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Antecedents of philanthropic behavior of health care volunteers

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Abstract

Purpose – This paper aims to propose a conceptual model of philanthropic behavior of volunteers in the health care sector.

Design/methodology/approach – This study is based on an extensive review of past research on philanthropic behavior. To conduct the literature review, keywords such as philanthropy, philanthropic behavior, giving, donating, competencies, volunteering and social network in health care were identified.

Findings – From the literature reviewed, three groups of antecedents of philanthropic behavior among health care volunteers (HCVs) were identified, viz., individual factors, social factors and organizational factors. This paper proposes social network as a mediating variable in linking the three groups of antecedents with philanthropic behavior. The paper offers a number of propositions which explain the proposed model of philanthropic behavior of HCVs.

Practical implications – Further research is suggested to test and validate the framework to provide empirical evidence. Upon model validation, the paper could offer practical interventions for human resource development (HRD) managers to assist philanthropic-based organization toward developing and managing philanthropic behavior of HCVs. The paper highlights the importance of social network to promote individuals to engage in philanthropic actions.

Originality/value – The paper yields a new approach in theorizing philanthropic behavior among HCVs by integrating the theory of planned behavior, social identity approach and organizational support theory. The proposed social network as a mediator could provide new insights to the HRD practitioners on developing philanthropic behavior among HCVs subject to model validation. The research contributes to literature in philanthropy, HRD and community development.

Keywords Volunteering, Health care volunteer, Philanthropic behavior, Social network

Paper type Conceptual paper

Introduction

The objective of this article is to propose a model on antecedents of philanthropic behavior of health care volunteers (HCVs) in the health care sector. There are several other terms such as prosocial behavior and altruism which are used interchangeably with philanthropic behavior in literature when referring to the act of giving to the underserved. McDougall (1908) argues that prosocial behavior is the result of tender emotions created by parental instincts. However, most scholars agree that it refers to any act that is generally beneficial to other people without any specification on its nature (Kohn, 1990; Aronson *et al.*, 2004; Penner *et al.*, 2005). To illustrate, an individual is considered prosocially behaved when he helps his colleagues in the office or helps a child

cross the road. Altruism, on the other hand, refers to an individual's willingness to reduce his own consumption for the benefit of others (Becker, 1976; Martin, 1994; Foster *et al.*, 2006). Studies on altruism were originally centered on the animal world, particularly in kin selection within insect societies (Foster *et al.*, 2006). Subsequently, they were adapted to the human world to force a majority of selfish individuals to cooperate without expecting anything in return (Fehr and Fischbacher, 2003). Although the three terms philanthropy, prosocial and altruism have, to a certain extent, similarities in meaning as far as benefitting others is concerned, there are differences in origin and also the environment in which they are applied. In this article, philanthropy is chosen due to its extensive use in theory and practice, particularly in social, community and human resource development (HRD).

The modern version of corporate social responsibility (CSR) includes philanthropic function as one of its dimensions, other than economic, legal and ethical aspects. CSR now plays a significant role worldwide, as its importance for long-term business viability and success is well-recognized (Carroll, 1991) particularly in community development involving health services (Ismail *et al.*, 2015). The philanthropic function, however, is especially important in developing countries when comparing the order of the four functions of CSR (Visser, 2008). Philanthropy, also referred to as discretionary responsibility, is best described by the resources contributed by corporations toward social, educational, recreational and/or cultural purposes including health care issues. Bishop and Green (2008) coined the most recent version of philanthropy, viz., "philanthrocapitalism", to refer to the remarkable extent to which private wealth can advance public good by applying entrepreneurial skills, money and gifts. The authors clearly demonstrate that the twenty-first century has given people with wealth unprecedented opportunities and responsibilities to advance the public good. This shows that the term is gaining in significance concurrent with the dynamics of development.

The next section of this article covers the following subtopics: knowledge gap, definitions of philanthropic behavior, philanthropic behavior through volunteerism, relevant theories of philanthropic behavior, methodology undertaken in this analysis and antecedents of philanthropic behavior as well as the use of social network as a mediator in the relationship between the antecedents and philanthropic behavior. The paper ends with implications to HRD and a conclusion in which a framework is developed outlining the relationships among the three antecedents of philanthropic behavior (viz., intrinsic, social and organizational antecedents), as well the role of social network as a mediator between the dependent and independent variables.

The knowledge gap
The development of an individual in the community, particularly in terms of health care, cannot be solely dependent on local and international courtesy or government assistance (Bremer, 2004; Mohd Zakaria *et al.*, 2012). Private philanthropy is necessary to generate more resources and build stronger communities (Alam, 2010). Moreover, as the government's health care system in many countries strives to function efficiently, by encouraging preventive and primary care, improving quality and overcoming nonfinancial barriers to care, this leads to the increasing needs for HCVs, in general, and volunteering-based organizations to provide outreach and linkages between communities and delivery systems (Witmer *et al.*, 1995). Alam (2010), for instance, states

that the amount of philanthropy by the Islamic community worldwide was estimated between USD 250 billion and USD 1 trillion annually. Similarly, the total collected *zakat* (tithes) for the Muslim community internationally in 2011 was USD 0.39 billion. This figure was not inclusive of private donations to nongovernmental organizations (NGOs), religious schools and other charity institutions. This act of philanthropic volunteering by individuals, whether it is compulsory or voluntary in nature, is worthy of study because it is one of the approaches to reduce the wealth gap, particularly equality for health care services within a society (Mohd Zakaria *et al.*, 2012). Moreover, as the government's health care system in many countries strives to function more efficiently by encouraging preventive and primary care, improving quality and overcoming nonfinancial barriers to care, there is increasing need for HCVs. Based on the above situation, a pertinent question arises: Why do people give time and energy to philanthropic causes? Similarly, what drives people toward volunteering their services?

Vast literature on philanthropic behavior is available from various disciplines, including sociology, social psychology, public economics, management and nonprofit and voluntary sector. However, previous studies on philanthropic behavior are focusing on philanthropic volunteering in general (Bekkers and Wiepking, 2007, 2011) without specifying on volunteering on specific activities particularly involving health care personnel. Examples of such studies are:

- factors influencing giving in USA (Gittell and Tebaldi, 2006);
- philanthropic activities of donating money and time among US households (Bryant *et al.*, 2003);
- volunteering among respondents older than age 18 years (Jones, 2006); and
- determinants of voluntary association participation and volunteering (Smith, 1994).

Another deficit of these studies is that they include together those who volunteer and those who do not engage in the action, which may interfere with the results of the actual practice of philanthropy.

According to the Declaration of Alma-Ata 1978, primary health care is most effectively delivered by HCVs who have the confidence of the people, who understand the health needs of the community and who can be trained in a short time to perform basic preventive and curative functions. Even though primary health care will vary by country and community, it must include basic health care practices such as promotion of nutrition, sanitation, maternal and child care and education concerning prevailing health problems and the methods of preventing and controlling them. In accordance, more and more studies have been conducted as to specify the other functions of primary health care by HCVs. As examples are the roles of HCVs in improving breast cancer control (Wadler *et al.*, 2011), the roles of community support in improving the outcomes of antiretroviral therapy programs (Wouters *et al.*, 2009), contribution of HCVs to child survival (Haines *et al.*, 2007), the role of HCVs as social support in health care (Hallett *et al.*, 2012; Faulkner and Davies, 2005), HCVs as interventionist in the prevention and control of heart disease and stroke (Brownstein *et al.*, 2005) and HCVs' effectiveness in the care of persons with diabetes (Norris *et al.*, 2006) without any of the factors influencing their involvement in health care services. Thus, the need of this study is further supported (Wadler *et al.*, 2011; Coombs *et al.*, 2008; Eikenberry, 2005), in which

the interest of scholars and practitioners has heightened despite the prevalence of philanthropic activities particularly in health care services and its significant contributions on community development, yet little empirical study has been conducted in relation to such efforts particularly regarding the factors influencing HCVs' involvement in philanthropic actions.

It is agreed upon that philanthropic behavior can be analyzed from the perspective of community development or the larger area of HRD (McLean *et al.*, 2012) because the actors are human resources as the implementer and the target group. However, there are still limited insights that look into how philanthropic behavior on community could contribute significant understanding to HRD. With regard to the research problem and the context presented above, this paper aims to propose a model on antecedents of philanthropic behavior of HCVs in the health care sector as mediated by social network. This analysis may serve as a reference for more empirical research in the future. Individual, social and organizational factors are considered as the antecedents or independent variables; philanthropic behavior is the dependent variable; and social networking is the mediator.

Philanthropic behavior defined

Philanthropy etymologically refers to love of mankind, benevolence toward the whole human family and universal goodwill (Fulton and Blau, 2005; Sulek, 2010). Philosophically, philanthropy is a type of social movement transpired in the name of God and for the sake of human salvation (Smith, 1932, p. 37). In line with this, Eikenberry (2005) suggests that philanthropy refers to individual contributions for public good, and to uplift the quality of life. As a moral responsibility, individuals contribute cash and other tangible resources. In addition, philanthropy also refers to an action toward relief of suffering and improved quality of life for all humankind, and is measured by volunteerism, service to underserved populations and concern for the health of society as a whole (Cheal, 1986; Smith and Weaver, 2006).

Based on the above, philanthropy is operationally defined as actions involving two major activities, viz., donating and volunteering (Bryant *et al.*, 2003). Donating involves acts of giving money, properties or any tangible goods to an individual, organization or certain upcoming special event (Lindskold *et al.*, 1977; Bryant *et al.*, 2003). It is somehow not a sustained behavior. For example, individuals might contribute certain amount of money in July, but none in August. Donating also refers to the act of giving that is not necessarily meeting the people personally, which can be done merely without social interaction or meeting personally the target recipients. Meanwhile, volunteering relates to time and effort spent to help and serve the needy (Bryant *et al.*, 2003). Penner (2002, p. 447) further asserts that "volunteerism involves long-term, planned, prosocial behaviors that benefit strangers, and usually occurs in an organizational setting". Volunteering also involves the interactions between the volunteers and beneficiaries. This paper, therefore, operationalized philanthropic behavior as referring to volunteering only and donating is not taken into consideration.

Volunteers play an important role in running NGOs (Bakker *et al.*, 2006). Voluntary organizations, depending on their mission, play a vital role especially in dealing with various challenging social issues in society (Sargeant and Lee, 2004). When the Typhoon Haiyan disaster occurred, the Philippines Red Cross deployed assessment and rescue teams to the affected areas to evaluate the damage and to support rescue efforts

(IFRC, 2013). Similarly, Mercy Malaysia volunteers were sent to Haiyan, knowing their assistance would be needed in the aftermath. More and more volunteers, especially medical and logistic volunteers, would continue to be deployed for such missions (Mercy Malaysia, 2013). As yet, not much study has been conducted to explore the factors that motivate individuals to volunteer their services. Hence, this paper is aimed at examining the factors that drive volunteers to sacrifice their time and effort to help the underserved, which consequently was used to propose a model predicting the philanthropic behavior.

Philanthropic behavior through volunteering in health care

In general, volunteers refer to those who give extensively of their time and effort without recompense (Cnaan *et al.*, 1996, p. 366). Specifically, HCV is defined as "a lay worker trained to provide primary health care and promote healthy behaviors to his or her own communities" (Maes and Kalofonos, 2013, p. 52). The definition shows that one of the main roles of HCVs is to provide the primary health care services to the community. Like other volunteers, HCVs are a group of human resources who perform altruistic activity to improve the social well-being of people in general.

Volunteerism involves an attachment of a volunteer to a volunteering organization with the purpose of provide beneficial services to the community. Chang (2005) revealed that as NGOs through the involvement of volunteers are becoming more pivotal in mainstream development, thus the needs for more skillful volunteers increase as well. Thus, the significance of this study based on HRD can be explained from two perspectives: on voluntary sector organizations as well as from community development. First it relates to the important input factors in the system of HRD of volunteers specifically recruitment, motivation and volunteer characteristics (Kemp, 2002). The identification of determinants of philanthropic behavior among HCVs in health care will further clarify the types of recognition and training needed, avenues for volunteer growth and volunteer task responsibility. These aspects must be considered to ensure long-term sustainability of these volunteers. Second, their roles in delivering health care services to the community (i.e. improvement in healthy lifestyle, decrease in infectious diseases and increase in understanding on disease prevention) or specifically served as community development agent who would occupy the gap in community development framework based on the HRD perspective (Kim, 2012).

As volunteering knows no border in terms of time, place and type of community to be served, volunteers should possess specific skills, and have their skills further honed so as to improve their ability to handle difficult and challenging situations, as well as communicate more effectively. Many volunteers are specifically trained in the areas they work, such as medicine, education or non-formal education. Well-trained volunteers would be able to develop a supportive working relationship with the underserved members of the community, gain their respect and respond to their diverse needs. They would be positive role models. While respecting the need for confidentiality, they are also able to work individually and as part of a team. This is where HRD activities are needed for volunteers. These HCVs, which hold certain specific skills and competencies in delivering health care provisions, are actually responsible for driving the HRD agenda in community development (Garavan and McGuire, 2010).

More evidence on the importance of philanthropic activities from the perspective of HRD is explained here. Several scholars suggest that HCVs were part of unexplored resources from the community that can be enforced to lessen the gap between clinics and

communities (Wouters *et al.*, 2009; Wadler *et al.*, 2011). The involvement of volunteers in health-related philanthropic activities is parallel with the growing interest in HRD for purposes of societal development. Philanthropic activities by volunteers and CSR programs by business corporations are increasingly recognized as effective interventions to deal with problems related to human well-being that occur beyond an organization environment (Kim, 2012; McLean *et al.*, 2012) which need to be addressed. As a result, HRD principles and processes have been broadened and included together with the public good (i.e. provide health care services) beyond work-related issues (Kuchinke, 2010) and also gone beyond individual personal needs. Numerous categories of skillful, productive and competent human resource are needed to ensure that the health service delivery becomes more effective (Malaysia Country Health Plan, 2010). Thus, the individual and community should be empowered through knowledge and skills to enable them to participate and subsequently make informed decisions to attain optimal health outcomes leading to a better quality of life.

In addition, volunteering organizations and volunteer coordinators should identify the needs for appropriate skills such as emergency rescue, first aid, administrative and management skills as well as particular knowledge to be provided to these volunteers (Kilpatrick *et al.*, 2010) for them to improve their services through philanthropic activities to the community. Moreover, the primary contents and elements of a training program for volunteers can be improved accordingly to suit their needs.

Theorizing philanthropic behavior
There are several theories chosen to conceptualize the philanthropic behavior of individuals, viz., theory of planned behavior, social identity approach and organizational support theory. Each of these theories is vital in explaining the interrelationships of the independent variables (viz., individual, social and organizational factors) as well as the moderating role of social networks with philanthropic behavior (Table I). Detailed explanations about these theories in relation to antecedents of philanthropic behavior are discussed in the sections that follow.

Theory of planned behavior
Theory of planned behavior is one of the most comprehensive frameworks examining human behavior (Gargani, 2013). This theory has been proposed by Ajzen (1991). This theory explains that an individual's intention to perform a specific behavior is a result of his or her behavioral beliefs. Thus, the more control and information regarding the behavior of an individual, the greater the likelihood in predicting his behavior. Ajzen (1991) suggests that behavioral beliefs can be categorized as normative and control beliefs. Factors such as demography, personality and egoistic or even external

Theories	Proposed variables
Theory of planned behavior (TPB)	Intrinsic/individual factors such as ego, emotional stability and extraversion
Social identity theory	Social factors such as social interactions, peer pressure, social roles, mediating role of social network
Organizational support theory	Organizational factors such as organizational goals, organizational structure, organizational trust

Table I.
Theories and proposed variables

and internal forces have a tendency to influence an individual's belief toward performing a given behavior (Ajzen, 2005), including philanthropic behavior.

Social identity approach
A basic assumption in this theory is that people tend to think of themselves in terms of groups and organizations to which they belong (Boezeman and Ellemers, 2008b). As a result of social identification (or self-categorization) processes, people may develop a sense of psychological attachment to their organization(s), which can be an important predictor of their motivated behavior (Ellemers *et al.*, 2004). In accordance, they will behave the way a good member behaves because they want to be recognized as a good member for a particular group (Theiss-Morse and Hibbing, 2005).

The theory implies that a person will put in much effort to behave philanthropically when he is attached to a certain community-based group, particularly a non-profit NGO. In addition, social network also has a certain influence on individual participation (Kaskutas *et al.*, 2002), as the philanthropic behavior spread out from social interaction. In short, if one is attracted by the company of persons who are engaged in philanthropic activities, he or she will do likewise. Thus, this theory explains the roles of social interactions, peer pressure and individual social roles in encouraging and influencing philanthropic behavior among group members.

Organizational support theory
Organizational support theory was developed from the social exchange perspective to explain member-organization relationships (Loi *et al.*, 2006). It was found that philanthropic behavior, particularly volunteerism, was more common in organizational settings because as high as 85 per cent of volunteers worked as part of an organization (Independent Sector, 1999). It is assumed that organizational factors are linked to evaluations of respect, which in turn could enhance individual engagement and contributions to the organization, one of which is philanthropic engagement (Boezeman and Ellemers, 2008a, 2008b). This theory is vital to this study, particularly in explaining the roles of organizational variables (including organizational goals, promotion system, work specification and organizational trust) with philanthropic behavior of employees.

Method
This paper is based on extensive reviews of past studies on philanthropic behavior, covering local and international literature available through online databases. The process of retrieving the right literature began with the selection of accurate keywords as suggested by Cronin *et al.* (2008). According to Smith *et al.* (2011), relevant literature will lead to a successful, systematic review. Several keywords were identified such as philanthropy, philanthropic behavior, giving, donating, volunteering in health care and social network. Several electronic databases were used to search for supporting materials and resources. A total of 200 items sourced from the literature were used in the analysis, of which about 10 per cent came from Asia and the rest from Western countries. However, 50 per cent of them were used in this analysis.

Antecedents of philanthropic behavior of HCVs
Individual factors
Individual factors or personal intrinsic factors can influence philanthropic behavior. These factors refer to the individual's motives for deciding to give energy and time.

Several intrinsic factors, including ego (Kottasz, 2004) and personality such as extraversion and emotional stability (Smith, 1994), have been investigated for their influence on philanthropic behavior. Egoistic-driven factors attract individual involvement in philanthropic activities for his or her own welfare through rewards obtained for helping, or avoiding punishment for not helping (Cialdini *et al.*, 1990).

An early study on the relationship between individual personality with donating behavior among 217 respondents, of whom 155 were donors (Yavas *et al.*, 1981), showed that personality variables failed to differentiate between donors from non-donors. Interestingly, however, more recent studies revealed that philanthropic behavior significantly correlated with individual personality (Bekkers, 2006; Sargeant *et al.*, 2008). Bekkers' (2006) study on the relationships of personality characteristics with charitable giving, postmortem organ donation and blood donation among households in The Netherlands found that donations increased with emotional stability and extraversion. In addition, it was also found that personality characteristics were related to specific types of giving, such as agreeableness to blood donation, empathy, concern to charitable giving and prosocial value orientation to postmortem organ donation.

Volunteering job, when working with the mentally ill for example, requires volunteers with specific knowledge and skill to perform the task (Kilpatrick *et al.*, 2010). However, according to The Community Health Worker Initiative of Boston (2007), skills and applied knowledge can be equated to competencies. Hence, the term competencies will be used in this paper referring to the skills and applied knowledge. Volunteering in health care requires individuals with mastery and competent in medical, dental, pharmaceutical and mental health (Isaacs and Jellinek, 2007). People typically learn the competencies they need for these volunteering activities in the community either through formal education or through non-formal ways such as from family and friends, as well as from books, the media or the Internet (Brookfield, 1986 as cited in Kilpatrick *et al.*, 2010). Kilpatrick *et al.* (2010) added that volunteers were often attracted to an organization or role within an organization because they believed and were confident that they already had the skills and qualities required, and wanted to give something to their community. In addition, these community health volunteers (CHVs) were highly motivated to contribute to their chosen volunteer field and also highly motivated to learn about the field. Moreover, other people view volunteer work as an opportunity to increase their knowledge of the world and develop and practice skills that might otherwise go unpracticed (Clary *et al.*, 1996, p. 487).

According to Siegel (1973), social competencies also demanded in volunteering particularly when working with adults and children. Volunteering jobs of CHVs which include assisting people in delivering health care services require individuals with high social skills. Skills such as communication, persuasion and ability to provide supportive environment are important to reassure the beneficiaries. Boyd (2003) further argues that CHVs also have to be adept at transferring health information to the communities through appropriate communication methods interpersonally and in group. Social competencies, thus, are required to ensure that the technology (i.e. knowledge, skills) being transferred is received by the recipients appropriately.

Thus, we propose:

P1. There is a positive relationship between egoistic and philanthropic behavior of volunteers in health care.

P2. There is a positive relationship between emotional stability and philanthropic behavior of volunteers in health care.

P3. There is a positive relationship between extraversion and philanthropic behavior of volunteers in health care.

P4. There is a positive relationship between knowledge in working with community with tendency toward doing philanthropic behavior.

P5. There is a positive relationship between skills in primary health care and skills in working with community with philanthropic behavior.

Social factors
A need to belong or a need for social interactions is a fundamental human motivation in interpersonal behavior (Baumeister and Leary, 1995). Thus, individual involvement in philanthropic activities can also be motivated by social factors such as a desire to have social interaction with others, or is a result of the social interaction itself. Besides, there are also people who give their time and money for philanthropic purposes because they are asked to do so. For instance, Bryant *et al.* (2003) found that 78 per cent of their respondents had been asked and solicited to donate money or property, and 85 per cent of them donated some money or property. Lindskold *et al.* (1977) study involving about 3,000 pedestrians showed that a direct appeal was more successful than an impersonal appeal, hence showing the importance of social interaction.

Peer pressure also leads to philanthropic behavior. Meer (2011) used data from a university to investigate whether alumni were more likely to give when they are solicited by someone with whom they had social ties. The study found that social ties play a strong causal role in influencing individual decision to donate. This evidence reflects the important role of family institution as a paramount push factor to the involvement of family members in philanthropic activities.

Individual involvement in philanthropic activities or other social roles recognized by the public can enhance one's image (Hu, 1994). A study by Ariely *et al.* (2009) shows that image is a vital force driving philanthropic behavior. This finding is consistent with the study of Wang *et al.* (2007) which was conducted among consumers in the People's Republic of China. They found that image played an important role in gift-giving, the amount given and the choice of brand. In short, individual social interactions with society, pressure from friends and the social roles of an individual can influence philanthropic behavior to some extent. From the reviews, we propose:

P6. There is a positive relationship between social interactions and philanthropic behavior of volunteers in health care.

P7. There is a positive relationship between peer pressure and philanthropic behavior of volunteers in health care.

P8. There is a positive relationship between social roles and philanthropic behavior of volunteers in health care.

Organizational factors
Philanthropic behavior, specifically volunteerism, occurs in an organizational context whether formal or informal (Penner, 2002). Thus, it is essential to discuss the organizational variables that are most likely to influence individual involvements in this

context. Different people have different preferences when they give their time or money to an NGO (Penner, 2002). Holland (1997), in her qualitative study among 35-40 faculty administrators and students, identified several organizational factors that could influence a person's willingness to volunteer or give donations. These factors include organizational goals, organization structure, flexibility (e.g. composition and rewards), institutional role, community service and research and publication.

Boezeman and Ellemers (2008b) argue that pride in the organization and respect obtained from belonging to an organization predict organizational commitment among volunteers. In addition, organizational factors including organizational size (Trussel and Parsons, 2007), organizational justice, trust and organizational citizenship behavior (Wong *et al.*, 2006; Loi *et al.*, 2006) are found to affect employees' giving behaviors. Organizational factors in this context of voluntary organization refer to how members of an organization run its activities such as fundraising, hiring and maintaining volunteers, as well as managing the distribution of resources (e.g. money and human resources) to those in need.

As an organizational factor, trust is an important element toward developing governance structures (Herzlinger, 1996) through credibility and legitimacy of charity institutions (Sargeant and Lee, 2004). Melendez (2001, p. 121) highlighted that:

> […] nonprofit organizations must earn the public trust every day in order to ensure donors of their trustworthiness and effectiveness. Donors do not contribute to organizations they do not trust and about which they do not feel confident.

Sargeant and Lee (2004) showed that perceived organizational trust led to commitment and further developed giving behavior among charity givers.

Thus, organizational factors cannot be overlooked when people contribute their services for the public good. In fact, Tang *et al.* (2010) also advocated that organizational factors demonstrate significant variance in philanthropic contributions. Moreover, following Putnam's (1998) suggestion on the need for more explorations on how social network works as a mediating variable in philanthropic engagement, thus this study attempts to address the issue by including social network as a mediator variable. Thus, this suggests that the interrelationships of these organizational antecedents (i.e. organizational goals, organizational structure and organizational trust) with philanthropic behavior might be a direct or indirect association. Hence, there is a need to confirm this relationship. We therefore propose that:

P9. There is a positive relationship between organizational goals and philanthropic behavior of volunteers in health care.

P10. There is a positive relationship between organizational structure and philanthropic behavior of volunteers in health care.

P11. There is a positive relationship between organizational trust and philanthropic behavior of volunteers in health care.

Social network as mediator
In this paper, we propose social network as a mediator for the three categories of antecedents of philanthropic behavior. Social network, by its very nature, can influence individual willingness to cooperate and commit to philanthropic behavior for the public good. According to an aphorism, "it's not what you know, it's who you know" that matters. A

fundamental view behind social network is that a person's family, kindred, friends and associates can be called upon to share happiness or hardships. Woolcock and Narayan (2000, p. 226) further elaborated that, "what is true for individuals, moreover, also holds for groups". This illustrates that an individual will represent the group he belongs to based on their shared norms and values. The strong social ties among members of a group give them an identity and common goal (Astone *et al.*, 1999). In addition, philanthropic behavior through volunteerism involves social interactions (Clary *et al.*, 1996). Hence, social network can be considered as an important social capital in community development.

Individual ability to build strong and wider social network with other people depends on his inner individual factors, capability to socialize as well as organizational setting where the interactions happen. According to Amichai-Hamburger and Vinitzky (2010), individual factors such as egoistic, emotional stability, extraversion, knowledge and skills in working with community can influence the strength and size of his social network. Moreover, these individual factors are crucial in determining their participation in social network (Correa *et al.*, 2010).

In addition to the above, individual desire to have social interaction with others, the effects of peer pressur, and also social roles could drive individuals to broaden their social network. Individual capability to socialize with others plays a vital role in the adjustment to complex life events (Brissette *et al.*, 2002). People who are able to respond to any social changes are expected to form social bonds with others and increase their social network (Siegrist and Cvetkovich, 2000; Baumeister and Leary, 1995; Billings and Moos, 1981).

Volunteer or charity organizations also should establish a characteristic that might possibly induce feelings of pride and respects among their members (i.e. CHVs) so that they are more committed with their job (Boezeman and Ellemers, 2008a, 2008b) and proud to share the novelty of their philanthropic actions to other individuals in the society; which may further increase their social network. These organizational factors (i.e. organizational goals, organizational structure and organizational trust) can strengthen the cognitive affective connections in a social network within an organization (Fuller *et al.*, 2006). Boezeman and Ellemers (2008a, 2008b) argue that these organizational factors are crucial to retain a CHV within an organization.

Based on the reviews, therefore, the framework of this research will include all the three predictors (i.e. individual, social and organizational factors), social network as a mediator variable and philanthropic behavior as the criterion variable. The relationships between all these variables will be described in the following section.

Similar to philanthropic behavior, a person will be given appropriate resources (e.g. knowledge and skill) as a member of a group to bring changes to his family and society at Stage A. However, for the long term, members may find that their obligations and commitments to other colleagues can be a great hindrance for future advancement. To escape from this bonding trap when he comes to Stage E, members will develop more diversified networking and create new ties with members from other groups to optimize their effort in helping the needy. We therefore propose:

P12. Social network mediates the relationship among individual factors (egoistic, emotional stability, extraversion and competencies), social factors (social interactions, peer pressure, social roles) as well as organizational factors (organizational goals, structure and trust) with the philanthropic behavior of volunteers in health care.

Scholars studying individual cooperation to participate in certain activities, particularly philanthropic behavior, have recently turned their attention to the role of social networks to enhance their willingness to help those in need (Ohtsuki *et al.*, 2006). However, to date, there are not many empirical studies on the role of social network as a mediating factor, specifically on philanthropic behavior (Fowler and Christakis, 2010). The available studies that use social network as a mediator variable include Cattell's (2001) qualitative study on the mediating role of social networks on poverty and well-being. The result of the study shows the complexity of social network as a mediator between the two variables. Another study which highlights social network as a mediator is by Zhou *et al.* (2007); they found a positive relationship between internalization and firm performance. Even though the study did not directly relate to philanthropic behavior, it showed the potential role of social network as a mediating variable in the linear relationship between the two variables.

Based on the above discussion, a conceptual model to show the correlations between the variables has been developed. Figure 1 illustrates a model showing the antecedents of philanthropic behavior and the mediator.

Implications to HRD

Philanthropic behavior is a type of activity executed by an individual for the purpose of helping people in need. Two major types of actions of philanthropic behavior are donating and volunteering. However, this paper only covers on volunteerism, as it is a type of sustained behavior compared to donating and volunteering that is strongly related to personal interaction between volunteers and the needy people as supported by the social identity theory. This analysis theoretically answers to the question of why people decide to offer their help to others, which can be explained by three groups of predictors as described in the model developed. Figure 1 shows a model consisting of the three groups of predictors (e.g. individual, social and organizational factors) as the independent variables, social network as the mediator and philanthropic behavior as the dependent variable. From the identified predictors, we developed a series of propositions to test the potential influence of those variables and philanthropic behavior as well as the mediating variable.

The above model has been logically deduced based on theory of planned behavior, social identity approach and organizational support theory. HRD currently has been broadened to include the component of community development (McLean and McLean, 2001). Therefore, this study contributes to several fields of knowledge, one of which is HRD. This study
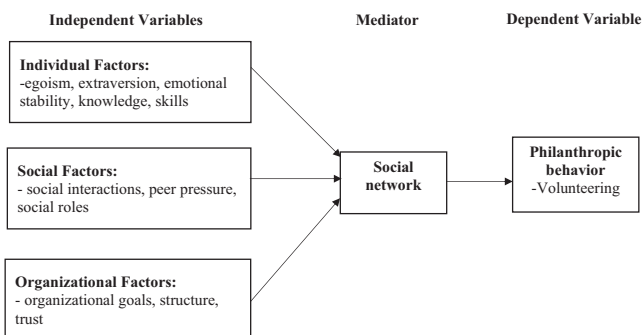

Figure 1.
A model showing the antecedents of philanthropic behavior and the mediator

specifically will occupy the gap on HRD framework for community development presented by Kim (2012) in his paper regarding the lacking of empirical evidence on HRD model in community development. Akdere (2004) concludes that community composed of individuals, groups and organizations. Thus, the concept and practicality of HRD should be broadened up to address issues and challenges in community development at individual, group and community levels as well. As mentioned earlier, philanthropic behavior particularly through volunteerism in health care is part of element under community development, which is a subsequent component of HRD. Following the definition of HRD given by McLean and McLean (2001, p. 322):

> HRD is any process or activity that, either initially or over the long term, has the potential to develop adults' work-based knowledge, expertise, productivity and satisfaction, whether for personal or group/team gain, or for the benefit of an organization, community, nation or, ultimately, the whole of humanity.

Accordingly, the study related to philanthropic behavior of volunteerism will add on to the current HRD framework on community development by specifying the role of HCVs as change agents that would lead to community betterment. Knowledge and skills possessed by these CHVs, obtained from their working experiences, can benefit communities' well-being. Moreover, it should be highlighted that these HCVs are also an important workforce that initiates changes for community development. Their roles specifically in health care provisions would provide supports to the government in terms of coverage of health deliveries as well as providing life-long opportunities for economically disadvantaged groups (Wang, 2012).

In addition, the study would provide the NGOs particularly with valuable information regarding the most eligible human resources to be part of their members. By knowing why people decide to offer their help to others, based on their intrinsic factors, egoism, extraversion and emotional stability, for example, would be helpful to the NGOs for their recruitment of new volunteers. Moreover, these factors would lead in the prediction of their future needs (i.e. compensation, training needs) to ensure their retention in their voluntary job. Even though volunteers in health care may include individuals from various background and working experiences, HCVs mostly consist of those working in health care sector. The reason is clear; NGOs in health care need their knowledge, skills and expertise to serve the community. It should be noted that NGO is an organization that is based on government allocation, tax and donations from public, and its main goal is to help the society. Thus, having those who are already familiar with the nature of working in health care sector would be beneficial to the NGO in terms of money and time spent for training courses. Meanwhile, HCVs also can make volunteering job as an avenue to enhance their knowledge and skills for future professional development.

According to Garavan and McGuire (2010), we currently live in a world where people put high expectation on organizations. A sense of psychological attachment between existing members with their organization could attract new volunteers to the organization. NGOs that establish clear goals, have a strong organizational structure and maintain the level of trustworthiness can be strong factors that lead toward individual engagement in volunteerism. It is supported by Akdere and Roberts (2008) that organizational environment is the key determinant of social capital. It is further elaborated that an environment that allows some connections between organization and

volunteers could generate feelings of belongingness and thus motivate their continuous involvement as a volunteer. As there are still limited studies that utilize the organizational factors in the context of philanthropic behavior, the study thus provides a fresh insight for researchers and voluntary organizations.

Conclusion and recommendation for future research

Many factors must be considered when studying philanthropic behavior among HCVs, including the antecedents that lead a person to devote part of his spare time to helping others (Moreno-Jimenez and Villodres, 2010). These influencing factors must be revealed because such knowledge could benefit NGOs in structuring their recruitment, selection, replacement, training, motivation and retention efforts of their HCVs. The present model proposes that social network has a mediating effect in facilitating philanthropic behavior of volunteering among individuals. The authors further propose that individuals should develop ample size of social network to generate philanthropic behavior. To develop adequate social network related to philanthropic behavior, the authors propose to highlight on individual (egoism, extraversion, emotional stability, knowledge and skill), social (social interactions, peer pressure, social roles) and organizational (organizational goals, structure, trust) factors. Hence, it is proposed that individuals who have a wide social network linked to volunteerism will highly embark on philanthropic behavior.

The increasing need for effective volunteers in health care services coincides with the major public health goals (Maes and Kalofonos, 2013). Thus, the involvement of these professionals from the health care sector in delivering health care services to the underserved community is highly appreciated. Even though their crucial roles in supporting health care services particularly to the underserved communities have been well-recognized, empirical evidence regarding their participation in community services is still limited. Such empirical data that are proposed to be obtained in future research might be useful to policy makers, NGOs and related agencies in the recruitment process as well as to retain skillful and effective volunteers in health care.

This paper provides theoretical support for the individual factors, social factors and organizational factors as antecedents of philanthropic behavior. The generated model proposes social network as a mediator between the three potential groups of antecedents and philanthropic behavior. Therefore, we propose future research to be conducted to empirically test and validate the propositions and the links between individual, social, organizational factors, social network and philanthropic behavior of HCVs with the existence of a mediating variable in the model. Consequently, empirical evidence that could be obtained based on this model may contribute to the emerging literature on philanthropic behavior of individual volunteers particularly in the health care sector in community development. In addition, the findings are also useful to health care NGOs in identifying potential HCVs to ensure the sustainability of their noble efforts in community development. Moreover, future research is suggested to explore other groups of variables that could possibly influence individual participations in philanthropic action through volunteering. These variables may include other personality traits (such as conscientiousness, openness to experience), values, attitudes and the nature of volunteering job itself. Adding the mediating variable of social network (such as size of social network and strength of social network) might significantly contribute to knowledge on theorizing philanthropic behavior.

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