

Doing Good and Feeling Well: Exploring the Relationship Between Charitable Activity and Perceived Personal Wellness

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Abstract In this exploratory study into the relationship between participation in charitable activity and self-reported measures of personal wellness, social exchange theory was used to model factors that operationalize socioeconomic variables as costs, religious orientation and charitable orientation as rewards, and wellness as profit. Structural equation modeling was applied to data from the 2004 General Social Survey, including the Module on Altruism, to measure the effects, both direct and indirect, and infer knowledge from the results. Results suggest the indication of a relationship between charitable behavior and personal wellness is valid. Specifically, those who are more charitable and those with an enhanced religious orientation exhibit greater wellness. Results also indicate that charitable orientation acts as a mediating variable between income, education, religiosity, and wellness.

Résumé Cette étude explore le lien entre la pratique d'activités caritatives et les efforts individuels pour maintenir son bien-être personnel. Elle utilise la théorie de l'échange social pour développer un modèle qui transforme un nombre de paramètres en opérateurs : les facteurs socio-économiques en coûts, les orientations religieuses et caritatives en récompenses, et le bien-être en profit. La modélisation par équation structurelle (MES) est appliquée aux données de l'Enquête sociale générale de 2004, y compris le Module sur l'altruisme, pour mesurer les effets, directs et indirects, et inférer des connaissances de ces résultats. L'hypothèse d'un lien entre comportements charitables et bien-être individuel est confirmée et suggère des possibilités pour de futures recherches d'intérêt.

Zusammenfassung In dieser explorativen Studie über die Beziehung zwischen karitativem Verhalten und dem selbstberichteten Maß persönlichen Wohlbefindens

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wird die soziale Austauschtheorie angewandt, um ein Modell zu entwickeln, dass sozioökonomische Faktoren, wie Kosten, Religion und gemeinnützige Orientierung, als Belohnungen und das Wohlbefinden als Gewinn operationalisiert. Es wird ein Strukturgleichungsmodell auf die Daten aus der 2004 durchgeführten allgemeinen Bevölkerungsumfrage (General Social Survey), einschließlich des Teils zum Altruismus, angewandt, um sowohl die unmittelbaren als auch mittelbaren Auswirkungen zu messen und entsprechende Schlüsse aus den Ergebnissen zu ziehen. Der Hinweis auf eine Beziehung zwischen karitativem Verhalten und persönlichem Wohlbefinden ist stichhaltig und deutet auf Möglichkeiten für weitere wertvolle Forschungen hin.

Resumen En el presente estudio exploratorio de la relación entre la participación en comportamientos caritativos y las medidas de bienestar social auto-informadas, se utiliza la teoría del intercambio social para desarrollar un modelo que operacionalice los factores socioeconómicos como los costes, la orientación religiosa y la orientación caritativa como recompensas, y el bienestar como beneficio. Se aplica el modelo de ecuación estructural (SEM, del inglés Structural equation modeling) a los datos de la Encuesta Social General de 2004, incluido el Módulo sobre Altruismo, para medir los efectos, tanto directos como indirectos, e inferir conocimientos de los resultados. La indicación de una relación entre el comportamiento caritativo y el bienestar personal es válida y sugiere posibilidades para futuras investigaciones valiosas.

Keywords Personal wellness · Philanthropy · Social exchange

Is there a relationship between doing good and feeling well? The Hedonistic Paradox states that those who seek pleasure for themselves will not find it, yet those who seek to provide for others will find their own happiness (Konow and Earley 2008). Even the proto-capitalist Adam Smith recognized that health and happiness were goals that transcend material progress (Rasmussen 2006). Smith goes so far as to begin *The Theory of Moral Sentiments*, the precursor to *On the Wealth of Nations*, with this statement:

How selfish soever man may be supposed, there are evidently some principles in his nature, which interest him in the fortune of others, and render their happiness necessary to him, though he derives nothing from it except the pleasure of seeing it (Smith 1759/1986a, p. 65).

The purpose of this paper is to examine the relationship between doing good—as measured by charitable and religious orientation—and feeling well. This study was conducted with the goal of identifying the outcomes of giving in order to assist those in the helping professions understand the positive role that charitable activity can play in the lives of constituents. The overall goal of this study was to determine if there are beneficial relationships between participating in charitable activity and perceived wellness and to add to the knowledge about philanthropic activity and relationships.

Theoretical Context

Social exchange theory (SET) was used as the conceptual framework for this study. SET is a formal propositional theory of human behavior and dynamics centered around the general principle that “humans avoid costly behavior and seek rewarding statuses, relationships, interactions and feeling states to the end that their profits are maximized” (Nye 1979, p. 2). SET has economic and sociological applications (Edwards 1969; Nye 1978, 1979, 1980). Social exchange deals with the costs, rewards, and profits of pursuing a particular course of behavior, many of which can be applied to charitable behavior. Definitional concepts of SET, such as social approval, autonomy (e.g., Schervish’s (2006) concept of “hyperagency” or possessing the ability and personal leverage to make societal changes), money, ambiguity, and reciprocity can all be related to charitable activity. For this study, the socioeconomic variables of income and education were proxies for costs, religious and charitable orientations were proxies for rewards, and self-reported wellness was the profit representative. The variables discussed in the review of literature below were incorporated into the analyses.

Review of Literature

Philanthropy and charitable giving have been extensively studied from a variety of perspectives: (a) theoretical (Becker 1974, 1976; Easterlin 1974; Smith and Bird 2000); (b) fundraising (Andreoni et al. 2002; Schervish 2007; Van Slyke and Brooks 2005); and (c) policy making (Auten et al. 2002; Brooks 2000, 2007). Relatively little research has been conducted to test the non-financial impact of participating in philanthropic activity from the donor or giver perspective (Borgonovi 2008b; Post 2005). A complete review of the literature related to wellness and charitable giving would be beyond the scope of this paper. As such, what follows is a fairly concise review of the most relevant elements.

Wellness

Wellness is an elusive concept to define. In the many years that wellness has been studied as a social science construct, definitions have included social, physical, economic, and mental components (Antonovsky 1990; Campbell 1981; Campbell et al. 1976; Dunn 1961; World Health Organization 2007). Wellness and well-being have frequently been used interchangeably to define similar concepts. Pioneering medical statistician Dunn spoke and wrote extensively on wellness, and he offered a definition describing the concept as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable, within the environment where he [*sic*] is functioning” (1961, pp. 4–5). In developing a counseling model for wellness, Myers et al. (2000) defined wellness as the “optimum state of health and well-being that each individual is capable of achieving” (p. 252).

A positively oriented view of wellness was promoted by Antonovsky (1990) by contrasting the traditional pathogenic framework of medicine with the salutogenic framework supported by Antonovsky and his followers. The pathogenic framework is grounded in the identification and treatment of specific pathogens, be they germs, stressors, or other contributors to adverse health conditions. In contrast, a salutogenic approach investigates factors and precursors of good health (Becker et al. 2008), exploring the capacity for health, not the presence of disease. An emergent intermediate effect of the transition from pathogenic to salutogenic analysis is the inherent need to conceptualize health from a holistic perspective, or to look at the entire person as a functioning system rather than a set of disconnected parts and issues (Antonovsky 1990; Becker et al. 2008). Over the past 20 years, there has been recognition of the value of a salutogenic perspective on health and wellness.

Happiness

The concept of happiness, as an aspect of wellness and the ultimate goal of human action, has been documented and discussed as far back as Aristotle (Ahuvia 2008; Csikszentmihalyi 1990, 1999; Frey 2008), from whence came economic views of utility and happiness. Schervish (2008) described happiness as “the result of making wise choices about how to close the gap between one’s history and aspiration” (p. 17). In economics, happiness is more generally thought of as welfare (Easterlin 1974; Konow and Earley 2008). Konow and Earley (2008) analyzed various sources of high and significant correlations between self-reported measures of happiness with one another and with numerous other measures related to happiness, and determined that self-reported observations are more reliable than certain external observations.

Researchers in sociology have found happiness to be an inadequate social indicator (Campbell et al. 1976). While acknowledging the simplicity and straightforwardness of the happiness question (see Campbell 1981), Campbell et al. noted the term “evoke[d] chiefly an absolute emotional state” (1976, p. 31), whereas *satisfaction* allowed individuals to make a more cognitive and comparative judgment of their situation. While happiness and satisfaction were found to be highly correlated, the shared variance between the two items was not found to be adequate to make the terms semantically interchangeable. Still, Campbell et al. found value in the use of a single determinant of measurement, in this case referring to well-being, whether that was happiness or satisfaction.

Health

Human health is a complex concept and one that has been studied as an aspect of epidemiology, economics, history, sociology, psychology, and public health (Deaton 2003). Ryff and Singer (1998) utilized Becker’s (1992) criterial goods as a measure of positive health as it relates to a good life. However, taking such a broad view of health leaves the examiner with the risk of defining all social problems in terms of medical health. The World Health Organization (2007) defined

health as not merely the absence of disease but as a combination of physical, mental, and social well-being. This is echoed by Ryff and Singer when they described health as “the presence of wellness rather than the absence of illness” (p. 23) and Deaton (2003) when discussing health as a component of well-being.

The relationship between self-reported health and physical health is strongly correlated (Idler and Benyamini 1997; Mjelde-Mossey and Mor Barak 1998), but it is an imperfect relationship due to factors such as confounding effects of marital status and gender, timing effects that neglect undiagnosed illness, and lifecycle effects (Sharpe 2007). Health research tends to reflect the perspective of the researcher. For example, economists often look at the path from health to financial outcomes (e.g., Lyons and Yilmazer 2005; Meer et al. 2003), whereas epidemiologists generally look in the opposite direction, seeking the causes of particular health outcomes in economic conditions (e.g., Deaton 2003).

Medical scientists have expressed an interest in the effects of philanthropic behaviors, particularly altruistic attitudes and volunteerism, on health from a psychological perspective (Hierholzer 2004; Ironson and Powell 2005; Post 2005). Working with mostly older adults and using evolutionary psychology as a theoretical perspective, researchers have discovered relationships between longevity and volunteering. Oman et al. (1999), for example, looked at a group of senior community-dwelling residents of Marin County, California, and found that mortality rates were significantly reduced for active volunteers. A broader sample utilized by Thoits and Hewitt (2001) indicated higher levels of life satisfaction and physical health for volunteers over time, as well as evidence that religious attendance has a stronger influence on happiness than other forms of social integration.

Financial Satisfaction

Financial satisfaction is an individual’s subjective perception of the adequacy of their financial resources (Hira and Mugenda 1998). Satisfaction with one’s financial situation was originally identified as a domain of well-being by Campbell et al. (1976). While strongly correlated with other domains of wellness and well-being (Campbell et al. 1976), financial satisfaction retains unique relationships with wellness-related stressors, such as financial strain, risk management issues, locus of control, and employment issues (Porter and Garman 1993).

Proposed determinants of financial satisfaction include demographic factors such as income, education, ethnicity, and age, as well as financial stressors, financial knowledge, and financial attitudes and behaviors. Financial stress, in particular, has been linked to poor job performance (Garman et al. 1996, 1999; Kim et al. 1998), which has in turn been associated directly and negatively with financial satisfaction (Loibl and Hira 2005). Higher levels of financial knowledge and financial management practices are known to be directly related to increased levels of financial satisfaction (Joo and Grable 2004; Loibl and Hira 2005). Of notable interest is Joo and Grable’s exploration of the determinants of financial satisfaction. In their study, household income was not found to have a direct effect on financial satisfaction. Rather, financial behaviors, such as sound cash management and

retirement planning practices were found to have more significant and direct effects on financial satisfaction. Similarly, Woodyard and Robb (2012) noted that financial behavior appears to be more strongly related to financial satisfaction than other factors.

Charitable Orientation and Activity

Charitable orientation is a concept that describes an individual's tendency to participate in charitable activity. Psychobiological theories of altruism attempt to explain behaviors that result in giving, either for the sake of giving, or to demonstrate resources and the potential for domination. Costly signaling theory (CST) incorporates elements of biology, anthropology, and economics to explain altruistic and philanthropic behaviors (McAndrew 2002; Smith and Bird 2000; Zahavi 2003). Economic theories of philanthropic behavior cluster around the concept of utility maximization (Huang and Ray 1986; Kahneman and Thaler 1991; Spiegel 1995), including after-life utility (Azzi and Ehrenberg 1975) and warm-glow outcomes (Andreoni 1990). Borrowing from business policy (Auten et al. 2002; Van Slyke and Brooks 2005) and psychobiology, economic theories of philanthropy look at resource allocation optimization, including tax avoidance, as well as behavioral issues regarding decision making. Much of the research using business/economic frameworks suggests that people give money and other resources only when the benefits of doing so—both objective and subjective—outweigh the cost of the charitable action.

Volunteering

As identified by Schervish and Havens (1997) and confirmed in their subsequent research (Havens et al. 1998), communities of participation are theoretically a major construct of the propensity to donate and volunteer. The types of communities discussed include formal organizations, such as professional associations, school clubs, sports organizations, fraternal groups, or service organizations, or informal communities such as a neighborhood effort to clean up a park or help a burdened family on the block. Communities of participation may request donations of time and/or money. The important roles of communities of participation are to make members aware of needs and to facilitate a means of response. Analysis of three datasets by Havens et al. (1998) (i.e., 1992 Study of Giving and Volunteering, 1994–1995 Harvard Health Study, and 1998 General Social Survey) confirm the role of participation in social communities as positively influencing the propensity to give to charity.

Spontaneous Giving

Spontaneous giving is distinguished from regular charitable giving in that spontaneous giving occurs on an ad hoc basis and does not necessarily carry with it the full range of benefits associated with charitable giving. This can take the form of giving money, food, or other items to a homeless person, purchasing items such

as magazines or popcorn from a school organization, or responding to a request for funds by a Salvation Army volunteer stationed at a local retail establishment. Such forms of giving are typically not rewarded with a receipt denoting the tax-deductibility of the gift; nor is there any assurance to the donor that the gift will be used for the intended purpose (Amato 1990). In this manner, spontaneous giving and helping behavior can be distinguished from planned or formal giving behavior (Pearce and Amato 1980; Smith 2003), thus making the distinction between behavior that is immediate and reactive and that which is based on longer term thought processes and reactions.

Wellness, Charity, and Social Characteristics

Religion and Religiosity

A variety of social and demographic characteristics are related to both wellness and charitable activity. Of particular importance is religion and religiosity. These factors are related to well-being, health issues, and charitable activity in multiple, complex, and intertwining ways. It is important to make the distinction between religious preference and religiosity. The former has to do with the choice to ascribe to a given set of religious beliefs, while the latter “encompasses such dimensions as commitment to the religion, the strength of religious beliefs, and participation in religious activities individually or as part of a congregation” (Lehrer 2004, p. 707).

Religious orientation may be expressed as religiosity or in terms of religious affiliation. Religiosity, or religious involvement, has been demonstrated to have more impact on well-being, health, and charitable giving than denomination (Borgonovi 2008a, b; Dolan et al. 2008; Garrison et al. 2004; Iannacone 1998). Faith community involvement is known to be of more significance than religious beliefs and negatively related to depressive symptoms in a study of rural low-income women (Garrison et al. 2004). Borgonovi (2008a) suggested that religious pluralism strengthens this effect and that religious diversity within a geographical area intensifies each religious community’s volunteering efforts. In a similar vein, Iannacone (1998) found that diversity among religions within a population increased participation in religious charitable donations with minority denominations giving at increased levels.

Religious affiliation is not as significant of a factor as is religiosity when discussing the impact of religious orientation. While some studies have found denominational differences in mortality by religious affiliation, these tend to disappear when variables such as education and income are taken into account (Koenig 2004). While some researchers have reported no difference between denominations in the domain of charitable giving (Brooks 2003), others have found slight differences between Catholics and Jews, with Protestants varying significantly from both groups (Havens et al. 1998; Schervish and Havens 1997).

Education and Income

Linkages between levels of education and income are well established and logically incontrovertible (Barrow and Rouse 2006; Shmotkin et al. 2003; Van Slyke and Johnson 2006), and with some limitations, income is a significant predictor of well-being (Dolan et al. 2008). Nearly all research, on the other hand, suggests that higher levels of education are associated with increased levels of happiness (Frey 2008). Health factors tend to be positively associated with level of attained education. Nayga's (2000) study of the relationship between health knowledge and obesity levels indicated that more education leads to lower rates of obesity and health issues related to obesity. In a study examining the relationship between physical attributes and wage earning ability, Mitra (2001) found that physical attributes, including weight, determine many financial outcomes. However, education was far more positively related to wage earning ability than obesity was negatively related. This effect was not as strong for women as for men.

With regards to charitable orientation proclivity, education is thought to be positively associated with both giving and volunteering (Van Slyke and Brooks 2005; Van Slyke and Johnson 2006). In a study on women's propensity to volunteer, Bowen et al. (2000) found education to be the only significant predictor of volunteerism for a cancer education program. Wilson and Musick (1998) observed that education has a higher significance than household income or wealth in predicting volunteerism among a nationwide sample. Education was found to be significantly related to the percentage of income contributed to charitable organizations (Schervish and Havens 1997). Even among low-income charitable givers, higher levels of education indicated enhanced levels of giving (Savoie and Havens 1998).

The literature shows that income does not provide much to explanations of happiness among those who exceed the basic poverty level (Diener and Biswas-Diener 2002). According to Ahuvia (2008), income can account for only 2–5 % of subjective well-being. As noted by Dolan et al. (2008), income is generally positively related to happiness, but with diminishing returns as income increases. This is a finding echoed by Diener and Biswas-Diener (2002). Some of the positive effect may be due to reciprocal causality. That is, it may be possible that income increases well-being, or it is possible that individuals with high wellness levels naturally earn additional income.

The relationship between health and income tends to be positive and significant (Zagorsky 2005). Income allows for access to health care (Drentea and Lavrakas 2000) and reduces psychological stress (Deaton 2003; Himmelstein et al. 2005). Research acknowledges that health and financial well-being may be intertwined (Ettner 1996). Additionally, social status associated with higher levels of income are known to be related to positive health practices, such as lower rates of cigarette smoking and shorter times between the appearance of health issues and seeking treatment (Mjelde-Mossey and Mor Barak 1998).

The literature does support a positive relationship between income and religiosity and religious affiliation, but the relationship may not be strong. While some differences in wage levels are associated with particular religious groups, and

particularly for women, these are frequently explained by differences in education, fertility, intergenerational skill transfer, and aspirations that affect the wage earning potential of individuals (Lehrer 2004). Income has been shown to be strongly related to charitable giving but far from being able to explain the concept fully. In the United States, for example, the 1 % of families with the highest incomes make nearly 14 % of annual (as opposed to bequests or estate gifts) charitable contributions (Havens et al. 2006). However, many lower income households make significant percentage contributions of income, although these may be influenced by education level and religious orientation (Mount 1996; Savoie and Havens 1998). Because of the relationship between retirement status and volunteering and the general understanding that retirement incomes are less than working incomes, the relationship between income and volunteering is even less clear (Hodgkinson 1995).

Research Hypotheses

One overarching research question and two secondary questions were used to guide this study. The primary research question asked: Is there a positive relationship between having a charitable orientation and feeling well? The second research question asked: Are religious orientation, income, and education level related to having a charitable orientation and feeling well? The third question posited: Does charitable orientation act as a mediator between wellness and income, education, and religious orientation? Based on these questions, the following four primary null hypotheses emerge from the review of literature, as framed by SET:

- H₁** There is no relationship between charitable orientation and perceived wellness.
- H₂** There is no relationship between religious orientation and perceived wellness.
- H₃** There is no relationship between household income and perceived wellness.
- H₄** There is no relationship between education and perceived wellness.

Methodology

The data source for this study was the General Social Survey (GSS) from 2004. The GSS is administered by the National Opinion Research Center at the University of Chicago. The survey has used a nationally representative full probability sample since 1977. Each GSS sample is drawn from English-speaking persons 18 and older living in non-institutional situations in the United States. Because of the specific questions relating to charitable giving and volunteering asked beginning in 2002, and the Topical Module on Altruism in 2002 and 2004 versions of the survey, only the most recent applicable data were utilized. For 2004, the total sample size was 2,812. The subsample receiving the Topical Module on Altruism was 1,340.

A SET-based model, titled the Charitable Activity–Perceived Wellness Relationship (CAPWR) model, was developed to guide the analysis of the relationship between charitable activity and personal wellness (Fig. 1).

The main relationship in Fig. 1 is that between charitable orientation and perceived wellness. The oval shape of these constructs implies that these factors are latent variables. That is, these variables are not observed but rather a composite of other observed variables. Religious orientation is a third latent construct that was hypothesized to be associated with charitable orientation and perceived wellness. In addition, two exogenous variables are shown in Fig. 1: household income and attained education level. The curved arrows between these variables indicate a hypothesized covariation. The model was tested using a structural equation model. Structural equation modeling (SEM) is a form of path analysis that uses latent variables in addition to measured variables, and can be seen as “the union of confirmatory factor analysis and path analysis” (Meyers et al. 2006, p. 613). This modeling technique was used as latent variables were employed for the constructs of religious orientation, perceived wellness, and charitable activity for purposes of model building and analysis.

Perceived Wellness as Profit

Three¹ self-assessed measures were used to determine an individual’s level of perceived wellness. These were happiness, health, and financial satisfaction. The model assumed that greater levels of measure for the variables associated with perceived wellness are desirable. Because of the significance of the relationships between the variables and the construct, perceived wellness can be seen as a profit within the CAPWR model.

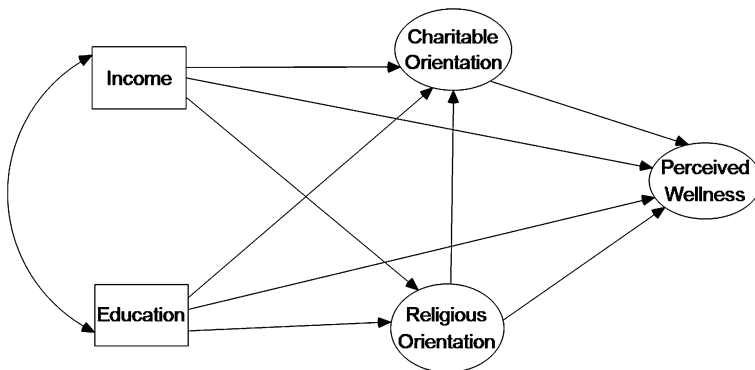


Fig. 1 Formative diagram of charitable activity—perceived wellness relationship model

¹ A fourth variable, Harmony, was initially proposed but during exploratory factor analysis was found to be a better fit with religious orientation than perceived wellness.

Religious and Charitable Orientation as Rewards

Rewards are states or experiences that bring gratification or pleasure to the actor. These are highly individualized measures, with some individuals deriving a high reward sense from participating in these orientations while others will find them to be neutral or even repugnant. For religious orientation, three variables were hypothesized to be significant contributors to the latent construct: (a) frequency of attendance at religious services, (b) placement on the continuum between liberalism and fundamentalism, and (c) a sense of harmony with the universe. For charitable orientation, the three activities associated with the construct were giving money to charity, volunteering for charitable organizations, and giving spontaneously to the homeless. As noted later in the paper, for both latent constructs, the associated variables were significantly related (see Fig. 2).

Household Income and Education as Costs

The opportunity costs of using household income and skills acquired through educational attainment were used as social exchange costs within the CAPWR model. Actors have choices regarding the use of their resources; income can be used for consumption, while skills can be devoted to personal or occupational uses. By expending these resources toward charitable activities, the actor forgoes other opportunities and engages in a conscious choice to use them in a way that presumably offers rewards in excess of those opportunity costs. Because individuals chose to expend these resources on charitable activities in ways that were measurably significant, income and education are costs within the CAPWR model.

The norm of reciprocity is a critically important concept of SET as identified by Nye, who stated that “[w]ithout reciprocity, social life would appear to be impossible” (Nye 1979, p. 4). The norm of reciprocity states that exchange should have two dimensions, so that people help those who help them and do not harm those who have helped them. In the CAPWR model, reciprocity is demonstrated through a series of path diagrams signified by directional arrows within the model.

Operational Definitions

The three latent constructs shown in Fig. 1 are perceived wellness, charitable orientation, and religious orientation. Variables were identified to fit within these constructs and were analyzed in steps during the research process. The variables used in the analysis are discussed by construct.

Perceived Wellness

Following exploratory factor analysis, three variables were found to relate to the latent construct of perceived wellness. Respondents were asked to assess their overall happiness on three levels, their health on four and financial satisfaction on three, using Likert-type scales. These values were recoded as necessary so that the highest ordinal value reflected the most desirable outcomes.

Charitable Orientation

The Charitable Orientation latent construct was based on three of a series of questions asked regarding altruism. Respondents were asked to identify the frequency of activities that were perceived to be altruistic. For this analysis, the variables that were included related to giving to charity, volunteering for charity, and giving to homeless persons. Frequencies ranged from “Not at all in the past year” to “More than once a week” on a 6-point Likert-type scale.

Religious Orientation

The latent construct of Religious Orientation was made of three components. The first related to frequency of attendance at religious services, ranging from never to several times a week on an 8-point Likert-type scale. Fundamentalism was based on a GSS recoding of the respondent’s religious denomination into fundamentalist, moderate, or liberal categories.² The harmony variable asked respondents how often they felt in harmony with the universe on a 6-point Likert-type scale ranging from “never” to “many times a day.”

Exogenous Variables

Two exogenous variables were included in the analysis. Income was self-reported by respondents and grouped into 23 bands ranging from less than \$1,000 per year to over \$110,000 per year. The education variable asked respondents how many years of education they had completed, ranging from 0 to 20 years.

Results

This section summarizes the results of the statistical analyses. The steps leading to the construction and testing of the SEM are described and discussed. All data were analyzed using AMOS for SPSS 19.0. Cases within the dataset that included missing data were deleted from the analysis. The delimited dataset contained 715 cases. Using general data size rules applied by Meyers et al. (2006), the dataset was found to accommodate a model containing over 80 variables.

Descriptive Statistics

The average education level for survey respondents was 13.85 years (SD = 2.89 years), indicating that most respondents had not only a high school level of education, but also at least one additional year of schooling. Household income was measured with 23 levels ranging from 1 (under \$1,000 per year) to 23 (over \$110,000) per year. Respondents indicated an average income level of 16.65 (SD = 5.10). These income stratification levels were first used in the 1998 GSS, and

² For more information, see Smith (1986b).

were readjusted for the 2006 study. For this sample, the mean household income fell between \$30,000 and \$34,999, with the median falling between \$40,000 and \$49,999. According to the U.S. Census, the median household income in 2004 was \$44,389 (DeNavas-Walt et al. 2005), leading to the conclusion that the data were acceptable for this study based on this key measure of central tendency. Respondents' ages varied from 18 to 89 and over with a mean of 45.37 years ($SD = 16.81$) and median of 43 years.

An examination of additional demographic characteristics of the sample indicated that the majority of respondents were married, female, non-Hispanic white, and employed full-time. Table 1 contains a frequency distribution by category for the variables related to marital status, work status, race, and sex of the respondents. Married persons comprised 50.9 % of the respondents with the remainder of the sample consisting of never married persons (22.9 %), divorced persons (15.8 %), and those who were widowed (6.7 %) and separated (3.7 %). The majority (53.8 %) of the respondents were employed full-time. The categories of working part-time (12.7 %) and retired (12.4 %) were nearly equal. Unemployed respondents comprised 3.6 % of the sample, those in school accounted for 3.2 %, and temporarily not working were 3.2 %. The remaining categories represented in the sample were those keeping house (9.8 %) and other (1.4 %). More than half of the respondents were female (52.6 %). Racially, the sample broke down into White (80.8 %), Black (13.2 %), Hispanic (2.4 %), and other (3.9 %). While these variables were not used in model development or hypothesis testing, they do serve to describe the dataset in use. Further, these data indicate the generalizability of the dataset to a national audience.

Religious Orientation

Three variables related to the religiosity of the sample are presented in Table 2. Religious preference was recoded to specify whether a respondent indicated a religious preference (84.8 %) or none (15.2 %). Respondents were asked to describe their religious feelings in terms of fundamentalism (28.4 %), moderation (42.8 %), or liberalism (28.8 %). The final measure of religiosity was gaged by respondents' frequency of attendance at religious services. Most respondents reported attending weekly services (18.7 %). Other reported frequencies were never (15.2 %), once a year (15.5 %), several times a year (10.9 %), less than once a year (9.0 %), two or three times per month (8.3 %), more than once a week (7.7 %), nearly every week (7.7 %), and once a month (7.0 %). Nearly half (49.4 %) of respondents attended church services at least monthly as contrasted with 15.2 % who never attended services and 35.4 % who attended sporadically.

Perceived Wellness

Variables that were considered for the perceived wellness construct were those measuring happiness, self-reported health, harmony, and financial satisfaction. The descriptive statistics for these measures are presented in Table 3. Most respondents reported being "pretty happy" (54.1 %) with a larger number answering "very

happy” (33.3 %) rather than “not too happy” (12.6 %). Self-reported health found 79.2 % of respondents in good or excellent health, with 17.7 % reporting fair health and 3.1 % of respondents considering their health to be poor. When asked if they felt deep inner peace or harmony, 37.3 % of respondents reported having such feelings on at least a daily basis. A higher proportion of respondents held such feelings on some or most days (45.0 %), while less than 18 % of respondents felt deep peace or inner harmony only once in a while or less often. Financial satisfaction was experienced by almost 70 % of respondents with 30.1 % reporting that they felt pretty well financially satisfied. Only 26.2 % stated that they felt not financially satisfied at all.

Charitable Orientation

Respondents were asked how often they participated in various charitable activities in the previous 12 months. Table 4 presents the data in a tabular format, showing average responses and standard deviations for the sample. Based on the scale of frequency of activity, the average respondent participated in these behaviors at least once a year but not more than two or three times per year. More than half of respondents ($n = 364$, 50.9 %) failed to report engaging in any type of volunteer activity in the previous year. However, most respondents did participate in both formal and spontaneous types of giving ($n = 570$, 79.7 %; $n = 463$, 64.8 %, respectively).

Table 1 Frequency statistics for demographic variables

Variable	Category	<i>n</i>	Percentage
Marital status	Married	364	50.9
	Never married	164	22.9
	Divorced	113	15.8
	Widowed	48	6.7
	Separated	26	3.7
Labor force status	Working full-time	404	56.5
	Working part-time	91	12.7
	Retired	89	12.4
	Keeping house	53	7.4
	Unemployed	26	3.6
	Temporarily not working	23	3.2
	In school	19	2.7
Sex	Other	10	1.4
	Female	376	52.6
Sex	Male	339	47.4
	Race	White	578
Black		92	12.9
Hispanic		17	2.4
Other		28	3.9

Table 2 Descriptive statistics for religiosity variables

Variable	Category	<i>N</i>	Percentage
Religious identification	Yes	606	84.8
	No	109	15.2
Religious fundamentalism	Fundamentalist	203	28.4
	Moderate	306	42.8
	Liberal	206	28.8
Religious attendance	More than once a week	55	7.7
	Every week	134	18.7
	Nearly every week	55	7.7
	Two/three times a month	59	8.3
	Once a month	50	7.0
	Several times a year	78	10.9
	Once a year	111	15.5
	Less than once a year	64	9.0
	Never	109	15.2
	Harmony	Many times a day	91
Every day		176	24.6
Most days		200	28.0
Some days		122	17.0
Once in a while		77	10.8
Never or almost never		49	6.9

Structural Equation Model

Many measures of model fit are available to evaluate SEM models. However, for this study, and for the model specification that follows, four measures of model fit were examined and compared. These are Chi square (χ^2), the Comparative Fit Index (CFI), the Normed Fit Index (NFI), and Root Mean Square Error of Approximation (RMSEA). Chi square is a statistical measurement of fit between the observed data and the hypothesized population represented by the data (Huck 2004). A significant χ^2 statistic would indicate that the model does not fit the data, and the model should be revised, if possible. The CFI and NFI compare the proposed model with the null model, or independence model, which is restrictive to the extent that it considers all relationships between the observed variables to be zero. The NFI was developed by Bentler and Bonnett in 1980 and rescales the Chi square to the range of 0–1. The CFI is a newer measure that counters some difficulties found with NFI in certain model configurations (Schumacker and Lomax 2004). CFI and NFI are measures of relative fit, as they assess the position of the proposed model between the saturated model, which has the maximum fit, and the independence model, which is again the most restrictive and has the minimum fit. CFI values greater than .95 are considered a good fit (Blunch 2008) although earlier researchers felt that a CFI in excess of .90 was sufficient (Hoyle 1995). RMSEA is a measure of fit that is sensitive to the number of parameters present in the model and takes into account the error of approximation in the population. Acceptable levels of RMSEA vary, but numbers

Table 3 Descriptive statistics of perceived wellness variables

Variable	Category	<i>n</i>	Percentage
Happy	Very happy	238	33.3
	Pretty happy	387	54.1
	Not too happy	90	12.6
Health	Excellent	211	29.5
	Good	355	49.7
	Fair	127	17.7
	Poor	22	3.1
Financial satisfaction	Pretty well satisfied	215	30.1
	More or less satisfied	313	43.7
	Not satisfied at all	187	26.2

between .08 and .10 are considered moderately acceptable fits, with numbers less than .06 being indicative of good fit. Lower RMSEA values are preferable, but they are sensitive to small sample sizes (Byrne 2001).

The goodness of fit indices for the hypothesized model all exceeded minimum requirements with CFI and NFI both in excess of .95, and RMSEA at a level of .039. However, while this model identified a relationship between charitable orientation and perceived wellness, it did very little to explain the relationship between the two latent constructs. As such, a respecified model, as shown in Fig. 2, was developed and tested. The model’s goodness of fit statistics met thresholds for χ^2 and RMSEA.

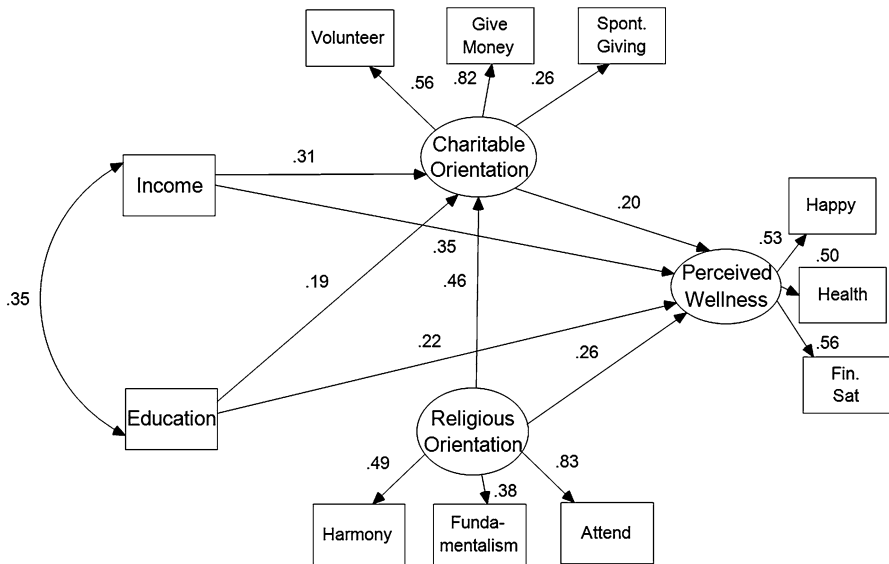


Fig. 2 Respecified CAPWR model. $\chi^2 = 191.33$ ($p = .000$) $df = 38$, CFI = .868, NFI = .844, RMSEA = .075

Table 4 Descriptive statistics of charitable orientation variables

Variable	Category	<i>n</i>	Percentage
Give spontaneously	More than once a week	20	2.8
	Once a week	25	3.5
	Once a month	86	12.0
	At least two or three times in the last year	223	31.2
	Once in the past year	109	15.2
	Not at all in the past year	252	35.3
Volunteer	More than once a week	34	4.8
	Once a week	34	4.8
	Once a month	78	10.9
	At least two or three times in the last year	118	16.5
	Once in the past year	87	12.2
	Not at all in the past year	364	50.8
Give money	More than once a week	26	3.6
	Once a week	70	9.8
	Once a month	137	19.2
	At least two or three times in the last year	233	32.6
	Once in the past year	104	14.5
	Not at all in the past year	145	20.3

Two of the relationships included in the initial hypothesized model—the links between the exogenous variables income and education to the latent construct Religious Orientation—were non-significant and of low value on a standardized basis, at .03 and $-.06$, respectively. Further examination of the regression estimates for the two paths indicated that they were statistically insignificant ($p = .539$ and $p = .194$, respectively). The specification search using AMOS was performed to examine all of the linkages between exogenous and latent constructs in the model. This exercise confirmed that the two linkages did not contribute to the model. A respecified model was run without the two linkages. Results are illustrated in Fig. 2. The measurement results were only slightly improved with no change in the NFI and CFI measures and only minimal improvement in the RMSEA. However, since the removal of the two linkages increased the parsimony of the model and made for a visually cleaner experience, the respecified model became the model of choice for use in testing the research hypotheses.

Hypothesis Tests

Once the model was respecified (Fig. 2), the research proceeded to the testing of hypotheses. Table 5 shows the direct, indirect, and total effects of each variable in the model on perceived wellness. These coefficients were used to evaluate the research hypotheses. Note that only the direct effect significance levels are shown for the standardized coefficients. Indirect effects include path coefficients from

education through charitable orientation to perceived wellness; household income through charitable orientation to perceived wellness; and religious orientation to perceived wellness through charitable orientation. Total effects were calculated by summing direct and indirect effects.

The first hypothesis stated: “There is no relationship between charitable orientation and perceived wellness.” The null hypothesis was rejected. A positive relationship between having a charitable orientation and perceived wellness was noted. The standardized regression coefficient between the two variables was .20, meaning that as charitable orientation increased, wellness also increased. This concept has limited meaning without developing and validating units of measurement for the two latent constructs, but the direction is clear; namely, there is a positive relationship between the two constructs.

The second hypothesis stated: “There is no relationship between religious orientation and perceived wellness.” The null hypothesis was rejected. The relationship between religious orientation and perceived wellness was composed of a direct effect of .26 and an indirect effect of .09, for a total standardized effect of .35. The indirect effect of religious orientation on perceived wellness accounted for 26 % of the total effect.

The third hypothesis stated: “There is no relationship between household income and perceived wellness.” The null hypothesis also was rejected. Household income was positively related to perceived wellness with a standardized total effect of .41. The relationship between household income and perceived wellness was composed of standardized direct effects of .35 and standardized indirect effects of .06. Approximately 15 % of the effect of income on perceived wellness was related to having a charitable orientation.

The fourth hypothesis stated: “There is no relationship between education level and perceived wellness.” The null hypothesis was rejected. Education was positively associated with perceived wellness (standardized total effect of .26). The direct effect was composed of standardized direct effects of .22 and standardized indirect effects of .04. This indirect effect accounted for approximately 15 % of the total effect.

Discussion of Model

The respecified model (Fig. 2) does not include relationship indicators between education and religious orientation and income and religious orientation. Because

Table 5 Direct, indirect, and total standardized effects on perceived wellness

	Perceived wellness		
	Direct effect	Indirect effect	Total effect
Income	.35	.06	.41
Education	.22	.04	.26
Religious orientation	.26	.09	.35
Charitable orientation	.20	–	.20

the coefficients were not significant between these variables, the connections were eliminated from the model. The remaining paths were as follows: first, education and household income were significantly positively correlated with a correlation coefficient of .35; second, education and household income had a direct impact on an individual's charitable orientation, but not his or her religious orientation. That is, an individual's religious orientation was not dependent on his or her education or income level, but existed independently of these cost factors. However, the relationships between both income and education, and charitable orientation were positively related and significant at the .31 and .19 levels, respectively; third, education and household income were positively and significantly related to perceived wellness. These relationships were intuitively sensible and thoroughly borne out in the literature. The model measured these relationships at standardized weights of .22 and .35, respectively; fourth, religious orientation and charitable orientation, as reward proxies, had significant and positive relationships with perceived wellness, the profit outcome of the study. The model measured these standardized regression weights at .26 and .20, respectively; fifth, religious orientation had a positive and significant relationship with charitable orientation, which indicated that individuals with higher levels of religiosity are more likely to exhibit charitable orientation. Religious orientation carried a positive indirect effect of .09 on perceived wellness, meaning that 26 % of the total effect of religious orientation on perceived wellness was indirect effect experienced through charitable orientation; and finally, education and household income also had indirect effects on perceived wellness through charitable orientation. For education, the standardized regression weight of this effect was .04, accounting for 15 % of the total effect of education on perceived wellness. For income, the indirect effect was measured at a standardized regression weight of .06, accounting for 15 % of the total effect of income on perceived wellness.

Discussion

The goal of this research was to increase the body of knowledge on philanthropy and the effect of participation on donors and givers. The hope was to establish support for the practice of philanthropy in the forms of charitable giving and volunteering as being positively related to an individual's perceived wellness. This paper, using nationally representative U.S. data, shows that charitable orientation had a positive relationship with perceived wellness. It was additionally noted that religious orientation, education, and income were positively related to perceived wellness, with the total effect of each variable consisting of indirect effects through charitable orientation and a direct association.

The model test achieved its specified purpose; that is, it established a positive relationship between having a charitable orientation and reporting perceived wellness. In the model, participation in charitable activities had a direct and positive relationship with perceived wellness. Respondents who gave money to charity, volunteered for charitable organizations, and gave to the homeless with greater frequency reported higher levels of perceived wellness, as measured by self-reported happiness, health, and financial satisfaction. Even when religious

orientation, income, and education were taken into account, the relationship between charitable activity and perceived wellness persisted at a 20 % level, meaning that charitable activity still had a substantial effect on perceived wellness. Additionally, charitable orientation was found to mediate the relationship between income, education, and religious orientation and wellness.

While the findings from this study are noteworthy, several limitations need to be acknowledged. Specifically, this research was conducted using secondary analyses of GSS data. This was limiting in that the variables available in the dataset were not necessarily the ideal ones for answering the overarching research question. Nor were the questions asked to obtain the data necessarily framed and asked to conform to the exact information desired to conduct the study. For example, the question used to ascertain a respondent's tendency to give charitably on a spontaneous or informal basis directly assessed the frequency of giving to the homeless. A better instrument can and should be developed for measuring the extent to which an individual demonstrates charitable behavior. There is also the question of measuring frequency versus the amount of resources. The GSS data used for this analysis asked only about the frequency of charitable activities, not the amount or duration. Using data that measures the amount of money given to charity or to the homeless, or the number of hours volunteered, would be preferable.

The ideal dataset for testing the CAPWR model would continue to share much commonality with the GSS in that it would be nationally representative of the U.S. or other country's population. The nature of the questions could be altered, however. Rather than asking about frequency of charitable activity, the ideal dataset would contain information relating to the number of hours volunteered and the amount of money given to charity in the form of cash and in the monetary value of other contributions. Additionally, the response scales used from questions specifically designed for summative scales, using 5- to 7-point response scales rather than the 3- and 4-point Likert-type scale questions employed by the GSS.

A distinction should also be made between traditional charitable giving and spontaneous acts of giving. In order to be operationalized properly, a clearer definition of the practice of spontaneous giving and methods for measuring the phenomenon need to be developed. A study of spontaneous giving might be more appropriately designed as a qualitative study, rather than pursued in traditional quantitative terms. If a researcher was to look at traditional giving in terms of things that one would consider deductible for income tax purposes, and spontaneous giving as those that are not, he or she would have a starting point for exploring the phenomenon of spontaneous giving.

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