



UNIVERSITI PUTRA MALAYSIA

***INFLUENCE OF INDIVIDUAL ADAPTABILITY AND ORGANIZATIONAL
FACTORS ON PHILANTHROPIC BEHAVIOR AND THE MEDIATING
ROLE OF SOCIAL NETWORK AMONG COMMUNITY HEALTH
WORKERS IN MALAYSIA***

SITI NOORMI BINTI ALIAS

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AMONG COMMUNITY HEALTH WORKERS IN MALAYSIA**

By

SITI NOORMI BINTI ALIAS

**Thesis submitted to the School of Graduate Studies, Universiti Putra Malaysia in fulfilment of the
requirement for the Degree of Doctor of Philosophy**

June 2016

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the Degree of Doctor of Philosophy.

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Philanthropic behavior of community health workers (CHWs) refers to individual action directed towards bridging the gap in health care provisions among underserved population without expecting monetary compensation in return. This study was conducted to determine the factors influencing philanthropic behavior with the existence of social network as a mediating variable. This study adopted quantitative research paradigm using correlational research methodology. The unit of analysis of this study is the individual CHW. Data were collected from 300 CHWs of MERCY Malaysia in which the data collection processes were fully administered by the management team of the organization due to protection issue of members' personal information. Structural Equation Modeling was used in the analysis to test the structural model of the study.

Results on the direct effect of the analysis showed that social network, emotional-oriented coping, social trust, informational justice and perceived organizational support significantly influenced philanthropic behavior. These results explained that active participants in the social network are exposed to extensive probability for philanthropic activities. Those who easily trust others will have the tendency to have philanthropic behavior. These individuals are considered as highly probable to contribute to community development. In addition, these CHWs tend to use emotions in resolving challenging situations in their daily life. Moreover, perceived informational justice and organizational support influenced CHWs' commitment to continuously perform their voluntary work in healthcare. Findings from the SEM analysis indicated that task-oriented and avoidance-oriented coping, social trust, procedural justice and perceived organizational support indirectly influence philanthropic behavior through the mediating role of social network. The study concluded the important role of social network as a linking factor among these variables. Individuals who are lower in avoidance coping, and higher in task coping, social trust, procedural justice and perceived organizational support are more likely to have potent and extensive social network to enable them to have a vast informational exchange, consequently, inspired them to have interest in philanthropic behavior. These findings are in line with the notion of Social Network Theory in which social network makes contribution of individual adaptability and organizational factor to philanthropic behavior clearer.

This study provides a support for the direction to Human Resource Development and Community Development practice as a new element based on Malaysian context. This study also supports the Theory of Planned Behavior, and Social Identity Theory (SIT) in emphasizing the important influence of individual adaptability and organizational factors on philanthropic behavior of CHWs.

Abstrak tesis yang di kemukakan kepada Senat Universiti Putra Malaysia sebahai memenuhi keperluan untuk Ijazah Doktor Falsafah

PENGARUH FAKTOR ADAPTASI INDIVIDU DAN ORGANISASI TERHADAP TINGKAH LAKU FILANTROPI DAN PERANAN PERANTARA RANGKAIAN SOSIAL DALAM KALANGAN PEKERJA KESIHATAN KOMUNITI DI MALAYSIA

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Tingkah laku filantropi pekerja kesihatan komuniti (PKK) merujuk kepada tindakan individu ke arah merapatkan jurang dalam peruntukan penjagaan kesihatan dalam kalangan masyarakat yang kurang berkemampuan tanpa mengharapkan pampasan kewangan sebagai balasan. Kajian ini dijalankan untuk menentukan faktor-faktor yang mempengaruhi tingkah laku filantropi dengan adanya rangkaian sosial sebagai pembolehubah perantara. Kajian ini menggunakan paradigma penyelidikan kuantitatif melalui kaedah penyelidikan korelasi. Unit analisis kajian ini adalah individu PKK. Data dikumpulkan daripada 300 PKK di bawah MERCY Malaysia di mana proses pengumpulan data telah ditadbir sepenuhnya oleh pihak pengurusan organisasi disebabkan oleh isu perlindungan maklumat peribadi ahli. Model Persamaan Struktur (MPS) telah digunakan dalam analisis untuk menguji model struktur kajian.

Hasil kesan langsung analisis menunjukkan bahawa rangkaian sosial, gaya adaptasi berorientasikan emosi, kepercayaan sosial, keadilan maklumat, dan sokongan organisasi mempengaruhi tingkah laku filantropi dengan signifikan. Dapatan ini menjelaskan bahawa peserta aktif dalam rangkaian sosial terdedah kepada kebarangkalian yang tinggi untuk aktiviti filantropi. Mereka yang mudah mempercayai orang lain akan mempunyai kecenderungan ke arah tingkahlau filantropi. Individu ini dianggap berkemungkinan besar untuk menyumbang kepada pembangunan masyarakat. Di samping itu, PKK ini cenderung untuk menggunakan emosi dalam menghadapi situasi yang mencabar dalam kehidupan harian mereka. Selain itu, keadilan maklumat dan sokongan organisasi dilihat mempengaruhi komitmen PKK untuk terus melakukan kerja-kerja sukarela mereka dalam penjagaan kesihatan. Hasil daripada analisis MPS menunjukkan bahawa gaya adaptasi berorientasikan tugas, dan mengelak, kepercayaan sosial, keadilan prosedur dan sokongan organisasi dilihat secara tidak langsung mempengaruhi tingkah laku filantropi melalui peranan perantara rangkaian sosial. Kajian ini merumuskan peranan penting rangkaian sosial sebagai faktor yang menghubungkan antara pembolehubah ini. Individu yang kurang menggunakan gaya adaptasi mengelak, dan mengamalkan gaya adaptasi tugas, mempunyai kepercayaan sosial, keadilan prosedur dan sokongan organisasi didapati lebih cenderung untuk mempunyai rangkaian sosial yang kuat dan luas bagi membolehkan mereka saling bertukar maklumat. Ini menyebabkan mereka lebih cenderung untuk bertindak secara filantropi. Dapatan ini selari dengan konsep Teori Rangkaian Sosial di mana rangkaian sosial menjadikan sumbangan faktor adaptasi individu dan organisasi menjadi lebih jelas.

Kajian ini menyokong hala tuju amalan Pembangunan Sumber Manusia dan Pembangunan Masyarakat sebagai satu elemen baru berdasarkan konteks di Malaysia. Kajian ini juga mengukuhkan Teori Tingkah laku Terancang dan Teori Identiti Sosial dalam menekankan kepentingan pengaruh faktor adaptasi individu dan organisasi terhadap tingkah laku filantropi PKK.

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TABLE OF CONTENTS

	Page
ABSTRACT	i
ABSTRAK	ii
ACKNOWLEDGEMENTS	iii
APPROVAL	iv
DECLARATION	vii
LIST OF TABLES	xi
LIST OF FIGURES	xii
LIST OF EQUATIONS	xiii
LIST OF ABBREVIATIONS	xiv
 CHAPTER	
1	
INTRODUCTION	1
Background of the Study	1
An Overview of Philanthropy	1
Philanthropic Activities in Health Provision	3
The Role of Community Health Workers (CHWs) in Philanthropic Activities	4
Statement of Problem	5
Objectives of the Study	7
Research Hypothesis	7
Significance of the Study	8
Theoretical Significance	8
Practical Significance	9
Scope and Limitations of the Study	9
Assumptions of the Study	9
Conceptual Definition of Terms	9
Operational Definitions	10
 2	
LITERATURE REVIEW	11
Philanthropy	11
Volunteering	13
Donating	13
Philosophy of Philanthropy	13
Philanthropic Behavior in Public Health	15
Theorizing Philanthropic Behavior	18
Social Network Theory	18
Theory of Planned Behavior	20
Social Identity Theory	22
Theoretical Framework of the Study	24
Determinants of Philanthropic Behavior	27
Individual Adaptability Factors	27
Organizational Factors	29
Social Network	31
Social Network as Mediator	33
Mediating Role of Social Network	34
Research Framework	34
Summary	35
 3	
METHODOLOGY	37
Introduction	37
Research Design	37
Population and Sampling	37
Sampling Procedure	38
Sample Size and Power Analysis	38
Instrument and Measurement	39
Instrument for Philanthropic Behavior	41
Instrument for Individual Adaptability Factors	41
Instruments for Organizational Factors	41

	Instrument for Social Network	43
	Ethical Consideration	43
	Permission regarding Instruments and Measurements	43
	Ensuring the Protection of Human Participants	43
	Data Collection Procedure	44
	Validity and Reliability	44
	Strategies used to Establish the Validity and Reliability	44
	Data Analysis	47
	The Missing Data	47
	Goodness-Of-Fit (GOF) Test	49
	Confirmatory Factor Analysis (CFA)	50
	Individual Adaptability Factors	50
	Organizational Factors	54
	The Measurement Model	57
	The Structural Equation Model	58
	The Test of Mediating Effect	58
	Results of Confirmatory Factor Analysis	60
	Individual Construct Validity and Reliability	60
	Philanthropic Behavior	60
	Social Network	61
	Developing and Assessing the Overall Measurement Model	61
	Goodness of Model Fit	62
	Construct Validity	63
	Convergent Validity	63
	Discriminant Validity	65
	Test for Normality	66
	Test for Outliers	66
	Test for Multicollinearity	66
	Summary of Data Analysis	67
4	FINDINGS AND DISCUSSION	68
	Demographic Profile of Respondents	68
	Descriptive Analysis	69
	Level of Social Network	71
	Level of Individual Adaptability Factors	71
	The Level of Organizational Factors	73
	Structural Equation Modelling (SEM) Analysis	77
	The Hypothesized Direct Relationships between Constructs	78
	The Mediating Effect of Social Network on the Relationship between Individual Adaptability and Organizational Factors with Philanthropic Behavior	80
	Discussion of Findings	84
	Demographic Profile	85
	Descriptive Analysis	85
	Direct Influence of Social Network, Individual Adaptability and Organizational Factors on Philanthropic Behavior	90
	The Mediating Effect of Social Network on the Relationship between Individual Adaptability and Organizational Factors with Philanthropic Behavior	95
	The Overall Results of Hypotheses	99
	Summary	102
5	SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS	103
	Introduction	103
	Summary of Research	103
	Conclusion	104
	Implication	106
	Implications to Theory	106
	Implication to Practice	107
	Recommendation for Future Studies	108

Summary	109
REFERENCES	110
APPENDICES	139
BIODATA OF STUDENT	174
LIST OF PUBLICATIONS	175



LIST OF TABLES

Table	Page
1. Role of NGOs for Disaster Risk Management in Malaysia	1
2. Definitions of Philanthropy from Literatures	11
3. Elements of Household and Community and Roles of Community Health Workers (CHWs)	17
4. The Relationship between the Study Variables based on the Theories	24
5. Reliability of Instruments and Measurements	40
6. Reliability Results for Pilot Test	46
7. Standardized Cut-Off Point for Fit Indices	49
8. Goodness of fit Indices of Measurement Model	63
9. Factor Loadings, Average Variance Extracted, and Construct Reliability of Scales	64
10. Discriminant Validity of the Latent Constructs	66
11. Summary of Data Analysis based on Research Objectives	67
12. Demographic Profiles of the Respondents (n=300)	68
13. The Level of Philanthropic Behavior (n=300)	71
14. Level of Social Network (n=300)	71
15. The Level of Task-oriented Coping (n=300)	72
16. The Level of Emotional-oriented Coping (n=300)	72
17. The Level of Avoidance-oriented Coping (n=300)	73
18. The Level of Social Trust (n=300)	73
19. The Level of Procedural Justice (n=300)	75
20. The Level of Distributive Justice (n=300)	75
21. The Level of Interpersonal Justice (n=300)	76
22. The Level of Informational Justice (n=300)	76
23. The Level of Perceived Organizational Support (n=300)	77
24. Goodness of fit Indices of Structural Model	77
25. The Regression Weights in the Direct Hypothesize Model	78
26. Mediation of the effect of Individual Adaptability and Organizational Factors on Philanthropic Behavior through Social Network	82
27. The Overall Results of Hypothesis Testing	99

LIST OF FIGURES

Figure	Page
1. Theoretical Model of Philanthropy from Religiosity Perspective	15
2. Nodes and Ties in Philanthropic Network	19
3. Socialization Process in Philanthropic Network	19
4. The Role of Background Factors in the Theory of Planned Behavior	21
5. The Group Engagement Model	23
6. The Theoretical Framework	26
7. The Research Framework	36
8. Step-by-step Random Sampling Procedure in Excel	38
9. Task-oriented Coping Single CFA Model	52
10. Emotional-oriented Coping Single CFA Model	53
11. Avoidance-oriented Coping Single CFA Model	53
12. Social Trust Single CFA Model	54
13. Procedural Justice Single CFA Model	54
14. Distributive Justice Single CFA Model	55
15. Interpersonal Justice Single CFA Model	55
16. Informational Justice Single CFA Model	56
17. Perceived Organizational Support Single CFA Model	56
18. Measurement Model	57
19. Mediation Model in Causal Relationship	58
20. Philanthropic Behavior Single CFA Model	61
21. Social Network Single CFA Model	61
22. The Overall Measurement Model of the Study	63
23. The Structural Model of the Study with Standardized Regression Weights	78
24. The Mediation Structural Model of the Study	81
25. Summary Results of Direct and Indirect Relationships	101

LIST OF EQUATIONS

Equation	Page
1 Cochran's (1963) Sampling Formula	39
2 Cohen et al.'s (2003) Sampling Formula	39
3 Average Variance Extracted	50
4 Construct Reliability	50
5 Detection of Outlier	58



LIST OF ABBREVIATIONS

ABIM	Angkatan Belia Islam Malaysia
AC	Avoidance-oriented Coping
AGFI	Adjusted Goodness of Fit Index
AMOS	Analysis of Moment Structure
AP	Accountability Principles
AVE	Average Variance Extracted
CD	Community Development
CFA	Confirmatory Factor Analysis
CFI	Comparative Fit Index
CHW	Community Health Worker
CI	Confidence Interval
CISS	Coping Inventory for Stressful Situations
CLIPP	Cleft Lip and Palate Project
CR	Construct Reliability
CSR	Corporate Social Responsibility
DJ	Distributive Justice
EC	Emotional-oriented Coping
GFI	Goodness-of-fit Index
HAF	Humanitarian Accountability Framework
HAP	Humanitarian Accountability Partnership
HRD	Human Resource Development
IFI	Incremental Fit Index
IfJ	Informational Justice
ItJ	Interpersonal Justice
MERCY Malaysia	Malaysian Medical Relief Society
MoH	Ministry of Health
MRCS	Malaysian Red Crescent Society
NGO	Non-Government Organization
NHMS	National Health and Morbidity Survey
OS	Organizational Support
PB	Philanthropic Behavior
PHC	Primary Health care
PhD	Degree of Doctor of Philosophy
PJ	Procedural Justice
SIT	Social Identity Theory
SN	Social Network
SNT	Social Network Theory
ST	Social Trust

TC

Task-oriented Coping

TPB

Theory of Planned Behavior



CHAPTER 1

INTRODUCTION

This study focuses on factors influencing philanthropic behavior among community health workers (CHWs). This chapter covers background of the study that consists of sub-sections on overview of philanthropy, philanthropic activities in health provision, and the role of CHWs. This is followed by the statement of problem, objectives, hypotheses, and the significance of the study. The chapter ends with scope and limitations, assumptions, and the operational definitions of terms used in this study.

Background of the Study

This section of the chapter provided narrative for background of the study.

An Overview of Philanthropy

Philanthropy essentially is a type of individual action for the public good and generally by the motivation to improve one's community (Ridings, 1997). Philanthropy is not motivated by a desire to comply with external legal and regulatory imperatives (Brammer & Millington, 2005), but it is believed that people who are philanthropically, behave like CHWs, by sharing out their knowledge and skills to help the victims from stated NGOs, which the latter will benefit greatly. In accordance, the attitude shown during philanthropic action will reflect the returns gain (Jamal & McKinnon, 2007) as giving without expecting anything in return is the hallmark of real philanthropy (Ridings, 1997; Bennett, 1998; Amran, Lim, & Sofri, 2007). It is also important to note that philanthropic actions include contributions in terms of money, time, and effort (Coombs, Shipp, & Christensen, 2008). Thus, philanthropy can be considered as volunteering and donating activities, which aim mainly to help other people.

Philanthropic activities particularly by CHWs are normally under the realm of non-governmental organizations (NGOs) (Thompson, 1997; Penner, 2002). NGOs play very important role in sustainable development in community particularly in improving the health, wellbeing, and self-reliance of individuals in the community (Kuti, 1999; 2004) through the participation of their members. It is said that these NGOs provide services to groups who cannot afford to pay for services such as the underserved populations, natural diseases victims, and refugees. In addition, Ejaz, Shaikh, and Rizvi (2011) assert that NGOs always complement the government's efforts and plugs in the gaps in health care systems. Therefore, they must rely on government grants, charitable contributions, and volunteers to cooperate (Wymer, Riecken, & Yavas, 1997) and to continuously support the needy. Bekkers (2003) and Heitzmann (2000) suggest that NGOs are most active in social services and health field and this can be seen through the raising numbers of social workers who have become members of multidisciplinary public health teams in health care institutions. Table 1 shows the major NGOs in Malaysia which focus mainly on supporting health care services in Malaysia.

Table 1. Role of NGOs for Disaster Risk Management in Malaysia

Major NGOs	Main Activities
Malaysian Red Crescent Society (MRCS)	Medical assistance and rehabilitation
MERCY Malaysia	Medical assistance and rehabilitation
Jemaah Islah Malaysia (JIM), Angkatan Belia Islam Malaysia (ABIM)	Response, assistance, fund
Global Peace Malaysia	Medical assistance and rehabilitation
Global Sikh Malaysia	Health assistance and rehabilitation
Aman Malaysia	Rehabilitation and reconstruction
St. John Ambulance	Medical assistance
Force of Nature	Fund
Haluan Malaysia	Rehabilitation and reconstruction

Source: Sarkar, Begum, Pereira, & Jaafar (2013, p. 83)

Community health services provided by NGOs (such as MERCY Malaysia and Malaysian Red Crescent) often involve sustained philanthropic actions by volunteers, or specifically known as community health workers (CHWs), in helping, sharing, donating, co-operating, and volunteering, to improve community health. For example, in accordance to Typhoon Haiyan disaster on 8 November

2013, it had affected more than 11 million people in the Philippines, leaving many dead, injured, and homeless. International Federation of Red Cross and Red Crescent Societies (IFRC) and MERCY Malaysia immediately launched Typhoon Haiyan Appeal. The aim was to assist in the relief and recovery work.

Besides, philanthropy involves a degree of compassion and commitment among volunteers (Brown & Ferris, 2007; Veerasamy & Kumar, 2012), and undoubtedly are needed and applicable (Sacks, 1960; Radley & Kennedy, 1995; Eikenberry, 2005) to continuously support and improve health care services especially to the underprivileged (Wadler, Judge, Prout, Allen, & Geller, 2011). However, it must be reminded that CHWs' engagement levels will be vary accordingly (Resnick, Klinedinst, Dorsey, Holtzman, & Abuelhiga, 2013). In some instances, commitment levels may be low, perhaps for just a few hours in a month or might be based on certain humanitarian mission. This shows the importance of knowing the characteristics and qualities of CHWs.

Even though individuals are not obliged to be involved in philanthropic activities, however the number of volunteers is growing. Individuals learn and become CHWs through various methods. First, individuals might be interested to be involved in philanthropic activities because of their personal traits. Others might be interested to join any health related NGOs activities due to they are amazed by the way the organizations treat their members based on word-of-mouth. Still others discover the possibility to become volunteers from their relatives or friends in their social network that are already attached to particular NGOs. Hence, it is in line with Valente, Gallaher, and Mouttapa (2004) suggestions that studies on human behavior have been focusing on how individual attributes correlate and sometimes cause certain outcomes, which for the current purpose, the expected outcome is the philanthropic behavior. In addition, philanthropic behavior of volunteering happened in social setting in which it is about meeting and interacting with people, for example, between volunteers and victims. This is particularly true since individuals are influenced by the people they have contact regularly. According to Wilson (2000), those who has greater social network (strength and size), contributes in multiple organizational memberships, and prior volunteer experience can increase the chances of continuously behave philanthropically. Therefore, social network has emerged as an important perspective that provides a way to study the social context of philanthropic behavior in health care services (Resnick, Klinedinst, Dorsey, Holtzman, & Abuelhiga, 2013; Wagner, et al., 2013).

According to Rasiah, Noh, and Tumin (2009), the rising number of profit-based healthcare providers in Malaysia in accordance with the country's privatization policy in the 1980's would limit the access to equal health care services among the poor. This is evident, for example, when it involves treatment for ailments typically among the poor, such as tuberculosis, cholera, and typhoid given by private. Thus, government collaborations with volunteering associations, founding institutions, business corporations, as well as other NGOs have shown that these strategies can make a difference in community development (Ridings, 1997; Huang & Mohd Taib, 2007) particularly pertaining to health-related issues as well as providing lower treatment costs to the community compared to services by profit-based private hospitals. Furthermore, NGOs are amongst the main actor in promoting health awareness to the population (Hassali, et al., 2012). Even though their effort by sending out their medical teams is believed to have a positive effect on the community, however, in Malaysia they are still not well recognized. Yet, there is still no special title given to these health care volunteers because they are better known through their organizations such as MERCY Malaysia team, ABIM's Medical Team, and Global Peace Malaysia Medical Team.

There are examples of philanthropic activities and the role of CHWs as partners in building and enhancing communities' development particularly in health sector. For instance, promoting health awareness (Hassali, et al., 2012), improving community-based maternal and child services (Alam & Oliveras, 2014), and delivery and management of health services (Ejaz, Shaikh, & Rizvi, 2011). According to Mat Said, Fakhru'l-Razi, and Daud, (2001), Malaysia has experienced various disasters, ranging from biological, structural collapse of building, fires and explosions, and landslides to meteorological incidents. Thus, the roles of health-related NGOs such as Malaysian Red Crescent (MRC) to support search and rescue teams under government agencies is undoubtedly important. Another example of health-related NGOs includes MERCY Malaysia, established in 1999, a non-profit organization focusing on providing medical relief, sustainable health related development and risk reduction activities for vulnerable communities in both crisis and non-crisis situations.

The importance of philanthropy in health sector can be seen particularly at the occurrence of disasters or tragedies (Mat Said et al., 2001; Mohamed Shaluf, 2007). According to National Security Council Directive 20, disasters refer to an emergency situation of some complexity that will cause the loss of lives, damage property and the environment, and hamper local social and economic activities. These disasters include natural disasters (i.e., floods, storms, drought, shore erosion, landslides, tsunami, or any other disaster caused by strong wind and heavy rain), and industrial tragedy (i.e., explosion, fire, pollution and leaking of hazardous materials from factories, refineries and industrial depots which process, produce and store such materials). The disasters also comprise transport accidents, collapse of buildings, air crash, train collisions, nuclear accidents, and critical haze situation, which can affect the environment, threatening public harmony, government administration and economic activities of the state. We then only realize the significance of philanthropic activities of health-related volunteers if any of these disasters happened because of the need for the society to respond to the people involved (Kilpatrick, Stirling, & Orpin, 2010).

In relation to respond to the increasing needs of individuals' involvement in health-related NGOs, a formal policy, which is the Malaysia's National Social Policy, was officially established in 2003. The establishment of the policy also shows the government continuous efforts and seriousness to provide equal development opportunities to the individuals in the community. The main purpose of the policy is to enhance human resource development (HRD) in the community by providing the opportunity to develop their potential to the optimum in a healthy social environment based on fairness and equity in accordance with the goal of Vision 2020. The involvement of individuals as CHWs in health-related activities can be seen as one of the aspects that fosters the human potential in society. Moreover, government alone could not afford to provide sufficient health services to all citizens. Thus, the involvement of various entities including NGOs and their CHWs in health-related philanthropic activities is required to achieve the national development goal.

The importance of philanthropic activities also can be seen from the perspective of HRD. The involvement of CHWs in health-related philanthropic activities is parallel with the growing interest in HRD for the purposes of societal development that go beyond the traditional scope of organizational development, training and development, and career development (Metcalf & Rees, 2005; Kim 2012a). Philanthropic activities in health care by CHWs and through corporate social responsibility (CSR) programs by business corporations, is increasingly recognized as an effective intervention to deal with problems related to human wellbeing that occur beyond an organization environment (Kim, 2012b; McLean, Kuo, Budhwani, Yamnill, & Virakul, 2012), which need to be addressed. As a result, HRD principles and processes are now have been broadened and included together with the public good (i.e., provide health care services) beyond work-related issues (Kuchinke, 2010) and beyond individual personal needs. Numerous categories of creative, productive, and competent human resources are needed to ensure that the health service delivery is effective (Wennerstrom, Johnson, Gibson, Batta, & Springgate, 2014; Malaysia Country Health Plan, 2011-2015). Thus, the individuals 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. At the same time, the involvement of community workers such as CHWs in philanthropic activities is important to be addressed in terms of what motivates them to do so.

Philanthropic Activities in Health Provision

Over the past decade, billions of dollars have been invested in global health by various donors, private foundations, as well as NGOs (Mackey & Liang, 2013). Philanthropic actions of giving and volunteering can be in various forms and fields; one of which is health provision through the involvement of CHWs. As living standards rise, community needs become more complex. Subsequently, philanthropy becomes a critical indicator of the capacity of a community to identify public health problems and to develop strategies for addressing those problems (Brown & Ferris, 2007).

The issue of how and why individuals involve in philanthropic health-related activities by voluntarily offering their helps to others has puzzled philosophers, economists, and also social psychologists (Schroeder, Penner, Dovidio, & Piliavin, 1995; Wispe, 1978 as cited in Sargeant, 1999; Purewal & van den Akker, 2010). However, there are many driven factors towards philanthropic behavior (Davis, Bagozzi, & Warshaw, 1992; Teo, Lim, & Lai, 1999; Ryan & Deci, 2000). Individual characteristics and egoistic are among factors cited to relate to philanthropic behavior (Ryan & Deci, 2000) and these factors also can increase the amount of philanthropic giving (Schuyt, Smit, & Bekkers, 2004).

Individual adaptability variables, such as coping to stressful life events and social trust relate to the individual capacity and readiness to adapt with social changes happening within his social network also relevant to philanthropic activities. These individual adaptability factors cannot be ignored because the social interactions become basic needs for all human interactions.

Teo, Lim, and Lai's (1999) study shows that organizational factors positively related to the actions taken (i.e., internet usage) and they are stronger than intrinsic motivation. Furthermore, as the CHWs mostly work under particular NGOs or associations (such as MERCY Malaysia, PAPISMA or *Pertubuhan Sukarelawan Perubatan Malaysia*, Malaysian AIDS Foundation, and MRC), thus organizational factors should also be taken into consideration. According to Penner (2002), two organizational traits are discovered to be influential on the level of volunteerism. They are the individual's perceptions or feelings about the way they are treated by the organization, and the organization's reputation and practices. If an individual felt that, he has been treated improperly in an organization, he is unlikely to commence or continue volunteering with that organization. Likewise, prestigious organizations have been found to be more attractive to potential volunteers (Penner, 2002). As to complement the study, social network will be incorporated as a mediating variable between individual factors of individual adaptability (i.e., coping and social trust) and, organizational factors (i.e., organizational justice and perceived organizational support) with philanthropic behavior. The idea that social network plays an important role in human behavior has been well established (Brass, Butterfield, & Skaggs, 1998; Fowler & Christakis, 2010; Christakis & Fowler, 2013). However, Brissette, Scheier, and Carver (2002) argue the extent of the structural features of people's social network, such as size and strength, exert a significant effect on human behavior is still less known.

Empowering community members through participation in volunteering activities in order to identify and implement their needs and solutions, might be a vehicle for expanding access to health care for the underserved communities in Malaysia and worldwide (Witmer, Seifer, Finocchio, Leslie, & O'Neil, 1995; Malaysia Country Health Plan, 2011-2015). Their potential for preserving and promoting people's health should be encouraged. Moreover, according to Norris et al. (2006), deploying CHWs might be a strategy for improving the health of individuals and community. The following section will present the roles of CHWs in philanthropy in improving health services to the community.

The Role of Community Health Workers (CHWs) in Philanthropic Activities

The root of philanthropy, which is believed to be grounded by the motivation to give back to society, has put it as one of the most visible ways people can improve the society welfare (Ridings, 1997; Wulfson, 2001). The roles of CHWs in providing support and improving health care services to the community undoubtedly, is required particularly in areas where health professionals are not readily available. Indeed, without the efforts of these CHWs, many health provision services would be greatly reduced or become unavailable altogether (Allen & Rushton, 1983; Mohamed Ariff & Teng, 2002). The CHWs provide assistance to a wide variety of client populations (Allen & Rushton, 1983) including the poor, cancer survivors, women, infants, HIV patients and victims of natural disasters.

World Health Organization (WHO, 1987 as cited in Swider, 2002, p. 12) defined CHWs as "workers who live in the community they serve, are selected by that community, are accountable to the community they work within, receive a short, defined training, and are not necessarily attached to any formal institution". Meanwhile, US Department of Health and Human Services (2007, p. iii-iv) defined CHWs as follows:

CHWs are lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status and life experiences with the community members they serve.

Based on those two definitions given, CHWs simply refer to individuals who voluntarily serve the community using their skills and knowledge in health care. Wadler et al. (2011) argue that health education, health services provision, and patient navigation and support are the most common roles of CHWs in the community. Their participation in providing primary health care (PHC) services to the community also believed to be one of the most important philanthropic activities (Rifkin, 1996; Wennerstrom et al., 2014). In the United States, the most common roles of CHWs is to provide health promotion and disease screening programs particularly among people in underserved communities

(Swider, 2002). In addition, CHWs also provide healthcare to remote areas (Mohamed Ariff & Teng, 2002; Swider, 2002) where they often serve as the only source of healthcare facilities.

According to US Department of Health and Human Services (2007), CHWs also offer extension services in the forms of interpretation and translation services, provide appropriate health education and information, assist people in receiving the care they need, give informal counselling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening. Community based interventions particularly through the involvement of CHWs is expected to reduce half of the 41-72% of newborn deaths if it is being provided at high coverage in sub-Saharan Africa (Haines et al., 2007). Moreover, CHWs also play a role in convincing community about any new health program under government (Rifkin, 1996), for example, the vaccination campaigns and promoting pap smear test. In this case, CHWs will motivate people to come to health units or hospitals to receive the benefits of an intervention and/or take steps defined by professionals to improve their health.

The roles of CHWs also can be described by looking at the populations they serve (Swider, 2002), such as mothers, babies, children, people with cancer, and people with AIDS. In other words, CHWs can be identified by the health conditions with which they are concerned, for example triple threat diseases (diabetes, high blood pressure, and cholesterol), heart disease, hypertension, and stroke. According to Brownstein et al. (2005), considerable body of studies show that CHWs are effective in improving chronic disease care and health outcomes. Kallander et al. (2006) further emphasize the important roles of CHWs who have successfully decreased halved of acute respiratory infection cases among children in western Uganda.

Malaysia's population approaching 30 million by the end of 2016 of which 31.0% resides in rural areas (Department of Statistics Malaysia, 2016). The enhancement of health of "disadvantaged" rural communities in the country also becomes the priority of healthcare providers (Mohamed Ariff & Teng, 2002). According to Health Facts issued by the Ministry of Health Malaysia (2013), diseases of the circulatory system recorded the highest percentage (25.10%) in 2012 amongst the other principal causes of death in the Ministry of Health (MoH) Hospitals and Private Hospitals, followed by diseases of the respiratory system (17.90%). In addition, food poisoning (44.93%) and dengue (72.20%) are two communicable diseases that lead to food and water borne diseases and vector borne diseases. Moreover, the prevalence of Type 2 diabetes mellitus in Malaysia has risen dramatically from 14.9% (National Health Morbidity Survey, NHMS, 2006) (The Third National Health and Morbidity Survey (NHMS III), 2006) and 15.2% (NHMS, 2011). Thus, Norris et al. (2006) suggest the involvement of CHWs are crucial to minimize the costs of treatment for those diabetic patients in certain remote areas particularly in resource-poor communities, CHWs assistant is undoubtedly crucial (Reidpath, Mei, Yasin, Rajagobal, & Allotey, 2012).

Statement of Problem

It is very fortunate that in Malaysia, the spirit of philanthropic involvement including as CHWs is an identity of every Malaysian (Veerasamy & Kumar, 2012). For some, CHWs can be seen as a component of cost effective strategies addressing the health care needs of underserved communities. It is in accordance with the increasing cost of living that have direct influence on health sector which would limit the access to health care facilities among socio-economically disadvantaged populations (Kamimura et al., 2014). Hence, recently there was little rigorous, comprehensive research about CHWs workforce particularly in Malaysia and even abroad (Paik & Navarre-Jackson, 2011; Malaysia Country Health Plan, 2011-2015). Despite their crucial roles in making national-level efforts to deal with many societal and national issues such as HIV/AIDS that affected country's economies (i.e., increased health costs, loss of productive workforce, and orphans) (Cho & McLean, 2004), their potential capacity as human resources in doing philanthropic services is also inadequately understood (Chang, 2005; Schneider, Hlophe, & van Rensburg, 2008; Kim, 2012a; 2012b) due to most studies have been conducted by excluding the actual volunteers or CHWs as research subject (i.e., Brownstein et al. 2005; Norris et al. 2006; Haines et al. 2007; Hallett et al. 2012). Moreover, the integrated studies on philanthropic behavior itself from human resource development (HRD) context are distinctively lacking (Garavan & Carbery, 2012; Kim, 2012a). Hence, this study responds to the need to find out what predicts the philanthropic behavior in health care among CHWs as volunteers.

Many factors must be considered when studying philanthropic behavior among CHWs, including the predictors that lead a person to devote part of his spare time to helping others (Moreno-Jimenez & Villodres, 2010). Most current literatures on philanthropic behavior emphasize only philanthropic behavior by demographic factors such as religions (i.e., Berger, 2006; Bekkers & Schuyt, 2008; Carabain & Bekkers, 2012), gender (i.e., Capek, 1997; Kottasz, 2004), income (i.e., Schwartz, 1968), and education level (i.e., Wei, Donthu, & Bernhardt, 2012). Yet, empirically little is known about the influence of the other individual factors including social coping and social trust (Cnaan & Goldberg-Glen, 1991; Wymer, Riecken, & Yavas, 1997; Elshaug & Metzger, 2001; Moreno-Jimenez & Villodres, 2010; Ben-Ner & Kramer, 2011) and organizational factors on philanthropic engagement of CHWs in healthcare services. 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 CHWs.

Moreover, existing studies regarding the relationship between individual adaptability factors and philanthropic behavior show inconsistent results. For instance, Pavlova and Silbereisen (2014) highlight that constructive coping style highly influence philanthropic behavior among household in Germany. Meanwhile, Mishara and Giroux (1993) study among volunteers in Montreal did not find any associations between coping and volunteerism. Meanwhile, Aryee, Budhwar, and Chen (2002) claimed that social trust is highly related to citizenship behavior. A study by Layton and Moreno (2014) nevertheless did not find any significant impact between social trust and philanthropic behavior. Thus, more studies are needed in order to arrive at conclusive findings in terms of relationship between individual adaptability factors and philanthropic behavior.

In addition, Carlo et al. (2005) suggest that individual factors maybe indirectly related to philanthropic behavior. They further suggest the need for mediating variable to be used in the relationship with philanthropic behavior. Since philanthropic behavior involves a degree of social interactions between volunteers themselves as well as between volunteers and recipients, thus it is reasonable to include any of the social influences in the study as an intervening variable. Accordingly, Wymer et al. (1997) indicate that friends, family members, and others who are part of an individual's social networks can exert varying degrees of influence on voluntary participation. Therefore, social network is proposed as the mediating variable in this study. Brown and Ferris (2007) assert that social network would be able to facilitate collective actions and seems likely to play a crucial role in eliciting philanthropic behavior from individuals in a community. In addition, Valente, Gallaher, and Mouttapa (2004) argue that network approach is instructive for understanding social influences on human behavior. Moreover, social network set by volunteers while doing their task may significantly influence their willingness to continue their voluntary work (Moreno-Jimenez & Villodres, 2010). However, studies that employed social network as mediator, not just between the relationships of individual factors and philanthropic behavior, are in general still limited (Clary et al., 1998; Brown & Ferris, 2007; Paik & Navarre-Jackson, 2011).

Philanthropic behavior on volunteerism, involves the interactions among individuals. These interactions can be between volunteers in the same organization, among volunteers from different organizations, as well as with the people they serve. Volunteering work particularly among CHWs (i.e., emergency worker volunteers) is associated with stresses that often results from emergencies such as repeated exposure to traumatic events experienced (Essex & Scott, 2008; Cicognani, Pietrantoni, Palestini, & Prati, 2009) and also because of the social challenges faced while performing their duties as volunteers (i.e., emotional demands of working with other people in volunteerism). These stressful social events can affect individual's sense of control (Cicognani et al., 2009). Hence, individual volunteers' capabilities to deal with all of these social challenges are crucial so that they will not easily giving up of their responsibility to serve the community. However, to date, little is known about the individual adaptability of these CHWs volunteers (i.e., coping and social trust) in dealing with all these social demands (Akintola, 2008; Essex & Scott, 2008; Moreno-Jimenez & Villodres, 2010). It is very unfortunate since these individual adaptability factors would also facilitate the individual involvement in philanthropic activities as well as in the development of social network among volunteers, where the social network is proposed as a mediating variable in this study. Thus, this current study will be conducted as to respond to the need of empirical evidences related to individual capabilities in dealing with social challenges as a CHW, by including two individual adaptability factors, which are coping to stressful life events and social trust.

Snyder and Omoto (2008, p. 1) defined volunteerism as “freely chosen helping activities that extend over time and that are often performed through organizations and on behalf of receptive causes or individuals”. Instead of involving the social interactions, it can be highlighted based on this definition that philanthropic behavior on volunteerism also being implemented under the realm of organizations. Therefore, a study on philanthropic volunteerism by including its organizational factors is necessary in this context because it may result in more comprehensive findings. Moreover, Moreno-Jimenez and Villodres (2010) also stressed that the organizational factors so far are under-explored. They added that researches ignored the fact that most volunteering takes place within an organizational context. In addition to the above conceptualization, Penner (2002) also suggests that volunteerism involves sustained and continuous actions by individuals in organizational settings be they formal or informal. Thus, organizational variables need to be taken into account and worth to be studied.

Evidence shows that the Social Network Theory has been applied mostly into network research across human and nonhuman behavior (i.e., Krause, Croft, & James, 2007; Sih, Hanser, & McHugh, 2009) and also on physical and social sciences (i.e., Borgatti, Mehra, Brass, & Labianca, 2009; Lazer et al., 2009). However, according to Borgatti et al. (2009), the theoretical understanding in the social network researches is still lacking because past studies have mostly focused on describing the nature of ties (i.e., types, strength, structures, media) and the technical aspects of social network, but not much on the outcomes (i.e., resource, technology transfer of behavior) of such interactions. As mentioned earlier, philanthropic actions involve social interactions between the interacting units (i.e., between CHWs and audience or target groups). Accordingly, Fowler and Christakis (2010) asserted that interacting with others in a fixed social network could alter behavioral change as a consequence of repeated interactions because of social viscosity. Hence, it is important to have a look at the behavioral transition from the perspective of individual social interactions in their social networks. Furthermore, this study will bridge the gap by clarifying the philanthropic behavior as the outcomes of the interactions among individuals. Meanwhile, the Theory of Planned Behavior vastly applied in predicting behaviors based on individual characteristics (Hrubes, Ajzen, & Daigle, 2010; Kor & Mullan, 2011; Ajzen & Sheikh, 2013). In addition, the Social Identity Theory has mostly been applied in-group and organizational engagement (i.e., Voci, 2006; Blader & Tyler, 2009), but not much in civic and philanthropic engagement (Tidwell, 2005; Erez et al., 2008). Thus, this study attempts to examine the application of these theories to further justify the study’s theoretical gap. Summary of additional previous studies on philanthropy in health care and knowledge gap is available in Appendix A.

Based on the reviews, existing literatures regarding the associations between individual adaptability, and organizational factors with philanthropic behavior particularly volunteering are still scanty and inconclusive. Thus, this study proposes an explanation related to relationship between individual adaptability, and organizational factors with philanthropic behavior as mediated by social network based on a Malaysian context.

Objectives of the Study

The general objective of this study is to explore factors influencing philanthropic behavior with the existence of social network as a mediating variable. The specific objectives of this study are:

1. To determine the level of philanthropic behavior, social network, individual adaptability factors (i.e., coping and social trust), and organizational factors (i.e., organizational justice and perceived organizational support) among CHWs.
2. To determine the influence of social network on philanthropic behavior of CHWs.
3. To determine the influence of individual adaptability factors (i.e., coping strategies and social trust) on philanthropic behavior of CHWs.
4. To determine the influence of organizational factors (i.e., organizational justice and perceived organizational support) on philanthropic behavior of CHWs.
5. To determine the mediating role of social network in the relationships between individual adaptability factors (i.e., coping and social trust), and organizational factors (i.e., organizational justice and perceived organizational support) with philanthropic behavior of CHWs.

Research Hypothesis

The research hypotheses have been formulated based on the literature reviews (presented in Chapter 2), research questions, and the objectives study. Specifically, this study has 19 set of hypotheses. These hypotheses were presented individually to represent each of the variables under studied. In this case, say for example under individual adaptability factors, (1) there is no effect of task-oriented coping on philanthropic behavior and (2) there is no effect of social trust on philanthropic behavior. So long as both effects are simultaneously insignificant, we can legitimately consider each hypothesis together. However, if one of this individual test does not reject the null, we should not infer that both effects are zero (insignificant) in the population as this would require separate hypotheses to be developed. Therefore, the hypotheses are as follows:

- HX1:** Social network significantly influences philanthropic behavior of CHWs.
- HX2:** Task-oriented coping significantly influence philanthropic behavior of CHWs.
- HX3:** Emotion-oriented coping significantly influence philanthropic behavior of CHWs.
- HX4:** Avoidance-oriented coping significantly influence philanthropic behavior of CHWs.
- HX5:** Social trust significantly influences philanthropic behavior of CHWs.
- HX6:** Social network mediates the relationship between task-oriented coping with philanthropic behavior of CHWs.
- HX7:** Social network mediates the relationship between emotion-oriented coping with philanthropic behavior of CHWs.
- HX8:** Social network mediates the relationship between avoidance-oriented with philanthropic behavior of CHWs.
- HX9:** Social network mediates the relationship between social trust and philanthropic behavior of CHWs.
- HX10:** Procedural justice significantly influences philanthropic behavior of CHWs.
- HX11:** Distributive justice significantly influences philanthropic behavior of CHWs.
- HX12:** Interpersonal justice significantly influences philanthropic behavior of CHWs.
- HX13:** Informational justice significantly influences philanthropic behavior of CHWs.
- HX14:** Perceived organizational support significantly influences philanthropic behavior of CHWs.
- HX15:** Social network mediates the relationship between procedural justice with philanthropic behavior of CHWs.
- HX16:** Social network mediates the relationship between distributive justice with philanthropic behavior of CHWs.
- HX17:** Social network mediates the relationship between interpersonal justice with philanthropic behavior of CHWs.
- HX18:** Social network mediates the relationship between informational justice with philanthropic behavior of CHWs.
- HX19:** Social network mediates the relationship between perceived organizational support and philanthropic behavior of CHWs.

Significance of the Study

Due to the crucial roles of CHWs in health sector, therefore the investigation of the factors influencing their involvement in philanthropic behavior particularly in health care is of theoretical significance as well as practical significance.

Theoretical Significance

Prior to the involvement of individuals in philanthropic activities, this study intends to provide insights on the factors influencing philanthropic behavior among CHWs involvement in health provision activities particularly based on Malaysia context. This study will extend the Granovetter's (1973) Social Network Theory by further clarifies individual adaptability factors (coping and social trust) and organizational factors to provide better clarity on the interactions between all related variables and to explain the phenomenon of philanthropic behavior specifically in health care. In addition, the adoptions of social network as a mediator in this study would specify the process of interaction and socialization in micro-level of social network that would resulting in philanthropic behavior of CHWs. Besides, this study also employed Theory of Planned Behavior and Social Identity Theory to provide a better understanding on the phenomenon of philanthropic behavior among CHWs in MERCY Malaysia. Hence, as a whole, the study is significant in the sense that it contributes to and enhances knowledge on the applicability of the three theories based on a Malaysian context using individual adaptability factors (coping strategies and social trust) and organizational factors

(organizational justice and perceived organizational support) as the independent variables, social network as the mediator and philanthropic behavior as the focus of this study.

Moreover, since the study involves deliveries of human services by CHWs to human recipients in community, the study will also contribute to HRD field as well. Beckoning for growing interest in HRD for community development that goes beyond the traditional scope of HRD and also some deficiencies of HRD framework in community development setting including in health care context (Garavan & Carbery, 2012; Kim, 2012b), plus CHWs are increasingly appreciated as a workforce that contributes to improve community health (Wennerstrom et al., 2014), therefore this study responds to the need by providing an integrated study on philanthropic behavior of CHWs to community.

Practical Significance

The findings of this study will help MERCY Malaysia as well as any volunteer and charity work associations in developing community-based programs that are attractive to individuals in becoming CHWs. They would then be involved in various health provision activities for the purpose of community development. The results of the fitted model will offer managers, presidents, and policy makers directions to understand some of the crucial factors in attracting more CHWs towards their community development activities (i.e., healthcare promotion, health education, cancer screening).

The results of this study will also help the CHWs and NGOs who are trying to promote their philanthropic activities among non-medical background individuals to be involved in health provision activities. By identifying the factors influencing CHWs involvement in philanthropic contributions, volunteer and charity work associations can focus lesser time and budgets in the hiring process.

Systematic understanding of philanthropy in Malaysia is still undeveloped and the detailed patterns and characteristics of Malaysian philanthropic behavior have yet to be revealed. In conjunction, the analysis will also be developed with an international comparative perspective. This study will contribute to a new understanding of giving behavior that can serve particularly the NGOs. It will also raise issues for the development of future research such as the way to change people's attitudes and perceptions about NGO administration and local communities in relation to their impact on philanthropic behavior, the understanding and evaluation of the current situation of the provision of services made by the non-profit sector, and the way to encourage philanthropic contributions from individuals in the community, particularly in the sector of community health.

Scope and Limitations of the Study

This study provides insight on the factors influencing philanthropic behavior which include individual adaptability factors (coping strategies and social trust) and organizational factors (organizational justice and perceived organizational support) towards philanthropic behavior as mediated by social network among CHWs under MERCY Malaysia. The results of this study will be applicable only to the respondents of this study who are from a single NGO (MERCY Malaysia). Philanthropy involves volunteering and donating activities. However, for the purpose of this study, it covers only volunteering in community health-related activities by the CHWs.

Assumptions of the Study

Throughout the study, it is assumed that the adaptations of Social Network Theory, as well as Theory of Planned Behavior and Social Identity Theory are applicable in the Malaysian setting and to this study of factors influencing philanthropic behavior with the existence of social network as the mediating variable. The selection of the independent variables in this study has been extracted from review of literatures and found to be contributing towards philanthropic behavior. Thus, this study also assumed that the relationships between the selected independent variables, philanthropic behavior, and social network as mediating variable would provide insights to better understand the phenomenon of philanthropic behavior in Malaysian health-related provisions.

Conceptual Definition of Terms

Coping to stressful life events is operationalized as the way an individual dealing with situation in which challenging, threatening, harming, or even benefiting him (Lazarus, 1991).

Individual adaptability factors refer to CHWs' (individual) capacity (i.e., coping and social trust) and readiness to adapt with social changes happening within his social network in order to absorb that values (i.e., the philanthropic value) from other group members (King, George, & Hebl, 2005).

Organizational factors is defined as the organizational attributes that affect individual involvement/performance particularly in achieving organization's objectives (Penner, 2002)

Philanthropic Behavior refers to benevolent behaviour particularly through volunteering and giving, purposely to help others in the society (Andreoni, 2000).

Staff refers to an organisation's national and international permanent or short-term employees, as well as volunteers, consultants and any others who interact with the people the organisation aims to assist on behalf of the organisation (Humanitarian Accountability Partnership (HAP), 2010, p. 7).

Operational Definitions

Avoidance-oriented coping is defined as individual preference to distance himself, evade the problem, or do unrelated activities when dealing with challenging situations.

Community health workers (CHWs) refer to individuals from the community who has formal/informal medical skills/knowledge, attached to any health related NGOs and performed health related voluntary actions to the community.

Distributive justice is defined as CHWs' perceptions related to equitable distribution of resources by organization.

Emotional-oriented coping is defined as individual preference to use emotions to when dealing with trouble in order to elicit less stress.

Informational justice is defined as the fairness of explanations and information as perceived by CHWs from their organization.

Interpersonal Justice is defined as the respect and dignity showed by volunteering organization to a CHW.

Perceived organizational support is defined as individual's belief concerning commitment to them by organization.

Philanthropic behavior is defined as the degree to which one is preoccupied with, engaged in, and concerned with one's motives to involve in health-related volunteering activities in community.

Procedural justice is defined as individuals' perceptions about the fairness of formal procedures governing decisions by the volunteering organization.

Social network is defined as the size and strength of social ties hold by an individual in utilizing his duty as a CHW.

Social trust can be defined as an individual belief that others will not do him harms and they can be relied upon.

Task-oriented coping is defined as individual preference to take direct action to alter the situation when dealing with stress.

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Variable	min	max	skew	kurtosis
CP7	1.000	5.000	-.930	.304
CP9	1.000	5.000	-.168	-.458
CP15	1.000	5.000	-.176	-.578
CP18	1.000	5.000	-.808	.374
CP21	1.000	5.000	-.584	-.046
CP3	1.000	5.000	-.958	.196
CP5	1.000	5.000	-.813	-.278
CP10	1.000	5.000	-.423	-.777
CP12	1.000	5.000	-.541	-.587
CP14	1.000	5.000	-.745	-.268
CP17	1.000	5.000	-.813	-.224
CP20	1.000	5.000	-.688	-.390
CP8	2.000	5.000	-.466	-.586
CP13	2.000	5.000	-.324	-.591
CP16	2.000	5.000	-.131	-.884
CP19	2.000	5.000	-.848	-.658
Multivariate				195.339

BIODATA OF STUDENT

Siti Noormi binti Alias was born in June 1988. She graduated with first class honours Bachelor of Science (Human Resource Development) in 2010 from Universiti Teknologi Malaysia. Two years later, she obtained her Masters of Science also in Human Resource Development from Universiti Putra Malaysia. In September 2012, she started to pursue her PhD in Human Resource Development under the MYBrain15 of the Ministry of Higher Education Malaysia.



LIST OF PUBLICATIONS

Journal article

Siti Noormi Alias and Maimunah Ismail. (2015). Antecedents of philanthropic behavior of health care volunteers. *European Journal of Training and Development* 39.4: 277-297.

Siti Noormi Alias, Maimunah Ismail, Turiman Suandi, & Zoharah Omar. (2016). Individual adaptability and philanthropic behavior of volunteering among community health workers: Social Network as a mediator. Article submitted to the journal of *Social Work in Health Care* (IF: 0.66).

Proceedings

Siti Noormi Alias, Maimunah Ismail, Turiman Suandi, & Zoharah Omar (2015). Individual adaptability and philanthropic behavior of Malaysian community health workers: Social network as mediator. Paper in proceeding of the 6th International Conference on Human Resource Development Research and Practice, 3-5 June 2015, University College Cork, Ireland

Siti Noormi Alias & Maimunah Ismail (2014). Social Network Interactions and Philanthropic Behavior in Health Care: An Integrative Framework. Paper presented at the GRADUATE RESEARCH IN EDUCATION SEMINAR (**GREduc2014**), organized by the Faculty of Educational Studies, Universiti Putra Malaysia, Serdang Selangor, 21 December 2014.

Siti Noormi Alias & Maimunah Ismail (2013). Conceptualizing Philanthropic Behavior and its Antecedents of Volunteers In Health Care. Paper presented at the GRADUATE RESEARCH IN EDUCATION SEMINAR (**GREduc2013**), organized by the Faculty of Educational Studies, Universiti Putra Malaysia, Serdang Selangor, 01 December 2013.

Paper submitted to conference

Siti Noormi Alias & Maimunah Ismail (2016). The power of social network: Relating individual adaptability factors and philanthropic behavior of community health-care workers. Paper to be presented at the 30th ANZAM Conference 2016, organized by the School of management, QUT Business School, 6-9 December 2016.