

学 位 論 文

Doctoral Thesis

A qualitative study on quality of life among the floating population
and a relevant study on creating supportive volunteering system for
intervening in Shanghai, China

(上海市出稼ぎ難民のQuality of Lifeの向上に關与する因子の解
析とそれを支援するボランティア組織の整備に關する研究)

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Abstract

Background and Purpose: We attempt to conduct a qualitative study on quality of life among the floating population and a relevant study on creating supportive volunteering system for intervening in Shanghai, China. We conducted two basic and primary research fields, study I, a qualitative study of quality of life among the floating population in Shanghai, China, and study II, a study on volunteering applying the social cognitive perspective.

Methods: In study I, We adopted a qualitative method for a bespoke solution to some serious impacts of migration experience on QOL of floating population and find out the source of problem and provide one solution. Grounded theory guided our research design and analysis. We conducted eight focus groups with 58 floating population members. Thematic analysis was conducted to create the categories and sub-categories.

In study II, We proposed the volunteering model applying a combination of ideas of Bandura's social cognitive theory and Ajzen's theory of planned behavior to explore relationships between volunteer organization environment (VOE), self-efficacy, motivation, and volunteer intention. The study sample consisted of 198 community health volunteers. Explore factor analysis was conducted as one preliminary analyse and the mediation effects were tested using hierarchical multiple regression according to guidelines recommended by Baron and Kenny.

Results: In study I, the result was presented under five headings of life domains, which will lead to an understanding of the QOL of the floating population. These headings are (1) personal development, (2) jobs and career, (3) family life, (4) social

relationships, and (5) social security. Furthermore, the data indicated that these life domains were permeated and influenced by stigma and discrimination, which also influenced how the participants framed their expectations regarding QOL.

In study II, major findings include: a) exploratory factor analysis revealed six new factors, including two VOE factors, relation with organization and support from government; two motivation factors, personal attitude and social recognition; self-efficacy; and volunteer intention; a hierarchical regression analysis indicated that b) relation with organization accounted for 14.8% of the variance in volunteer intention; c) self-efficacy and personal attitude motivation partially mediated the effects of relation with organization on volunteer intention; d) relation with organization, self-efficacy and personal attitude motivation accounted for 33.7% of the variance in volunteer intention. These results provide support for self-efficacy and personal attitude motivation as mediators and provide preliminary insight into the potential mechanisms for predicting volunteer intention and improving volunteering by integrating VOE, self-efficacy and motivation factors.

Conclusions: Study I explored the construct of QOL among the floating population and explained how this population experiences and copes with the migration process and how that experience affects QOL. In order to improving the QOL among the floating population, we proposed the five action plans, which emphasized the responsibility of government, and identified the necessities of citizen participation. Therefore, creating an effective and supportive volunteering system may be the first step to take action. Study II provided the primary insight into the potential mechanisms for creating a support volunteering system. Next step, on the basis of the research findings in study I, interventions carried out by the CHVs should aim at the

life domains for reducing stigma and discrimination against the floating population to improve the QOL of this population. Our future job should focus on the interventions and evaluate intervention effects.

List of Publications

1. Ji-Wei Wang, Zhi-Ting Cui, Hong-Wei Cui, Chang-Nian Wei, Koichi Harada, Keiko Minamoto, Kimiyo Ueda, Kapilkumar N. Ingle, Cheng-Gang Zhang and Atsushi Ueda. Quality of life associated with perceived stigma and discrimination among the floating population in Shanghai, China: a qualitative study. *Health Promotion International* 2010; doi: 10.1093/heapro/daq039
2. Ji-Wei Wang, Chang-Nian Wei, Koichi Harada, Keiko Minamoto, Kimiyo Ueda, Hong-Wei Cui, Cheng-Gang Zhang, Zhi-Ting Cui, Atsushi Ueda. Applying the social cognitive perspective to volunteer intention: the mediating roles of self-efficacy and motivation. *Health Promotion International*. In press.

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List of Abbreviations

World Health Organization	WHO
Community Health Volunteer	CHV
Community Health Volunteer Organization	CHVO
Volunteer Organization Environment	VOE
Social Cognitive Theory	SCT
Social Learning Theory	SLT
Theory of Reasoned Action	TRA
Theory of Planned Behavior	TPB
Explore Factor Analysis	EFA
Analysis of Variance	ANOVA
Quality of Life	QOL
Shanghai Statistical Bureau	SSB

Key Words

Quality of life; Health promotion; Ottawa Chapter; Qualitative study; Focus group; population health; Stigma; Discrimination; Floating population; Shanghai; China; Life domains; Personal development; Jobs and career; Family life; Social relationships; social security; Strategy; Volunteer; Volunteer organization; volunteer organization environment; Self-efficacy; Motivation; Volunteer intention; Shanghai; China; Mediation analysis; Explore factor analysis; Multicollinearity diagnoses; Hierarchical multiple regression; Social Cognitive Theory; Theory of Planned Behavior

Chapter 1: Introduction

1.1 The Definition of QOL

WHO stated that health can not be considered in isolation from human and social development, and it is a function of the social, physical, mental, economic, spiritual and cultural environment of the communities in which people live (WHO, 2000). Health rights are embedded in a humanitarian, social and political context and are subject to changing historical perceptions. Six key links between rights and health have been reinforced by health research: (1) the right to health is related to both political and democratic rights, as well to rights against any discrimination; (2) equal life opportunities for women and men are basic pre-requisites in achieving each one's highest health potential; (3) health status is determined by social structures and by the options available to people to participate and influence the society in which they live and work; (4) safe and health-supportive environments including access to safe water, sanitation, decent housing, protection against violence and sufficient nutritious food supply are all means to provide equitable conditions for maintaining and improving health and quality of life for all people; (5) sufficient economic resources and social acceptability, regardless of gender, ethnicity, age, sexual attitude or handicap are all matters of social justice and affecting objective and perceived health; (6) everybody's access to work in favourable work environments pursues valuable material standards both for the individual and the community, improved productivity and meaningfulness and coherence by nurturing social networks (WHO, 2005).

The Ottawa Charter for Health Promotion uses the concept of QOL, noting that “good health is ...an important dimension of quality of life” (WHO, 1986, p. 1). The

most important objective of measuring QOL is informing policy-maker and bringing about positive change where indicators show a lack of progress, and QOL studies might provide a critical starting point for mobilizing the capacity of regions, leaders, and local communities through self-assessment (National University of Singapore, 2000).

The QOL construct has a complex composition, so it is perhaps not surprising that there is neither an agreed definition nor a standard form of measurement (Cummins, 1997). It is recognized that QOL is fundamentally a holistic concept that goes beyond the health dimension. It has been suggested that it is impossible to differentiate what conditions or circumstances influence what aspect of one's life, and that QOL is affected not only by the disability but also by the person's experiences.

There are many definitions on QOL as follows:

“The degree to which a person enjoys the important possibilities of his or her life” (Quality of Life Research Unit, University of Toronto, 2005).

“Quality of life is both objective and subjective, each axis being the aggregate of seven domains: material well-being, health, productivity, intimacy, safety, community, and emotional well-being. Objective domains comprise culturally-relevant measures of objective well-being. Subjective domains comprise domain satisfaction weighted by their importance to the individual” (Cummins, 1997, p1).

“An individual’s perception of his/her position in life in the context of the culture and value system in which he/she lives and in relation to his/her goals, expectations, standards and concerns. It is a broad-ranging concept, incorporating in a complex way the person’s physical health, psychological state, level of independence, social relationships, and their relationship to salient features of their

environment”(WHOQOL Group, 1994, p.43).

QOL issues have been recognized within the migration processes (Hsieh and Liu, 1983; Ekblad et al., 1999). WHO has identified migrants living in highly stressful situations as one of the five priority groups in an international QOL assessment (WHOQOL Group, 1994). We adopted the definition on QOL of WHO which was considered more comprehensive and relevant to migrant’s experience, and it also support and guide our QOL Research project.

1.2 Evolution of the QOL Research

QOL is a commonly used term nowadays that has been widely studied by researchers from various fields. The QOL concept is currently embraced by three major branches of science: Economics, Medicine, and the Social Sciences. Each discipline has fostered the development of a quite different view of how QOL should be conceptualized and measured (Cummins et al., 2004; Michalos, 2004).

Shookner (2002) summarized the issues arising from QOL research, including:

- ✧ There is no consensus on definitions for QOL.
- ✧ Comprehensive, holistic frameworks for QOL are still in early stages of development.
- ✧ Monitoring the quality of life has become linked to regional development by reinforcing the relationship between economic prosperity and community well-being.
- ✧ Objective and subjective methods should complement each other and balance the limitations of each.
- ✧ Survey techniques for subjective QOL measures are still crude instruments.

- ✧ Community forums and focus groups are alternative ways of getting subjective measures of QOL.
- ✧ Measurements of the QOL are moving targets, with an extremely short shelf-life.
- ✧ There is a need to carry out QOL studies on a continuing and regular basis.
- ✧ The most important objective of measuring QOL is informing policy-makers and bringing about positive change where indicators show a lack of progress.
- ✧ There is scope for new indicators measuring improvements in living conditions arising from economic, social and environmental policies.
- ✧ Recognizing that notions of livability vary between different communities of people, but that it is grounded in places, there is scope for new studies of community QOL.
- ✧ Key Indicators of QOL should be regionally focused and differentiated.
- ✧ Quality of life studies provide a critical starting point for mobilizing the capacity of regions, leaders, and local communities through self-assessment.
- ✧ There is a need to generate greater collaboration and networking in QOL research on an international basis.

The field is still young and much remains to be learned. Campbell et al. (1976) stated that QOL is embedded in culture and takes into consideration numerous domains including expectations and perceptions of health and physical well-being, medical care, as well as psychological, social, economic, political, and spiritual well-being. Cummins (2005) summarized that QOL may be conceptualized as a construct that: (1) is multidimensional and influenced by personal and environmental factors and their interactions; (2) has the same components for all people; (3) has both subjective and

objective components; and (4) is enhanced by self-determination, resources, purpose in life, and a sense of belonging. The four conceptualization principles would be useful to research QOL with regard to the issues mentioned above.

In summary, the four conceptualization principles and definition of QOL of WHO would take us to the next stage of exploring the construct of QOL among the subjective population across their life domains.

1.3 The Definition of the Floating Population

The term “floating population”, or *liudong rekou*, in China refers to the large and increasing number of migrants without local household registration status (*hukou*) (Liang and Ma, 2004). These migrants have not in fact migrated, but who “float and move” meaning that they are not, and generally will not become, a permanently settled group. This transience is because the floating population has not been granted permanent, official household registration in the place in which they are residing (Nielsen et al, 2005).

Authorities issue citizens *hukou* identification through a registration process administered by local authorities. Parents pass their *hukou* status to their children, solidifying these administrative categories into inheritable social identities. The *hukou* system traditionally served three main purposes: resource distribution, migration control, and the monitoring of targeted groups of people. Regulations prevented rural residents from obtaining many public services their urban counterparts received and forced agricultural *hukou* holders to sell their agricultural products at a discounted rate to the government, as a means of financing national development plans. The *hukou* system also imposed strict controls on internal migration. Rural residents who wished to

permanently move to an urban area had to separately apply to change both their place of permanent residence and their agricultural status. Additional regulations required travelers to obtain authorization from their place of residence and temporary registration at their destination. Since 1984, economic development increased labor demand in urban areas. Chinese authorities implemented reforms that enhanced the mobility of rural residents. The government encouraged the liberalization of residency restrictions for wealthy and educated individuals. Despite these reforms, both unregistered migrants and those holding temporary residence permits faced severe limits on their ability to obtain public services such as subsidized health care or education for their children on an equal basis with established urban residents. Authorities also employed an administrative detention regime, the custody and repatriation system, to hold and deport those rural migrants lacking fixed housing, stable jobs, or proper documentation (Zhu, 2004).

Liang and Ma (2004) argue that study of the floating population is important for at least three reasons:

First, these floating migrants, because they have no local household registration status, are not afforded the full benefits of citizenship. For example, certain occupations are reserved for local residents, pension and medical care are usually not available to floating migrants, and the children of such migrants are not allowed to enroll in local public schools. Thus the well-being of this population should be a major concern for social scientists and policymakers.

Second, much of this population results from a movement from rural to urban areas in response to the rising urban demand for cheap labor, particularly in the rapidly industrializing coastal regions. The floating population will strongly affect both

china's patterns of urbanization and its population distribution among regions.

Third, the floating population has begun to play a vital role in economic development and income growth in rural China, through remittances as well as entrepreneurial activities by return migrants (Ma et al., 2004)

1.4 History of the Floating Population

The problem of internal migration in China is far from new, and is grounded in decades of public policy. After a period of unrestricted movement following the founding of the People's Republic of China, officials began to aggressively curtail internal spontaneous migration in 1958 under the Regulations Governing Household Registration (Ma, 1994). These so-called *hukou* regulations were formulated in direct response to a massive influx of rural people into urban areas. Many cities were reaching a population saturation level that was challenging their social infrastructures. A restrictive policy was deemed essential in order to avoid the pathological growth of large cities (zhang, 1998). Over the years, these regulations guaranteed a vast reservoir of individuals who were grounded in the rural-agricultural environment.

With the opening of China in 1979 came the end of agricultural collectives and a simultaneous movement to a socialist market economy. As a result, the 1958 restrictions were ended in 1984 in favor of a more relaxed regulatory climate that brought about an immediate surge in migration (Wang, 1997). These new regulations were designed to prevent over-urbanization while providing employment to certain market town; it became immediately clear that migrants were going beyond such areas to mayor suburban and urban canters. When combined with economic forces and the geography of modernization, the state was set for a "push-pull" social dynamic that would lead to

an inevitable and massive movement of rural to cities and suburbs.

1.5 Socio-demographic Factors of the Floating Population

China had 121 million people in its floating population in 2000, which made up 10% of the total population (CNBS, 2001), with this number expected to increase to 300 million by 2010 (Lague, 2003). Among those 121 million migrants, 83% of them belonged to the working-age population (from 15 to 64 years), and 52% were male. Most of these migrants were from the rural areas of the middle and western parts of China moving to the eastern and coastal metropolitan areas in pursuit of a better life (Zhu, 2003). The floating population has played an important role in the prosperity of the coastal areas, and may also be instrumental in the development of their hometowns (Rozelle et al., 1999). Most members of the floating population have not received work-skill training; they frequently undertake low-paying manual jobs in the fields of manufacturing, goods transportation, construction, entertainment, housekeeping, and restaurant services. Although China's household registration system has been gradually relaxed, it is still in place. The floating rural-to-urban migrants without household registration status are not entitled to some of the benefits that local people can enjoy and they face daunting problems—in particular, difficulties in access to health care, adequate housing, employment opportunities, pension coverage, and school enrollment for their children (Feng et al., 2002; Zhu, 2003).

While some of these migrants are not planning to become permanent residents in their new locations, many others intend to remain. Life for the floating population is often harsh and subject to discrimination; these migrants are perceived as a drain on urban resources and as being unruly and difficult to control; they are treated as

second-class citizens by other urban residents (Riley, 2004).

1.6 The Floating Population in Shanghai

Shanghai, the biggest city and economic center in China, has a population of 16.4 million, including 4.4 million members of the floating population (26.6% of total population), which ranks highest among all provinces of China (SSB, 2001). Shanghai is the second-most favoured destination for migrants, followed closely by Guangdong province, mainly because Shanghai has a bit higher income in the same positions than other areas, can provide much more personal development opportunities, and has good public security (Rouleau-Berger and Shi, 2005). The economic development of Shanghai has a great demand for labour from the countryside (Zhang, 1999). In the mid-1990s the Shanghai City council introduced quotas for all migrants, without distinguishing between their different provinces of origin. In effect, Shanghai has gradually established a population control apparatus which helps to produce two forms of inequality: the first of these distinguishes citizens from migrants, and the second distinguishes migrants with few cultural and economic advantages from those with skills or financial resources (Rouleau-Berger and Shi, 2005). Moreover, even if the migrant managed to get a temporary residence permit, that did not guarantee him or her gaining full citizenship in Shanghai.

In Shanghai, 25.8% of migrant workers are in manufacturing, 19.6% in construction, 13.9% in trade, 13.5% in services and catering, and only 3.8% in skilled work (See figure 1) (SSB, 2001).

Figure 1 insert here.

1.7 Community Health Volunteer Organization

The WHO (1986, 1998) called for volunteering to promote health at the local level. A volunteer has been defined as ‘someone who contributes services without financial gain to a functional sub-community or cause’ (Henderson 1985, p. 31). CHVs became popular during recent decades and communities encouraged health promotion activities through CHV’s programs (Fu et al., 2003). These CHVs take the blood pressure of individuals in a community, educate and motivate others to live healthier lives, advocate for positive health issues in the community, provide health information for community bulletin boards, participate in health promotion specialist collaborative meetings, and so on. Eng and Young (1992) also presented the roles of lay health advisors in health promotion and disease prevention programs as community health advisors, community health workers, and outreach workers. Eng et al. (1997) summarized principles of public health practice on lay health advisor intervention strategies: a basic assumption is that a natural resource available in most communities is the existence of social networks through which community members offer and receive social support among another; the role of practitioner is to recruit, train, and support community members who can directly research and offer social support (i.e., information, advice, referrals, emotional support) to those in need; the role of the recruited and trained community members is to serve as a bridge between agencies’ formal service delivery system and communities’ informal social support system.

Despite these impressive contributions, there still remains a significant disparity between actual volunteerism and potential volunteerism. The volunteers that CHVOs depend on represent only a portion of the total population. And many of those who are counted in CHVOs estimates are sporadic or occasional volunteers who are not reliable

resources of assistance for health promotion projects. The multitude of health-related problems facing our local communities, confirm the need for even more and much efficient volunteer work.

What actually motivates a person to volunteer is a complex and vexing question, yet understanding these issues can be of great assistance to organizations on attracting, placing and retaining volunteers. Volunteers will gravitate toward volunteer organization to the extent that involvement will help fulfill their own needs and goal. Glary (2004) pointed out that quality of the match between volunteer and organization impacts volunteer commitment and the likelihood that volunteers will stay with their host organizations. We should identify the factors that affect how committed volunteers art to saying with their organization for the long term.

The extent to which volunteers perceive barriers (organizational characteristics that would prevent volunteers form achieving their goals) and perceive facilitators (organizational characteristics that would help volunteers achieve their goals) affects their sense of the access to opportunities they will experience in the long term. Generally, volunteers perceived few barriers that might impede their opportunities to achieve their goals (Glary, 2004). Volunteer organizations that can facilitators and reduce barriers in the volunteering environment, can increase the likelihood that volunteers will continue their work and commitment to the organization into the future.

A substantial share of volunteer work happens in and through organizations. Therefore, it is useful to discuss the basic concept of volunteer organization. Sills (Sills, 1972, p.363) defined a volunteer organization as ‘an organized group of persons (1) that is formed order to further some common interest of its members; (2) in which membership is voluntary in the sense that it is neither mandatory nor acquired through

birth; and (3) that exists independently of the state.' Sills's definition is similar to Knoke's (1986, p.2) definition of an association: "a formally organized named group, most of whose members—whether persons or organizations—are not financially recompensed for their participation."

Allison and Kaye (2001) summarized the eight "key" characteristics of these organizations:

- ✧ Passion for mission
- ✧ Atmosphere of "scarcity"
- ✧ Bias toward informality, participation and consensus
- ✧ Dual bottom lines: financial and mission
- ✧ Program outcomes are difficult to assess
- ✧ Governing board has both oversight and supporting roles
- ✧ Mixed skill levels of staff (management and program)
- ✧ Participation of volunteers

Understanding context is also critical to being helpful in any environment.

1.8 The Definition of Volunteer Organization Environment

It is important to know more about why people volunteer and 'why people join organizations and what encourages them to devote time and energy to those organizations' aims' (Gittell, 1980, p.263). Chelladurai (2006) pointed out that people volunteer based on whether one outlines and clarifies the possible benefits that can accrue through participation in a voluntary organization. Prestby (1984) stated that a social exchange takes place in organizations in which participants invest their energy only if they expect to receive some benefits. Therefore, the interplay between a

volunteer and a VOE that produces and sustains volunteering should be considered when seeking to understand why people volunteer and/or join volunteer organizations.

A VOE refers to the forces that can make an impact on volunteering. Such forces may serve as facilitators or barriers. A VOE includes external forces and internal force.

External forces: broader social, economic, political, legal, and cultural environments.

Internal forces: both organizational elements (e.g., organizational structures, administration, leadership, incentives, communication systems, and continuous learning and evaluation) and relational elements (e.g., shared vision, a cohesive and trusting working climate, and a culture that promotes internal power-sharing, inclusiveness and regular interactions among diverse stakeholders of the collaboration) (Rama et al., 2009; Foster-Fishman et al., 2001).

Earp et al. (1997) also indicated volunteer program challenges related to some organizational elements, such as resource needs, volunteer monitoring and support. Glary (2004) stated that those organizations that reduce barriers for volunteers to achieve their goals, and cultivate environments, in which volunteers perceive opportunities, are more likely to retain satisfied and competent volunteers. Identifying the possible mechanisms underlying relevant VOE variables that influence CHVs and their volunteering is clearly needed.

Chapter 2: Aims

2.1 General Aim

We attempt to conduct a qualitative study on quality of life among the floating population and a relevant study on creating supportive volunteering system for intervening in Shanghai, China.

2.2 Specific Aims

2.2.1 Study I

The QOL of the floating population should be a major concern in both academic research and policy making. It is anticipated that our QOL research among the floating population will lead to the following outcomes:

- strengthen inter-disciplinary research into this population health, using a quality of life framework that is relevant to policy makers and community builders;
- build bridges between researchers, policy makers, and other stakeholders to promote evidence-based policies that improve the quality of life and the health of the floating population members;
- activate an extensive and diverse network of researchers, policy-makers and other stakeholders to identify research questions about the quality of life for these migrants across the lifespan and in the settings where they live and work;
- generate new knowledge about the relationship between the determinants of health and QOL among the floating population.

2.2.2 Study II

The purposes of this study are to determine if perceptions of VOE are associated with volunteer intention and if this relationship is mediated by self-efficacy and motivation. This study was also design to provide local governments, health agencies, and CHVs with insight into those VOE elements that could be leveraged to foster CHVs' participation within community health promotion activities.

Chapter 3: Study I

3.1 Review of Related Literature and Research

3.1.1 QOL Research for Population Health

Health promotion was defined as “the process of enabling people to increase control over and improve their health” (WHO, 1986, P.1), which include four key concepts: (1) values based—emancipatory and empowering; (2) community and structural approach towards health; (3) grounded in live experiences of people; and (4) strong action orientation (Shookner, 2002). Health Promotion actions are: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, reorienting health services (WHO, 1986).

Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environment, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services (Health Canada, 1998).

A set of determinants of health was used as follows (Health Canada, 1998):

- Income and social status
- Social support networks
- Education
- Employment/working conditions
- Social environment
- Physical environments
- Personal health practices and coping skills
- Healthy child development

- Biology and genetic endowment
- Health services
- Gender
- Culture

Shookner (2002) summarized the key elements of population health presented in table 1.

Table 1 insert here.

Quality of life research group proposed a QOL model (see figure 2). This model is comprehensive, includes determinants and moderator factors, is dynamic, and is consistent with principles of health. Health promotion actions might mainly have influence on the determinants and moderator factors of QOL, furthermore, improve QOL.

Figure 2 insert here.

Raphael (Raphael,) concluded that QOL research could improve population health in condition of (1) filling methodological and content gaps in the population health approach; (2) proving opportunities for collaboration among different sectors concerned with population health; (3) allow communities to have a say in the population health agenda; and (4) suggest an action component to the population health agenda.

3.1.2 QOL Measurement

It is notable that many QOL instruments have been developed for highly selected groups in the population. Research in the field of QOL has tended to use similar methods, concepts and measurements in order to increase the generalizability of the results. The quantitative approach, however, has been criticized as it emphasizes

reliability at the expense of validity (Canino et al., 1997). Qualitative methods can explore how social experience is created and given meaning (Denzin and Lincoln, 1994). The use of qualitative methods is especially suited to small samples and to some high-risk groups, such as migrants with stress-related challenges (Ekblad et al., 1999).

A qualitative assessment of QOL among migrant group might provides an important complement to standard psychiatric assessment and has a number of potential uses: (1) it can be helpful in assessing the psychosocial needs of migrants in current locations as they have encounter different life environment; and (2) it describes the individual migrants' own view of his or her life, important qualitative information that is often missing in the quantitative outcome assessments undertaken in migrant adaptation programs.

Several previous studies by WHOQOL-BREF have measured the QOL of the floating population (Yang et al., 2007; Zhang et al., 2009; WHOQOL Group, 1998). Due to the subjective nature of QOL assessment, diverse and important aspects remain undetectable using these questionnaires.

Conclusively, we adopted a qualitative study was to explore the construct of QOL among the floating population in Shanghai, China, and understand how they experience and cope with the migration process and how this affects their QOL.

Qualitative Research and the difference between qualitative and quantitative research

A starting point in trying to understand the collection of information for research purposes is that there are broadly two approaches: quantitative research and qualitative research. Early forms of research originated in the natural sciences such as biology, chemistry, physics, geology etc. and were concerned with investigating things which we

could observe and measure in some way. Such observations and measurements can be made objectively and repeated by other researchers. This process is referred to as “quantitative” research.

Much later, along came researchers working in the social sciences: psychology, sociology, anthropology etc. They were interested in studying human behavior and the social world inhabited by human beings. They found increasing difficulty in trying to explain human behavior in simply measurable terms. Measurements tell us how often or how many people behave in a certain way but they do not adequately answer the question “why”. Research which attempts to increase our understanding of why things are the way they are in our social world and why people act the ways they do is “qualitative” research.

Hancock (1998) summarized the features of qualitative research and how it differs from quantitative research are list below.

- ✧ Qualitative research is concerned with the opinions, experiences and feelings of individuals producing subjective data.
- ✧ Qualitative research describes social phenomena as they occur naturally. No attempt is made to manipulate the situation under study as is the case with experimental quantitative research.
- ✧ Understanding of a situation is gained through a holistic perspective. Quantitative research depends on the ability to identify a set of variables.
- ✧ Data are used to develop concepts and theories that help us to understand the social world. This is an inductive approach to the development of theory. Quantitative research is deductive in that it tests theories which have already been proposed.
- ✧ Qualitative data are collected through direct encounters with individuals, through

one to one interviews or group interviews or by observation. Data collection is time consuming.

- ✧ The intensive and time consuming nature of data collection necessitates the use of small samples.
- ✧ Different sampling techniques are used. In quantitative research, sampling seeks to demonstrate representativeness of findings through random selection of subjects. Qualitative sampling techniques are concerned with seeking information from specific groups and subgroups in the population.
- ✧ Criteria used to assess reliability and validity differs from those used in quantitative research.

Qualitative approaches to data collection usually involve direct interaction with individuals on a one to one basis or in a group setting. Data collection methods are time consuming and consequently data is collected from smaller numbers of people than would usually be the case in quantitative approaches such as the questionnaire survey. The benefits of using these approaches include richness of data and deeper insight into the phenomena under study. Unlike quantitative data, raw qualitative data cannot be analysed statistically. The data from qualitative studies often derives from face-to-face interviews, focus groups or observation and so tends to be time consuming to collect. Samples are usually smaller than with quantitative studies and are often locally based. Data analysis is also time consuming and consequently expensive.

Grounded theory is one major types of qualitative research design. This methodology originated with Strauss and Corbin (1990) and their work on the interactions between health care professionals and dying patients. The main feature is the development of new theory through the collection and analysis of data about a phenomenon. It goes

beyond phenomenology because the explanations that emerge are genuinely new knowledge and are used to develop new theories about a phenomenon. In health care settings, the new theories can be applied enabling us to approach existing problems in a new way. For example, our approaches to health promotion or the provision of care (Hancock, 1998).

Rowe (2003) summarized the Principles of Grounded Theory:

Aims to approach the data without a preconceived framework – with an ‘innocent eye’. But is this possible? Theoretically, at least, it claims to ‘...eschew claims to idealistic versions of knowledge’ (Strauss and Corbin, 1994, p.276) That is it rejects the idea that knowledge is out there to be discovered and can be retrieved uncontaminated by the act of uncovering it. It is pragmatic in the sense that it regards theory not as a representation of truth but as ideas that will prove workable and useful in making predictions and furthering understanding.

It aims to develop theory as close as possible to the ground – that is theory which is grounded in localized accounts and experiences. Theory needs to be both traceable to the data that gave rise to it. The theory generated is characterized by a certain ‘fluidity’ emphasizing process, change over time and the constant possibility of new situations that do not fit the existing theory

Theory is developed through the following process of data analysis:

- a) Develop concepts and then categories to illuminate the data.
- b) Attempt to saturate these categories with case examples in order to support their relevance and take note of instances which do not conform to the current categories and note these down using ‘analytic memos’ This is process often called the ‘constant comparative method’

- c) Develop the categories into general analytical framework which has relevance beyond the research setting.

A cycle of data collection, organization and analysis. This is what Strauss and Corbin (1994, p.159) call ‘..extensive inter-related data collection and theoretical analysis’. This requires great familiarity with the data in order that they can be brought to bear systematically upon the emerging theoretical constructs.

The process of data analysis is kept as open and transparent as possible.

The main methods of collecting qualitative data are:

- individual interviews
- focus groups
- observation

Focus groups

Sometimes it is preferable to collect information from groups of people rather than from a series of individuals. Focus groups can be useful to obtain certain types of information or when circumstances would make it difficult to collect information using other methods to data collection. They have been widely used in the private sector over the past few decades, particularly market research. They are being increasingly used in the public sector.

Group interviews can be used when:

- Limited resources prevent more than a small number of interviews being undertaken.
- It is possible to identify a number of individuals who share a common factor and it is desirable to collect the views of several people within that population sub group.

- Group interaction among participants has the potential for greater insights to be developed.

In our study we adopted focus group because the features and advantages mentioned above.

3.2 Methodology and Procedures

3.2.1 Research Site and Sample

Shanghai is the biggest city and economic centre in China with a population of 16.4 million. The floating population is composed of 4.4 million people, or 26.6% of the total population, and represents the highest concentration of the floating population among all provinces in China (Shanghai Statistical Bureau, 2001). Shanghai is the second-most favoured destination for migrants, followed closely by Guangdong province. This is primarily because jobs in Shanghai offer a slightly higher income than do jobs in other areas. This area also provides more opportunities for personal development opportunities and has a high level of public safety (Rouilleau-Berger and Shi, 2005). The economic development of Shanghai has resulted in a great demand for labour from the countryside (Zhang, 1999). In Shanghai, 25.8% of migrants work in manufacturing, 19.6% in construction, 13.9% in trade, 13.5% in services and catering, and only 3.8% in skilled work (Shanghai Statistical Bureau, 2001).

We adopted a purposeful sample. We targeted certain job sites (restaurant, hotel, food market, and electronics factory) out of consideration that most migrants in Shanghai work in these settings. Neighborhood representatives and healthcare providers from local communities facilitated the recruitment process. They contacted job managers via mail or phone to invite them to “opt in.” The managers formed two groups of

respondents from the floating population at each job setting. The researchers re-assigned some respondents to groups based on age, sex, and years living in Shanghai, in order to promote discussion in terms of family life, migration experience, and related topics (see Table 2). This study was approved by the Xuhui Health Ethic Committee in Shanghai, China.

Table 2 insert here.

3.2.2 Interview Guide

A semi-structured interview guide was developed based on informal discussions and other existing literature pertinent to QOL of migrants (Ekblad *et al.*, 1999; Harr, 2007). The researchers held two discussions with the floating population members, neighborhood representatives, healthcare providers and local government officials at a community centre in Shanghai in August and September 2008. The main purpose of these meetings was to discuss the plan and content of the interview guide. The interview guide, consisting of open-ended questions, is presented in Table 3.

Table 3 insert here.

3.2.3 Procedure

Eight focus groups were conducted in the meeting room or lobby of the migrants' job sites, including a food market, a restaurant, a hotel and an electronics factory in December 2008. Two separate focus groups were held for each worksite. Each focus group was composed of six to nine members of the floating population with a total of 58 migrants (24 males and 34 females). All focus groups were conducted by the first author of this paper. The second author recorded detailed notes in shorthand, and the third

author operated the audio tape recorder during each focus group. All focus groups were conducted in standard Mandarin, the official modern Chinese spoken language.

Each participant was assured of his/her confidentiality in the study. Participants were provided with a written informed consent form and were asked to complete a questionnaire about their demographic details before the focus group. Each focus group lasted approximately 60-90 minutes. While participation was voluntary, the researchers used gifts such as a notebook or ball-point pen (fair market value US \$1) to acknowledge participation after each focus group.

All focus groups were audiotaped and transcribed. Because the first, second, third, fourth, and ninth authors of this paper are Chinese, the interviews were transcribed and analysed in Chinese in order to preserve linguistic meanings and ensure fidelity of data.

3.2.4 Data Analysis

Thematic analysis was conducted (Wikinson, 1998). First, the researchers repeatedly read the interview notes and reviews of the audiotapes to become familiar with data, then searched for and noted main points and created broad categories. Next, transcripts were coded by the primary author. After transcripts had been coded, constant comparisons were then made between transcripts to bring these codes together into thematic categories and subcategories that were exhaustive, mutually exclusive, conceptually clear and sensitizing (Strauss and Corbin, 1990). The second author independently examined the data and critically inspected the first author's coding scheme and comparisons. After discussion, both authors agreed on the prominent themes.

In order to illustrate each theme, quotations were selected based on their

representativeness and/or illustrative power and presented in the results section.

3.3 Summary of Results

3.3.1 Overview

Participants revealed what was important to them, satisfying and valuable gains, and the challenges they had faced in life and how they accommodated, negotiated, and reshaped their lives within the context of migration. The results are presented according to five life domains, which lead to an understanding of the QOL of the floating population. These domains are (1) personal development, (2) jobs and career, (3) family life, (4) social relationships, and (5) social security. Results from the study indicate that these life domains are permeated and influenced by stigma and discrimination, which in turn influenced how the participants framed their expectations regarding QOL. Table 3.4 summarises the life domains and subcomponents of QOL and indicates whether each subcomponent acts as an enabler, a barrier, or both. The enabling subcomponents facilitate the migrant's ability to adapt and improve their QOL; and barrier subcomponents obstruct the migrant's ability to adapt as well as impact their QOL.

Table 4 insert here.

3.3.2 Personal Development

Participants expressed expectations of improving their future life. They wished to improve individual knowledge and self-identity, develop talents and potential, and improve employability to gain control over their lives. They stated that the current city could provide access to reach these goals. Some participants talked about personal growth they have made since coming to Shanghai. One man said, "I have learned independence." One woman talked about many lifestyle changes, and felt she has

become a “city woman.” The personal growth they have made contributed to a sense that migration may allow for a better life. Some participants explained that they felt less self-confident here than in their hometown because “the competition is too strong.” They thought that they had access to general career training and education in Shanghai, but that it was inadequate. They felt they were treated unfairly by their bosses after finding their training opportunities were less adequate than that of their colleagues from shanghai. A lack of identification as a citizen decreased their desire to stay in the current city, and some participants emphasised that they would make use of their knowledge and techniques to further development of their hometown.

3.3.3 Jobs and career

Many participants pointed out that they could “find more job opportunities” and “get higher salaries” in the current city than in their hometown. Meanwhile, these individuals claimed that they frequently experienced discrimination at work and while searching for jobs due to a lack of Shanghai *hukou*. Some participants said they were not eligible for positions, such as “keeper of depot” and “salesperson of supermarket” because these jobs required Shanghai *hukou*. One woman also noted inequity in salary, “I do the same amount of work as other people, but my income is one third of theirs.” Nonetheless, most participants expressed that they could earn a much higher income in Shanghai than in their hometowns. Many participants reported always facing discriminatory attitudes from their clients. One man said, “There are some clients who look down on outsiders. When I speak Putonghua to him, he’ll judge me and become really rude to me.” Some participants reported that they faced “many more challenges” in their jobs as migrants than in their hometowns, thus leading to increased energy and motivation to work hard.

3.3.4 Family Life

Many participants stated that improving the QOL of families was their main purpose for migrating, and in many situations harmonious family relations served as a primary source of support. Many participants placed a high value on their relationships with family members and their family life. According to one woman, “The respect and care among family members is the most important part of my life. My family is the source of my strength.” In addition, many participants who experienced discrimination declared that family support was critical. Their experiences of stigma and discrimination were the topic of discussion. One woman said, “There’s no one but my husband who would listen to me when I had trouble outside. I felt better after I complained to my husband.” Similarly, some shared that they have few friends and therefore need plenty of communication within their family.

When commenting on issues of family life, the participants emphasised finances as a very important aspect of family life. One woman said, “When you are living in Shanghai, you must consider affordability when deciding some family issues. I have to spend more money than in my hometown if I want to maintain my standard of living.” However, the barrier of seeking jobs and unfair salaries due to their lack of Shanghai *hukou* determined their household income, and thus affected their family life. Some discussed the issue of being separated from their families. They spoke of their plans to return to their hometown in order to once again be with their family members.

3.3.5 Social Relationships

The term *social relationships* refer to the relationships and interactions with Shanghai citizens. It also refers to the perceived availability of help and the support actually

received by members of the floating population. Many participants expressed a lack of social relationships. Adapting to mainstream society was difficult due to a lack of relationships with those who would normally provide entry into various aspects of city life. One man said, “We should rely on the friends when we are out of hometown to make a life, but I don’t know who can help me? In my hometown, I can call my friends to help me sell fish and meat, but here I am alone. In this market, nobody talks with me.” Some mentioned that the accent obstructed communication between them and Shanghai citizens. They noted negative reactions to their accent. They said they were labelled “outsiders” because of their accents, and were thus identified as having a lower status than Shanghai citizens.

During the interviews it became clear that the issue of relationships with local citizens was a challenge to adjustment. Participants spoke about the difficulties of building relationships with Shanghai citizens. They reported they frequently experienced stereotypes during communication with local people because of being identified as members of the floating population. One woman said, “I have no problem speaking Shanghaiese. The major problem was the distance Shanghai citizens keep from us. They always judge me with prejudice.” Participants reported that they seldom participated in community activities such as community clean-up events and community health festivals because they were afraid they would be “unwelcome” or that nobody would approach them at the activities. Additionally, they reported a lack of channels for communication with local government. Although they need help, they do not know where to go and with whom to speak in order to request help. They expressed a desire to know what local resources were available to them.

One man shared his experiences after returning to his hometown:

I have been here (Shanghai) for several years. When I return to hometown, I felt that it was difficult to speak my hometown language. Being surrounded by people I am no longer familiar with made me feel strange. I had difficulty connecting with any of them anymore. They'd rather see me as a fangle-dangle than a friend. I would not go out. I stayed home with my mother all the time. Sometimes when I think about it, I ask myself where I can find my home?

The quote implies that maintaining identity and a sense of belonging to a hometown is as difficult as adapting to a host city because members of the floating population struggle to settle into life in the host city or in their hometowns, and in both cases family members are often separated from each other.

3.3.6 Social Security

Without local *hukou*, some of the participants indicated they faced serious problems such as a lack of medical care, child education, and retirement pension. Participants discussed how they wished their children could receive a “quality” education in their current city, but “many schools don’t enrol children without a Shanghai *hukou*.” A lack of health insurance required some to “pay all expenses out-of-pocket for medical care including registering, checkups, drugs, and therapy.” Moreover, expensive medical care also affected their behaviour regarding medical care and health. One man said, “I would rather go back to my hometown for healthcare than obtain it in Shanghai. I have to delay treatment if I have a less severe problem.” Participants also said they tried their best to earn more money given the uncertainty of a future retirement pension.

Undoubtedly, they had originally expected they would enjoy the same social security

benefits as Shanghai citizens. Some participants discussed the innovation of “Residence Permit in Shanghai Municipality”*, yet it is too slowly addressing challenges associated with population growth.

*Note:

The main function of a ‘Residence Permit’ are as follows: (1) to prove the holder’s residence and employment in this Municipality; (2) to facilitate such relevant personal affairs as application for social security, common reserve funds for housing and for relevant information; and (3) to record such information necessary for population control as the basic personal information and change of residence, etc. of the holder. Persons both at home and from overseas with an academic record or above a college graduate or with special talents who come to Shanghai for employment or business development without changing their household registration or nationality may apply for the ‘Residence Permit in Shanghai Municipality.’ The ‘Residence Permit in Shanghai Municipality’ system shall be gradually implemented for the persons who reside and work in the Municipality (Shanghai Municipal People’s Government, 2002).

3.4 Discussions, Conclusions, Implications

3.4.1 Overview

Our study has focused exclusively on the floating population’s QOL and identifies the following five life domains: personal development, jobs and career, family life, social relationships and social security. These domains reflect the floating population’s perceptions of their position in life in the context of migration. Results from this study show that stigma and discrimination are perceived as elements of their life experience.

Adaptation to a new environment depends largely on a migrant’s ability to regain lost

resources and gain new resources relevant to the host environment (Ryan *et al.*, 2008). Social relationships assist migrants with successful adaptation, and may either enhance or detract from QOL (Harr, 2007). In our study, a lack of social relationships affected the floating population's personal stability and was also an instrumental aspect of the migration experience. Berkman *et al.* (Berkman *et al.*, 2000) identified social integration, social network, and social support as the important components of social relationships. The formation of relationships within the host city can be limited by a lack of communication channels with local government, a lack of social networks, and the barriers created by local language and citizen identification. The results indicate that members of the floating population experience prejudicial treatment because of their non-native dialect. Commonly, the non-native dialect is viewed as an attribution of "outsiders." Although positively participating in community activities may enable the migrants to integrate into the community, their worries about discrimination and exclusion obstruct their participation. While the participants in the study are capable of functioning in the society, few truly integrated into it. Regarding the social security domain, concerns surrounding the lack of medical care, retirement pension and child education were frequently mentioned as significantly influencing the floating population's migration life. Participants believed that their floating population identity was the fundamental cause of problems with establishing social security. The innovation of the "Residence Permit in Shanghai Municipality" does not meet their needs. The lack of communication channels with the government has also delayed the solutions to problems.

In our study, family life was viewed as crucial to the migrants' ability to adapt and serves as a stress reliever and source of strength. This was particularly true considering

the absence of other social support, which was a major cause of stress for the migrants. Participants found that support and harmonious relations among family members were vital to their ability to adapt to a new and different environment. Family support is far more important than other established support systems. Some participants reported that separation from family, especially children or parents, increases the psychological burden of migration and increases the likelihood of returning home, thus decreasing the intention to adapt to the host city.

Participants discussed the importance of having a job in order to have a good life. They emphasised the importance of having the same opportunities for personal development and employment as Shanghai citizens in order to reduce discrimination in the workplace and in society settings. Their migration experience triggered questions about the purpose of life, their progress with gaining knowledge and skills, what constitutes a good life, and the future development of their hometown.

In order to improve QOL among the floating population it is necessary to understand the stigma and discrimination they face. Link and Phelan (Link and Phelan, 2001) proposed the Stigmatization Model, which emphasized that the existence of labeling, stereotyping, disconnection, status loss, and discrimination facilitate stigma within a power situation. Results from this study show that stigma and discrimination against the floating population are manifested in interpersonal relationships with language and disrespect. Additional consequences were isolation and limited social opportunities. For migrants, experiencing stigma and discrimination were associated with higher levels of stress, and less willingness to adopt the host culture's identity (Dion, 1992; Ward *et al.*, 2001). This creates another barrier to people in the floating population who need to adapt to the host city's social life and access service surrounding jobs, housing,

communication, education, health care, and so on. The migrant participants were reluctant or refused to seek help because they were concerned about discrimination and rejection by others. A significant finding of our study was that the members of the floating population chose to keep experiences of stigma and discrimination private. Social support may help with reducing the level of stress from stigma and discrimination (Gee *et al.*, 2006). With limited social support, the members of the floating population lack options for tackling stigma and discrimination.

In our study, the participants mainly came from service and manufacturing industries. The results indicated that people from these two industries have similar experiences in terms of personal development, family life, social relationships and social security. However, the subject of discrimination was different in the domain of jobs and career with respect to their employment sectors. With regards to jobs and career, the source of discrimination against participants in the service industry was mainly their clients. The source of discrimination against participants in the manufacturing industry was mainly their supervisors. Therefore, reducing the discrimination in the jobs and career domain should be aimed at the different sources of discrimination.

In this study, the participants were recruited from Shanghai, the biggest city in China. This was a useful feature of the study since there are many migrants in Shanghai, but the study's findings might not represent migrant populations in smaller cities or other regions of China. This limitation was also acknowledged by Li *et al.* in their study (Li *et al.*, 2006). Despite this limitation, we believe this study makes contributions to the understanding of the QOL in the floating population of China. Future research should examine the dynamics of QOL, and options for improving the QOL of the floating population in cities of various sizes in China.

3.4.2 Summary of Recommendations

Health promotion has a close association with QOL (Raeburn and Rootman, 1996). The Ottawa Charter for Health Promotion uses the concept of QOL, noting that “good health is ...an important dimension of quality of life” (WHO, 1986, p. 1). In our study, the stigma and discrimination experienced by members of the floating population impacts their lives. Therefore, the five principles of the Ottawa Charter provide a sound basis and prompted us to consider the issue from individual, environmental, service delivery, community and public policy perspectives. We propose the following actions to reduce the stigma and discrimination against the floating population to improve their QOL.

First, the government should implement policies that facilitate the migrants’ affairs such as children’s schooling, pension security, basic medical insurance, and reserve funds for housing. The government should involve the migrants in the policy-making process surrounding these issues. Migrants should not be deprived of social security because of their *hukou*.

Second, the government should empower migrants to challenge discrimination and understand their civil rights.

Third, the employment sector should provide adequate career training, as this will help counter stigma and discrimination.

Fourth, community-based programs should be designed and implemented to improve migrants’ self-image as well as public’s image of migrants. Migrants’ families should also be involved in these efforts.

Fifth, health and social services agencies that cope with and manage these services should address the migrants’ needs as well.

Chapter 4: Study II

4.1 Review of Related Literature and Research Framework

4.1.1 Social Cognitive Theory

SCT stemmed out of work in the area of SLT proposed by Miller and Dollard (1941). Their proposition posits that if one were motivated to learn a particular behavior, then that particular behavior would be learned through clear observations. By imitating these observed actions the individual observer would solidify that learned action and would be rewarded with positive reinforcement.

Bandura has led the efforts on cognitive SLT development (Bandura and Walters, 1963; Bandura, 1977; 1978; 1986; 1989). In 1986, Bandura renamed his SLT as SCT. The SCT defines human behavior as a triadic, dynamic, and reciprocal interaction of personal factors, behavior, and the environment (Bandura, 1977; 1986; 1989). According to this theory, an individual's behavior is uniquely determined by each of these three factors (see figure 3). SCT proposes that behavior can be explained in terms of triadic reciprocity between three key concepts which operate as determinants of each other. Reciprocal determinism forms the basic organizing principle of SCT. This important concept states that there is a continuous, dynamic interaction between the individual, the environment, and behavior. Thus, a change in one of these factors impacts on the other two.

Figure 3 insert here.

While the SCT upholds the behaviorist notion that response consequences mediate behavior, it contends that behavior is largely regulated antecedently through cognitive

processes. Therefore, response consequences of a behavior are used to form expectations of behavioral outcomes. It is the ability to form these expectations that give humans the capability to predict the outcomes of their behavior, before the behavior is performed. In addition, the SCT posits that most behavior is learned vicariously. The SCT's strong emphasis on one's cognitions suggests that the mind is an active force that constructs one's reality, selectively encodes information, performs behavior on the basis of values and expectations, and imposes structure on its own actions (Jones, 1989). Through feedback and reciprocity, a person's own reality is formed by the interaction of the environment and one's cognitions. In addition, cognitions change over time as a function of maturation and experience (i.e. attention span, memory, ability to form symbols, reasoning skills). It is through an understanding of the processes involved in one's construction of reality that enables human behavior to be understood, predicted, and changed.

Influences on behavior which involve the environment can be physical, social, cultural, economical, political in nature (Ockene and Ockene, 1992), or situational in nature (Baranowski et al., 1997). In SCT, the person's perceptions of the environment are referred to as situations; this key variable can facilitate or inhibit behavior. In this reciprocal, interactive scheme, in which multiple determinants of behavior are assumed, behavior also exerts an influence on both the environment and the person. The environment and past experience with a particular behavior can also provide reinforcement for acting in a particular way.

Stone (1998) summarized the purpose of this theory:

- ◆ To understand and predict individual and group behavior
- ◆ To identify methods in which behavior can be modified or changed.

- ◆ Frequently used in interventions aimed at personality development, behavior pathology, and health promotion.

4.1.2 Social Cognitive Factors

Self-efficacy

The concept of self-efficacy is recognized as one of Bandura's most important contributions to psychology and the field of health behavior change in general (Bandura, 1977). Self-efficacy refers to the confidence an individual has in his or her own ability to successfully carry out a behavior. Furthermore, its incorporation into almost all major theories of behavior change is further evidence of its important role in the behavior change process. Bandura proposed that the actual performance of a particular behavior is highly related to an individual's belief in his/her ability to perform that behavior in specific situations. An individual with low self-efficacy is likely to have lower expectations of successfully performing the behavior and be more affected by situational temptations that are counterproductive to promoting and maintaining behavior change. In contrast, an individual who has high self-efficacy not only expects to succeed but is actually more likely to do so. Self-efficacy exerts such a strong influence on behavior change that confidence has been found to outperform past performance in predicting future behavior (DiClemente, 1986).

One major characteristic of this self-efficacy concept emphasized by Bandura is that self-efficacy is not a context-free disposition-like measure. Rather it is highly dependent on the realms of activity, different levels of the tasks demand and different situational circumstances. Bandura therefore advocates persistently for a behavior-specific and situation-specific self-efficacy measure. Consistent findings exist to support its role as

an important mediator between psychological change and behavior. However little insight has been provided to explain how people form and change their self-efficacy. Hence incorporating self-efficacy as an endogenous variable in the model and trying to establish the link from message manipulation or intervention to promotion of self-efficacy is an essential step to take.

SCT has outlined two major components of self-efficacy: establishment of goals and the ability to organize necessary skills to achieve the goals. The goals, whether explicitly stated or implicitly harbored, provide major motivations for people to execute their skills. Bandura also emphasizes that self-efficacy is behavior and context specific. Therefore the skills recommended should be related specific target behaviors in the target context. The distinction between the two concepts implies that perception of task easiness may not result purely from personal ability, but from some considerations of external factors (e.g. resources, time, etc).

Components of self-efficacy induced from prior literature include appropriateness of behavioral goals, behavior- and context skills, necessary resources and opportunity of perform the act, as well as elimination of barriers.

Motivation

Motivation is primarily concerned with how behavior is activated and maintained (Bandura, 1977). In cognitive motivation, people are motivated and guide their actions through the exercise of forethought. They form beliefs about what they can do, anticipate likely positive and negative outcomes, set goals for themselves, and plan future courses of action to attain those goals or avoid aversive ones. Goal setting is hypothesized to be an important cognitive process which affects motivation (Schunk,

1991). According to Bandura (1977, p.161), “when individuals commit themselves to explicit goals, perceived negative discrepancies between what they do and what they seek to achieve create dissatisfactions that serve as motivational inducements for change.”

Henderson (1980) hypothesized that volunteers may be motivated by a variety of motivational needs. She suggested that an understanding of volunteer motivations can be put to use in recruiting volunteers who will be most satisfied with the organization and will likely volunteer again.

Esmond and Dunlop (2004) summarized that organization’s ability to motivation as follows:

First, organizations can use information on motivations to attract potential volunteers by tailoring recruitment messages to closely match their motivational needs.

Second, in assessing the motivational needs of new volunteers, organizations can ensure effective placement of volunteers into activities that meet their needs.

Third, by understanding their volunteers’ motivations, organizations can seek to maintain volunteer satisfaction by ensuring these motivations are fulfilled.

Existing literature on the motivations of volunteers is equivocal about the sustainability of volunteer motivation. The key to continued volunteer involvement lies in matching individuals (who are variously motivated) with organizations that can make it possible for volunteers to meet their goals (Karr and Meijs, 2006; Clary and Snyder, 1991; Clary et al., 1998; Cnaan and Cascio, 1999; Tschirhart et al., 2001). Characteristics of organizations affect the motivational processes of volunteers, thus these processes can subsequently reinforce or counteract features of the organization

(Karr and Meijjs, 2006).

4.1.3 Theory of Planned Behavior and Behavior Intention

The TPA is widely used behavioral prediction theory which represents a social-psychological approach to understanding and predicting the determinants of behavior (Ajzen and Fishbein, 1980; Fishbein and Ajzen, 1975; Montano et al., 1997). The TPB is an extension of the Theory of Reasoned Action (Ajzen and Fishbein, 1980) by including the perceived behavioral control (PBC) (perception about being able to perform a specific behavior). The TPB model suggests that intention is directly driven by three major constructs attitude, subjective norm, and PBC and the stronger the intention, the more likely an individual will perform the behavior (Ajzen, 1991)(see figure 4). Large amounts of research have focused on the prediction of behavioral intention rather than on the behavior itself.

Figure 4 insert here.

Ajzen (Ajzen, 1991) considers the PBC construct of TPB identical to self-efficacy. However, Giles and Cairns (Giles and Cairns, 1995) suggested that self-efficacy is more precisely related to one's competence and to future behavior and the predictive utility of the TPB may be enhanced by replacing PBC with self-efficacy. Conner and Armitage (Conner and Armitage, 1998) suggested a dimensionalization of single PBC construct into dichotomized components, internal and external control for addressing weaknesses in the operationalization of PBC. The internal control based on factors that come from within the individual (such as ability and motivation) and external control based on factors that come from outside the individual (such as task difficulty, cooperation of others, access to necessary resources, etc) (Ajzen, 1991; Manstead and Van Eekelen,

1998; Armitage and Conner, 1999). This concept of external control is similar to Bandura's (Bandura, 1986) concept of environment; and the concept of internal control is similar to Bandura's (Bandura, 1986) concept of individual. External control is an antecedent and internal control is the more proximate determinant of behavior intention (Kidwell and Jewell, 2003).

4.1.4 Mediation Analysis

Consider a variable X that is assumed to affect another variable Y. The variable X is called the initial variable and the variable that it causes or Y is called the outcome. Figure 5 presented the unmediated model in diagrammatic form.

Figure 5 insert here.

The effect of X on Y may be mediated by a process or mediating variable M, and the variable X may still affect Y. Path c is called the *total effect*. Figure 6 presented the mediated model.

Figure 6 insert here.

Baron and Kenny (1986) have discussed four steps in establishing mediation:

Step 1: Show that the initial variable is correlated with the outcome. Use Y as the criterion variable in a regression equation and X as a predictor (estimate and test path c). This step establishes that there is an effect that may be mediated.

Step 2: Show that the initial variable is correlated with the mediator. Use M as the criterion variable in the regression equation and X as a predictor (estimate and test path a). This step essentially involves treating the mediator as if it were an outcome variable.

Step 3: Show that the mediator affects the outcome variable. Use Y as the criterion variable in a regression equation and X and M as predictors (estimate and test path b). It is not sufficient just to correlate the mediator with the outcome; the mediator and the outcome may be correlated because they are both caused by the initial variable X. Thus, the initial variable must be controlled in establishing the effect of the mediator on the outcome.

Step 4: To establish that M completely mediates the X-Y relationship, the effect of X on Y controlling for M (path c') should be zero (see discussion below on). The effects in both Steps 3 and 4 are estimated in the same equation.

If all four of these steps are met, then the data are consistent with the hypothesis that variable M completely mediates the X-Y relationship, and if the first three steps are met but the Step 4 is not, then partial mediation is indicated. Meeting these steps does not, however, conclusively establish that mediation has occurred because there are other (perhaps less plausible) models that are consistent with the data.

Mediation analysis uses the estimates and standard errors from the following regression equations (see table 5) (MacKinnon, 1994):

If the effect of X on Y is zero when the mediator is included ($c' = 0$), there is evidence for mediation (Judd and Kenny, 1981a, 1981b). This would be *full* mediation.

If the effect of X on Y is reduced when the mediator is included ($c' < c$), then the direct effect is said to be *partially* mediated.

To calculate the significance of the mediated effect, divide the mediated effect by its standard error (MacKinnon and Dwyer, 1993). The regression coefficients (a , b , c , and

c' from above) and the standard errors for each of those regression coefficients (se_c , se_a , se_b , and $se_{c'}$) come from the output from running the regressions above.

Divide the mediated effect ($a*b$) by its' standard error. The result is a z-score.

$$z_{ab} = \frac{a*b}{se_{ab}}$$

The formula for this standard error (se_{ab}) of the mediated effect ($a*b$) is below (Sobel 1982, 1986).

$$se_{ab} = \sqrt{(a^2 * se_b^2) + (b^2 * se_a^2)}$$

Table 5 insert here.

4.1.5 Research Theory Framework

When attempting to understand volunteering, it is important to do so within a theoretical framework that takes into account the relationship between the VOE and volunteering. Bandura's Social Cognitive Theory (SCT) (Bandura, 1986) fulfils this role and may be the most comprehensive model of human behavior yet proposed. Indeed, one central theme of this social cognitive perspective is that of triadic reciprocity between three key concepts—the individual, the environment, and behavior—which operate as determinants of each other. Key concepts associated with the individual include personal characteristics, behavioral capacity, self-efficacy, motivation, expectation, etc. The environment can be physical, social, cultural, economical, political in nature, and situational in nature, which can facilitate or inhibit behavior (Baranowski *et al.*, 1997). The SCT differs from behaviorist learning theories in that it includes a

cognitive component—that is, individuals can do more than react to an environmental stimulus; they can form mental representations and think about the stimulus and their behavior. Social cognitive factors such as self-efficacy and motivation are theorized to have strong effects on behavior and behavior intention under challenging environments (Gargano *et al.*, 2004; Morris *et al.*, 2008).

Behavior intentions from the Theory of Planned Behavior (TPB) are indicators of how hard people are willing to try and how much effort they are willing to put forth to perform a behavior (Ajzen, 1991). The TPB is an extension of the Theory of Reasoned Action (Ajzen and Fishbein, 1980) by including the perceived behavioral control (PBC) (perception about being able to perform a specific behavior). The TPB model suggests that intention is directly driven by three major constructs attitude, subjective norm, and PBC and the stronger the intention, the more likely an individual will perform the behavior (Ajzen, 1991). Large amounts of research have focused on the prediction of behavioral intention rather than on the behavior itself.

Ajzen (Ajzen, 1991) considers the PBC construct of TPB identical to self-efficacy. However, Giles and Cairns (Giles and Cairns, 1995) suggested that self-efficacy is more precisely related to one's competence and to future behavior and the predictive utility of the TPB may be enhanced by replacing PBC with self-efficacy. Conner and Armitage (Conner and Armitage, 1998) suggested a dimensionalization of single PBC construct into dichotomized components, internal and external control for addressing weaknesses in the operationalization of PBC. The internal control based on factors that come from within the individual (such as ability and motivation) and external control based on factors that come from outside the individual (such as task difficulty, cooperation of others, access to necessary resources, etc) (Ajzen, 1991; Manstead and Van Eekelen,

1998; Armitage and Conner, 1999). This concept of external control is similar to Bandura's (Bandura, 1986) concept of environment; and the concept of internal control is similar to Bandura's (Bandura, 1986) concept of individual. External control is an antecedent and internal control is the more proximate determinant of behavior intention (Kidwell and Jewell, 2003).

According to Bandura (Bandura, 1977), self-efficacy in this study refers to a volunteer's confidence in his or her ability to do volunteering in various situations. Self-efficacy influences the volunteering courses, how much effort they are likely to put forth and how long they will persevere in the face of adversity. High levels of self-efficacy will bring stronger intentions to complete a behavior. Bandura (Bandura, 1977) also stated that motivation is primarily concerned with how behavior is activated and maintained. Motivation in this study is a system of self-regulatory processes that involves selection, activation, and sustained volunteering toward goals. People who are strong in motivation also have a strong behavior intention.

Given Bandura's (Bandura, 1986) suggestion that self-efficacy and motivation are not context-free disposition-like measures but are highly dependent on situational environments, a VOE may include important antecedents of self-efficacy and motivation. Combining this idea with the concept that self-efficacy and motivation may predict volunteer intention lends substantial support to using self-efficacy and motivation as mediator variables for volunteer intention. Further, in our study the selection and examination of mediators (i.e., self-efficacy and motivation) was consistent with two criteria proposed by Frazier *et al.* (Frazier *et al.*, 2004) when examining mediation: first, the selection of a mediator was based on previous research where relationships between the predictor and the outcome, and the mediator and the

outcome, have been established, and second, the selection of a mediator was grounded in a theoretical framework.

This study combining ideas of the SCT and TPB is to determine if perceptions of VOE are associated with volunteer intention and if this relationship is mediated by self-efficacy and motivation. Additionally, a great deal of previous research indicated that past behaviours affect motivation, self-efficacy and behaviour intention; thus, past behaviour was also considered as an independent variable in our study.

The above-mentioned is summarized in the following model to predict volunteer intention (see Figure 7), in which we expect the following hypothesis: VOE positively predict self-efficacy, motivation and volunteer intention; self-efficacy and motivation positively predict intention; self-efficacy and motivation mediate the relationship between VOE and volunteer intention. In addition, a great deal of previous research indicated that past behaviours affect motivation, self-efficacy and behaviour intention, thus, past behaviour was also considered as an independent variable in our study.

Figure 7 insert here.

4.2 Methodology and Procedures

4.2.1 Research Site

Shanghai, the biggest city and the economic center of China, had a population of 17.78 million in 2005(SSB, 2005). Economic development brought with it a remarkable improvement in the lives of the people in Shanghai. Nevertheless, Shanghai residents continue to face challenges to their health, such as communicable and non-communicable diseases, environmental hazards and unhealthy behaviors; moreover, generally, the health literacy of people in Shanghai is moderate or low (Gu et al., 2004).

To meet these challenges and to practice and promote healthier behaviors and environments as well as to improve health (especially in underserved populations), more CHVs need to be recruited, developed and retained.

4.2.2 Participants and Procedures

Thirteen CHVOs from a district of Shanghai city were identified from a list provided by a local health agency that maintains records on CHVOs. The local government recruits CHVs and builds CHVOs. Local centers for disease prevention and control, centers for community health service and other health institutions undertake the training of these CHVs. Each CHVO has forty to sixty CHVs who are total volunteers. During the spring of 2008, the research staff informed all directors of thirteen CHVOs about the interest of this study by telephone and/or email. As a result, five CHVOs agreed to participate in this study.

Data were collected using questionnaires with a cover letter that explained the confidential and voluntary nature of the survey. The questionnaires were distributed to and retrieved from all the CHVs of five CHVOs (n=257) by hand through the CHVO directors in June and July of 2008. The study complied with appropriate ethical standards in the treatment of participants, and was approved by a health agency research ethics committee in Shanghai city, China. Completed returns were received from 216 CHVs, with full data on volunteering available for 198 CHVs (77.0%); these were used for this analysis. We did not have detailed sociodemographic data on the CHVs of the other eight CHVOs as they chose not to participate in this study.

4.2.3 Measures

All of the measures were created based on our previous qualitative study, and other existing literature pertinent to motivation (Omoto and Snyder, 1995; McCurley and Lynch, 1996; Esmond and Dunlop, 2004) and self-efficacy (Bandura, 1986; Maibach and Murphy, 1995; Schwarzer and Jerusalem, 1995). The previous qualitative study included four focus groups and seven individual interviews and was carried out with a total of 32 CHVs in Shanghai city from June 2006 to February 2007; it aimed to capture and understand the experiences and perceptions of the CHVs' participation in community health promotion projects in Shanghai city. The findings of the qualitative study contributed to create the questionnaire items, particularly in the section on VOE. To increase the validity of the items, a pilot survey was carried out in June 2008 using a small group of CHVs in Shanghai city. The pilot survey was meant to identify questionnaire item ambiguities and to verify the clarity of the questions as well as to reflect the thinking characteristics of local volunteers. The CHVs in the pilot survey came from one of the five CHVOs mentioned above; they also participated in the main survey. The final questionnaire contained a sociodemographic form and a volunteering module of 49 items designed to measure five relevant volunteering factors: VOE (16 items), self-efficacy (4 items), motivation (22 items), volunteer intention (3 items) and past behavior (4 items). All volunteering items utilized Likert scale response options.

4.2.4 Data Analysis

Data were analyzed with SPSS version 15.0. Descriptive statistics were used to summarize the sociodemographic of the sample. To assess the underlying factor structure of the entire volunteering module of items and thus determine how well the constructs being measured retain their unique identity when examined in a multivariate

context, an EFA of the principal components with varimax rotation was carried out on the volunteering module of 49 items. The following criteria were used in analyzing and interpreting the results. An eigenvalue greater than one was used as a cut-off point to determine the applicability of the original 5-factor module to volunteering. A factor loading of 0.5 and conceptual relevance were used as criteria for retaining an item in a factor. Items with loadings greater than 0.4 on two or more factors were excluded.

The presence of mediation effects were tested using hierarchical linear regression according to guidelines recommended by Baron and Kenny (1986) as follows: (a) the independent variables should be significantly associated with the dependent variable, (b) the independent variables should be significantly associated with the mediator, (c) the mediator should be associated with the dependent variable, and (d) the addition of the mediator to the full model should significantly reduce the relationship between the independent variables and the dependent variable. Moreover, when controlling for the mediator, if the relationship between the independent variable and the dependent variable is reduced in size but still differs from zero, partial mediation is said to have occurred (Frazier et al., 2004). Standardized coefficients were calculated to examine changes in path coefficients with the addition of the mediator to the regression model. Sobel's Z-Scores (Sobel, 1988) were calculated to assess the significance of changes in the path coefficients. All regression analyses were assessed for collinearity by calculating tolerance and variance inflation factors (VIF).

4.3 Summary of Results

4.3.1 Preliminary Analyses

4.3.1.1 Socio-demographic of Sample

Of the 198 CHVs, the mean age was 54.3 years (SD = 10.1) and 68.2% were female. A majority (87.9%) of respondents was married and half of the participants were retired. The percentage of college level educational attainment or above was 34.3% (see Table 6).

Table 6 insert here.

4.3.1.2 Explore Factor Analysis

EFA yielded seven factors with eigenvalues > 1 that accounted for 68.9% of total variance. Twelve items were deleted in light of the criteria mentioned above. One aim of this study was to examine the relationship between volunteer past behavior and volunteer intention, motivation and self-efficacy; however, analysis indicated that volunteer past behavior (4 items) and volunteer intention (3 items) were one factor. Therefore, the four items on past behavior were also deleted, and the variable of past behavior was not included in subsequent analyses. Factor analysis of the new scales, employing 33 of 49 items, revealed six factors with eigenvalues > 1 that accounted for 71.1% of the total variance. The six factors were two VOE factors, relation with organization and support from government; two motivation factors, personal attitude motivation and social recognition motivation; self-efficacy; and volunteer intention. The factor loadings based on EFA, coefficient α , score mean and standard deviation (SD) for these scales are presented in Table 7. (The original item set is in Appendix A)

Table 7 insert here.

4.3.1.3 Bivariate Correlation Analysis

Table 8 presents bivariate correlations for the study variables. All correlations were

significant in a positive direction.

Table 8 insert here.

4.3.1.4 ANOVA on Sub-sample

Since the sample was derived from five different organizations, a series of univariate one-way ANOVA were conducted to assess sub-sample compatibility across the different study scales. The ANOVA indicated non-significant differences across all scales except self-efficacy (see table 9).

Table 9 insert here.

4.3.1.5 Multicollinearity Diagnoses

Diagnostic tests showed no problems with multicollinearity in all subsequent regression analyses in the data. The VIF was well below 5, whereas the tolerance was well above the guideline of 0.2.

4.3.2 Mediation Analysis

4.3.2.1 Regression of Volunteer Intention on Relation with Organization and Support from Government

Relation with organization accounted for 14.8% of the variance in volunteer intention, while support from government failed to add significantly to the model (see Table 10). Therefore, the variable of support from government was not included in subsequent analyses.

Table 10 insert here.

4.3.2.2 Self-efficacy Mediating Relation with Organization and Volunteer Intention

Relation with organization was associated significantly with volunteer intention and self-efficacy. In addition, when controlling for self-efficacy as a mediator, the previously significant relationship between relation with organization and volunteer intention remained ($\Delta R^2=0.019$, $p=0.018$). However, it decreased in magnitude, indicating partial mediation (see Table 11). A follow-up Sobel test of the magnitude of change on path coefficients further supported the significant mediating effect of self-efficacy on relationship with organization when predicting volunteer intention ($z=5.246$, $p=0.000$).

Table 11 insert here.

4.3.2.3 Personal Attitude Motivation Mediating Relation with Organization and Volunteer Intention

Relation with organization was associated significantly with volunteer intention and personal attitude motivation. In addition, when controlling for personal attitude motivation as a mediator, the previously significant relationship between relation with organization and volunteer intention remained ($\Delta R^2=0.038$, $p=0.003$). However, it decreased in magnitude, indicating partial mediation (see Table 12). A follow-up Sobel test of the magnitude of change on path coefficients further supported the significant mediating effect of personal attitude motivation on relationship with organization when predicting volunteer intention ($z=2.373$, $p=0.018$).

Table 12 insert here.

4.3.2.4 Social Recognition Motivation Mediating Relation with Organization and Volunteer Intention

Relation with organization was associated significantly with volunteer intention and social recognition motivation. In addition, when controlling for social recognition motivation as a mediator, the previously significant relationship between relation with organization and volunteer intention remained ($\Delta R^2=0.117$, $p =0.000$). It did not decrease in magnitude, suggesting that social recognition motivation did not mediate the relationship between relation with organization and volunteer intention (see Table 13). A follow-up Sobel test of the magnitude of change on path coefficients further supported that social recognition motivation had no significant mediating effect on relationship with organization when predicting volunteer intention ($z = 1.095$, $p =0 .274$).

Table 13 insert here.

4.3.2.5 Full Meditational Model

The two statistically significant mediating variables, self-efficacy and personal attitude motivation, were tested simultaneously in one model (see Figure 8). When controlling for self-efficacy and relation with organization as mediators, the previously significant relationship between relation with organization and volunteer intention did not remain, indicating full mediation. The full model accounted for 33.7% of the variance in volunteer intention (see Table 14). A follow-up Sobel test of the magnitude of change on path coefficients further supported the significant mediating effect of self-efficacy and personal attitude motivation on relation with organization when predicting volunteer intention ($z = 3.917$, $p =0 .000$).

Table 14 insert here.

Figure 8 insert here.

4.4 Discussions, Conclusions, Implications

4.4.1 Overview

The effects of the VOE factor relation with organization on volunteer intention was significantly mediated by self-efficacy and personal attitude motivation. The results provide support for use of a combination of ideas of the SCT and the TPB in predicting volunteer intention from the cross-sectional survey of CHVs in Shanghai, China. Selecting and testing self-efficacy and motivation as mediators through which correlates may operate on volunteer intention has been identified in our volunteering model as critical in furthering our understanding of the mechanisms to target in improving volunteering and community health promotion projects.

In our study, the VOE included the two subscales of relation with organization and support from government. The effect of support from government on volunteer intention was non-significant, which suggests that it may be more effective to improve volunteering through better internal environment elements (e.g., relation with organization) rather than through external environment elements (e.g., support from government).

In addition to improving the internal environment elements, the CHVOs should also strengthen individual capacity to react to these organizational forces. Studies have shown that organizational training and mentoring programs can improve volunteering by providing CHVs with the support or the confidence necessary to work within the constraints placed upon them (McCurley and Lynch, 1996). Sufficient organizational support and appropriate relations with an organization could motivate CHVS to fulfill

volunteer roles such as (1) assisting individuals in their social networks with needs that are difficult for professionals to address, (2) negotiating with professionals for support from the health system, and (3) mobilizing the resources of associations in their community to sustain support from the health system (Eng and Smith 1995). Foster-Fishman et al. (Foster-Fishman et al., 2007) indicated that residents typically engage in comprehensive community-building initiatives on three levels: (a) involvement in governance, planning, decision-making, or design entities; (b) participation in designing and implementing neighborhood improvement projects or activities; and (c) involvement in collective action or mobilization efforts. Strengthening the CHVs' self-efficacy through the efforts of CHVOs may be useful to CHVs' participation at all levels.

The findings supported that self-efficacy and personal attitude motivation functioned as mediators in this volunteering model through which relation with organization exerted a significant positive effect on volunteer intention. CHVOs should target self-efficacy beliefs and personal attitude motivation and attempt to enhance them by, for example, improving the VOE—especially the relation with the organization—to strengthen CHVs' volunteer confidence and attitude. Such findings support the inclusion of not only VOE but also self-efficacy and motivation should not be examined in isolation when assessing VOE association with volunteer intention. An understanding of the sustainability of volunteer motivation should include the interaction of organizational characteristics with processes of individual motivation (Karr and Meijjs, 2006). We should remove barriers to motivation by designing satisfying work experiences, and we should create systems that allow volunteers to meet their own needs. A satisfying VOE can insure that sufficient and appropriate volunteering is

harnessed (McCurley and Lynch, 1996). The core construct of our model, self-efficacy, was measured in volunteering-specifically, rather than via a generalized self-efficacy measurement instrument. Bandura (1986, p. 396) has argued, ‘measures of self-percept must be tailored to the domain of psychological functioning being explored’. Maibach and Murphy (1995) pointed out that the measures of generalized self-efficacy have little explanatory and predictive value, whereas domain-related measures have proven to have considerable predictive value. Our study also indicates that self-efficacy could be measured using generic scales developed for the volunteering domain. Kang (2009) summarized the successful strategies to improve self-efficacy: conception of ability as acquired skill, labeling training program to imply ability superiority, selecting appropriate comparison groups to form impression of better performance, attribution of failure to lack of effort or luck, providing attributional feedback about previous achievement, setting appropriate goals, encouraging development of self-concordance goals, providing necessary skills, cultivating interest in the task, offering benefits for behavior change, simplifying task requirements, reducing negative arousal, and creating deceptive impression of higher achievement.

Based on the volunteer organizations of sample in our study and the knowledge that most community health volunteer organizations in China are based on broad partnerships among local government, health agencies, and community residents, the relational elements (e.g., shared vision, a cohesive and trusting working climate, and a culture that promotes internal power-sharing, inclusiveness and regular interactions among diverse stakeholders of the collaboration) must be considered to improve the volunteering. When CHVs’ self-efficacy and motivation increase and VOE is improved, greater partnerships and negotiations between CHVs and organizations as well as with

other stakeholders will emerge. These partnerships and negotiations are assumed, in turn, to promote volunteer participation, and will eventually lead to sustainment and improvement of community health promotion projects. Also, the external environment elements (such as the broader social, economic, political, legal, and cultural environments in Shanghai) that affect volunteer organizations and support or constrain the individual volunteer should not be ignored.

The findings reported in this study have certain limitations. First, these data are cross-sectional. The interactions proposed by the SCT suggest that the variables will interact in a reciprocal manner, but the model tested focused on a unidirectional causation in order to study the mediation effects of self-efficacy and motivation. While the literature and theory support the causal assumptions found, the design does not allow for a causal determination between the variables. While future research should continue to investigate the relationships among the variables to verify the causal relationships, the reciprocal nature of the SCT suggests that the causal directions are unimportant, as a change in one variable can affect all the variables; this means that there is some difficulty in showing causality between related factors and volunteering. Nevertheless, this study effectively uses the volunteering model to understand volunteering tendencies. Future work should also utilize longitudinal designs to determine whether the relationships found here are predictive or simply associative. Second, although a self-administered format was used to minimize response bias, these results remain based on self-reported data with their potential limitations (Gonyea, 2005). Third, this study was conducted only with CHVs in Shanghai city, and with only organizations that we could recruit. Therefore, consistency and generalizability observed by different persons in different places with different samples could strengthen

the likelihood of an effect as mentioned above.

4.4.2 Summary of Recommendations

This study advances the understanding of volunteering by using a well-established theoretical framework provided by SCT and TPB to examine how the VOE might influence volunteer intention. Self-efficacy and personal attitude motivation each both partially and fully mediated the effects of relation with organization on volunteer intention. An integrated understanding of VOE, self-efficacy and motivation, therefore, is essential to any effort to improve volunteering.

We proposed the action plan as follows for improving VOE, self-efficacy, motivation so as to improving the volunteering.

- ✧ Building appropriate partnership between local government, health agencies, and CHVs, which serve to build the skilled, knowledgeable, and active CHVs base needed to the development of community health promotion projects.
- ✧ Empowering the CHVs for enhancing their self-efficacy to ensure high level of volunteering and retaining within CHVs.
- ✧ Paying special attention to the value, understanding, and motivations of their volunteers when designing their volunteer programs.
- ✧ Evaluating volunteer's emotions toward their experiences; these emotions are strong indicators of whether volunteers will stay with or leave the organization.
- ✧ Focusing on achieving good "fits" or matches between the goals of the volunteer and the opportunities available from the organization to ensure successful volunteer recruitment, retention, and performance.
- ✧ Using performance evaluations to assess volunteer progress, expand responsibilities for volunteers, and inform them how help organizations achieve their goals.

- ✧ Developing training programs, volunteer handbooks, formal policies and procedures, and hire volunteer coordinators to enhance volunteer satisfaction.

Chapter 5: Conclusions

Study I explored the construct of QOL among the floating population and explained how this population experiences and copes with the migration process and how that experience affects QOL. In order to improving the QOL among the floating population, we proposed the five action plans, which emphasized the responsibility of government, and identified the necessities of citizen participation. Therefore, creating an effective and supportive volunteering system may be the first step to take action. Study II provided the primary insight into the potential mechanisms for creating a supportive volunteering system. Next step, on the basis of the research findings in study I, interventions carried out by the CHVs should aim at the life domains for reducing stigma and discrimination against the floating population to improve the QOL of this population. Our future job should focus on the interventions and evaluate intervention effects.

Significance of the Study

- ◆ We try to conduct a qualitative research in Study I, which may introduce a new development in medical research.
- ◆ We employ the idea of combination of SCT and TPB as our theoretical framework in Study II, which may contribute a new concept and methodology in medical research.
- ◆ We got a new knowledge about a state of QOL in the new community sector, floating population, and about characteristics of volunteer persons contributing an improvement of floating population's QOL.

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Tables

Table 1: Key Elements of Population Health

Positives	Not so positives
Upstream focus	Community focus?
Research-oriented	Change-orientation?
Expert-driven	Lay-voices?
Multi-disciplinary	Quantitative dominance?
Scientific	Uncritical societal view?
Objective	Values vacuum?

Table 2: Characteristics of Focus Groups

	Employment sector	Number of participants (No. of men)	Average age in years (range)	Average years living in Shanghai (range)
Group 1	Food market	7 (4)	35 (23-59)	10.3 (0.5-20)
Group 2		6 (3)	28 (20-37)	9.5 (2.5-18)
Group 3	Restaurant	9 (3)	28 (19-51)	3.8 (0.5-13)
Group 4		8 (3)	27 (18-58)	4.6 (0.5-13.5)
Group 5	Hotel	6 (2)	26 (18-39)	3.7 (0.5-8.5)
Group 6		6 (3)	31 (27-37)	5.6 (0.5-13)
Group 7	Electronics factory	8 (3)	31 (26-35)	9.8 (5.0-14.0)
Group 8		8 (3)	31 (19-38)	7.6 (1.5-22)

Table 3: Interview Guide

1. What does the concept “to have a good life” mean to you and your family?
 2. What things are important to you and your family?
 3. What are your major strengths?
 4. Have you changed your life in any way since living in your current location? If yes, what are those changes?
 5. What are the differences in your life from when you lived in your hometown and your current location?
 6. What expectations did you have when you came to your current location (Shanghai)? What expectations do you have now?
 7. What barriers or problems did you face when you are identified as a part of the floating population?
 8. What do you think could be done to improve the health and quality of life for you and your family?
 9. What do you think could be done to help improve your life here (Shanghai)?
 10. What do you think could be done to improve the quality of life of society at large?
 11. Do you have any future plans? For example, would you prefer to stay here or return to your hometown?
 12. Do you have any further comments?
-

Table 4: Domains and Subcomponents of QOL Reported by 58 Participants

Domain and subcomponent	Enabler	Barrier
Personal development		
Access to training	⊙	⊙
Personal growth	⊙	
Competition	⊙	⊙
Development of hometown	⊙	
Jobs and career		
Job opportunities	⊙	⊙
Salary	⊙	⊙
Challenge in job	⊙	
Negative attitudes of employers		⊙
Negative attitudes of clients		⊙
Family life		
Financial situation	⊙	⊙
Harmonious relations among family members	⊙	
Support of family members	⊙	
Families living together	⊙	
Families living apart		⊙
Social relationships		
Relationship with citizen	⊙	⊙
Social network	⊙	⊙
Communication channels with the government	⊙	⊙
Participation in community activities	⊙	⊙
A sense of belonging	⊙	⊙
Social security		
Difficulty of child enrollment in school		⊙
Lack of medical care		⊙
Lack of retirement pension		⊙
Innovation of the “Residence Permit”	⊙	⊙

⊙, subcomponent identified as an enabler; ⊙, subcomponent identified as a barrier.

Table 5: Regression Equations for Mediation Analysis

$Y = c X + e1$	The independent variable (X) causes the outcome variable (Y)
$M = a X + e2$	The independent variable (X) causes the mediator variable (M)
$Y = c' X + bM + e3$	The mediator (M) causes the outcome variable (Y) when controlling for the independent variable (X). This must be true.

Table 6: Sociodemographic Data of Community Health Volunteers (N=198)

Characteristic	Summary statistics
Gender n(%)	
Male	63(31.8)
Female	135(68.2)
Age (years)	
Mean \pm Standard deviation	54.3 \pm 10.1
Range	25-76
Marital status n(%)	
Single/ divorced/windowed/separated	24(12.1)
Married	174(87.9)
Highest education level completed n(%)	
Junior high school or less	31(15.7)
Senior high school	99(50.0)
Some college or technical school and above	68(34.3)
Employment n(%)	
Employed for wages	81(40.9)
Retired	103(52.0)
Self-employed/out of work/student	14(7.1)

Table 7: Factor Loading, Reliability Coefficient, Mean and SD

Item	Item Factor loading	Reliability coefficient (α)	Mean (SD)
Volunteer organization environment (VOE) scale (How satisfied are you with...? ^a)			
Relation with organization (VOE subscale)		$\alpha=0.92$	3.45(0.50)
How much you are allowed to decide how volunteering goals are achieved?	0.60		3.40(0.59)
Your responsibility for the results of volunteering?	0.56		3.40(0.61)
The training for volunteer activities?	0.61		3.48(0.69)
Your role in volunteer activities?	0.64		3.52(0.64)
The supply of information and tools for volunteer activities?	0.73		3.38(0.620)
The relationship between you and other volunteers?	0.78		3.54(0.63)
The communication with health professionals?	0.83		3.47(0.61)
The communication with government staff?	0.69		3.36(0.61)
Support from government (VOE subscale)		$\alpha=0.90$	3.34(0.54)
The government financial support for your volunteering?	0.84		3.30(0.64)
The government material support for your volunteering?	0.88		3.27(0.62)
The moral encouragement by the government?	0.66		3.51(0.63)
The material encouragement by the government?	0.81		3.35(0.63)
Paying our-of-pocket money in your volunteering activities?	0.71		3.28(0.65)

Motivation scale (Participating in volunteering is to ..., that is/are important to you. ^{b)}

Personal attitude motivation (motivation subscale)		$\alpha=0.95$	3.35(0.64)
Gain skills and experience	0.65		3.30(0.84)
Make new friends	0.73		3.45(0.77)
Be part of the community	0.70		3.45(0.76)
Have fun	0.79		3.49(0.77)
Gain qualifications/accreditation	0.75		3.28(0.80)
Work with a particular group of people	0.79		3.34(0.72)
Get away from problems	0.62		3.14(0.81)
Meet new people	0.74		3.26(0.81)
Provide a service	0.75		3.49(0.75)
Put existing skill to good use	0.78		3.37(0.79)
Fill time	0.75		3.30(0.81)
Social recognition motivation (motivation subscale)		$\alpha=0.81$	2.92(0.73)
Get out of the house	0.72		2.85(0.93)
Gain status	0.83		2.84(0.82)
Work in the community	0.76		3.10(0.82)
Self-efficacy scale ^c		$\alpha=0.82$	3.57(0.53)
How much confidence do you have in your ability to participate in volunteer activities?	0.79		3.55(0.65)
How much confidence do you have to overcome obstacles and challenges in volunteer activities?	0.74		3.57(0.58)
How much do you believe that you can participate in	0.54		3.59(0.62)

volunteer activities?

Volunteer intention scale	$\alpha=0.84$	3.40(0.64)
Do you intend to volunteer in the future? ^c	0.72	3.43(0.70)
How often will you participate in future volunteering? ^d	0.82	3.08(0.74)
Do you agree that you have decided to participate in future volunteering? ^e	0.84	3.68(0.78)

^aResponse options ranged from ‘very dissatisfied’ (1) to ‘very satisfied’ (5).

^bResponse options ranged from ‘not at all important’ (1) to ‘extreme important’ (5).

^cResponse options ranged from ‘not at all’ (1) to ‘an extreme amount’ (5).

^dResponse options ranged from ‘almost never or never’ (1) to ‘almost always or always’ (5).

^eResponse options ranged from ‘strongly disagree’ (1) to ‘strongly agree’ (5).

Table 8: Correlations of Study Variables

Variable	1	2	3	4	5
1. Volunteer intention					
2. Self-efficacy	0.563				
3. Personal attitude motivation	0.367	0.533			
4. Social recognition motivation	0.191	0.195	0.542		
5. Relation with organization	0.385	0.464	0.642	0.314	
6. Support from government	0.245	0.327	0.471	0.199	0.616

All correlations are significant at the 0.01 level.

Table 9: One-way ANOVA to Sub-sample across the Study Variables

Variables		Sum of squares	df	Mean square	F	Sig.
Self-efficacy	Between groups	4.397	4	1.099	4.152	0.003
	Within groups	51.094	193	0.625		
	Total	55.491	197			
Personal attitude motivation	Between groups	1.069	4	0.267	0.646	0.631
	Within groups	79.866	193	0.414		
	Total	80.935	197			
Social recognition motivation	Between groups	2.132	4	0.533	1.010	0.403
	Within groups	101.830	193	0.528		
	Total	103.962	197			
Relation with organization	Between groups	1.889	4	0.472	1.952	0.103
	Within groups	46.686	193	0.242		
	Total	48.575	197			
Support from government	Between groups	1.177	4	0.294	1.021	0.398
	Within groups	55.630	193	0.288		
	Total	56.806	197			
Volunteer intention	Between groups	2.077	4	0.519	1.259	0.287
	Within groups					

groups

Within groups 79.558 193 0.412

Total 81.634 197

Table 10: Hierarchical Multiple Regression Results for Volunteer Intention Predicted by Relation with Organization and Support from Government

Step	Variables	R ²	ΔR ²	F	β
1		0.148	0.148	34.086***	
	Relation with organization				0.385***
2		0.148	0.000	0.026	
	Support from government				0.013

*p < 0.05, **p < 0.01, ***p < 0.001.

Table 11: Hierarchical Multiple Regression Results for Predicting Volunteer Intention: Self-efficacy Mediating Relation with Organization and Volunteer Intention

Step	Variables	R ²	ΔR ²	F	β
1		0.318	0.318	91.182***	
	Self-efficacy				0.563***
2		0.337	0.019	5.714*	
	Relation with organization				0.157*

*p < 0.05, **p < 0.01, ***p < 0.001.

Table 12: Hierarchical Multiple Regression Results for Predicting Volunteer Intention: Personal Attitude Motivation Mediating Relation with Organization and Volunteer Intention

Step	Variables	R ²	ΔR ²	F	β
1		0.135	0.135	30.593***	
	Personal attitude motivation				0.367***
2		0.173	0.038	8.907**	
	Relation with organization				0.253**

*p < 0.05, **p < 0.01, ***p < 0.001.

Table 13: Hierarchical Multiple Regression Results for Predicting Volunteer Intention: Social Recognition Motivation Mediating Relation with Organization and Volunteer Intention

Step	Variables	R ²	ΔR ²	F	β
1		0.036	0.036	7.410**	
	Social recognition motivation				0.191**
2		0.154	0.117	26.994***	
	Relation with organization				0.360***

*p < 0.05, **p < 0.01, ***p < 0.001.

Table 14: Hierarchical Multiple Regression Results for Predicting Volunteer Intention: Self-efficacy and Personal Attitude Motivation Mediating Relation with Organization and Volunteer Intention

Step	Variables	R ²	ΔR ²	F	β
1		0.324	0.324	46.696***	
	Self-efficacy				0.513***
	Personal attitude motivation				0.094
2		0.337	0.013	3.849	
	Relation with organization				0.152

*p < 0.05, **p < 0.01, ***p < 0.001.

Figures

Figure 1: Area of Activity of the Migrant Workers in Shanghai

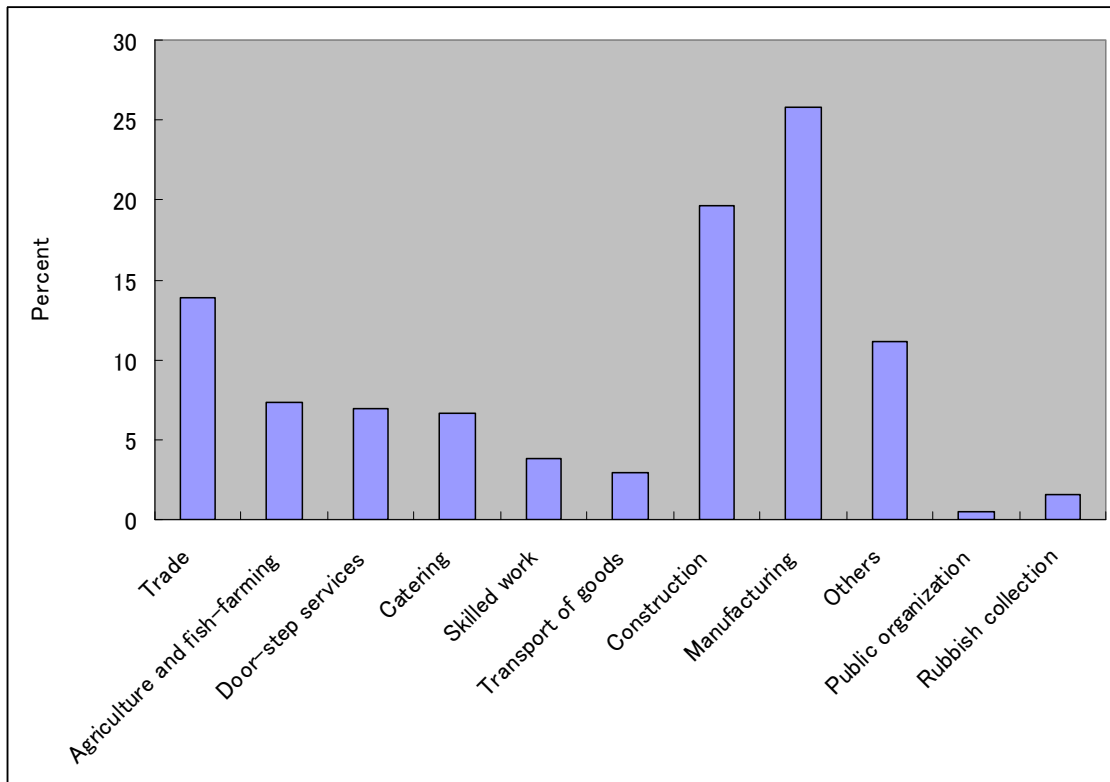


Figure 2: QOL Model (Adapted from Centre for Health Promotion (University of Toronto) QOL Model)

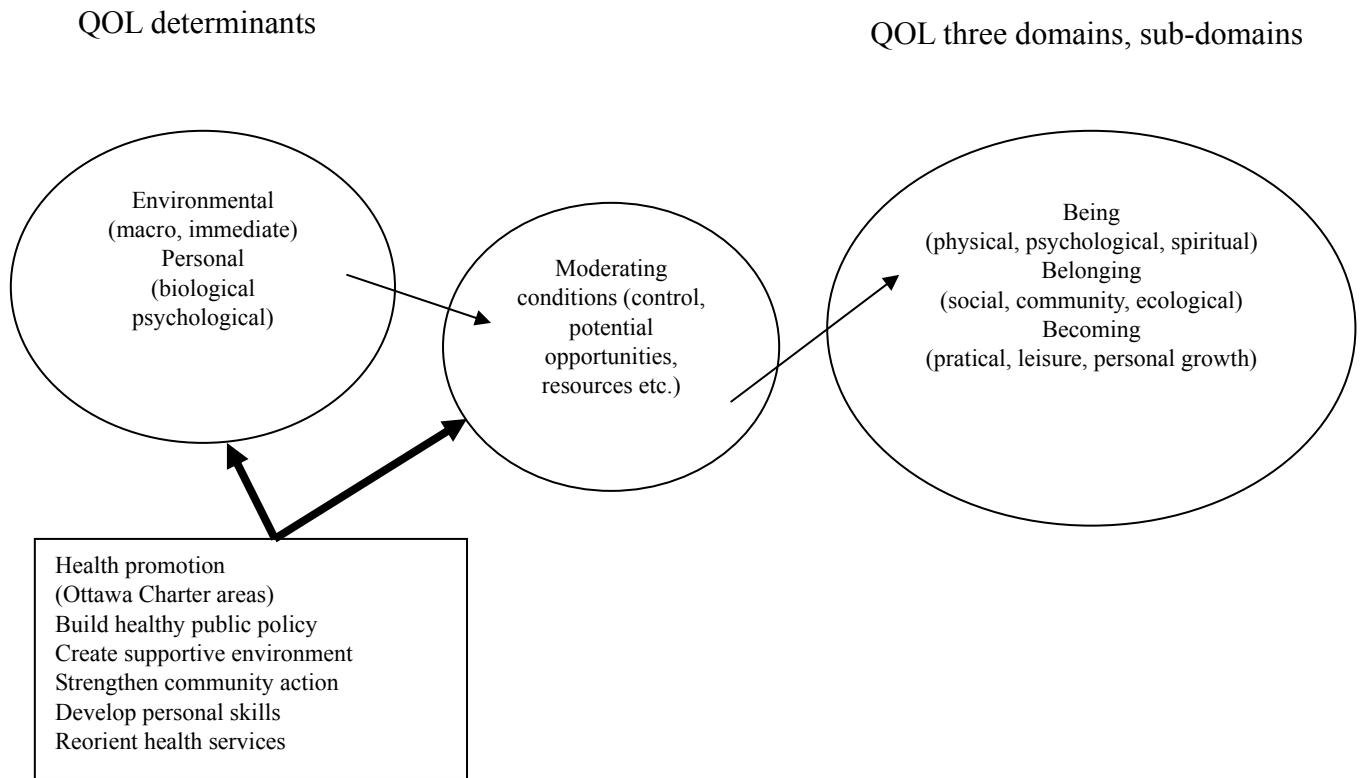


Figure 3: Model of the Relations between the Three Classes of Determinants in Bandura's (1986) Conception of Triadic Reciprocity

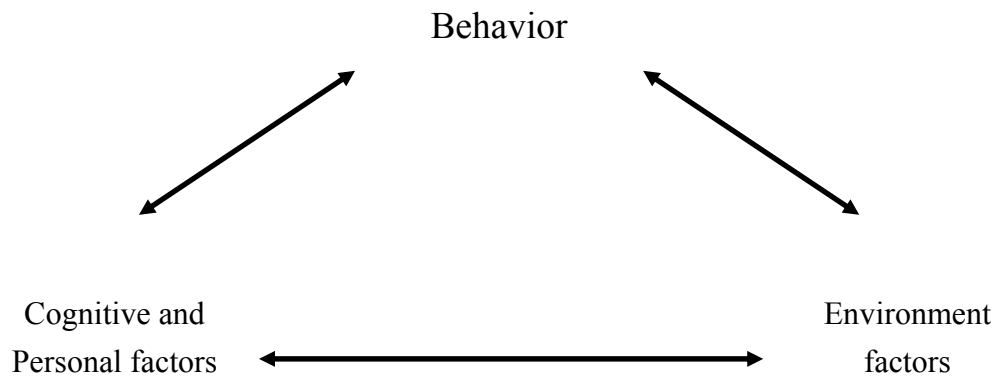


Figure 4: Ajzen's Theory of Planned Behavior

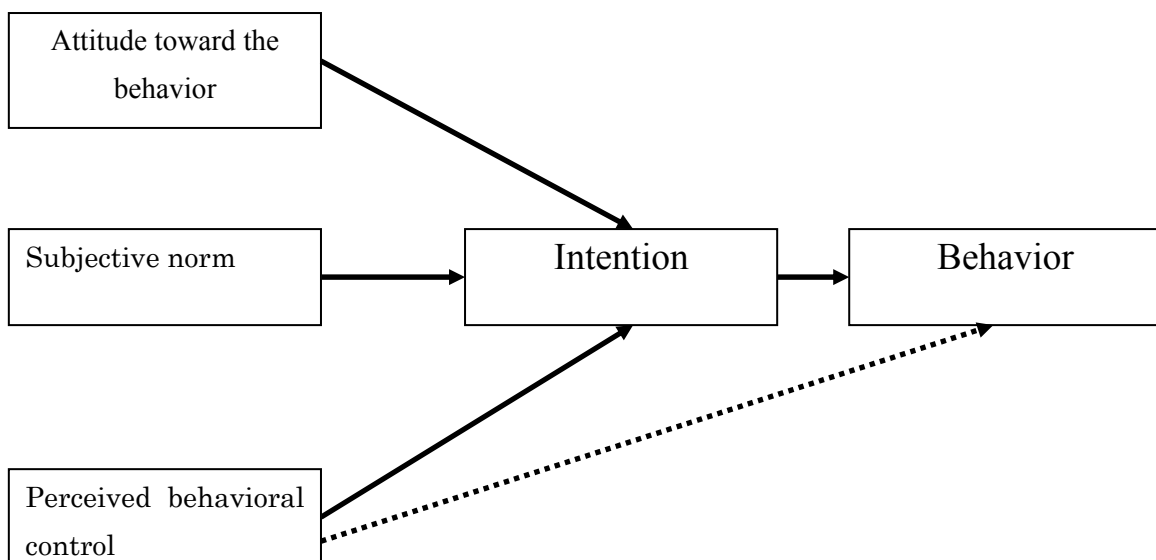


Figure 5: The Unmediated Model

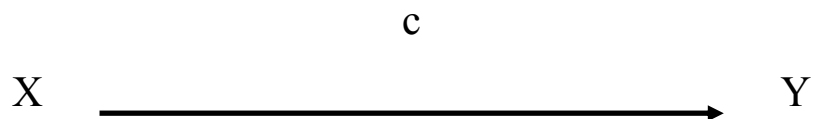


Figure 6: The Mediated Model

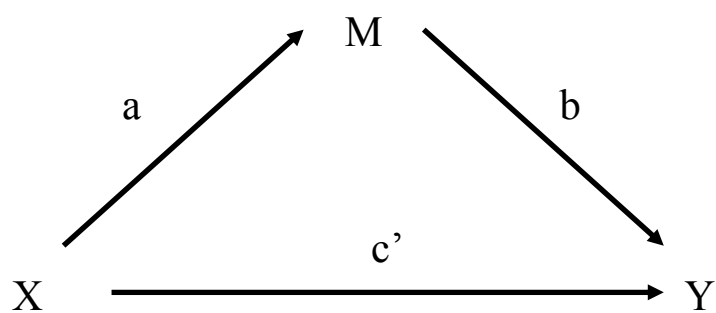


Figure 7: A Volunteering Model for Predicting Volunteer Intention with Social Cognitive Factors as Mediators

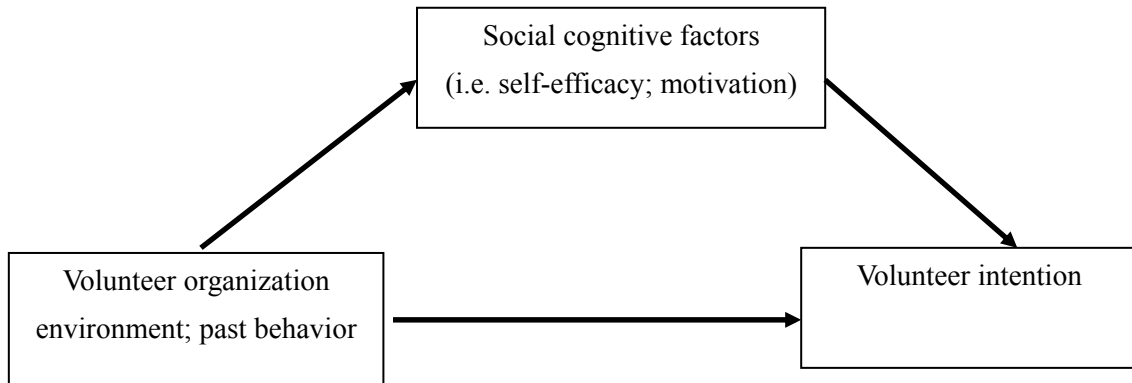
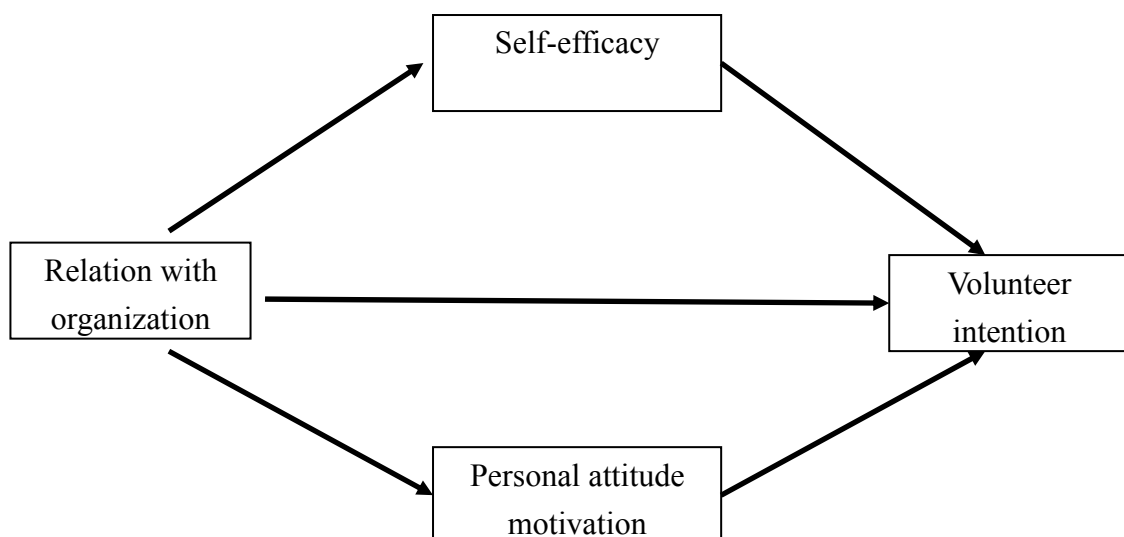


Figure 8: The Full Model of the Mediating Effects of Self-efficacy and Personal Attitude Motivation in the Relation between Relation with Organization and Volunteer Intention



Appendix

Questionnaire

Demographic

1. Are you....?

1) Male 2) Female

2. What is your age?

3. Are you....?

1) Married 2) Single 3) Divorced 4) Widowed 5) Separated 5) Living as married

4. What is the highest education level completed?

1) Elementary school 3) Junior high school 3) Senior high school 4) Some college or technical school 5) College graduate

6. Are you currently....?

1) Employed for wages 2) Self-employed 3) Out of work for more than 1 year 4) Out of work for less than 1 year 5) A homemaker 6) A student 7) Retirement 8) Unable to work

Before you retired, your job is

Volunteer past behavior

1. How much time do you spend on volunteering?

1) Not at all 2) A little 3) A moderate amount 4) Very much 5) An extreme amount

2. How much energy do you put into volunteering?

1) Not at all 2) A little 3) A moderate amount 4) Very much 5) An extreme amount

3. How often did you consider yourself to be a volunteer?

1) Not at all 2) A little 3) A moderate amount 4) Very much 5) An extreme amount

4. How often did you participate in volunteer activities?

1) Not at all 2) A little 3) A moderate amount 4) Very much 5) An extreme amount

Volunteer intention

1. Do you intend to volunteer in the future?

1) Not at all 2) A little 3) A moderate amount 4) Very much 5) An extreme amount

2. How often will you participate in future volunteering?

1) Not at all 2) A little 3) A moderate amount 4) Very much 5) An extreme amount

3. Do you agree that you have decided to participate the future volunteering?

1) Strongly agree 2) Slightly agree 3) Neutral 4) Slightly disagree 5) Strongly disagree

Motivation

Participating in volunteering is to ..., that is/are important to you?

1. Gain skills and experience

1) Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

2. Make new friends

1) Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

3. Be part of the community

1) Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

4. Have fun

1) Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

5. Gain qualifications/accreditation

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

6. Work with a particular group of people

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

7. Get away from problems

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

8. Meet new people

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

9. Provide a service

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

10. Put existing skill to good use

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

11. Fill time

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

12. Get out of the house

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

13. Improve the community

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

14. Be part of a group

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

15. Meet a challenge

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

16. Change status from service user to contributor

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

17. Give purpose to life

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

18. Be of use

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

19. Get recognition

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

20. Gain status

1)Not at all important 2) Not very important 3) Somewhat important

4) Very important 5) Extreme important

21. Work in the community

- 1) Not at all important 2) Not very important 3) Somewhat important
4) Very important 5) Extreme important

22. Improve health

- 1) Not at all important 2) Not very important 3) Somewhat important
4) Very important 5) Extreme important

Self-efficiency

1. How much burden is the volunteer activity for you?

- 1) Not at all 2) A little 3) A moderate amount 4) Very much 5) An extreme amount

2. How much confidence do you have in your ability to participate in volunteer activities?

- 1) Not at all 2) A little 3) A moderate amount 4) Very much 5) An extreme amount

3. How much confidence do you have to overcome obstacles and challenges in volunteer activities?

- 1) Not at all 2) A little 3) A moderate amount 4) Very much 5) An extreme amount

4. How much do you believe that you can participate in volunteer activities?

- 1) Not at all 2) A little 3) A moderate amount 4) Very much 5) An extreme amount

Organization Environment

1. How satisfied are you with a sense of ownership over the volunteering?

- 1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied
4) Satisfied 5) Very satisfied

2. How satisfied are you with that you are allowed to decide how the goals of the volunteering are achieved?

- 1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied
4) Satisfied 5) Very satisfied

3. How satisfied are you with your responsibility for the results of volunteering?
- 1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied
4) Satisfied 5) Very satisfied
4. How satisfied are you with the training for volunteer activities?
- 1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied
4) Satisfied 5) Very satisfied
5. How satisfied are you with your role in volunteer activities?
- 1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied
4) Satisfied 5) Very satisfied
6. How satisfied are you with the supply of information and tools for volunteer activities?
- 1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied
4) Satisfied 5) Very satisfied
7. How satisfied are you with the relationship between you and other volunteers?
- 1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied
4) Satisfied 5) Very satisfied
8. How satisfied are you with the communication with health professionals?
- 1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied
4) Satisfied 5) Very satisfied
9. How satisfied are you with the communication with government staff?
- 1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied
4) Satisfied 5) Very satisfied
10. How satisfied are you with the government personnel support of your volunteering?
- 1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied

4) Satisfied 5) Very satisfied

11. How satisfied are you with the government financial support for your volunteering?

1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied

4) Satisfied 5) Very satisfied

12. How satisfied are you with the government material support for your volunteering?

1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied

4) Satisfied 5) Very satisfied

13. How satisfied are you with the moral encouragement by the government?

1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied

4) Satisfied 5) Very satisfied

14. How satisfied are you with the material encouragement by the government?

1) Very satisfied 2) Satisfied 3) Neither satisfied nor dissatisfied

4) Dissatisfied 5) Very dissatisfied

15. How satisfied are you with the volunteer activity place provided by government?

1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied

4) Satisfied 5) Very satisfied

16. How satisfied are you with your paying out-of-pocket money in your volunteering activities?

1) Very dissatisfied 2) Dissatisfied 3) Neither satisfied nor dissatisfied

4) Satisfied 5) Very satisfied