

An investigation into the influence of Altruism and Social
Anxiety on Volunteering.

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Abstract

Objective: Volunteerism has been a topic of interest to many researchers over the last few years. There is a substantial amount of research surrounding the characteristics of volunteers and what kind of people volunteers are, however, there is a scarcity of research comparing certain characteristics of volunteers and non-volunteers, that is altruism and social anxiety. Existing literature indicates that volunteers are very altruistic and are less likely to experience social anxiety, however, there are but few studies comparing these findings among non-volunteers. The current study was designed to investigate the two factors and their association with volunteering.

Methods: 240 volunteers and non-volunteers aged between eighteen and sixty-one took part in the current study. Altruism levels and social anxiety levels were both measured.

Results: Results show that volunteers scored higher on the altruism scale and showed lower levels of social anxiety compared to non-volunteers. Altruistic non-volunteers also reported higher levels of social anxiety compared to non-volunteers.

Conclusions: Results show that the altruistic non-volunteers experienced anxiety the most out of all the participants, however, further research is needed to confirm if these findings represent the entire population and whether there is an association with volunteerism.

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Chapter 1. Introduction

Nonprofit organizations often depend on volunteers to carry out their goals and objectives (Ciucescu, 2009). Every year, globally, millions of people devote their time and effort to non-profit organisations. These volunteers provide help and assistance to those in need without receiving money or any sort of reward that would benefit themselves (Wilson & Musick, 2000). The number of people who volunteer for nonprofit organisations has increased significantly in the last two decades leading to an increased interest in this subject (Jardim & Marques da Silva, 2017). In the United States, in 2001, approximately 84 million people volunteered an average of 4 hours per week, the equivalent of over 200 billion dollars of labour a year (Independent Sector, 2001). Western governments regard volunteering among students as essential to execute a civil society (Haski-Leventhal et al., 2008). It is evident that without volunteers providing much needed help many people's lives would be affected, for example, animal shelters, homeless shelters and mental health organisations, along with many more. Research on volunteers has found them to be altruistic, a term that has a similar definition of volunteering.

1.1 Altruism and Volunteerism

Altruism was introduced by Auguste Comte. It is defined as a positive behaviour such as helping others and enhancing another individual's welfare without considering one's own self-interest or expecting anything in return (Hoffman, 1978; Haski-Leventhal, 2009; Fujiwara, 2007; Kahana, 2013; Feigin, Owens & Smith, 2014). Although not all volunteer acts are altruistic and not all altruistic acts are forms of volunteering, a strong connection between the two has been found (Haski-Leventhal, 2009; Kahana, 2013). The motive behind why people volunteer is the

most studied aspect of volunteering and the most significant motive that has been found is altruism. In 2006, Randle & Dolnicar conducted a study on 160 volunteers and 840 non-volunteers to examine if altruism is a motive for volunteers to volunteer. All participants completed Clark, Kotchen and Moore's (2003) nine-item scale to measure the participant's level of altruism. The researchers found that the volunteers had higher levels of altruism compared to non-volunteers. Holdsworth (2010) conducted a study on 3083 student volunteers to find the motive behind students volunteering. They found that altruism was the most significant reason why students want to volunteer and that the volunteers were more altruistic than the non-volunteers. In 2010, Cnaan, Smith, Holmes, Haski-Leventhal & Handy conducted a study on 4000 students across five countries to examine how many of them were volunteers and if the volunteers were more altruistic than the non-volunteers. They found the students who volunteered regularly to be more altruistic than students who volunteered occasionally and students who did not volunteer at all.

In 2005, Rehberg conducted a study on 312 young adults who volunteered internationally. The participants were all interviewed on what their motive for volunteering was. 76% of the participants appeared to be altruistic as they were motivated to volunteer to help others and make a change to other people's lives. While 24% wanted to volunteer to gain something personally from the experience. On the other hand, Carpenter & Myers (2007) conducted a study on 212 volunteer firefighters and 189 non-volunteers to examine whether the firefighters are altruistic or are concerned with their reputation. They found that the volunteer firefighters were not motivated by altruistic reasons to volunteer but by extrinsic motivations such as progressing their career.

Although there are numerous research studies that have compared altruism between volunteers and non-volunteers and have found altruism to be more prominent in volunteers, age is not taken into consideration in many of them. Many of the studies were conducted on young adults and students. This may have affected the results as it has been found that people become more altruistic as they age and therefore older adults are more altruistic than younger adults (Freund & Fields, 2014).

In 2015, only one in four (25%) of young adults and adolescents across the EU engaged in some sort of voluntary activity (EU Youth Report, 2016). In 2018, Sparrow, Armstrong, Fiocco & Spaniol conducted a study on altruism among participants of all ages. The participants were exposed to a laboratory stressor before completing an intertemporal choice task which involved a financial endowment. The participants then made a series of consequential intertemporal decisions involving gains, losses and charitable donations. The researchers found younger adults were generous under stress, however, older adults were more altruistic overall. In 2017, Pornpattananangkul, Chowdhury, Feng & Yu looked at what they refer to as social discounting based on social distance which is the idea that people treat who they are closer to better than strangers and people they are not close to. The researchers found that older adults engage in less social discounting than younger adults. They were equally generous to those they're close with and were more generous to those who they knew less. This is also supported by Freund & Blanchard-Fields (2014) who found that as people become older, their values tend to change from personal gain to more altruistic values. They are less about money and financial gains and more about giving back to the community such as donating and volunteering compared to young people. This echoes previous findings from Midlarsky & Hannah (1989) who also found older

adults to be more altruistic than younger adults and more likely to volunteer and donate money to charities. Perhaps if previous studies used participants of all ages they may have found different results that non-volunteers are just as altruistic as volunteers.

Although there has been a great amount of interest in the motivations to volunteer and many studies have found altruism to be a motive of volunteerism and for volunteers to be very altruistic, there has been very little research comparing altruism between volunteers and non-volunteers among all age groups (Burns, Reid, Toncar, Fawcett & Anderson, 2006). Many studies have also used volunteerism as an altruistic act and not as a separate concept and therefore did not test how altruistic their volunteers were in their studies (Kahana et al, 2013). There has also been no research on whether mental health problems prevent people from volunteering such as social anxiety.

1.2 Social Anxiety and Volunteerism

Social anxiety, also known as social phobia, is a fear of social situations and interacting with people, especially strangers and people in authority. It is characterized by excessive worrying, uneasiness and fear of future events (McPeck & Cialdini, 1977; Handy & Cnaan, 2007; Fujiwara, 2007; Maina, Mauri & Rossi, 2016; Khdour et al, 2016). This is different from generalised anxiety disorder (GAD) where people also experience excessive worrying, but over decisions they make (Maina, Mauri & Rossi, 2016). Anxiety disorders are very common. Social anxiety disorders have a lifetime prevalence of 12.1% (Kessler et al, 2005; Maina, Mauri & Rossi, 2016). Nearly one in three individuals will develop an anxiety spectrum disorder during their lifetime (Kessler et al, 2005). However, many people experience social anxiety and do not

seek treatment or diagnosis even if it prevents them from doing things they would like to do (Katzman, 2014).

It is suggested by the volunteer management literature that the most effective approach to recruitment is asking people to volunteer personally (Independent Sector, 2002). However, organisations that apply this method are unsuccessful in recruiting the number of volunteers they need (Independent Sector, 2002). The literature on shyness and social anxiety, suggests that social anxiety often discourages volunteering by new recruits (Handy & Cnaan, 2007). It has also been found that individuals who suffer from social anxiety are less likely to volunteer even if they want to, as they are afraid of socially interacting with other people and being judged by others (De Botton, 2004; Handy & Cnaan, 2007; Wittchen & Fehm, 2003). Individuals who suffer from social anxiety are also more likely to stop volunteering within a short period of time compared to those who do not suffer from social anxiety (Handy & Cnaan, 2007).

This is supported by Ogilvie (2004) who placed hundreds of volunteers in New York homeless shelters and stated that many of the volunteers are apprehensive when they begin volunteering and while this is healthy and normal, for people with anxiety it causes them to stop volunteering and prevents them from volunteering again in the future. This is also supported by a few older studies who found volunteers to be less socially inhibited than non-volunteers (Knapp & Holzberg, 1964; McLaughlin & Harrison, 1973; Smith & Nelson, 1975; Spitz & MacKinnon, 1993). In 1997, Rosenbaum found in a study of 1,058 students, only two significant differences between the volunteers and the non-volunteers; the volunteers considered themselves more religious and they had a higher mean score on the “liveliness factor” on the personality scale suggesting that they enjoy being social and being active. However, this study is limited to

college students and it did not focus specifically on social anxiety. There has also been no research conducted more recently on social anxiety and volunteering since 2007.

1.3. The current study

It is evident from the numerous studies conducted that social anxiety affects levels of volunteering, however, there has been very little research on the interaction between altruism and social anxiety. Previous studies have found that altruistic behaviour promotes positive emotion and can have a positive effect on social anxiety and mental health. McPeck & Cialdini (1977) found that individuals who suffer from social anxiety engaged in more altruistic behaviour than those who did not suffer from social anxiety as they try to reduce their negative emotional state by making others happy. Schwartz, Meisenhelder, Ma & Reed (2003) also found that engaging in altruistic behaviour had a better effect on mental health than receiving help. While on the other hand, Fujiwara (2007) found that there was no association between altruistic behaviour and social anxiety. There is a lack of up to date research conducted on altruism and social anxiety to determine whether social anxiety has an effect on altruistic behaviour.

1.3.1 Rationale Overall, previous research has found volunteers to be more altruistic than non-volunteers. However, the majority of previous research has been conducted on students and there is an absence of research on both older adults and younger adults who are both volunteers and non-volunteers. Research has also found that older adults are more altruistic than younger adults. Therefore this study will include participants from all age groups over the age of 18, to ensure that age does not affect the results. As such the first hypothesis is that

1.3.2 Hypotheses.

Hypothesis 1: Volunteers will report higher levels of altruism when compared to non-volunteers.

From what is known about social anxiety, people with high social anxiety get very anxious and uncomfortable when going to any new place on their own and also sometimes get anxious when ringing people and talking with strangers (Angélico, Alexandre, Crippa and Loureiro, 2013; Austin, 2004; Greist, 1995). It has also been found by previous research that because volunteers have to talk to strangers and join a new community, people with social anxiety do not tend to join and if they do they stop going very quickly (Cnann & Handy, 2007). Because of this, the second hypothesis is that

Hypothesis 2: Volunteers will report lower levels of social anxiety compared to non-volunteers who will have higher levels of social anxiety.

Although there is very little research conducted on social anxiety and altruism because people with social anxiety tend not to volunteer, one may assume that people with social anxiety are less altruistic, however, non-volunteers with anxiety may engage in other altruistic activities that are within their comfort zone such as donating money to charities. Therefore, the third hypothesis is that

Hypothesis 3: Non-volunteers with high levels of social anxiety will be more altruistic than non-volunteers with low levels of social anxiety.

1.3.3 Aims. As previously discussed, although social anxiety deters individuals from volunteering, there are inconsistent results and there is also lack of research in this area to

indicate whether or not social anxiety has an association with altruistic behaviour. The research that has been conducted has found contrary stating that people with social anxiety are more altruistic than people who do not have social anxiety and that social anxiety and altruism have no association. Therefore the aim of this study is to investigate the relationship between altruism and social anxiety among volunteerism and the objective of this study is to measure if social anxiety and altruism effects levels of volunteering.

Chapter 2. Methods

2.1 Participants

For the present study, 240 people were recruited. The sample included 60 volunteers, 180 non-volunteers, 49 Males (20.4%) and 191 Females (79.6%). The participants age ranged from 18 to 61 (Mean age = 26.65, SD=9.77, Median= 23). The sample was gathered between the 27th of December 2018 and the 21st of February 2019 through social networks, Facebook, Twitter and Instagram where a number of groups aimed specifically at volunteers were evaluated. To participate was voluntary. Participants were gathered through an opportunistic nature and were the result of convenience sampling. Snowball sampling was also used as participants had the ability to share the surveys outside of these social media groups, where other volunteers and non-volunteers may have come across the study and took part. Inclusion criteria for the participants consisted of one thing, all participants were required to be over the age of 18 (See Appendix E).

2.2 Design

The present study was quantitative and a cross-sectional, between groups design, was implemented. The non-randomised independent groups, volunteers and non-volunteers, were provided with identical information, demographic questions and two surveys. The variables of interest were altruism and social anxiety with the two being the dependent variables for all the

hypotheses. The independent variable was the participants voluntary status containing two groups volunteers and non-volunteers.

2.3 Measures and Materials

All data was collected anonymously through an online questionnaire created on Google forms. Included with the questionnaire were the information sheet and a consent form. The questionnaire itself consisted of (1) demographic questions (e.g Age), (2) the two scales and (3) the debriefing form.

At the beginning of the questionnaire, the participants were presented with the information sheet. This was followed by a consent form, detailing the participant's rights. A 'tick-the-box' approach was implemented for the participants, to ensure that they understood the study and have provided consent to take part while understanding that they can withdraw at any time without any consequences. This was followed by demographic questions. A 'tick-the-box' approach was also used here to obtain information about the participants such as gender and voluntary status. Participants were required to respond with a numeric value for the question relating to age. All questions required mandatory responses and participants could not move onto the next part of the questionnaire without providing these answers first.

The first scale presented to the participants was the Adapted Self-Report Altruism Scale (Rushton, et al, 1981; Witt & Boleman, 2009); a fourteen-item scale measuring the participant's altruistic levels. The Self-Report Altruism Scale has high internal reliability with a Cronbach's coefficient value of ($\alpha= 0.80$) (Rushton et al, 1981). The Adapted Self-Report Altruism Scale has not been used in many studies, however, all fourteen questions are in the original 20-item scale

and questions that would not be suitable for all countries was removed such as “I have helped push a strangers car out of the snow”. This scale also has a high Cronbach’s coefficient value ($\alpha = 0.84$) (Witt & Boleman, 2009). There was also a high score for internal reliability ($\alpha = .97$). A five-point Likert scale was used ranging from 0 to 4. Each question measures how frequently a participant has engaged in certain altruistic acts (0 = Never; 1 = Once; 2 = More than once; 3 = Often; 4 = Very often). For example, one item is phrased is “I would give money to a charity”. The total scores are calculated by adding all the numerical values together with the highest possible score being fifty-six. Despite this, there are no specific numbers for scores indicating high, medium, or low altruism levels, however, the higher the score the more altruistic the person is (see Appendix A).

The second scale used was the Liebowitz Social Anxiety Scale (Liebowitz, 1987); a forty-eight item scale measuring participants’ social anxiety levels. The results from the first psychometric study using the LSAS showed satisfactory internal reliability with a Cronbach’s coefficient value of ($\alpha = 0.68$ to 0.98) and moderate to excellent convergent validity (Social Anxiety Fear Scale = 0.47 to 0.76 ; Social Anxiety Avoid Scale = 0.50 to 0.77) (Baker, Heinrichs, Kim & Hofmann, 2002). The results from the present study also show adequate internal reliability ($\alpha = .76$). Twenty-four questions (social-fear) measured how anxious the participants felt in certain situations using a 4-point Likert scale ranged 0-3 (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe). For example, one item is phrased “How anxious do you feel when telephoning in public?”. The other twenty-four questions (social avoidance) measure how often the participants avoid the same situations. A 4-point Likert scale ranging from 0-3 is also used however, it is measured using different terms (0 = never; 1 = Occasionally; 2 = Often; 3 =

Usually). For example, one item is phrased “How often do you avoid telephoning in public?”.

The responses for social fear and social avoidance are added together separately with the highest possible score of seventy-two. The total score for both social fear and social avoidance are combined to provide a total anxiety score. A combined score of 0-30 indicates no social anxiety, 31-50 indicates mild social anxiety, 51-65 indicates moderate social anxiety, 65-80 indicates marked social anxiety and 81 or above indicates severe social anxiety (Liebowitz, 1987; Baker, Heinrichs, Kim & Hofmann, 2002) (see Appendix B). All questions within the two scales and the demographic questions were mandatory.

2.4 Procedure

2.4.1 Ethical considerations. Children and the elderly were not included in the sample for this study, therefore, no significant ethical issues were expected to emerge during the research process. However, as the questionnaire required participants to reflect on how anxious they feel and how considerate they are towards others, there was the possibility that participants could experience psychological distress in the process. It was hoped any psychological distress experienced by participants would not be prolonged and steps were taken to ensure that the potential distress would not outweigh the benefits of conducting the study.

The first step taken to minimise potential risk was the online information sheet and consent form provided to all participants at the beginning of the study. The information sheet included key information detailing the nature of the study and its aims providing a clear understanding of the study. If the participants had any enquiries about the study, the researcher and researcher supervisors name and college email address was provided. The consent form highlighted that (1)

participation is voluntary and completely anonymous (2) that there may be a possible risk of becoming distressed or upset but there are no major risks and there are no rewards for taking part and (3) that it would take approximately ten minutes to complete the surveys. Participants were also informed that (1) personal details, such as names, phone numbers or e-mail addresses were not required; (2) the data they present cannot be identifiable, and (3) withdrawal is possible at any stage until they have submitted their response but not after they have submitted their response. This was followed by two statements and participants were asked to choose the 'Yes' option stating they understand the nature of the study and that they are over the age of eighteen and consent to the study. See Appendix D and E for the full information sheet and consent form.

When the questionnaire was completed, a debriefing form was presented, thanking the participants for completing the study. Resources were provided in case any participant was negatively affected by the questions asked such as contact details for Nightline and the Samaritans 24-hour landline. It was also reminded that the study is completely anonymous and the researcher and research supervisors college email address were also provided once again for participants who have any further questions. See Appendix F for the full debriefing sheet.

2.4.2 The procedure followed in the present study. A public questionnaire was formed using the Google Forms website to allow for data collection, This questionnaire was linked to various social networking platforms such as Facebook, Twitter and Instagram. The questionnaire was shared publicly to recruit non-volunteers and it was also shared on pages made specifically for volunteers. These Irish group pages contained many people who volunteer for non-profit organisations. It was largely within these groups that the present number of volunteers (N = 60)

was gathered. Participants also shared the link to the questionnaire on to their social media account, where friends and family outside of these groups may have chosen to participate. It was important to make frequent use of these social networking platforms to gather a moderate sample size. Recruitment ceased after a period of approximately two months. Once recruitment was complete, the questionnaire was closed publicly to prevent more people from taking part. A Microsoft Excel spreadsheet containing all individual responses to each item was downloaded from the Google Forms website. To prepare for statistical analyses, the data in this file was entered into IBM SPSS Statistics 25.0.

Chapter 3. Results

3.1 Descriptives Statistics

3.1.1 Frequencies. Table 1 displays frequency statistics for all categorical variables in the present data. Each categorical variable assessed the demographics of the current sample.

Table 1.

Frequencies for the current sample of volunteers and non-volunteers on each categorical, demographic variable (N = 240)

Variable	Frequency	Valid Percentage(%)
Gender		
Male	49	20.4
Female	191	79.6
Voluntary Status		
Volunteers	60	25
Non-Volunteers	180	75
Age		
18-24	144	60.0
25-34	58	24.2
35-44	17	7.1
45-54	12	5.0
54-65	9	3.8

3.1.2 Descriptive statistics. Descriptive statistics for all continuous variables in the current dataset are presented in Table 2. Normality of the data was assessed simultaneously by checking

histograms for each variable. In each histogram, variables displayed a relatively normal distribution, which is also evident by the similarities between mean and median values for each variable listed below. Also, the close 95% confidence intervals for mean values indicate reasonably normally distributed data. By assessing normal Q-Q plots and 30 boxplots, it was evident that there were no extreme outliers in responses to any of the three scales. This approximately normally distributed data suggests that the present sample is reasonably representative of the wide population of volunteers and non-volunteers.

Table 2

Descriptive statistics of all continuous variables

	Mean (95% Confidence Intervals)	Std. Error Mean	Median	SD	Range
Altruism	27.30 (26.28-28.05)	.45	27	6.95	11-47
Social Anxiety	62.59 (58.48-66.69)	2.1	61.5	32.27	3-135
Social Fear	34 (31.89-36.14)	1.1	35	16.69	1-67
Social Avoid	28.57 (26.49-30.65)	1.1	28	16.37	0-68

3.2 Inferential Statistics

3.2.1 Multivariate analysis of variance (MANOVA). Testing hypothesis 1 and 2.

Prior to conducting a MANOVA, a Pearson correlation was performed between the two dependent variables, altruism and social anxiety in order to test the MANOVA assumption that the dependent variables would be correlated with each other in the moderate range. This assumption was met with a negative moderate correlation $r = -.298$. Results of this MANOVA can be seen in figures 1 and figures 2.

Figure 1

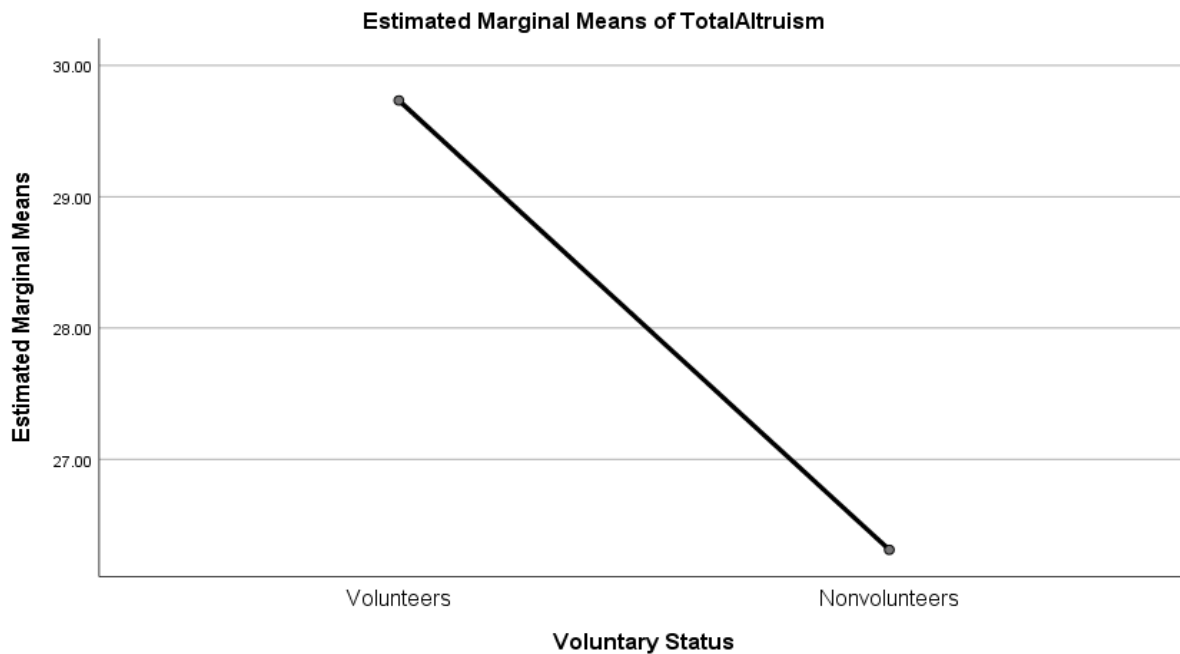
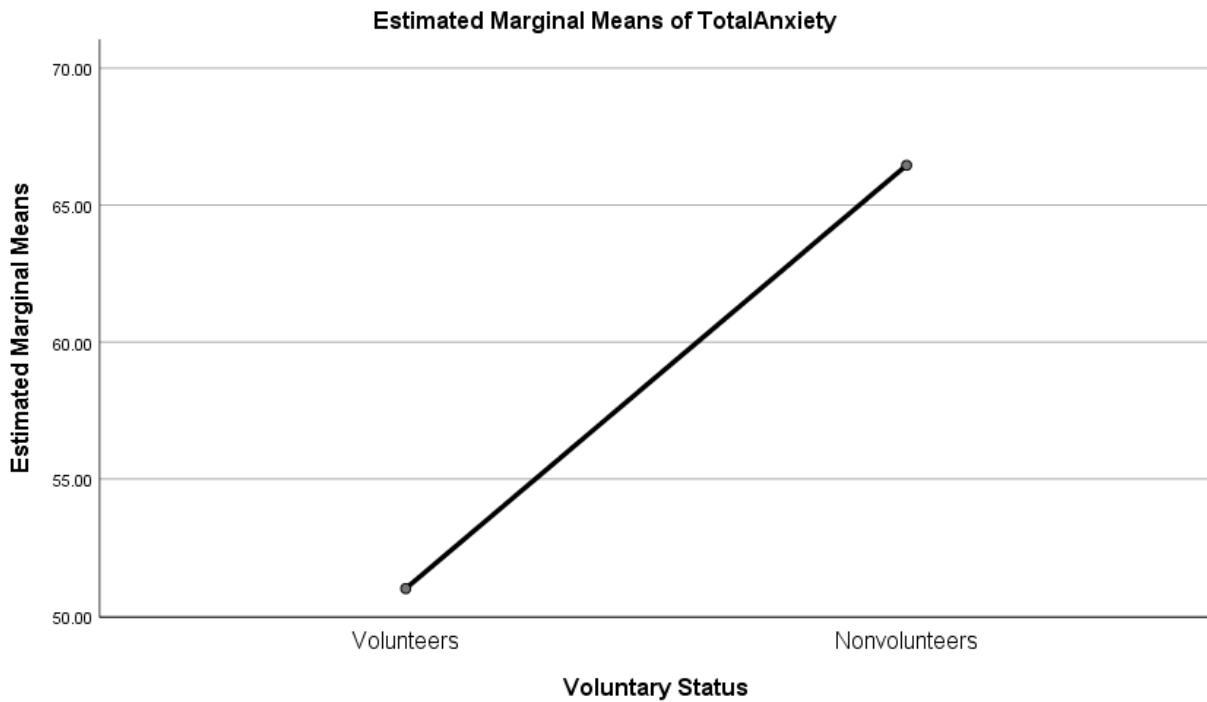


Figure 2

The Box's M (1.19) was not significant, $p (.759) > (.001)$ – indicating that there are no significant differences between the covariance matrices. Therefore, the assumption was not violated. Thus, the covariance matrices between the groups were assumed to be equal for the purposes of the MANOVA. The MANOVA used the Wilks' Lambda test. Using an alpha level of .05, the test was significant, $Wilks = .45, F (2, 237) = 948, p < .001, \text{multivariate } \eta^2 = .184$. This significant F indicates that there are significant differences among Voluntary Status groups on a linear combination of the two dependent variables. The multivariate $\eta^2 = .184$ indicates that

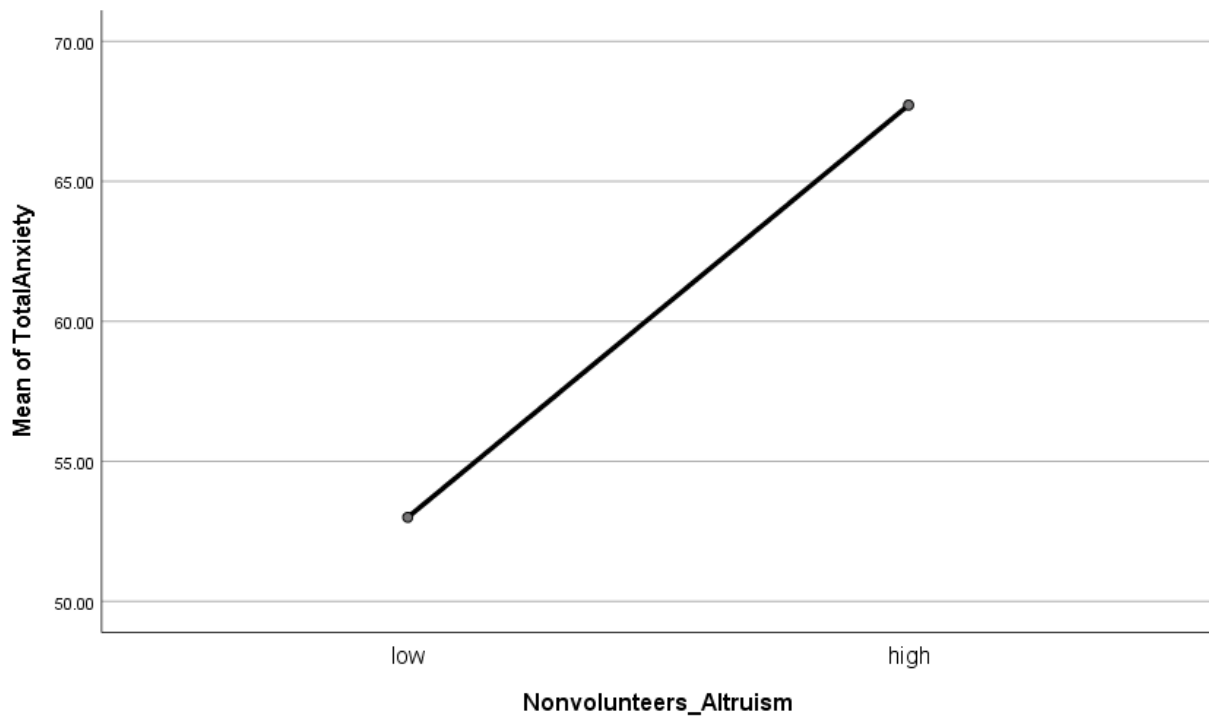
approximately 18% of the multivariate variance of the dependent variables is associated with the group factor.

The Levene's Test of Equality of Error Variances tests the assumption of MANOVA and that the variances of each variable are equal across the groups. The assumption is met for both dependent variables (Altruism, $p = .60$, and Social anxiety, $p = .68$). Follow-up univariate ANOVAs indicated that both Altruism and Social Anxiety were significantly different for voluntary status, $F(1, 238) = 11.38, p < .001, \eta^2 = .18$ and $F(1, 238) = 10.74, p < .001, \eta^2 = .17$, respectively.

As there are only two groups in the current study, a post hoc is not necessary. However, a pairwise comparison indicated the differences in altruism levels among the two groups, volunteers ($M = 29.73, SD = 7.33$) and non-volunteers ($M = 26.31, SD = 6.6$). It also indicated the difference in social anxiety among the two groups, volunteers ($M = 51.00, SD = 32.64$) and non-volunteers ($M = 66.46, SD = 31.30$). All mean scores were statistically significant $p = .001$.

3.2.2 One-way analysis of variance for non-volunteers: Testing hypothesis 3.

A further one-way between-groups ANOVA was conducted to compare the means of non-volunteers on the dependent variable. Participants were divided into two groups, non-volunteers who were high in altruism and non-volunteers who were low in altruism. Volunteers were blocked from the data set. Conduction of post hoc comparison tests was not necessary for this analysis as the independent variable consisted of only one group. Figure 3 displays the results of these comparisons.

Figure 3 Means Plot

A one-way between subjects ANOVA was conducted to compare altruism scores and social anxiety scores among non-volunteers. There was no statistically significant difference in social anxiety for the low altruism group ($M = 52.56$, $SD = 5.67$) and high altruism group ($M = 67.81$, $SD = 2.27$), $F(1, 178) = 3.50$, $p = .06$. The effect size indicated a very small difference in social anxiety scores among the two groups ($\eta^2 = .2$).

Chapter 4. Discussion

The purpose of the current study was to investigate the relationship between altruism and social anxiety among volunteerism. While there is a substantial amount of existing literature describing the relationship between altruism and volunteering, a gap in this literature was seen for research describing the interacting relationship between altruism and social anxiety among volunteers and non-volunteers. The current study aimed to address this gap by investigating the influence of altruism and social anxiety on volunteering. Hypotheses within the current study were supported for the most part and were similar to findings in existing literature.

4.1 Summary of the main results.

The study aimed to test three hypotheses. Firstly, it was hypothesised that volunteers would report higher levels of altruism when compared to non-volunteers. This hypothesis was supported. A large difference between volunteers and non-volunteers was noticed with volunteers reporting significantly higher levels of altruism than non-volunteers. Volunteers scored on average 30 out of 56 and non-volunteers scored on average 26 out of 56. Thereby, we reject the null hypothesis that volunteers would not score higher on the altruism scale when compared to non-volunteers. This is not a surprising result as it is consistent with previous research conducted on altruism and volunteerism (Cnaan, Smith, Holmes, Haski-Leventhal & Handy, 2010; Holdsworth, 2010; Randle & Dolnicar, 2006; Rehberg, 2000). A reason for this may be explained by the altruism-empathy hypothesis theory that states that people who are more emphatic are more motivated to engage in altruistic behaviour (Lange, 2008).

It was also hypothesised that volunteers would report lower levels of social anxiety compared to non-volunteers. This hypothesis was also supported. There was a substantial difference

between volunteers and non-volunteers with volunteers scoring an average of 50 out of a possible 144. According to Liebowitz (1987), an overall score of 50 indicates moderate anxiety, anxiety that an average person would feel on a day to day basis. However, non-volunteers scored much higher with an average score of 66. This score indicates marked anxiety, which is more persistent and has more negative effects on everyday life. Thereby, we reject the null hypothesis that volunteers would not report lower levels of social anxiety compared to non-volunteers. These findings are consistent with existing literature, which have found people who experience high levels of anxiety do not volunteer as a result of their anxiety preventing them psychologically (De Botton, 2004; Knapp & Holzberg, 1964; McLaughlin & Harrison, 1973; Smith & Nelson, 1975; Spitz & MacKinnon, 1993; Wittchen & Fehm, 2003; Handy & Cnaan, 2007). The Volunteers scoring low on the LSAS scale may be explained by the previous literature that has found people with high levels of anxiety who volunteer, usually stop volunteering after a short period of time, as a result of their anxiety, therefore it would be expected that not many volunteers would have high levels of anxiety as a whole (De Botton, 2004; Handy & Cnaan, 2007; Ogilvie, 2004; Wittchen & Fehm, 2003).

As there has been no research conducted on social anxiety and volunteering since 2007, the current study was necessary to provide more updated research on the topic. Although the current findings are consistent with previous findings, these results also expand on existing literature. Previous research has mainly focused on social anxiety among young adults and teenagers and very little research has been conducted on social anxiety and volunteering among older adults. Previous research has found that anxiety is particularly high amongst younger adults (Cannon, Coughlan, Clarke, Harley and Kelleher, 2013) therefore these previous findings were not

generalisable among the general public. The current study contains 96 participants between 25 and 61, providing more understanding among social anxiety and volunteering among all groups.

The third hypothesis was that non-volunteers with high levels of social anxiety would be more altruistic than non-volunteers with low levels of social anxiety. It was found that non-volunteers who were highly altruistic did in fact score higher on the social anxiety scale. A huge difference in social anxiety levels was found amongst the non-volunteers depending on their altruism levels. The non-volunteers who were highly altruistic scored an average of 67 out of 144, while the non-volunteers who were low in altruism scored an average of 52 out of 144. However, this finding was not statistically significant. Therefore, the probability of random chance may explain the result. Therefore, we accept the null hypothesis. Despite the finding not being significant, the finding is still of importance. As of yet, there has been very little research conducted on how social anxiety affects altruistic people. Research has found that people with social anxiety tend to do generous things for others and that engaging in altruistic acts has a positive effect on mental health but no research has compared social anxiety among people who are highly altruistic and not altruistic. This study served to address this gap and the findings support these claims that people with social anxiety engage in more altruistic behaviours, as the participants in this current study who scored the lowest in social anxiety were the non-volunteers who scored the lowest on the altruism scale.

Another result that was not hypothesised for the current study was found in regard to aspects of the social anxiety scale. The scale contained two sections, the fear related questions and the avoid related questions. It was found that the participants scored higher on the social fear questions with a mean of 34 out of 72 compared to the social avoid questions with a mean of 26

out of 72. Although these two factors were not investigated to a greater extent, it appears that while the participants were anxious in certain situations it did not prevent them engaging in that situation to the same extent, a finding that is not consistent with what is known about social anxiety and how it affects human behaviour (Schneier & Goldmark, 2015).

4.2 Implications of the current findings.

The current study is one of few studies conducted, specifically in recent times, examining the influence of social anxiety and altruism on volunteering and in that the results include implications. The first implication of this study is the benefits it could have in recruiting volunteers. A systematic review by Einolf (2018) found that the most common method for recruiting volunteers is by asking volunteers directly if they would like to volunteer, without providing an email for the public to contact if they are interested. A phone number, however, is the more common approach. A question in the Liebowitz Social Anxiety Scale is how anxious do you feel when telephoning and how often do you avoid telephoning. It is understood that people who have high levels of social anxiety avoid telephoning as a way of communicating with others (Schneier & Goldmark, 2015). It has also been found that organisations are in need of more volunteers despite their efforts of asking the public (Einolf, 2018). The findings in the current study that suggests altruistic non-volunteers experience high levels of anxiety may highlight that a different recruitment strategy is needed such as providing contactable emails.

Another implication of the current study is it can suggest to non-profit organisations to take into consideration that their volunteers may have social anxiety and would not like to be given roles that include engaging with strangers such as asking for donations on the street, engaging

with the homeless and looking after vulnerable people which is the centre of what volunteers do (Einolf, 2018). This may encourage people with social anxiety who are altruistic to volunteer and commit to volunteering if they are offered a role that makes them feel comfortable. This may also diminish the shortage of volunteers in many non-profit organisations (Einolf, 2018). However, further research needs to be conducted to confirm these findings and whether this would be the case.

4.3 Strengths and limitations of the current study.

The current study is not without its strengths and limitations. A major strength in the present study is the psychological measure that was used. The LSAS is validated, highly reliable and commonly used in previous research. This is advantageous when designing a study that involves self-reporting, to ensure that the participant's responses can give a valid representation of their levels of social anxiety. Additionally, a limitation of the study is the choice of the second measure, the Adapted Self-Report Altruism Scale, as there is a concern for its validity as very little research has used the scale compared to the original 20-item (Ruston, 1981). Despite this, the adapted scale appeared more suited to the sample and scored a very high internal reliability in the current study ($\alpha = .97$). Researchers should consider using this scale when researching altruism as a variable of interest and further research needs to be implemented to test the validity of the Adapted Self-Report Altruism Scale.

A second strength to this study is that it contributes to a research area of relevance and which was in need of attention. As there is a scarcity of research conducted on the topic of interest and as social anxiety has increased in recent years (WHO) it is evident that this research was necessary to provide updated findings on social anxiety and volunteering. Of the studies which

examined social anxiety and volunteering, a great deal used samples of only teenagers and young adults (Cnaan, Smith, Holmes, Haski-Leventhal & Handy, 2010; Holdsworth, 2010; Rehberg, 2000). Research has found that people become more altruistic as they get older and that social anxiety decreases slightly with age (Freund & Blanchard-Fields, 2014; Schneier & Goldmark, 2015), however, there is scarce research that contains middle-aged and older adults in their studies on volunteerism and altruism. The current study contains participants of all ages ranging from 18-61. Therefore it could be argued that this study's contribution, using a general sample across all age groups was necessary.

The study is not without limitations. The effect size was small for the association between non-volunteers altruism and social anxiety levels. This may be as a result of the small sample size (n=180). A larger sample size may provide a better understanding of the effect between the two variables of interest. Another limitation of the study Another limitation is the sampling method used. Convenient and snowball sampling was used to recruit participants, therefore there was no control over who participated in the study. Because of this, there is the possibility that the participants share the same traits, culture and characteristics as participants shared the study onto their social media profiles and as a result, their friends and family could have also participated. Therefore, there is a limitation that the sample does not represent the entire population (Taherdoost, 2016).

Another limitation of the current study is the self-report of altruism and social anxiety. Although the LSAS is validated and high internal reliability was found, the scales consider the participants to reflect back on experiences such as how many times they engaged in certain altruistic acts and how often they have felt a certain way. Participants may have not answered

honestly and accurately. Unfortunately, this issue cannot be avoided. It has been stated that self-report is a necessary tool in behavioural and medical research, particularly in studies investigating subjective thoughts and experiences (Baldwin, 1999).

Finally, the current research did not take into account confounding variables that may have affected the results such as the imbalance of gender. Gender was substantially imbalanced with only forty-nine male participants. To gather a true understanding of the entire population in regards to social anxiety and altruism, perhaps a gender imbalance should be considered.

4.4 Recommendations for further research.

There are numerous recommendations for future research that relates to these limitations. The first recommendation is an improvement in the sample size and sampling method. As previously discussed, a bigger sample size may provide a moderate effect size and a significant result for the third hypothesis. A bigger sample size recruited through a different sampling method different to snowball sampling on social media may produce results that are more generalisable to the entire populations. Future studies also need to be carried out using the Adapted Self-Report Altruism Scale to confirm its validity and reliability so an updated version of the original Self-Report Altruism Scale (Rushton et al, 1981) can be used in future studies on altruism. Future research should also consider how age and gender affect the two variables of interest to test whether they affect the results of the study and whether their findings are similar or different to the findings from the present study.

A third recommendation is that further research needs to be conducted on the two aspects of social anxiety, social avoidance and social fear. Although people may have high levels of social

fear, it may not necessarily mean it affects them in the real world. Distinguishing the two factors in future studies on social anxiety may provide a better understanding of social anxiety and the effects it has on everyday life and as to whether altruistic people's social anxiety levels really affects their lives and additionally, prevents them from volunteering.

4.5 Conclusion

In summary, it is reported that volunteers are more altruistic than non-volunteers, that volunteers have lower levels of social anxiety compared to non-volunteers and that altruistic people experience higher levels of social anxiety compared to non-volunteers who are not as altruistic. Two hypotheses were supported and the findings were consistent with previous literature, however, the third hypothesis, although supported, is in need of further research to either support or oppose these findings and recommendations are suggested to overcome limitations within this study. Nonetheless, the findings may encourage future research to be carried out on this area and if similar results are found, non-profit organisations may consider this in their recruitment strategies and within their roles.

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Appendices

Appendix A

The Adapted Self-Report Altruism Scale

Scale Name: Adapted Version of the Self-Report Altruism Scale

Developers: P. C. Rushton (original), Peter Witt and Chris Boleman (adapted version)

Scale:

0=Never

1=Once

2=More than once

3=Often

4=Very often

Instructions: How often would you exhibit the following behaviors?

Items:

1. I would give directions to someone I did not know.
2. I would make changes for someone I did not know.
3. I would give money to a charity.
4. I would donate clothes or goods to a charity.
5. I would help carry belongings of someone I did not know.
6. I would delay an elevator and hold the door for someone I did not know.
7. I would allow someone I did not know to go in front of me in line.
8. I would point out a clerk's error in undercharging me for an item.
9. I would let a neighbor I did not know well borrow an item of value to me.
10. I would help a classmate who I did not know well with a homework assignment when my knowledge was greater than his or hers.
11. I would voluntarily look after a neighbor's pet or children without being paid.
12. I would offer to help a handicapped or elderly person across the street.
13. I would offer my seat on a train or bus to someone who was standing.
14. I would help an acquaintance move houses.

Scoring:

- Sum all item ratings together.
- A higher score indicates greater altruism.

Appendix D

Information sheet.

My name is Megan Murphy. I am a third-year Psychology student from the National College of Ireland and I am conducting this research as part of my Final Year project. My research project will be supervised by Dr April Hargreaves.

Explanation of the title.

To explain the title of this study, altruism is a term used for people who engage in selfless acts and put the welfare of others before one's own. It is when a person does something nice for other people without expecting anything in return. Social Anxiety, on the other hand, is when someone is afraid of a situation that involves interacting with other people, especially strangers. A volunteer is someone who gives up their own time to work for a non-profit organisation without receiving money or any reward in return.

The purpose of this study is to compare altruistic levels and social anxiety levels among volunteers and non-volunteers to see if social anxiety affects people from volunteering and to see which group is more altruistic. If social anxiety does affect people from volunteering. The results could possibly influence non-profit organisations to take this into consideration when they are

hiring new people and to make sure that people who suffer from anxiety are provided with roles they are comfortable with.

What you would have to do.

If you would like to take part in this study, you would have to answer two questionnaires. The first questionnaire is called the Self-reported altruism scale and consists of 20 questions. Each question is a situation you may or may not have experienced you will be required to rate how often, if at all, you have experienced that situation. The second questionnaire will calculate your levels of social anxiety and is called the Liebowitz Social Anxiety Scale. It consists of 24 questions. The two surveys take approximately ten minutes to complete.

Please do not provide your name or any other personal information on the questionnaires.

Please feel free to contact me or my supervisor with any queries or questions.

Thank you for taking the time to read this.

Email: x16492544@student.ncirl.ie

Supervisor Dr April Hargreaves email: april.hargreaves@ncirl.ie.

Appendix E

Consent form and initial background questions.

To take part in the study you must be 18 or over.

Potential Risks:

It is important that you are aware of the potential risks of taking part in the study. There is a possibility that you may become upset or distressed while answering the two surveys as the surveys are personal. If you become distressed or upset there are available helplines for you in the debriefing form. Do not hesitate to use these if you need to.

Your rights as a participant:

This study is completely voluntary and completely anonymous. You will not be identified. You have the right to withdraw at any time until you have submitted the answers to your surveys.

Your results cannot be withdrawn from the study once you have submitted them. However, there will be no penalty for withdrawing.

The information you provide:

The researcher will be responsible for the records you provide. They will be stored carefully and safely. Your results will be combined with all of the other participant's results and from that, the researcher can compare results and answer the questions that are being examined in this study.

The study will also be submitted to the Psychology Society of Ireland's congress and if accepted will be published and presented for a second time.

If you have any questions about the study please do not hesitate to contact me through email:
x16492544@student.ncirl.ie.

I am over the age of 18, I understand the information provided
and I consent to take part in this study. *

Yes

I am currently *

A volunteer for a non profit organisation

Not a volunteer

Please state your age. *

18-24

25-34

35-44

45-54

55-64

I am a *

Male

Female

BACK

NEXT

Appendix F

Debriefing sheet

Dear Participant,

Thank you for volunteering in this research study. It is important that you are aware that you can withdraw from the study up until you have completed the surveys as this study is completely anonymous and cannot be taken out once submitted. .

If you have any questions regarding this study, please feel free to contact the researcher at this time or the supervisor through their emails provided. Researchers contact email:

x16492544@student.ncirl.ie. Supervisor Dr April Hargreaves email: april.hargreaves@ncirl.ie.

If participating in this study has made you feel psychologically distressed, it is encouraged that you call these helplines. Samaritans 24-hour landline 116 123 or Niteline on 1800 793 793. You can also message Niteline on their website niteline.ie if you are feeling distressed but would not like to talk to someone on the phone.

