaction mediated the relationship between job characteristics and intention to leave, as was found for paid employees in previous research (Linz, 2003). For volunteers, it could be assumed that by monitoring job satisfaction and modifying job characteristics accordingly, retention could be predicted. However, the focus should be on volunteer work engagement rather than altering job design because augmenting the meaningfulness of their work would modify volunteer job satisfaction more than job characteristics. Volunteers are more likely to stay if managers reinforce those intrinsically satisfying parts of their work through ongoing feedback and a culture of appreciation.
Organizational Commitment

Volunteers in this study showed personal warmth towards the patients and the health sector organizations they worked within, which was demonstrated in their high affective commitment scores. Volunteers perceived their organization as providing a mechanism by which to help others in a meaningful way and were committed to organizational goals, which they perceived as aligning with their own values. This alignment of organizational goals and volunteer values was a key to the retention of volunteers in the health sector. Affective commitment refers to emotional attachment, identification and involvement with an organization. The personal values of volunteers influenced their affective commitment as they were personally committed to the outcomes of goals within their organization. Whilst previous research has found that job characteristics are more important than personal values in predicting organizational commitment (Hunt et al., 1985), this did not seemingly apply to volunteer work. Volunteers were highly committed to their own values or goals and appeared to be content to continue working within an organization where the intrinsic goals aligned with their personal values or goals to help others.

Continuance commitment refers to the cost an individual bears by leaving or remaining with an organization. Compared to paid employees, the continuance commitment levels for volunteers were low, which indicated that the time and effort already invested or expended by volunteers would not stop them from leaving and would only moderately compel them to stay. This may have been due to the number of
opportunities available for volunteering within the health sector or the fact that these volunteers appeared to be committed to volunteering as a career.

Normative commitment was higher for volunteers than paid employees indicating a moderate obligation to stay, which was directed towards fellow volunteers and the patients rather than the organization. Paid employees particularly felt an obligation to the patients rather than the organization. Volunteers saw themselves, individually and collectively, as a separate entity from the organization, and in this sense did not posit fellow volunteers as part of the organization. Volunteer obligation was predominantly driven by their commitment to the teams they worked with and the patients they helped. It was anticipated that volunteers would either have strong feelings of obligation to the organization due to personal experience, such as having been a patient, or low feelings of obligation due to the nature of volunteering. However, it was found that volunteer obligation was not dissimilar from paid employee obligation in the health sector.

**Commitment to organizational goals**

Volunteers were committed to achieving the goals of their organizations, not because of the goals themselves, but because they understood that these contributed to the care of patients. They were also willing to undertake tasks that were seen as less significant, such as stuffing envelopes for mail outs, because they recognized that these contributed to the overall organizational goals. Rather than being concerned with actual tasks, volunteers were more mindful of the meaning of those tasks in accomplishing significant goals. The motivators for volunteers included seeing lives saved, purchasing
important medical equipment and providing patients with small kindnesses. For volunteers, affective commitment was the key predictor in choosing to stay or leave an organization in the health sector. High affective organizational commitment demonstrated that volunteers identified with organizational goals, and felt an emotional attachment to an organization given their inclusion in effective work teams. Volunteer motivations and ensuing expectations influenced their commitment and intention to leave. As such, for volunteers, their personal values and motivations underlie their commitment and need to be matched to organizational goals.

As identified in paid employee findings, the health sector volunteers strongly identified with organizational goals and wanted to stay (Suliman & Iles, 1999), which explained the unusually long tenure of the volunteers in this study. Many volunteers commented that they had worked in their organization for more than ten years and expressed enthusiasm about their work. Key informants likewise reported that many volunteers had been there for quite some time, and that long term volunteers may have been reluctant to complete the questionnaire because they felt they had nothing to say. In addition, according to previous research, volunteers who feel an obligation and expect an extrinsic reward, such as a “thank you” dinner, tend to have higher organizational commitment and lower turnover (Kim & Murnighan, 1997). However, for the health sector volunteers in this study job satisfaction and patient appreciation were highly valued. Volunteers could decide to stay even when they are dissatisfied with their tasks and are not bound by economic forces. There are two possible explanations for this. First, volunteers who are internally motivated may be so focused on their values aligning with organizational goals that external rewards mean little.
Second, volunteers may rationalize their behaviour to reduce cognitive dissonance, thereby increasing organizational commitment. Overall, the questionnaire and interview data indicated that affective commitment was the most significant predictor of volunteer intention to leave. In this sense, emotional attachment to the organization, the alignment of personal values with organizational goals and the meaningfulness of their work contributed to volunteers staying in or leaving an organization.

**Relationships within organizations**

Whilst the volunteers understood that their work was about giving, most volunteers also spoke about what they received from their work, which reinforced the complexity of volunteer behaviour and reflected previous research (Cnaan & Goldberg-Glen, 1991; Zappala, 2000). The general premise of volunteers giving and organizations taking is perhaps overly simplistic, and instead this study suggests that those organizations that perceive the relationship as reciprocal and treat volunteers as valued workers are more likely to have a higher retention than those organizations that do not. For volunteers, the rewards that made a difference and contributed to the meaningfulness of their work were more intangible than tangible. The intangible rewards in terms of the patients included gratitude from patients, knowing that a patient would survive, or that the experience of patients in the organization was made easier through their efforts. The intangible rewards in terms of the organization included appreciation from management, a culture of appreciation regarding their work and the alignment of personal values with organizational goals in helping others.
For those volunteers no longer in paid work, volunteering provided a social network that replaced paid work camaraderie, a large part of the social culture in Australia. This confirmed research from New South Wales, Australia, that volunteer work supports community connections (Leonard & Hayward-Brown, 2002). In addition, this social network or connections with others gave volunteers the opportunity to discover the meaningfulness of their work through informal feedback. This is developed through the culture of an organization, as they either treat volunteers as valued employees or as a necessary evil. Whilst the health sector environment comprised a mixture of teamwork and individual work, the majority of tasks required working with others most of the time and fewer tasks could be completed individually, which made dealing with others an important job characteristic. Some paid employees identified problems with bullying and staff communication; however, these did not seem to be issues in the volunteer workforce, perhaps because volunteers could easily leave if such problems occurred. There may also be a self-selection process, whereby people who have difficulty working with others do not volunteer or quit volunteering when they discover they do not fit into the environment.

In the health sector, a factor impacting on task identity concerns the limited opportunity for staff to complete tasks on their own, because patients are involved in the majority of work, and because volunteer and paid work largely depends on teamwork as emphasized in previous research (McNeese-Smith & Nazarey, 2001; Pearson & Chong, 1997). A further factor impacting on task identity concerns the difficulty of completing a task and seeing the results of work. For example, one may help a patient recover from an accident, but only have contact with them for a few weeks out of months of
rehabilitation. In addition, work may not be “done” because whilst one patient may go home well, others are coming in. The ongoing nature of patient care has led to research on compassion fatigue in the caring professions. Therefore, it is important that health sector human resource managers consistently inform volunteers and paid employees of their contribution to the overall well-being of patients. This type of feedback for volunteers reinforces the importance of their role in their work, which relates to task identity. A further way of reinforcing task identity is by celebrating significant milestones, such as the raising of funds for a particular project before beginning a new project. For volunteers, this recognition of significant outcomes contributes to the meaningfulness of their work.

Several volunteers explained how they felt welcomed, accepted and valued by others, which reflects a healthy organizational culture and a work environment that builds organizational commitment and increases retention. This study confirms previous research that the leadership style of volunteer coordinators and managers should be collaborative, empowering volunteers to feel that their contribution is making a difference and thereby increasing the meaningfulness of their work (Larsson & Ronnmark, 1996). The interview data indicated that whilst volunteers sought social connection, they viewed their workplace relationships as collegial and wanted to be treated as colleagues providing valuable skills to the organization. Similar to paid employees, volunteers did form friendships through their work; however, the lack of such friendships was not a key motivator or antecedent of intention to leave. This was unexpected, but can be explained by the value that volunteers attributed meaningful work, and their inherent interest in making a difference rather than just being busy.
Volunteers also commented on good teamwork and support as important factors in their decision to leave, and were likely to continue volunteering for longer periods if they enjoyed working with other volunteers in their teams. This was demonstrated by volunteers being committed to team rosters despite personal preferences for not getting up early, and by undertaking menial tasks including counting gloves. Human resource managers could provide volunteers and paid employees with opportunities for team development to improve their people skills, which are important for effective teamwork and when dealing with patients. Improved communication and teamwork can reduce volunteer and paid employee turnover, which is often caused by conflict and communication misunderstandings. When volunteers described not wanting to work in teams with difficult people, they quickly explained that they were not referring to anyone in particular. They were aware that their comments could be construed as criticism not conducive to a healthy on-going work environment, which illustrates the highly sensitive nature of teamwork and their awareness of this. It is important to note that volunteers are not obliged to remain within an organization, even if they are committed to the organizational goals. They can leave at any time and find similar work elsewhere, and will probably maintain valued social contacts regardless of the organization. As such, it is recommended that managers address team issues when they arise, in order to increase retention.

The value of volunteer work

Volunteers in the health sector and other sectors more broadly did not view their work as similar in sense or meaning to paid work or as work per se (Leonard et al.,
Rather volunteers viewed their work as an important and valuable service to others that made an equally significant contribution as paid work. This perception of their work contributed to some confusion in managing volunteers, particularly in terms of their engagement with managers and administrators. The psychological contract of volunteers was influenced by their self-perception, modifying their expectations of management and leadership. Managing the work environment of volunteers using standard human resource management techniques may require better planning and implementation than paid work due to their self-perception. In addition, how they perceived work seemingly connected to the meaningfulness of their work and inferred the significance of the motivation to help. Given that the health sector has some of the most vulnerable and needy people in society as its clients, volunteers were strongly aligned with the organizational goals to help these people. Health sector paid employees were more focussed on career and skill development than on the goals of the organization, confirming that career development is of greater importance to paid employees than organizational goals.

Previous research found that volunteers and paid employees had similar attitudes towards their work (Liao-Troth, 2001; Wilson & Musick, 1997b). This was generally confirmed in this study, particularly in terms of the commitment of health sector volunteers and paid employees to their work. However, whilst volunteers were committed to their work, they were prepared to undertake a variety of tasks. For volunteers, their self-perception of work was seemingly about the meaningfulness of their work, which impacted on other variables including satisfaction, commitment and motivation to stay. This was demonstrated during the interviews when volunteers
enthusiastically discussed the meaning and value of their work. Many volunteers indicated that seeing people get well and having a feeling of helping people were important aspects. This comment also appeared a number of times on the survey forms. In addition, many volunteers repeatedly explained, in the interviews and on some survey forms, the joy of caring and the recognition by the patients of the value of their work. This significantly impacted on their perception of their contributions to the wellbeing of patients as an overall organizational goal, and confirmed previous research that found that the efficacy of caring and social connection were important factors in volunteering (Leonard & Hayward-Brown, 2002). Whilst this previous research considered female volunteers, the results of this study indicated that this “helping nature” was the same for male volunteers.

It is imperative to recognize that the counter-culture nature of volunteering in a money-driven society influences organizational commitment (Camilleri, 2002). Whilst the discussion about social capital emphasizes the value of volunteering, largely volunteering is not about contributing to the gross domestic product (GDP) of an economy. Even though volunteering contributes to the community, there has been some concern about the interest of State and Federal governments in volunteering. There is increased pressure to shift previous paid work, such as in-home care, from the public sector to the non-profit sector, which impacts on GDP. In addition, recently there has been some discussion about how to measure volunteer work to make the public aware of the value of this work (Leonard et al., 2005b). The difficulty with such measurements is that much voluntary work would probably remain undone if people had to be paid. For example, health sector volunteers in this study assisted patients
coming into hospital to find their ward, settle into their room and complete paperwork. If there were no volunteers, patients would have to complete these procedures alone. Therefore, having an economic measure of the value of volunteer work is difficult; it cannot be said that so many hours would be saved in wages because the work would not be done. However, some research has estimated the figures if the jobs were being done (see Ironmonger, Volunteering Australia, 2003).

Volunteering is seen as important to the development of social networks, and is considered essential for the social and political workings of a democracy (ABS, 2000; Lyons, 1999). However, the non-profit sector is increasingly forced to be accountable as public monies are used through government grants (Lyons, 1999). Recently, there has been much debate about insurance for volunteers (Rochester, 2006; Volunteering WA, 2006). Whilst the government and others acknowledge the social capital contribution of volunteering, the increasing insurance burden on volunteer organizations has not been eased. This gives volunteers a politically mixed message and the impression that their work is not valued or important.

**Career commitment**

An explanation for the long-term commitment of volunteers in an organization is that of commitment to the profession (Lopopolo, 2002). This aspect should be investigated further, particularly given that a significant number of volunteers in this study volunteered elsewhere and had a long history of volunteering. The career commitment for paid employees often impacts on organizational commitment (Rahman & Hanafiah, 2002). In this study, paid employee organizational commitment reflected
some emotional attachment to the organization. These findings may indicate a motivational factor for health sector staff as a field where people enter professions largely because they wish to help others. Therefore, a commitment to the profession or to personal goals may be reflected in the results, which can be difficult to distinguish from organizational commitment (McNeese-Smith & Nazarey, 2001; Rahman & Hanafiah, 2002). The connection between this type of commitment and volunteer turnover remains unclear.

The results of this study suggest that volunteers are committed to volunteerism as a career, similar to paid employees. This was shown by the length of time the volunteers had been working in their organization, which was longer than the averages reported elsewhere (ABS, 2000), and in the history of volunteering and in the current organization as reported in the interviews. This commitment was to helping others, although expressed through volunteering. Indeed, the fact that almost all the volunteers had previously worked elsewhere and many volunteered in other health sector organizations, gave the impression that they were committed to volunteering as a “profession” rather than the health profession or the organization. However, every volunteer was adamant about not leaving and wanting to stay in their organization. This should be taken into account in future research.
Intention to leave

Volunteers’ decision to leave

Importantly, this study has found that volunteer organizational commitment mediated the relationship between job characteristics and intention to leave, perhaps due to the alignment of their personal values with organizational goals, and their dedication to the teams they worked with (Larsson & Ronnmark, 1996). Volunteers expressed a willingness to stay in an organization even when they did not agree with the tasks assigned to them or with management decisions. This apparent incongruence can be explained by understanding volunteer commitment to organizational goals and the meaningfulness attributed to their contributions. Their overriding commitment to achieving organizational goals was related to personal motivational factors, which were more influential than job characteristics as volunteers felt intrinsically aligned with the goals of the organization. As such, volunteer organizational commitment mediated the influence of job characteristics on intention to leave.

During this study, only one very large organization had volunteers on a waiting list, and another large organization had a waiting list periodically, which was due to the need to appropriately train paid employees to work with volunteers rather than due to a lack of volunteer work. Given that most organizations were actively recruiting volunteers, it was clear that volunteers an organization when they no longer felt attached to it. During this study, one volunteer had agreed to participate on a Wednesday, and on the Thursday he had left. The area manager when asked about this stated that the volunteer had simply called on the Thursday morning and said that he would no longer
be coming in. This demonstrated that volunteers could easily walk away from their work if they choose to do so. One clear reason that volunteers gave for leaving an organization, in addition to ill health, regarded the location of the organization and accessibility. Organizations that are within easy access to public transport or that recruit volunteers who live locally are more likely to retain volunteers over the longer term. However, organizations cannot control these matters as personal factors dictate the movement of people following recruitment.

Recommendations to Organizations

The following recommendations were developed for this study to contribute to volunteerism theory and human resource applications. These recommendations, based on the perspectives of volunteers and the findings in this study, intend to convey information about key concepts that volunteer managers should consider towards increasing volunteer retention in health sector organizations. It is hoped that the following information will enhance volunteer work and the experience of volunteers who principally give of themselves for others, and will further assist Australian health sector organizations to lead the way in volunteer management.
**Volunteer perspectives**

**Flexibility and autonomy**

Organizations should consider the available time of volunteers when planning and asking volunteers to work. Job design should incorporate more flexibility and autonomy where possible, which should contribute to higher organizational commitment and increased retention rates.

**Relevant ongoing feedback**

Organizations should provide ongoing information and feedback to volunteers regarding performance and progress towards organizational goals. This should provide volunteers with a sense of value and contribute to the meaningfulness of their work. Volunteers stated that there should not be too many meetings. Many volunteers felt that meetings for the sake of it wasted their time, and they wanted meetings to be moderated and well prepared, comprising a clear agenda.

**Training and support**

Training is recommended for volunteers and paid employees, with volunteer training focusing on the skills needed to complete their work and paid employee training focusing on how to interact with volunteers to enhance patient care. Human resource managers should provide suitable training for supervisors in all areas focusing on the importance of providing staff with ongoing feedback that is relevant and meaningful. Volunteers indicated that a probationary period would be useful for
Antecedents to volunteers' intention to leave

volunteers and paid employees. This would assist volunteers and paid employees to evaluate their suitability for a particular job, and provide a “no blame” exit strategy enabling them to leave without encountering negative feelings. In addition, it is recommended that induction training convey the positive and negative aspects of a job to provide volunteers with a more realistic picture of what to expect. Expectations can have a significant impact on volunteer job satisfaction and it is necessary that organizations address this during the induction process. Volunteers involved in patient care, particularly counselling, commented on the importance of debriefing being available due to the support it provides when they undertake difficult tasks. Notably, the level of support a volunteer receives can reduce turnover (Farmer & Fedor, 1999).

Appreciation

The accessibility of an organization is essential and if possible organizations should provide volunteers with free parking or parking vouchers. This contributes to volunteers feeling valued within an organization and reduces the demand that may be felt when organizations require too much. Finally, all volunteers mentioned that they wanted the recognition of “thank you” from the organization. Volunteers were more concerned with the existence of a culture of appreciation rather than with receiving gifts or tokens of gratitude.
Findings of this study

Job variety

In organizations where there is not an extensive range of volunteer tasks, the variety of skills can be increased through job rotation and cross training. Further job analysis could also reveal areas where variety can be increased (Sneed & Herman, 1990). However, it is important to note that some volunteers do not want to undertake a range of tasks, and job expectations should be discussed with newcomers. Research on job matching should give volunteer managers the tools to recruit volunteers suitable for particular roles.

Job-person matching and ongoing training

In maximizing volunteer spirit, organizations should ensure that inherent organizational and volunteer needs match (Bowman, 1998). It is initially important to elucidate the goals of volunteer work within an organization and then communicate these to volunteers or prospective volunteers in order to allow them to make an informed decision about whether they want to work there. Assisting volunteers to clarify the form of their contribution and their expectations in terms of personal values, ultimately enables an organization to more effectively occupy positions. It is recommended that organizations have induction training for volunteer recruits assisting them to determine what a job involves.

In relation, an increase in volunteering opportunities means that volunteers can contribute to the community in various ways. Health sector organizations commonly
offer a range of work for volunteers, and have regularly had volunteers who are highly skilled in numerous areas and are prepared to undertake differing tasks, including mundane tasks. Interviews should give volunteers the options to ascertain where they can work best within an organization, and clear job descriptions should be developed to help volunteers connect their skills to specific tasks. These aspects should assist the matching of individual interests, skills and values with organizational needs. A person-organization match contributes to positive work outcomes and increases affective commitment, leading to higher retention rates. It is also recommended that job-specific training be provided for those positions that requiring higher skill levels, which should involve extensive role-playing and discussion about the issues involved. As a result, volunteer recruits can determine whether this is what they want to do and the organization can consider the suitability of volunteers.

**Flexibility**

Negotiation between organizations and volunteer recruits relates to volunteer autonomy. Offering options for roles, work hours and other tasks would increase job autonomy, and further enable volunteers to feel valued and appreciated. In terms of managing volunteer teams, satisfaction with co-workers is an important predictor of organizational citizenship behaviour (OCB), which is closely linked to organizational commitment (Bolon, 1997). Volunteer and paid work similarly depend on OCB. It is recommended that organizations allow volunteers to negotiate who they work with and to self-manage their team as much as possible.
Leadership style

Organizational culture is an aspect that requires further research, specifically the development of a work environment that people choose to remain within. In this study, the importance of organizational culture was apparent in that several health sector volunteers were former paid employees, which relates to management style (Nijhof et al., 1998) and perhaps also to the meaningfulness of their work. Effectual management or leadership style has a crucial impact on inducing retirees and other paid employees to remain as volunteers after leaving paid employment. Volunteer managers should genuinely value volunteer contributions and readily give volunteers meaningful feedback. For volunteers, these managers are the face of the organization and their interpretation of feedback will have a major impact on whether volunteers perceive their work as making a difference. In improving volunteer retention, the value of their work should be communicated in a way that is meaningful for them, rather than communicated in a way that is preferred by management. As such, human resource managers should understand the motivations of volunteers and what makes their work meaningful, and then structure feedback around these parameters.
Towards the Development of Volunteer Work Theory

This study began with the hypothesis of antecedents framing intention to leave based on organizational psychology theory and particularly the Mathieu and Zajac (1990) model predicting intention to leave for paid employees. It was understood that “The purpose of a theory is to provide the means to develop mathematical, analytical, or descriptive models that predict counterintuitive, non-obvious, unseen, or difficult-to-obtain outcomes” (Thompson, 2006, p. 16). Accordingly, this study sought to apply paid work theory to the volunteer work environment and develop a model from data analysis that could be evaluated in future study. This was in line with recent research in the volunteer sector that had increasingly adopted human resource models and methods (Eikenberry & Kluver, 2004; Klie, 2006). It was subsequently hypothesized that motivation and meaningful work instigated volunteer behaviour, and that the job characteristics of volunteer work were antecedents to job satisfaction, which was an antecedent to organizational commitment that then predicted intention to leave. Similar to findings for paid employees, this study found that for volunteers job characteristics were antecedents for job satisfaction and organizational commitment. However, the antecedents influencing job satisfaction and organizational commitment were different for paid employees and volunteers. This was a significant finding, given that there has been no previous research in this area of volunteering.

For volunteers, there were significant relationships between job characteristics and intention to leave; however, a direct causal relationship was not ascertained. This
was unanticipated as previous research had provided reasons to expect a causal relationship, suggesting that many people volunteer to maintain their skills, meet new people and contribute to their community (Gay, 1998; Leonard et al., 2005a). This study was unable to confirm this, which implies that the organizational commitment of health sector volunteers is already high and is reliant on motivational factors rather than job characteristics. As identified in previous research, volunteer motivations are a significant factor in their commitment to an organization (Tang & Ibrahim, 1998). In this study, volunteers wanted to help others and the altruistic nature of volunteering motivated them. Given that most volunteers wanted to help and that the health sector had a need, human resource managers were able to capitalize on motivational factors when recruiting volunteers (Fisher & Ackerman, 1998). This link between personal values and organizational goals was important in understanding why volunteers joined an organization and why they left.

The job characteristics that were identified as antecedents to job satisfaction for volunteers included task identity, feedback and dealing with others. Whilst this part of the model was intimated in previous research, this study has demonstrated evidence for its validity. In particular, for volunteers, contributing to organizational goals was important. The strength of job characteristics as antecedents to volunteer intention to leave was mediated by job satisfaction and organizational commitment. An implication from the data was that motivational factors and the meaningfulness of work were strong moderators of job characteristics as antecedents to intention to leave. For volunteers, in light of organizational goals, the meaningfulness of work impacted on increased job satisfaction and higher organizational commitment, which contributed to lower
turnover. These findings suggested that the antecedents for volunteer organizational commitment were quite complex in nature and origin.

Previous research has indicated that the nature of the relationship between an organization and an employee is based on exchange (Hrebinak & Alutto, 1972). Although as explained, “When the organization is not dependable, however, or where it fails to provide employees with challenging and meaningful tasks, commitment levels tend to diminish” (Steers, 1977, p. 53). As such, when volunteers did not perceive their tasks as meaningful in terms of organizational goals and helping others, there was a clear intention to leave. In terms of the personal values of volunteers, the meaningfulness of their work appeared to be far more important than alignment with organizational goals. For example, some volunteers undertook tasks that they enjoyed and did not want to be bored at home. However, if their work were not satisfying in terms of helping others in a meaningful way, even if it related to organizational goals, they would not stay. It is important to understand that if volunteers offer a “gift” to the community, then that is part of their motivation. A gift is only valued when it has meaning for the receiver and the giver. Therefore, the meaning of volunteer work should be acknowledged by patients and the management in the organization.

As found in previous research, this study identified a significant relationship between job characteristics and organizational commitment, which was not mediated by job satisfaction (Curry et al., 1986). Volunteers were seemingly committed to a particular work ethic that included their motivations, enjoying their tasks and seeing their work as equal in value to paid work. Volunteer work also acted as a social outlet and provided social connection for volunteers; however, this was not as important as
hypothesized. In addition, volunteers were prepared to undertake tasks that were less enjoyable for short periods of time to facilitate greater goals that benefited the community (Elizur & Koslowsky, 2001). These findings demonstrated that volunteers were more focused on the meaningfulness of their contributions to the overarching picture than the daily tasks undertaken. Given that organizational commitment predicted intention to leave for volunteers and paid employees, as similarly found in previous research (Kirkman & Shapiro, 2001; Parnell & Crandall, 2003), it is essential that health sector human resource managers work to foster higher levels of organizational commitment.

One reason explaining why the causal relationship hypothesised was not confirmed may be that the personal goals of the volunteers coincided with the goals of the organization (Bowman, 1998). Therefore, to some extent volunteer commitment was not simply to the organization, but to their personal goals and values, which may have acted as a deterrent to leaving and reduced turnover. The results of this study indicate that if these goals do not coincide then it is more likely that a volunteer will leave. In addition, expectations impacted on the retention of volunteers. For example, a story was relayed of a woman who volunteered at a hospital where she wanted to help on the reception/welcoming desk. However, at that hospital the only volunteering available was in the kiosk or in counselling. The woman tried the kiosk but found it unsatisfying and left soon after starting, and expressed disappointment that she could not do the job she wanted to do. Within organizations, jobs should be clearly linked to outcomes that contribute to the achievement of organizational goals, rather than just being “busy work” for volunteers. Human resource managers could help create an
understanding of the meaning of volunteer contributions by identifying the value of their work, and by providing on-going feedback about the importance of their work.

The most recorded comment in the questionnaire by volunteers and paid employees concerned the flexibility of their work in the health sector, which was followed by comments mostly from paid employees about learning opportunities. These were also the two most important factors for nurses, as identified in previous research about personal factors. As stated, “Except for job satisfaction, the major themes related to organizational commitment were extraneous to the job itself” (McNeese-Smith & Nazarey, 2001, p.181). This indicates that organizations that provide some flexibility in the work environment and an emphasis on skill development should have lower turnover rates than those that do not. These influences impacted on volunteers in this study. Flexibility and skill variety were central for volunteers, who indicated that using their skills was important in terms of making meaningful contributions to the community. Many volunteers brought skills to the organization, and the majority were prepared to learn new skills to do their voluntary work well.

Overall, whilst this study was unable to determine causal links, significant relationships were identified that included a measure of predictability (Bobko, 2001; Turner, 1983). To thoroughly test the veracity of this model, a new set of data would need to be collected and analysed using path or structured equation modelling. Given the number of variables in this model, it is anticipated that eight hundred volunteers would be required, and a more formal way of measuring altruistic motivational factors would be recommended.
A model explaining volunteer intention to leave

Having elucidated and examined a number of antecedents framing intention to leave, this study suggests a new model explaining volunteer intention to leave. The antecedents are correlational, and it is anticipated that there will be some interaction between them. This model is a variation of the paid work model by Mathieu and Zajac (1990), and incorporates the constructs of job characteristics, job satisfaction and organizational commitment. It also includes the personal factors of motivation and work engagement, as viewed in the broader context of generating meaningful work for volunteers. This model will probably have the same outcomes in terms of developing retention strategies for volunteers as the current research about paid employee retention in various industries. However, intention to leave is different for volunteers compared to paid employees, as there are no tangible things that can be easily adjusted, such as remuneration or leave options.

The model of antecedents to volunteer intention to leave is explained as follows: volunteers are motivated to work; they have a number of tasks in their job; these job characteristics interact with their motivation in creating meaningful work; and this influences job satisfaction and organizational commitment. If there is a higher level of organizational commitment then turnover will be low; and if there is a lower level of organizational commitment then turnover will be high.

The new model proposed for predicting volunteer intention to leave in the hypothesis was confirmed by the outcomes of this study (see Chapter 2, Figure 2 for the hypothesised model). The meaningfulness of the work should be acknowledged as an
important influence on the level of organizational commitment for volunteers. When referring to the Mathieu and Zajac (1990) model (see Chapter 1, Figure 1), the outcomes of this study would be slightly adapted as per the hypothesis to emphasize the importance of meaningfulness of work (see Figure 17).

<table>
<thead>
<tr>
<th>Antecedents</th>
<th>Correlates</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Characteristics</td>
<td>Motivation</td>
<td>Intention to Leave</td>
</tr>
<tr>
<td>Skill variety</td>
<td>Meaningfulness of work</td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>Job Satisfaction</td>
<td></td>
</tr>
<tr>
<td>Task identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friendship opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dealing with others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When managing volunteers, job design would probably have little impact on job satisfaction and organizational commitment if the meaningfulness of work were given no attention. However, a focus on the meaningfulness of work creating a context for job characteristics as being helpful to others would impact on job satisfaction and organizational commitment. Volunteers are more concerned with the value of their contribution to organizational goals in helping others, and the meaningfulness of their
work in that context. Appreciating volunteer motivation and aligning this with organizational goals does moderate their intention to leave.

Developing a theory of volunteer work includes the intangible factors that cannot be adequately measured utilizing standard tests and given current knowledge of volunteer work. To understand volunteer work, the underlying motivation of altruism must form the base of any model or development as altruism creates motivation for volunteering and moderates the influence of job characteristics and organizational characteristics on job satisfaction and organizational commitment. Given this underlying factor, it is the meaningfulness of work in helping others and giving back to the community that mediates all other factors predicting volunteer intention to leave. Therefore, any future model of volunteer work, including research of volunteer work and organizations, should incorporate a theory of altruism in order to develop something that will be valid and applicable in explaining volunteer work. Volunteers indicate a clear intention to leave when the alignment of their personal values and the organizational goals no longer matches, and there are a number of reasons that this occurs. Organizations will reduce volunteer turnover by addressing these reasons and maintaining an alignment of volunteer values and organizational goals. Furthermore, it is proposed that this theory of volunteer work will extend to all areas of community volunteering, not just apply to the health sector.
Conclusion

This study has identified several antecedent factors informing intention to leave for volunteers. Whilst paid employee models provided an initial framework, the outcomes of this study indicated differing significant antecedent factors for volunteers in job characteristics, job satisfaction and organizational commitment. These measures could reliably predict volunteer intention to leave with organizational commitment and job satisfaction mediating the impact of job characteristics on intention to leave. However, the intangible aspects of the work environment had the greatest impact on volunteer intention to leave, namely motivation, expectations, meaningfulness of work and work engagement. The meaningfulness of work for volunteers, involving motivational factors and work engagement, directly influenced their approach to work tasks and their level of organizational commitment and satisfaction. Their underlying desire to help others and give back to the community mediated the influence of organizational variables, and perhaps personal variables. However, when this altruistic motivation clashed with organizational goals, values or practices volunteers would decide to leave, positing their barriers to leaving as low.

The outcomes of this study generated several recommendations for volunteer management in the Australian health sector. Organizational culture could make a significant difference to retention by communicating to volunteers the value of their contributions, based on making a difference to others, in ways that are meaningful to them. In addition, this study ascertained that whilst paid work research is commonly
based on the concept of reciprocation, research on volunteer work should be theoretically informed by altruism. Organizational behaviour principles developed for paid work should be adapted when applied to volunteer work to account for altruism framing the motivation, work engagement and ongoing meaningfulness of work for volunteers. These findings have created a foundation of theory regarding volunteer work that will inform future research.
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Antecedents to volunteers’ intention to leave


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APPENDIX A: QUESTIONNAIRE

Project Title: Organizational Commitment in Volunteers and Paid Employees across Job Characteristics

I am a Masters Psychology student at Murdoch University investigating the organizational commitment of volunteers and paid employees across job characteristics under the Supervision of Dr Robert Bennett and Dr Max Sully. The purpose of this study is to find out how various tasks in a person’s job are related to their commitment to their organization.

You can help in this study by consenting to complete a survey). It is anticipated that the time to complete the survey will be no more than 20 minutes. Contained in the survey are questions about level of education, age, and other questions which may be seen as personal and private. Participants can decide to withdraw their consent at any time. All information given during the survey is confidential and no names or other information that might identify you will be used in any publication arising from the research. Feedback on the study will be provided to participants who wish to know the results. If you are interested, then please let me know and I will distribute the information at the end of the research.

If you are willing to participate in this study, could you please complete the survey attached. Completion of the survey form will be taken as consent to participate in the research. If you have any questions about this project please feel free to contact either myself, Valerie van Loggerenber, on 0411 233 764 or my supervisor, Dr Robert Bennett, on 9360 2268.

My supervisor and I are happy to discuss with you any concerns you may have on how this study has been conducted, or alternatively you can contact Murdoch University's Human Research Ethics Committee on 9360 6677.

While you agree to take part in this activity, you may change your mind and stop at any time.

All information provided is treated as confidential and will not be released by the investigator unless required to do so by law.

You agree that research data gathered for this study may be published provided your name or other information which might identify you is not used.

Thank you for participating in this research.

In answering the following questions, please select only one job which you consider to be your main job. We consider any work to be a job, this includes volunteer work. If you currently have several jobs, then please select only the main job and answer all questions in reference to that job in that organization. Please keep that job only in mind when answering the questions.

If you do pro bono work as part of your professional position, please do not consider that as part of the volunteer work when answering these questions.
Organizational Commitment Questionnaire

Section 1
Please rate how strongly you agree or disagree with each of the following statements by placing a tick in the appropriate box.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I would be very happy to spend the rest of my career in this organization.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. I really feel as if this organization’s problems are my own.</td>
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<tr>
<td>3. I do not feel like “part of the family” at my organization. (R)</td>
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<tr>
<td>4. I do not feel “Emotionally attached” to this organization. (R)</td>
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<td></td>
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<tr>
<td>5. This organization has a great deal of personal meaning for me.</td>
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<td></td>
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<tr>
<td>6. I do not feel a strong sense of belonging to my organization. (R)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Section 2
Please rate how strongly you agree or disagree with each of the following statements by placing a tick in the appropriate box.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It would be very hard for me to leave my organization right now, even if I wanted to.</td>
<td></td>
<td></td>
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<tr>
<td>2. Too much of my life would be disrupted if I decided I wanted to leave my organization right now.</td>
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<tr>
<td>3. Right now, staying with my organization is a matter of necessity as much as desire.</td>
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<td></td>
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<tr>
<td>4. I believe that I have too few options to consider leaving this organization.</td>
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<td></td>
<td></td>
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<tr>
<td>5. One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.</td>
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<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>6. One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice; another organization may not match the overall benefits I have here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 3
Please rate how strongly you agree or disagree with each of the following statements by placing a tick in the appropriate box.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I do not feel any obligation to remain with my current employer. (R)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Even if it were to my advantage, I do not feel it would be right to leave my organization now.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. I would feel guilty if I left my organization now.</td>
<td></td>
<td></td>
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<tr>
<td>4. This organization deserves my loyalty.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. I would not leave my organization right now because I have a sense of obligation to the people in it.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Job Characteristics Inventory

Please rate each of the following statements in relation to your main job by placing a tick in the appropriate box.

<table>
<thead>
<tr>
<th></th>
<th>Very little</th>
<th>A moderate amount</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>How much variety is there in your job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>How much are you left on your own to do your own work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>How often do you see projects or jobs through to completion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td>To what extent do you find out how well you are doing on the job as you are working?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td>How much opportunity is there to meet individuals whom you would like to develop friendships with?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6)</td>
<td>How much of your job depends upon your ability to work with others?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7)</td>
<td>How repetitive are your duties? (R)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8)</td>
<td>To what extent are you able to act independently of your supervisor in performing your job function?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9)</td>
<td>To what extent do you receive information from your superior on your job performance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10)</td>
<td>To what extent do you have the opportunity to talk informally with other employees while at work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11)</td>
<td>To what extent is dealing with other people a part of your job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12)</td>
<td>How similar are the tasks you perform in a typical working day? (R)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13)</td>
<td>To what extent are you able to do your job independently of others?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please rate each of the following statements in relation to your main job by placing a tick in the appropriate box. How important are each of these to you?

<table>
<thead>
<tr>
<th></th>
<th>A minimum amount</th>
<th>A moderate amount</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>14)</td>
<td>The feedback from my supervisor on how well I’m doing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15)</td>
<td>Friendship from my co-workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16)</td>
<td>The opportunity to talk to others on my job.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17)</td>
<td>The opportunity to do a number of different things.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18)</td>
<td>The freedom to do pretty much what I want on my job.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19)</td>
<td>The degree to which the work I’m involved with is handled from beginning to end by myself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20)</td>
<td>The opportunity to find out how well I am doing on my job.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21)</td>
<td>The opportunity in my job to get to know other people.</td>
<td></td>
<td></td>
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<tr>
<td>22)</td>
<td>The amount of variety in my job.</td>
<td></td>
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<tr>
<td>23)</td>
<td>The opportunity for independent thought and action.</td>
<td></td>
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</tr>
<tr>
<td>24)</td>
<td>The opportunity to complete work I start.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25)</td>
<td>The feeling that I know whether I am performing my job well or poorly.</td>
<td></td>
<td></td>
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<tr>
<td>26)</td>
<td>The opportunity to develop close friendships in my job.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27)</td>
<td>Meeting with others in my work.</td>
<td></td>
<td></td>
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<tr>
<td>28)</td>
<td>The control I have over the pace of my work.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29)</td>
<td>The opportunity to do a job from the beginning to end (i.e. the chance to do a whole job).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30)</td>
<td>The extent of feedback you receive from individuals other than your supervisor.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
General Job Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Disagree slightly</th>
<th>Neutral</th>
<th>Agree slightly</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Generally speaking, I am very satisfied with this job.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2) I frequently think of quitting this job. (R)</td>
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<tr>
<td>3) I am generally satisfied with the kind of work I do in this job.</td>
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<tr>
<td>4) Most people on this job are very satisfied with the job.</td>
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<td></td>
<td></td>
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<tr>
<td>5) People on this job often think of quitting. (R)</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Further Questions

1) Are you working in paid employment or volunteer employment?
   - □ Paid employment
   - □ Volunteer employment

2) How many hours a week do you work?
   - □ less than 5
   - □ 5 – 10
   - □ 10 – 20
   - □ 20 – 30
   - □ 30 – 40
   - □ over 40

3) How long have you been with this organization?
   - □ less than 3 months
   - □ 3 – 6 months
   - □ 6 – 12 months
   - □ 12 – 18 months
   - □ over 18 months

4) What age group are you in?
   - □ 18 – 25 years
   - □ 26 – 30 years
   - □ 31 – 40 years
   - □ 41 – 50 years
   - □ 51 – 60 years
   - □ over 61 years
5) What is your highest level of education?
   □ High School
   □ Tertiary – vocational
   □ Tertiary – professional
   □ Post-graduate

6) Are you Male or Female?
   □ Male               □ Female

7) What position do you have in the organization?
   __________________________________________

8) Do you have more than one (1) job?
   □ Yes               □ No
   If “yes”, how many jobs do you have?  ____________
   What is your primary or main job?
   __________________________________________

9) Do you intend to leave this organization in the next 6 months?
   □ Yes               □ No

10) Are there any other things about your job that you consider important that you have not been asked about above?
    □ Yes               □ No
    If “yes”, please tell us what they are:
    __________________________________________
    __________________________________________
APPENDIX B: QUALITATIVE INTERVIEWS

Motivational Questions

- How did you start volunteering?
- What makes you want to keep volunteering?
- Do you think this job is about giving or receiving? Can you tell me about that?

Job Characteristics

- Prior to volunteering, what did you do?
- What types of tasks do you do in a typical day?
- What do you think the differences are between paid work and volunteering? Can you compare volunteering and paid work? What are the differences? What do you prefer?

Job Satisfaction

- What do you like about this job?
- When is this job fulfilling? Can you give me an example?
- What is your favourite part of this job?

Organizational Commitment

- Why did you choose to volunteer here?
- Have you volunteered elsewhere?
- What do you think the differences are between here and other places?
- Can you compare the experiences?
• Do you think it is important to stay with this organization? Why or why not?

**Intention to Leave**

• How long do you think you will stay here?

• Has anything made you think about stopping? Why have you continued to volunteer after that?

• Do you know anyone who has left? Can you tell me why you think they left?

**Demographic information**

• Age, life stage, tenure, education, gender.
APPENDIX C: THE PILOT STUDY

Sampling

People in paid employment and volunteers were asked to fill out the questionnaire separately. There were eighteen paid employees and eighteen volunteers, all of whom worked in a variety of organizations that were not necessarily in the health sector. This was to preserve the contacts needed for the health sector study so that the volunteers and employees there could participate without the pilot study interfering with answers. Where people did both volunteer work and paid work, it was up to the individual to decide what position they were answering the questions for. The reason for the pilot study was to determine whether the OCQ and JCI items could be able used among volunteer workers without modification.

The data was collected over three months. There were eighty survey forms copied and distributed through informal networks. Of these thirty nine were returned. Paid employees returned two after the results had been collated, and so were not included in the study. One form was returned with the comment that it was too personal and the person could not fill it in. This left the thirty six surveys, of which eighteen were for volunteer work and eighteen for paid work.

Results of pilot study

The pilot study showed a definite difference in antecedents to organizational commitment in paid and volunteer workers. There were also different levels of organizational commitment in paid and volunteer workers.
Across two organizational commitment types, affective and normative, the means of volunteer workers were higher than that of paid employees. The mean for affective commitment for volunteers was 5.78, and for paid employees was 4.13. The mean for continuous commitment for volunteers was 3.66, while paid employees was 3.71. The mean for normative commitment for volunteers was 5.46 and paid employees was 3.22.

The means of the JCI sub-scales are listed in Table 16. The means for volunteers are higher on autonomy, task identity, feedback, dealing with others, and friendship opportunities. Task identity and friendship opportunities are significantly different.

Table 16
Means of Job Characteristics – Pilot Study

<table>
<thead>
<tr>
<th>Job Characteristic</th>
<th>Volunteers</th>
<th>Paid Employees</th>
<th>t-test (sig. 0.05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill variety</td>
<td>3.00</td>
<td>3.19</td>
<td>0.93</td>
</tr>
<tr>
<td>Autonomy</td>
<td>3.92</td>
<td>3.17</td>
<td>0.05</td>
</tr>
<tr>
<td>Task identity</td>
<td>4.11</td>
<td>3.61</td>
<td>0.17</td>
</tr>
<tr>
<td>Feedback</td>
<td>3.49</td>
<td>3.09</td>
<td>0.32</td>
</tr>
<tr>
<td>Dealing with others</td>
<td>4.19</td>
<td>3.96</td>
<td>0.37</td>
</tr>
<tr>
<td>Friendship opportunities</td>
<td>4.49</td>
<td>3.77</td>
<td>0.01</td>
</tr>
</tbody>
</table>

A stepwise regression was performed, analysing the predictive value of each sub-category of the JCI for each of the organizational commitment types. Volunteer and paid workers were compared and the results of analyses showed that volunteers have different antecedents to paid employees.
For affective commitment, volunteers highest predictive factor was feedback ($R^2 = 0.23$). Paid employees highest factor was task identity ($R^2 = 0.32$). For continuance commitment, volunteers highest predictive factor was skill variety combined with feedback ($R^2 = 0.45$). However, for paid employees it was task identity ($R^2 = 0.24$). On the normative commitment variable, dealing with others was the biggest predictor for volunteers, and there were no significant predictors for paid employees.

A backward regression found that for volunteers the best model was friendship opportunities, skill variety, feedback, and task identity as predictors of affective commitment ($R^2 = 0.52$). For paid employees the best model for affective commitment was skill variety, autonomy, task identity and dealing with others ($R^2 = 0.46$). In volunteers the best model for predicting continuance commitment was skill variety, feedback, dealing with others and task identity ($R^2 = 0.53$); while for paid employees it was friendship opportunities, skill variety, task identity, feedback and dealing with others ($R^2 = 0.49$). For normative commitment in volunteers, the best model predictor was friendship opportunities, autonomy, dealing with others and task identity ($R^2 = 0.48$). Paid employees predictors were friendship opportunities, skill variety, autonomy, feedback and dealing with others ($R^2 = 0.39$).

Correlations of the means were made, and they confirmed the stepwise regression analyses. In volunteers affective commitment correlated with feedback $0.48^*$. In paid employees affective commitment correlated with task identity $0.57^*$. Continuance commitment for volunteers showed a correlation with skill variety $0.50^*$; while in paid employees it was negatively correlated with task identity $-0.49^*$. In volunteers normative commitment correlated with dealing with others.

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1 * Correlation at significance level 0.05 (2-tailed)
0.63**. In paid employees there were no significant correlations with normative commitment.

Correlations of further interest were found for employees, but not for volunteers. The number of hours worked correlated with the length of time in the job (0.50*). Age correlated with the length of time in the job (0.48*). Skill variety was negatively correlated with the length of time in the job (-0.58*). Feedback was correlated with education level (0.50*) and dealing with others was correlated with friendship opportunities (0.49*).

**Discussion of Pilot Study**

The hypothesis that people in volunteer work would have job characteristics as an antecedent to organizational commitment was confirmed. This may be due to the nature of volunteering work – it can be seen as “the right thing to do” and has social implications for many people in Western society.

Overall task identity is the most significant antecedent of organizational commitment in paid employees. For volunteers the most significant antecedent was feedback, followed by skill variety and dealing with others. This is not what was expected, as the author expected to find friendship opportunities and dealing with others would be more significant predictors of organizational commitment.

It is inferred from these results that people in paid employment who can see the results of their work (task identity) have a higher level of organizational commitment. People in volunteer employment want to know that they are making a significant contribution (feedback), which corroborates the research on what

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\[ ** Correlation at significance level 0.01 (2-tailed) \]
motivates people to volunteer. Furthermore, people in volunteer work who have a variety of work have a higher level of organizational commitment. This implies that volunteers want to use a number of skills (that perhaps they do not use elsewhere) in their volunteer work. This is similar to studies findings for paid employees, which has led to the recent human resource focus on multi-skilling and job rotation.

The key finding of this pilot study was that the constructs measured for paid work by instruments such as the OCQ, JCI and General Job Satisfaction Survey are suitable for use with people doing volunteer work.