The psychological contracts of Australian hospital volunteer workers

WAYNE O'DONOHUE AND LINDSAY NELSON

ABSTRACT

In the Australian context, there is a gap in the amount of published research into the psychological contract generally, and particularly in regard to voluntary workers. This paper presents and discusses survey data on the psychological contracts, motivation, values, and job satisfaction of volunteers in a sample of five hospitals in Australia. In doing so, it shows that the sample volunteers perceive their psychological contracts to include economic, socio-emotional and ideology-related contributions. For many of the volunteers, the primary focus for these contributions is not on narrow self-interest or joint volunteer-organisation interests, but rather on broader interests that transcend the organisation's boundaries. The study supports the relevance of the psychological contract for conceptualising and understanding the volunteer-organisation relationship. In particular, it illustrates the potential that the concept of an ideology-related psychological contract offers for better explaining the dynamics of that relationship. The study highlights that perceptions held by the sample volunteers of less than supportive management practices, relating to recognition of volunteer efforts, work design and organisation, have the potential for psychological contract breach and a consequent negative impact on volunteer satisfaction.

INTRODUCTION

Individual adult Australians contribute significantly to the Australian non-profit sector's productivity by volunteering their time and skills. A recent estimate set the level of volunteering in Australia to be in excess of 5.2 million people and 34 per cent of adult Australians (Australian Bureau of Statistics 2007). The scale of volunteering and its importance to the productivity of the not-for-profit sector in Australia is such that the national peak body, Volunteering Australia, conducts an annual national survey to gather information from both volunteers and organisations. A key finding from the 2008 survey is that many not-for-profit organisations face difficulties in attracting and recruiting suitable volunteers to perform the work of these organisations (Volunteering Australia 2008).

Generally, the need to access the potential of an organisation's human capital has led to the effective management of the relationship between workers and the organisation becoming a priority task, and consequently a topic of research interest. This interest has resulted in the development of a substantial body of research examining the relationship between workers and the organisation in terms of the concept of a 'psychological contract' (Conway & Briner 2005). Much of the empirical research into the psychological contract has focused mainly on paid employees in the United Kingdom and the United States, with comparatively little published research specifically examining the volunteer–organisation relationship in terms of a psychological contract (Liao-Troth 2001, 2005; Taylor, Darcy, Hoye & Cuskelly 2006). Thus there is a gap in the amount of published research into the psychological contract in

regard to voluntary workers, which this paper addresses. Specifically we examine the psychological contract in respect of volunteers at several Australian hospitals.

THE PSYCHOLOGICAL CONTRACT

The concept of the psychological contract deals with the pattern of unwritten beliefs held by the individual and organisation about the exchange relationship that operates between them. Unlike the formal employment contract that sets out explicit terms and conditions, the psychological contract is implicit and reflects the individual's perceptions that promises have been made, and considerations offered in exchange, which bind the individual and the organisation to a set of reciprocal obligations (Rousseau & Tijoriwala 1998). The majority of published psychological contract research to date has used this approach to examine the individual–organisation relationship (Conway & Briner 2005).

Within the literature, the psychological contract has mostly been operationalised using an interpretive framework (Rousseau 1995) which has two contract types – the transactional and the relational – as its basic elements. The transactional contract is reasonably explicit, short-term and has explicit performance terms. Such contracts involve the exchange of contributions that are predominantly economic or monetisable in nature, assume rational and self-interested parties, and do not result in ongoing interdependence. Relational contracts are more complex and have non-explicit performance terms. They evolve over time, and involve long-term investments from which withdrawal is difficult. The contributions exchanged are predominantly socio-emotional in nature. Relational

contracts promote interdependence through a commitment to the collective interest over self-interest (Rousseau & McLean Parks 1993). In today's workplaces, aspects of these two basic contract types are often brought together in a so-called 'balanced' psychological contract (Rousseau 1995; Shore et al. 2004).

More recently, the interpretive framework has been expanded to incorporate an 'ideology-infused' type of psychological contract (Thompson & Bunderson 2003). This development in psychological contract theory reflects workplace change that has led many individuals to create psychological contracts that reflect concern for the community, service to humanity, connectedness to the environment, compassion and care, and voluntary selfless work (Ashmos & Duchon 2000; Burr & Thomson 2002). In such instances, the organisation is seen by the individual as providing a credible and supportive environment through which the individual is able to contribute to a highly valued cause (Thompson & Bunderson 2003).

In this expanded interpretive framework (Table 1), psychological contract contributions or 'currencies' are characterised as taking three forms: economic, socio-emotional and ideological (Thompson & Bunderson 2003). These currencies differ markedly in terms of the associated salient beneficiaries. In the case of economic currency which predominates in the transactional contract, the contribution focuses solely on benefits to the individual. For the relational contract where socio-emotional contributions are the primary currency, the focus is on joint benefits flowing to the individual and the organisation. In the case of the ideology-infused contract, however, the primary contribution focus is shifted beyond the individual and the organisation to a

Table 1: Psychological contract currencies

	Economic currency	Socio-emotional currency	Ideological currency
Organisation's obligations	Provide continued employment, safe working environment, fair compensation	Provide training, career development, promotion opportunities, promotion opportunities, long-term job security	Demonstrate credible commitment to a valued social cause
Individual's obligations	Fulfil formally specified role requirements	Fulfil generalised role obligations; organisational commitment and involvement; OCB	Participate in the organisation's mission/cause; organisational and societal citizenship behaviour
Affiliation logic	'The organisation gives me a fair day's pay for a fair day's work.'	'The organisation nurtures my professional development and sense of community.'	'The organisation shares my passion, cause, and/or mission.'
Salient beneficiary	Self	Self and organisational community	Society, some segment thereof, or an intangible principle

(Adapted from: Thompson & Bunderson 2003, p. 575. An expanded framework for understanding psychological contracts: a comparison of currencies)

third party beneficiary, defined in general terms as society, some segment thereof, or an intangible principle (Thompson & Bunderson 2003).

The notion of an ideology-infused psychological contract is relatively new and the lack of a published survey instrument has limited its take-up as a major focus for empirical study. However, a number of published studies have confirmed the importance of ideological values and beliefs about work in the psychological contracts of employed medical and scientific professionals (see for example Bunderson 2001; O'Donohue, Donohue & Grimmer 2007; O'Donohue & Nelson 2007).

PSYCHOLOGICAL CONTRACTS OF VOLUNTEERS

In one of the earliest published studies into volunteer psychological contracts – a study conducted in a large, non-profit, health advocacy organisation in the US – Farmer and Fedor (1999) noted that, while volunteers do not expect to receive payment like paid workers, there are similarities in the psychological contracts developed by both types of worker. However, in the case of volunteers, they found that psychological contracts are more likely to be relational rather than transactional, with terms such as explicit feedback on the value that volunteers contribute to the organisation's mission and goals, and feeling the organisation cares about their volunteers' well-being, often more salient to the volunteer.

Other research has supported Farmer and Fedor's (1999) general conclusion that the psychological contracts of volunteers and paid workers are broadly similar. Liao-Troth (2001) in a study of US hospital workers identified substantial similarities, findings supported in a later study of volunteer firefighters and community volunteers (Liao-Troth 2005). In a study of a US organisation of women committed to the promotion of voluntarism, Smith (2004) identified a set of promises, interpretable as relational or transactional in nature, entailing attitudinal and behavioural obligations (categorised under the headings of loyalty, work, obedience, and responsibility) that appeared to serve as basic elements in the volunteer–organisation relationship.

Taylor, Darcy, Hoye and Cuskelly (2006) studied a sample of volunteers with a community sporting club network in Australia. This study found that transactional psychological contracts were not overtly relevant to volunteers, and that psychological contract breach in terms of relational contract obligations negatively impacted on performance. Starnes' study (2007), focusing on volunteers in a number of organisations in the US, also confirmed that, as in the case of paid workers, breach

of psychological contracts by the organisation can impact negatively on volunteer effort levels.

Surprisingly, given the substantial body of research confirming the values-based nature of much volunteer involvement (Clary & Snyder 1991; Clary, Snyder & Ridge 1992), there are few published studies focusing on the role of values and motives as elements in the psychological contracts of volunteers. Farmer and Fedor (1999) and Liao-Troth (2001, 2005) suggested that volunteers' expectations are likely to be shaped very substantially by personal motivating values, and that many volunteers choose an organisation to join in part because they share at least some common values with the organisation. These studies highlight the potential of the expanded psychological contract interpretive framework with its ideology-related aspect (Thompson & Bunderson 2003) to expand our understanding of the volunteer–organisation relationship (Taylor et al. 2006).

The aim of this paper is therefore to explore the psychological contracts, motivation, values, and satisfaction in respect of volunteers in a sample of hospitals in Australia. To do so, it addresses the following two research questions:

- what perceptions do the sample volunteers hold regarding the content and state of their psychological contracts; and,
- what evidence is there for an ideology-related aspect to their psychological contracts.

Regarding the ideological dimension, we look for evidence of individual contributions focused on a third party beneficiary beyond the individual–organisation, along with expectations that the organisation will provide a credible supporting commitment, including the provision of resources and ethical behaviour, as argued by Thompson & Bunderson (2003).

METHOD

SAMPLE

The sample for this quantitative study was recruited from volunteer workers in five hospitals across two Australian states, Tasmania and Queensland. Those who wished to be involved with the study self-selected, and from 756 forms issued, 280 survey forms were returned with 261 forms being deemed usable. A mix of hospitals from both the public and private sectors, and with and without church affiliations, was chosen in order to achieve a broad sample. We were unable to control for age or sex of the cohort and, as expected in a group of volunteer workers based in hospitals, the sample was predominantly aged 60 and over and female.

MEASURES

The survey had both quantitative and qualitative components. Quantitative data were collected in Section A using a five-point Likert scale through which participants were able to express the extent to which they agreed or disagreed with statements. The items comprising Section A were adapted from published scholarly work:

- Sections A1 and A2 on psychological contract obligations, and A3 and A4 on psychological contract breach, were adapted from Tekleab and Taylor (2003);
- Section A5 was adapted from the Australian Bureau of Statistics data on volunteer motivations;
- Section A6 on values was adapted from Tyler and Blader (2005); and,
- Section A7 on turnover intentions was adapted from Farmer and Fedor (1999), and also included a statement about whether the person was satisfied with the job.

Sections B, C and D were designed to elicit qualitative responses regarding what aspect of the work they liked most, least and most needed attention. Section E gave participants the option of further contact, if they so desired, with the study team.

PROCEDURES

The volunteer management units in five hospitals all expressed enthusiasm for the project because of the paucity of previous research among volunteer workers. The survey questionnaires were distributed to volunteers through these units in each organisation, along with an information package about the study, and a reply paid envelope with a request that the completed questionnaire be mailed directly to the researchers.

No identifying information was required in the questionnaire. Participants were invited to provide contact details if they wished to speak with the research team directly. No information concerning individual respondents was provided to their employing organisation. These procedures ensured that the confidentiality and privacy of individual respondents were maintained.

RESULTS

The demographic profile of our sample appears in Table 2. The return of 261 usable forms, from a total of 756 forms distributed to volunteers at the five hospitals involved in this research, represented a return rate of approximately 35 per cent. A total of 155 or

approximately 59 per cent of participants were from church-affiliated hospitals, leaving approximately 41 per cent from the private/public hospital sector. The profile indicates that overwhelmingly respondents were female, of retirement age, not in paid employment, and with less than five years service as a volunteer.

In general, while the quality of the response data was satisfactory overall, some respondents chose not to respond to a number of the items. For example, some

Table 2: Demographic Data

Variable	Number (n = 261)	Percentage
Type of organisation		
Public hospital A	38	14.6
Private hospital B	30	11.5
Private hospital C (church affiliated)	114	43.7
Private hospital D (church affiliated)	41	15.7
Public hospital E	38	14.6
Age		
0–19	5	1.9
20–29	13	5.0
30–39	12	4.6
40–49	20	7.7
50–59	46	17.6
60–69	113	43.3
70+	50	19.2
Unspecified	2	0.7
Gender		
Female	205	78.5
Male	38	14.5
Unspecified	18	7
Years of experience as volunteer		
0–4	133	51
5–9	67	25.7
10–14	22	8.4
15+	35	13.4
Unspecified	4	1.5
Years of service with current organisation		
0–4	179	68.6
5–9	52	20
10–14	16	6.1
15+	12	4.6
Unspecified	2	0.7
Are you in paid employment elsewhere		
Yes	49	18.8
No	210	80.5
Unspecified	2	0.7
If in paid employment elsewhere, is it:		
Full-time	7	2.7
Part-time	40	15.3
Unspecified	2	0.7

indicated 'agree' to everything or responded in the same way to opposite polarity questions, specifically questions A4b and A4c relating to whether their organisation did or did not meet its obligations to them. Also, in terms of data analysis, examination of the correlations between individual items within each of the seven questionnaire sections indicated that responses for many of the items were not highly correlated, and therefore summing the items to create an overall response for each section was not appropriate, except for items regarding obligations in sections A3 and A4.

QUANTITATIVE DATA

Turning to the specific results in respect of the seven survey areas, we report them below in Tables 3 to 10. The responses were scored from a value of 1 (strongly disagree) to 5 (strongly agree). For the most part they are self-explanatory, but comments are made as appropriate.

In respect to the type of obligations (Table 3), respondents felt socio-emotional obligations to perform in a reliable, honest, and policy-compliant way were rated most highly. As anticipated given the voluntary nature of their roles, socio-emotional contributions by the organisation were emphasised over economic contributions (Table 4); for example, the notion of benefits had little impact on this sample, but they nevertheless expect to be treated fairly and felt that the organisation should provide effective training and show leadership. It can be seen that several respondents failed to answer questions about benefits and the possibility of a long-term relationship with the organisation.

Of interest here is that the hospital managers were asked to complete questionnaire sections A1 and A2 on the basis of how they would want their volunteers to respond. Four managers did so, and the result was surprising only in respect to items (a) and (e) in section A1 covering obligations of volunteers to the organisation: the managers underestimated the willingness of the volunteers to perform tasks outside their job descriptions (mean of 1.25, compared with 2.82 for

volunteers) and also to work extra hours (mean of 2.25, compared with 3.61); however, there was considerable variation in the comparable standard deviations for both variables.

Table 4: Organisational obligations to the volunteer (QA2)

Item	Mean	Standard deviation	Median	Valid	Missing
a Attractive benefits	2.72	1.092	3.00	249	12
b Fair treatment	4.45	0.537	4.00	256	5
c Long-term relationship	3.69	0.957	4.00	249	12
d Feedback on performance	3.99	0.781	4.00	255	6
e Training	4.34	0.712	4.00	257	4
f Leadership	4.11	0.831	4.00	253	8

Clearly, most respondents felt that they were performing well and meeting their obligations to the organisation, and that the organisation was also meeting its perceived obligations (Tables 5 and 6).

Table 5: Whether volunteer's obligations to the organisation met (QA3)

Item	Mean	Standard deviation	Median	Valid	Missing
a Overall met my obligations	4.48	0.566	4.50	258	3
b Fulfilled most important obligation	4.5	0.547	5.00	250	11

Table 6: Whether organisation met its obligations to volunteer (QA4)

Item	Mean	Standard deviation	Median	Valid	Missing
a Overall met its obligations	4.32	0.578	4.00	257	4
b repeatedly not met its obligations*	4.33	0.827	4.00	243	18
c Fulfilled most important obligation	4.26	0.637	4.00	243	18

*Reverse scored

Responses to questions in Table 5 – section A3 '*Have YOU met your obligations to the organisation*?' – were predominantly either 'agree' or 'strongly agree', with an overall mean of 4.5. The mean of the responses to questions in Table 6 – section A4 '*Has the ORGANI-SATION met its obligations to you*?' – was 4.3. The correlation between these two overall variables was highly significant, $r = .302$, $p < 0.001$. There was a highly significant correlation – $r = .449$, $p < 0.001$ – between the organisation meeting its obligations and satisfaction (Table 10).

Table 3: Obligations felt to the organisation (QA1)

Item	Mean	Standard deviation	Median	Valid	Missing
a Tasks outside the job	2.82	1.435	3.00	254	7
b Develop new skills	3.97	0.86	4.00	255	6
c Perform reliably	4.56	0.59	5.00	259	2
d Honesty with organisation	4.62	0.532	5.00	258	3
e Work extra hours	3.61	1.176	4.00	258	3
f Follow organisation policies	4.53	0.673	5.00	257	4

In regard to motivational drivers for volunteering (Table 7), personal/family involvement, religious beliefs, learning new skills and gaining work experience are not prominent. It seems clear that more altruistic, service-oriented concerns such as helping others and doing something worthwhile are stronger motivators. The high standard deviation value for religious beliefs may be due to the mix of church-affiliated and public hospitals within the sample.

Table 7: Motivation to serve as a volunteer (QA5)

Item	Mean	Standard deviation	Median	Valid	Missing
a Help others	4.55	0.551	5.00	258	3
b Personal satisfaction	4.43	0.57	4.00	257	4
c Personal/family involvement	3.48	0.985	4.00	243	18
d Something worthwhile	4.45	0.551	4.00	256	5
e Social contact	4.07	0.823	4.00	255	6
f Use skills/experience	4.17	0.74	4.00	256	5
g Religious beliefs	3.01	1.234	3.00	250	11
h To be active	4.16	0.712	4.00	257	4
i Learn new skills	3.97	0.87	4.00	256	5
j Gain work experience	3.13	1.175	3.00	247	14

Consistency between personal and organisational values characterises this sample (Table 8) and it can also be seen that the organisations are perceived as acting in a manner consistent with their espoused values. Drawing a contrast between hospitals that were affiliated with churches and those that were not produced some interesting, but perhaps not unexpected results, which are displayed in Table 9.

Table 8: Alignment of organisational and personal values (QA6)

Item	Mean	Standard deviation	Median	Valid	Missing
a Similar values	4.14	0.612	4.00	256	5
b What the organisation stands for is important	4.25	0.606	4.00	256	5
c Agrees with values	4.28	0.53	4.00	255	6
d Agrees with what the group stands for	4.24	0.557	4.00	256	5
e Personal and work group values similar	3.98	0.659	4.00	254	7
f Organisation acts ethically	4.33	0.6	4.00	258	3
g Organisation acts according to its values	4.33	0.55	4.00	254	7
h Seldom asked to go against personal values	4.31	0.809	4.00	255	6

Table 9: Comparison of Non-church (N-C) and Church (Ch) affiliated hospitals (QA5 & QA6)

Item	Affiliation	Mean	Standard deviation	Median	Valid	Missing
Religious beliefs as a motivation	N-C	2.70	1.136	3.00	96	12
	Ch	3.18	1.269	3.00	151	6
Similar values	N-C	3.96	0.649	4.00	96	12
	Ch	4.27	0.550	4.00	151	6
What the organisation stands for is important	N-C	4.19	0.634	4.00	96	12
	Ch	4.30	0.584	4.00	151	6
Agrees with values	N-C	4.21	0.513	4.00	96	12
	Ch	4.33	0.537	4.00	151	6
Agrees with what the group stands for	N-C	4.29	0.476	4.00	96	12
	Ch	4.22	0.604	4.00	151	6
Personal and work group values similar	N-C	3.92	0.692	4.00	96	12
	Ch	4.02	0.641	4.00	151	6
Organisation acts ethically	N-C	4.24	0.655	4.00	96	12
	Ch	4.38	0.562	4.00	151	6
Organisation acts according to its values	N-C	4.23	0.561	4.00	96	12
	Ch	4.40	0.543	4.00	151	6
Seldom asked to go against personal values	N-C	4.19	0.893	4.00	96	12
	Ch	4.39	0.734	5.00	151	6
Satisfied with job	N-C	4.40	0.612	4.00	96	12
	Ch	4.42	0.580	4.00	151	6

Comparisons were initially performed using the Kruskal-Wallis non-parametric test and some differences between hospitals were detected on age, religious beliefs, similar values, organisation acting ethically and acting in accordance with values. However, to enable paired comparisons between the five hospitals to be conducted, the analysis was repeated using one-way analysis of variance. With this analysis the hospitals were significantly different on the following variables:

- Age, with church-affiliated volunteer cohort being older, $p = 0.001$.
- Religious beliefs stronger in the church-affiliated hospitals (A5g), $p < 0.001$.
- Similar values were stronger in the church-affiliated hospitals (A6a), $p = 0.001$.
- Organisation acts ethically (A6f), $p = 0.024$.
- Not asked to go against personal beliefs (A6h), $p = 0.015$.

Responses to the questions in section A7 (Table 10) reveal a high degree of satisfaction overall, with very few thinking of leaving their organisation within the next twelve months – but a number of subjects left this question unanswered. These results are consistent with responses reported regarding psychological contract fulfilment both by the individual and the organisation (Tables 5 and 6), as well as the perceived close alignment of personal and organisational values (Table 8).

Table 10: Satisfaction (QA7)

Item	Mean	Standard deviation	Median	Valid	Missing
a Satisfied with volunteer job	4.41	0.594	4.00	258	3
b Remain as a volunteer	3.98	0.945	4.00	253	8
c Leave within a year	2.04	1.014	2.00	243	18

QUALITATIVE DATA

As indicated earlier, Sections B, C and D of the survey questionnaire were designed to elicit qualitative responses regarding what aspect of the work they liked most, least and most needed attention in their relationship with their organisation.

Comments provided by volunteers (Table 11) in regard to those things they found most enjoyable reflected a focus on personal benefits, or a focus on what they contributed to the organisation, or recognition of the opportunity to make a contribution outside of themselves to a third party such as a patient. Socio-emotional aspects of volunteering – helping others, enjoying rewarding social interaction, and returning something of value to the community – were most prominent in these responses overall.

On the basis of the figures in Table 12, more than 50 per cent of the volunteers had no complaint to make. However, comment was made about unsatisfactory management practices relating to the work design and organisation, inadequate resourcing, and the provision of transport and parking facilities.

In respect of the question dealing with three matters requiring urgent attention (Table 13), many subjects omitted this section of the questionnaire and as a consequent the numbers do not total 261. Less than 50 per cent of the subjects provided comment, and in a number of cases only one matter was listed. Aside from volunteers thinking that nothing warranted urgent attention, another possible explanation is that the question may have been confusing to many participants. Rather than consider aspects of their relationship to the organisation, some felt that it referred to aspects of the job that they personally should carry out efficiently; for example, 'Ensure I advise them if I can't do a shift,'...'Making up files for next day,'...'Helping patients find their way for appointments.' The majority of comments received focused on socio-emotional and economic aspects that were perceived to be unsatisfactory, such as some unsatisfactory management practices and inadequate provision of training and support for volunteer roles.

Table 11: Responses regarding what volunteers most enjoy about the work (QB)

Most enjoyed	Typical comments	Number (n=261)
Social contact, interaction with others	'The friendships of others, the people contact.' 'Contact, interaction with patients and other volunteers.' 'Meeting other people, including patients, visitors and staff.'	82
Helping others	'Helping out people, it's so great.' 'As a volunteer I really enjoy helping others.' 'Helping other people that are less fortunate.'	70
Feeling valued, appreciated and needed	'The feeling of being valued is displayed greatly by the people receiving the volunteer service.' 'Organisation is very supportive and appreciative.' 'I feel valued and part of a wonderful team, I feel like I make a difference.'	36
Worthwhile job and returning something to the community	'Feeling of satisfaction of doing something worthwhile for the community.' 'Doing something worthwhile in my retirement.' 'I have had a successful life and would like to give something back to the community.'	30
Contributing to the running of the hospital	'Feeling part of the organisation.' 'The opportunity to use my training and experience.' 'I am able to give my talents and tailor them to the job.' 'Assisting the staff to lessen their workload.'	11
Being active, filling a gap	'It certainly filled a gap for me.' 'I enjoy doing the work as it helps keep the mind active, a welcome change from the usual housewife chores.' 'Keeps my mind active.'	7
Gain skills and experience	'Learning new skills.' 'The work experience and skills in the area I work in.' 'Personal satisfaction from mastering new skills.'	7
No response or nil		18

Table 12: What volunteers least enjoy about the work (QC)

Least enjoyed	Typical comments	Number (n=261)
Organisation of work	'Long-winded meetings.' 'Being given set times rather than responding to the needs of the task I am doing.' 'The increasing number of restrictions which are being enforced because of new personal health and safety rules.'	35
Transport, parking problems	'Not having car parking at the hospital and having to pay $8 towards car park fees.' 'Taking two trains to get there.' 'Travelling to the hospital in the morning can take 30 or 40 minutes depending on the traffic conditions.'	21
Undervalued, lack of appreciation	'Sometimes the lack of acknowledgement in some places.' 'Lack of recognition by doctors and some nurses.' 'Some paid staff have expectations of volunteers that are unrealistic or not part of the position descriptions.'	20
Lack of stimulation, boredom, repetitive job	'Repetitive jobs that become a bit boring.' 'Sometimes it can be a tiresome day, lack of stimulation, interaction.' 'Sometimes I'm not very busy.'	18
Tension, favouritism, disharmony	'Favouritism.' 'I dislike any disharmony between volunteers or between volunteers and office staff.' 'An obvious rift between those volunteers who work in the Private Hospital as opposed to the Public Hospital.'	14
Suffering of the patients	'I don't enjoy seeing people that are suffering.' 'Seeing extremely sick patients and the suffering of the elderly.' 'Seeing patients that are not well.'	11
Difficulties with patients and public	'Verbally threatened by smokers and parking offenders.' 'Angry patients, relatives.' 'Argumentative or abusive members of the public.'	10
More facilities, space	'The lunch provided is of such poor quality I would rather pay.' 'The cramped office space – the working conditions are not conducive to working efficiently.' The poor change room.'	7
No response or nil		125

Table 13: Aspects requiring urgent attention (QD)

Requiring urgent attention	Typical comments	Number (n=261)
Organisation of the work, training	'Training opportunities.' 'Providing us with the materials to do the job.' 'More signs for patients.'	45
Better management and communications	'Better communication with management.' 'Keeping volunteers informed.' 'Continual feedback is always great.'	28
Improved facilities, funding	'More funds to improve facilities.' 'Financial support to the volunteers office unit (we need more space, equipment convenient facilities).' 'Keeping our stock (books, games, etc) in supply.'	26
Recognition and respect	'More personal acknowledgement.' 'Respect by staff.' 'To be appreciated.'	13
Parking and transport	'Arrange free parking or bus pass.' 'Parking space.' 'They should have more parking for pick-up and drop-off.'	8
No response or nil		151

DISCUSSION

As outlined earlier, the objectives for the data analysis were twofold: to consider what perceptions the sample volunteers hold regarding the content and state of their psychological contracts; and, to identify whether there is evidence for an ideology-related dimension for which the organisation provides a credible supporting commitment.

Both the quantitative and qualitative data sets indicate that the sample volunteers perceive the individual and the organisation to have obligations regarding reciprocal exchange of economic and socio-emotional contributions that have either self-interest or joint interests as their focus. For example, volunteers' responses regarding motivational drivers make clear that for some there is a focus on benefits to the individual. These benefits are perceived to flow from the exchange of economic currency obligations, such as provision by the organisation of adequate supporting facilities and resources in return for volunteers' efforts.

For the majority of the respondents, however, this focus on self-interest is clearly subordinate to a focus on

joint benefits flowing from the mutual exchange of socio-emotional contributions that are predominantly relational in type. In this regard, important obligations that the organisation is perceived to hold include providing stimulating and meaningful work, treating volunteers fairly, and recognising and showing appreciation of volunteer efforts. In return, volunteers recognise the importance of their being honest, reliable, and responsible in contributing positively to the effective operation of the organisation and delivery of services to patients. Also, notwithstanding a tendency towards a transactional-like unwillingness to engage in tasks outside the defined volunteer job, a relational orientation is reflected in an evident desire to perform tasks well and the positive feelings expressed about the organisation's provision of leadership, training and feedback.

This picture is consistent with results presented by Farmer and Fedor (1999), who noted in the case of volunteers that psychological contract content is more likely to be relational rather than transactional, emphasising such organisational obligations as provision of explicit feedback that volunteers contribute directly to the organisation's mission and goals, being recognised and valued, and feeling the organisation cares about their volunteers' well-being. The clear emphasis in the responses of sample volunteers on perceived obligations to perform in a reliable, honest, and policy-compliant way is also consistent with Smith's (2004) study of voluntarism that reported attitudinal and behavioural obligations, relating to loyalty, work, obedience, and responsibility, as basic elements in the volunteer–organisation relationship.

It is clear from both sets of data presented earlier that the large majority of volunteers in the sample perceive the overall state of their psychological contracts to be satisfactory. The sample volunteers seemingly enjoy a successful relationship with their respective organisations, even though that success appears not to be dependent on the organisation being perceived as specifically obligated to maintain a long-term relationship with individual volunteers. On the face of it, this point appears inconsistent with relational psychological contracts but it may well reflect the fact that most respondents were of a senior age and not planning on volunteering indefinitely. However, what is not clear, in view of the relatively brief period of service most respondents indicated, is whether the possibility of a 'honeymoon' period with volunteering might have positively influenced perceptions.

Turning now to ideology-related issues, analysis of the data makes clear that for the majority of respondents there appears to be a primary contribution focus that centres on third party beneficiaries of the volunteer–

organisation relationship, such as patients and the broader community, which is superordinate to a focus on self or joint individual and organisation interest. This is in line with the notion of an ideology-infused psychological contract (Thompson & Bunderson 2003). The quantitative data show that the desire to help others and the personal satisfaction derived from this ranks highly as a motivator, perhaps not unexpectedly given the primary objectives of the employing organisations involve the provision of health-care. Considered together with qualitative comments made by volunteers, such as 'As a volunteer I really enjoy helping others'…and…'I have had a successful life and would like to give something back to the community', the third party focus for the majority of volunteers is further clarified, thus providing support for an ideological dimension in the sample volunteers' psychological contracts.

Evidence of an ideological dimension can also be seen in the data collected on personal and organisational values. Farmer and Fedor (1999) and Liao-Troth (2001, 2005) suggested that volunteers' expectations of what they and the organisation will contribute are likely to be shaped substantially by their personal motivating values, and that many volunteers choose an organisation to join in part because they share at least some common values with the organisation. Clearly in the case of this sample and organisational setting, there is a very close alignment between personal values and organisational values which supports this suggestion. There is evidence in the qualitative comments of selfless, caring and compassionate concerns for others in the community, and the idea that the organisation is a service-oriented and supportive environment. Volunteers clearly perceive the organisation as being obligated to provide a credible supportive environment (through provision of training, leadership, supportive volunteer management practices, and adequate facilities and resources). The perception by volunteers of such obligations on the part of the organisation, which is characteristic of the ideology-infused psychological contract (Thomson & Bunderson 2003), accords with suggestions by a number of authors (Ashmos & Duchon 2000, Burr & Thomson 2002; Thompson & Bunderson 2003) that many individuals are now seeking to find meaning in what they do by using their relationship with an employing organisation as the vehicle for realising personal values that transcend the individual–organisation boundaries.

Given that two of the five sample organisations were church-affiliated, some specific comment on the role of religious values is warranted. Notwithstanding the low profile of religion overall as a motivator, a consistent (if somewhat more marginal than expected) leaning to ideology appears more prominent in the study data for

volunteers at the church-affiliated organisations. A likely explanation here is that the 'other-oriented' tenets that underpin the specific religion associated with two of the sample organisations may overarch to produce the consistency noted in the data on personal and organisational values. This congruence, which underpins the ideological dimension of the psychological contracts of those volunteers with those organisations that have church-affiliations, arguably leads to the likelihood of higher satisfaction levels with volunteering. We note that in terms of satisfaction, while the slightly higher means for church-affiliated volunteers can not be regarded as definitive, the means for volunteers in church-affiliated hospitals did consistently outperform those for the other volunteers in the sample.

IMPLICATIONS

These findings have important academic and practical implications. Firstly, from an academic perspective, the study results demonstrate the potential of an expanded interpretive framework, incorporating the concept of an ideology-infused dimension in the psychological contract, to reveal important underlying drivers in the relationship between volunteers and their organisations. For example, the significance of a focus on benefits derived from the volunteer–organisation relationship flowing to third parties, such as for patients and their relatives as well as the broader community in this case, need to be recognised as a factor in explaining volunteer responses to failure by the organisation to deliver on perceived ideology-related obligations. Given that such responses may include reduced levels of commitment or leaving the organisation entirely, the importance of recognising the role of ideological values in volunteers' perceptions of psychological contract breach by the organisation is clear.

This leads to the second type of implications, those of relevance to volunteer management practices. The study highlights that perceptions of unsatisfactory management practices, relating to recognition of volunteer efforts, work design and organisation, imply psychological contract breach. The study has revealed differences between volunteers' and managers' perspectives in regard to performing tasks outside their volunteer job descriptions and working extra hours. These differences may simply reflect different levels of understanding that management and the volunteers have on occupational health and safety issues and responsibilities related to volunteers' roles and their legal implications for the organisation. On the other hand they may reflect a broader more fundamental conflict occurring at the operational level. For example,

managers' professional concerns for efficiency and cost management may serve to constrain the resources they are willing and able to provide for volunteer efforts to an amount which is perceived by volunteers as non-supportive. Taylor et al. (2006) and Starnes (2007) both found clear instances of volunteers perceiving management practices to have resulted in psychological contract breach with a consequent negative impact on role performance and volunteer efforts.

The study findings suggest several research directions for future consideration. Further research with samples of volunteers that have a range of different demographic attributes would help throw light on the ways in which individual characteristics, such as gender and age, affect the cross-cohort relevance of the concept of ideology-infused psychological contracts to volunteers. Also, the research setting selected for this analysis was limited to healthcare organisations which by definition are ideologically predisposed in their purpose towards 'helping others'. Research into ideology-infused contracts across a broader sample of organisations of different ideological hues, for example organisations focused on an environmental ideology that might have less broad social legitimacy, would also shed further light on the applicability of the study findings to other contexts.

This paper has considered the psychological contracts, motivation, values, and satisfaction in respect of volunteers in a sample of hospitals in Australia. It reports findings that show the volunteers perceive their psychological contracts to include economic, socio-emotional and ideology-related contributions. For many of the volunteers, the primary focus for these contributions is not on narrow self-interest or joint volunteer–organisation interests but rather on broader interests that transcend the organisation's boundaries. The study thus supports the relevance of the concept of an ideology-related psychological contract for conceptualising and understanding the volunteer–organisation relationship.

REFERENCES

Ashmos DP & Duchon D 2000, 'Spirituality at work: A conceptualisation and measure', *Journal of Management Inquiry*, vol. 9, no. 2, pp. 131-45

Australian Bureau of Statistics 2007, *Voluntary Work, Australia 2006*, Cat. No. 4441.0, ABS, Canberra

Bunderson JS 2001, 'How work ideologies shape the psychological contracts of professional employees: Doctors, responses to perceived breach', *Journal of Organizational Behaviour*, 22, no. 7, pp. 717-41

Burr R & Thomson P 2002, '*Expanding the network: What about including "the all" in the psychological*

contract', Paper presented at the Academy of Management Conference, Denver, USA

Clary EG & Snyder M 1991, 'A functional analysis of altruism and prosocial behavior: The case of volunteerism', in MS Clark (ed), *Prosocial behaviour*, Sage, Newbury Park, NJ, pp. 119-48

Clary EG, Snyder M & Ridge R 1992, 'A functional strategy for the recruitment, placement and retention of volunteers', *Nonprofit Management and Leadership*, vol. 2, pp. 333-50

Conway N & Briner R 2005, *Understanding psychological contracts at work: A critical evaluation of theory and research*, Oxford University Press, Oxford

Farmer SM & Fedor DB 1999, 'Volunteer participation and withdrawal: A psychological contract perspective on the role of expectations and organizational support', *Nonprofit Management and Leadership*, vol. 9, no. 4, pp. 349-67

Liao-Troth MA 2001, 'Job attitudes of paid and unpaid workers: Are volunteers really that different?', *Nonprofit Management and Leadership*, vol. 11, no. 4, pp. 423-42

Liao-Troth MA 2005, 'Are they here for the long haul? The effects of functional motives and personality factors on the psychological contracts of volunteers', *Nonprofit and Voluntary Sector Quarterly*, vol. 34, no. 4, pp. 510-30

O'Donohue W, Donohue R & Grimmer MR 2007, 'Research into the psychological contract: Two Australian perspectives', Human Resource Development International, 10, no. 3, pp. 301-18

O'Donohue W & Nelson L 2007, 'Let's be professional about this: Ideology and the psychological contracts of registered nurses', *Journal of Nursing Management*, 15, no. 5, pp. 547-55

Rousseau DM 1995, *Psychological contracts in organizations*, Sage, Thousand Oaks, CA

Rousseau DM & McLean Parks J 1993, 'The contracts of individuals and organizations', *Research in Organizational Behaviour*, vol. 15, no. 4, pp. 1-43

Rousseau DM & Tijoriwala SA 1998, 'Assessing psychological contracts: Issues, alternatives and measures', *Journal of Organizational Behaviour*, vol. 19, S1, pp. 679-95

Shore LM, Tetrick LE, Taylor MS, Coyle-Shapiro JA-M, Liden RC, McLean Parks J, Morrison EW, Porter LW, Robinson SL, Roehling MV, Rousseau DM, Schalk R, Tsui AS & Van Dyne L 2004, 'The employee–organization relationship: A timely concept in a period of transition', *Research in*

Personnel and Human Resources Management, vol. 23, pp. 291-370

Smith JT 2004, 'What they really want: Assessing psychological contracts of volunteers', *Journal of Volunteer Administration*, vol. 22, no. 1, pp. 18-21

Starnes BJ 2007, 'An analysis of psychological contracts in volunteerism and the effect of contract breach on volunteer contributions to the organization', *International Journal of Volunteer Administration*, vol. 24, no. 3, pp. 31-41

Taylor T, Darcy S, Hoye R & Cuskelly G 2006, 'Using psychological contract theory to explore issues in effective volunteer management', *European Sport Management Quarterly*, vol. 6, no. 2, pp. 123-47

Tekleab AG & Taylor MS 2003, 'Aren't there two parties in an employment relationship? Antecedents and consequences of organization–employee agreement on contract obligations and violations', *Journal of Organizational Behaviour*, vol. 24, pp. 585-608

Thompson JA & Bunderson JS 2003, 'Violations of principle: Ideological currency in the psychological contract', *Academy of Management Review*, vol. 28, no. 4, pp. 571-87

Tyler TR & Blader SL 2005, 'Can businesses effectively regulate employee conduct? The antecedents of rule following in work settings', *Academy of Management Journal*, vol. 48, no. 6, pp. 1143-58

Volunteering Australia 2008, *National Survey of Volunteering Issues*, Volunteering Australia Inc, Melbourne

Wayne O'Donohue is a lecturer in Management at the School of Management, Faculty of Business, University of Tasmania. Dr O'Donohue has research interests that include the psychological contract, professional ideologies, and ethics. Aside from human resource management and organisational behaviour issues, his other research interests include the history and philosophy of science, and the management of research in universities and research and development organisations.

Lindsay Nelson, is a Director of Trafalgar Management Services and a registered clinical psychologist. Dr Nelson was formerly a senior lecturer in Human Resource Management at the School of Management, Faculty of Business, University of Tasmania. He has published research papers in the fields of organisational psychology, organisational behaviour, human resource management, and industrial relations.