

CHAPTER V

DISCUSSION

This chapter will provide a summary of the findings related to demographic and descriptive data, connect findings to literature and research. Furthermore, this chapter will present limitations of the study, implications of the findings on practice, and suggestions for future research related to this topic. Another key finding from the study to keep in mind is that women were overrepresented among the responders and that the mean scores for the outcome measures tended to be higher for women. Therefore, the general findings of the study could be skewed more toward women respondents than men.

1. Summary of findings

This section highlights some of the key findings and will connect to the literature and previous research. Firstly, in this findings women were more involved in volunteer organizations than men (Peer Leaders were 332: most of them (75.3%, n=250) were female). Which can relate to several studies, for examples: Rohs F.R. (1986); Wymer W.W. (1998) and Davis S.J. (1999) reported that volunteering seemed to be gender specific with more females than males volunteering, however; political volunteers are more likely to be male.

Secondly; about half of Peer Leaders (50.2%) had GPA between 2.51-3.0 and the income of family per month is less than 10,000 (59.1%), these findings are in agreement with Riecken, Babakus (1985) and Yavas (2000) that those time-donors were more likely to be better educated and to have higher incomes than non-donors, this is also the case among young volunteers. While Davis Smith (1995) proposed that being volunteers is related to higher their socio-economic status, however in this study show volunteer groups had the lowest level of their family income. It is possible that most of their parents are farmers which earn money per year so the average incomes per month were low.

Thirdly; almost half (44.9%) are the 1st order of family member. The author link this finding to the previous evidence that older siblings are perceived as more dominant and more nurturing than later-born siblings are (Ardelt & Day 2002, East & Jacobson 2001, Slomkowski et al. 2001). According to Social Learning Theory; the older siblings are seen as more effective models only if younger siblings perceive their older siblings as likable and nurturing, so the older siblings seemed to familiar to be a good role model for the younger (Whiteman and Buchanan, 2002).

The last important question is the reason why participants involved in volunteer work, the author classified the findings into 3 reasons: The first reason is for “educational and career advancement”. This reason is not surprising when considering the life stage of the subjects that is eager to discover themselves. Youth are very concerned with preparing for their future jobs and careers through appropriate education and training (Clary et al., 2000). This finding is also in agreement with Hackl, Halla and Pruckner (2004); Menchik and Weisbrod (1987) and Musick and Wilson (2003) which reported that volunteering can be considered as an investment in skills improving someone’s standing on the labour market. Similarly; Safrit, Scheer and King (2001) suggested that volunteerin can enhance young people’s career exploration and be included as part of building a strong college application or job resume.

Another reason is that “social and peer influences”, this finding was relevant to Safrit, Scheer and King (2001) who suggested that young people are more willing to actively engage in mixed gender groups, this inter-gender peer interaction promotes positive peer pressure.

The last reason for volunteerism is identified as “parent, teacher and/or mentor encouragement”. This finding emphasize the critical role of adult’s role model plays in encouraging young people to be a volunteer. The author believe that this factors is not be overstated; youth learn best not from what adults say, but what adults actually do. While Hofer M. (1999), Omoto A.M. and Snyder M. (2002) and Pancer S.M., Pratt M.W. (1999) reported that adolescents trend to be volunteer if their parents are volunteer. Children with parental modeling exhibited more prosocial and volunteering behavior (Clary E.G., and Miller J., 1986).

Peer Leaders (volunteers) show higher score than Non-Peer Leaders (Non-volunteers) in the level of Social Change Agent Characteristic and these following

show the possible reasons that support the evidence: The level of Social Change Agent Characteristic ranging from 9.4 (SD=1.15) on change domain to 7.81 (SD=0.95) on commitment domain, it is possibly that the Social Change Agent Characteristic Measurement (SCAM) fit to the values and beliefs of this group. Many of these SCAM domains are articulated with the vision and mission statement of the their organization value, and thus may already be familiar to them. For example; the value of Volunteer-Minded Young Dentist are emphasized on the “importance of hometown development” and “respect the difference”. All of these values were relevant to the “community connectedness” domain and “controversy with civility” domain, so; this reason make Peer Leaders (volunteers) have higher score than Non-Peer Leaders (Non-volunteers); however; it was possible that these students whose their beliefs and values are in alignment with the value may be predisposed to attend this organizations. Higher Education Research Institute (1996) added community service can lead to an increased understanding of social issues and commitments for helping communities and creating positive social change which relevant to Citizenship domain and Change domain. Furthermore; if students are living and functioning in an environment that practices relational or transformational leadership as Peer Leaders in this study act, may promote positive beliefs and attitudes about change. In sum, based on the theory of Positive Youth Development (PYD), if young people have mutually beneficial relations with the people in their social world, they will be on the way to a hopeful future marked by positive contributions to self, family, community and civil society (Lerner, 2004).

According to Leadership Identity Development Theory, the development of students' leadership identity begins with their deepening self-awareness (individual level) and increased sense of self-confidence then move into group and/or societal levels, nevertheless; it was noted that the SCAM value in individual level and team level is no need to go in the same direction. Komives et al. (2006) proposed that there are dynamic interactions between individual, group, and societal level that lead to the establishment of a leadership identity, the students may progress to group and societal levels within the social change model of leadership without first reconciling individual level needs, for example; Volunteer-Minded Young Dentist (VMYD) had the highest score in group level domains (organization commitment, community

connectedness, controversy with civility, citizenship) and societal level (change) but had lower score in individual level domains (self consciousness, congruence).

Peer Leaders (volunteers) show higher score than Non-Peer Leaders (Non-volunteers) in every domains of Health Consciousness (Domain: proactive health, holistic health perception, health information consumption, personal health responsibility). There were many studies support this evidence, for example; Hainsworth (2001); Barlow et al. (2001); Arnstein (2002); Vidal et al. (2002); Clark (2003); Coppa and Boyle (2003); Black and Living (2004); Leung and Arthur (2004) and Shannon and Bourque (2005) reported that volunteers have ability to cope with their own illness. They also adopt healthy lifestyles and practices such as HIV prevention behaviors (Ramirez-Valles and Brown, 2003), physical activity (Librett, 2005 and Yore et al., 2005) and healthy levels of drinking (Weitzman and Kawachi, 2000). All mentions above supported why the volunteers may have personal health responsibility better than those who are not volunteers. Clary et al. (2000) proposed a set of six motives for volunteering including: career enhancement, learning new skills, social interaction, escape from negative feelings, personal development, and expressing prosocial values. So; the higher level of Health Consciousness for Peer Leaders (volunteers) is possibly caused by the reason that they would like to have their future careers in medical science. Certainly, they paid their attention on health issues more than those Non-Peer Leaders (Non-volunteers). Two of the most significant determinants of health and wellness are social support enhancement and community integration (Cohen, Underwood & Gottlieb, 2000). Therefore; increasing the number of friends, by controlling for informal social capital (measured as contact with family and friends) made volunteer perceived well-being (Helliwell & Putnam, 2004; Musick et al., 1999; Thoits & Hewitt, 2001; Van W, 2000; Wilson & Musick, 1999). In accordance with these findings, exactly, volunteering lead to increase levels of life satisfaction and improve physical health (Thoits & Hewitt, 2001; Van Willigen, 2000).

There is a relationship between SC and HC in most of the domains (p value 0.01) except among HCCONS; SCCOMMIT; SCCONT; SCCOM and SCCHANG. The author propose the Health Consciousness and the Social Change Agent Characteristic are intermediate outcomes that lead to have wellness at the end. In the other word, we can imply that the ones who healthy also have both properties.

Here is some evidence from the previous studies to support the findings: Community or Societal connectedness is one of the domains for Social Change Agent Characteristic Measurement, Hendry and Reid (2000) found that connectedness or “belonging to a community of others” acted as a deterrent to high-risk behaviours, such as multiple drug use, school absenteeism, or risk of injury or pregnancy, as well as to having a poor body image and a high degree of emotional stress. Similarly; Lee et al (2000) discovered the relationship between psychological well-being and connectedness. They found that the people with low connectedness often experience loneliness, anxiety, jealousy, anger, depression, low self-esteem, and a host of other negative emotions”.

By framing connectedness in relation to spiritual health, it also can be considered as a determinant of health. The literature on determinants of health suggests that health is influenced by environment, genetics and social conditions, such as coping skills (Health Canada, 2005). More recently, Galabuzi G.E. (2004) discussed that stress associated with social exclusion “can negatively impact health status”. Disconnection and exclusion appear to be on the same continuum of conditions that lead to poor health.

Congruence or authenticity is one of the domains in Social Change Agent Characteristic Measurement. Ones who are congruent usually express ones’ true self and having some personality traits such as extraversion. An extensive literature indicates that emotional well-being is reliably related to several personality traits, including self-esteem, extraversion, perceived personal control, and optimism. Past studies have revealed that extraversion is related to psychological well-being. Some investigations have shown that extraversion has a consistent and strong correlation with psychological well-being (Headey & Wearing, 1989; Hotard, Mc. Fatter, Mc. Whirter, & Stegall, 1989; Lu, 1995). This relation is based on the consideration that extraverts are happier because they seem to have more social skills; they are more assertive and more cooperative. Hence, it seems that the sociability component of extraversion accounts for this relation. In a study of Lu and Shih (1997), they found that extraversion retained its direct (and the strongest) effects happiness or psychological well-being.

2. Strengths and limitations of the study

1) The measurement has rather high reliability (0.788-0.952 of Alpha-Cronbach's coefficient), delicate scale (ratio scale) and high response rate (96%).

2) Because of this study is a descriptive study; generalizability and cause-effect directional indication would be concerned.

3. Implication for further study

1) The Health Consciousness Measurement is indicate the level of health awareness, not the health behavior, so; the relation between health consciousness and health behavior should be examined.

2) The Social Change Agent Characteristic is crucial to the ones who act as "health promoter", hence; the lesson-learn would be done with the program that made Peer-leaders highest score on "Change" domain (which is the ultimate outcome of Social Change Agent Characteristic).

3) The outcome of this study show a relationship between Health Consciousness and Social Change Agent Characteristic, Although; there is a unidirectional relationship but we cannot indicate the interaction between these 2 variables. So it is valuable if we know which variable precede and activate the follower.