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*Full Length Research Article*

# Volunteerism among Clinicians: the role of Emotional Intelligence and Self-Esteem

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The study examined the role of self-esteem and emotional intelligence on volunteerism among clinicians in Lagos State, Nigeria. A cross-sectional survey design was adopted for the study. Employees in the health industry in Lagos State, Nigeria constitute the population of this study. A total of 250 clinicians across state hospitals, in Lagos, Nigeria were sampled using accidental sampling technique. The Rosenberg self-esteem scale was used to measure self-esteem, Trait Meta-Mood Scale (TMMS) developed by Salovey, Mayer, Goleman, Turvey and Palfai (1995) and volunteerism was measured using Volunteerism questionnaire developed by Clary and Snyder, (1999). In order to determine the extent and direction of associations among the study variables, Pearson Product Moment Correlation (PPMC) analysis was conducted. The result show that self-esteem have a significant relationship with volunteerism [ $r(250) = .21$ ;  $p > 0.05$ ]. Emotional intelligence showed significant positive relationship with volunteerism [ $r(250) = .32$ ;  $p < 0.01$ ]. Findings of the study have some direct practical implications for management and boards of directors in ministries of health in government owned hospitals in Nigeria and Africa. Based on the findings of this study, the researcher recommended that colleges of medicine and various schools of Nursing under the Ministry of Health should take adequate steps to encourage volunteerism among clinicians in Nigeria. In other words, clinicians who work in healthcare environments in Nigeria should be encouraged to enroll in volunteer programmes.

**Keywords:** Self-Esteem, Emotional Intelligence and Volunteerism

## INTRODUCTION

### Background to the Study

In a period when the demand for healthcare practitioners is on the increase, the need for clinicians in volunteer work cannot be over-emphasized. More complex demand for healthcare attention and a variety of personal and work demands on clinician's time can make humanitarian volunteerism difficult (Snyder et al., 2000). However, despite the huge demand on clinician's, data on the extent of volunteer's contribution to healthcare has been few (Candy and Sampson, 2014).

There are several definitions to volunteerism however, there are no gold standards for defining volunteerism but rather, there are guiding major concepts that must be represented. For example, Devereux, (2008) opined that volunteering involves time and expertise/experience freely to influence that is geared towards the shaping and development of people who may be in need of it. Also, volunteering can be referred to as a commitment of time to improve the situation and capability of vulnerable people by acting as a role model in terms of conduct and actions that help disadvantaged people (Clary and Snyder, 1999). Therefore, a volunteer is someone who gives up their time for others' reward, because they care about their communities and people, are motivated to help other people (Devereux, 2008).

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The concept of emotional intelligence (EI) was first proposed by Mayer and Salovey (1990) which was then popularized by Goleman: *Why it can matter more than IQ*. Since then, this area has got much attention in the field of healthcare delivery systems, leadership, human resource management and organizational behavior. According to Salovey and Mayer (1990), Emotional Intelligence is being able to monitor one's own and other's feelings and emotions, to discriminate among them, and to use this to guide one's thinking and actions. Again, Salovey and Mayer (1993) wrote that an emotionally intelligent person is skilled in four areas: identifying, using, understanding, and regulating emotions. Similarly, Goleman also stressed that emotional intelligence consists of five components: Knowing one's emotions (self-awareness), managing them, motivating self, recognizing emotions in others (empathy), and handling relationships.

Funk and Wagnalls (2003), define self-esteem as when one has a good opinion of oneself. Self-esteem is the way people think about themselves and how worth-while, they feel. Alavi and Askaripur, (2003) asserted that clinicians with recognizable self-esteem have more energy for positive pursuits because their energy is not wasted on negative emotions, feelings of inferiority or working hard to take care of or please others at the expense of their own self-care. Roessler (1978) posits that self-esteem is believed to be relevant to the individual's optional adjustment and functioning. However, an ingrained skepticism emerging among clinicians about the value of spending time on volunteerism, as opposed to the evident and immediate value of treating patients in hospital wards (Mountford and Webb, 2009).

Rosenberg (1989) suggested high self-esteem indicates a person respect for self, and does not consider him or herself superior to others, recognizes self-limitations, and expects to grow and improve. Low self-esteem implies self-rejection or self-contempt, feeling disagreeable about one self and wishing it were otherwise. Rosenberg (1979) explained self-concept is not a collection but an organization of parts, pieces, and components and that are hierarchically organized and interrelated in complex ways. Rosenberg (1979) cited that people high in self-esteem tend to be more likable and attractive, and tend to have better relationships, and to make better impressions on others than people with low self-esteem, but objective measures disconfirm most of these beliefs (Alavi and Askaripur, 2003). Self-esteem has not been shown to predict the quality or duration of relationships (Baumeister et al., 2003). Yet high self-esteem makes people more willing to speak up in groups and to criticize group's approach (Rosenberg et al., 1995).

## **Review of Related Studies on Volunteering**

Evidence abound that volunteering activities do provide particular benefits. For example, Clary et al, (1996) conducted a logistic regression on data collected from individuals who had volunteered during the past year. Different combinations of motives were associated with volunteering in different areas. While this suggests that volunteering in certain areas does satisfy particular motives, more evidence is needed to determine whether certain tasks can be characterized by particular motives (Houle et al., 2005). Moreover, the critical question remains whether clinician's people do choose volunteer tasks based on the emotional competence and developed self-concept that engage personal motives and task benefits accrued from volunteerism acts. Sergent and Sedlacek (1990) cited in, Houle et al, (2005) also found evidence suggesting that volunteers in different organizations have different motivational and personal needs. On the other hand, these results, while evocative, are inconsistent with regard to professional practice or with benefits that suit volunteer motivation.

## **Statement of Problem**

The study of volunteerism has not gained much attention it deserves in the scientific world. There are only a handful studies that have examined the issues of volunteerism in within the Nigerian context, and few of these studies have only sampled populations among students, and security agents (Omoto et al., 1993). However, it is important to state here that, Volunteering is one of the most significant yet under-recognised means through which public services reach the poorest and most marginalized communities. In many countries there is an extensive infrastructure of schools, hospitals, security services and even social protection schemes, but poor people do not get access to them. As important as this may portend, there are few studies which has examined the role of emotion and self-construct to the understanding of volunteerism, especially in developing countries, such as Nigeria. The importance of volunteerism to any economy cannot be over-emphasized. Research on volunteerism can play a significant role in helping to bridge this gap; adding in numbers and experience to the existing public service workforce and helping to ensure the relevance of these services to the communities they have been set up for.

## **Related Studies on Self-Esteem**

Though not many empirical researches have been conducted on the relationship between self-esteem and volunteerism, this may be attributable to the fact that volunteerism is a seldom examined concept in clinical

settings. Although, for at least several decades, some people have been described as more bold, assertive and talkative than others and for almost equally long, this set of behaviors has been thought to have a biological basis and socially important (Dennis and Oluwatelure, 2016).

Dennis and Oluwatelure, (2016) asserted that self-esteem has become a household word in clinical circles. Psychologists, doctors, nurses, social workers, psychiatrists, psychiatric nurses, therapists, and others have focused efforts on boosting self-esteem, on the assumption that high self-esteem will cause many positive outcomes and benefits. However, this assumption has been critically evaluated in some literatures (Alavi and Askaripur, 2003). Self-esteem is a term used in psychology to reflect person's overall emotional evaluation of his or her own worth (Rosenberg et al., 1995 cited in, Dennis et al., 2016). It is a judgment of oneself as well as an attitude towards the self (Hewitt, 2009). It is the evaluative component of self-knowledge (Baumeister et al., 2003). High self-esteem refers to a highly favorable global evaluation of the self (Baumeister et al., 2003). Low self-esteem, by definition, refers to an unfavorable definition of the self. Whether this signifies an absolutely unfavorable or relatively unfavorable evaluation is a problematic distinction (Baumeister et al., 2003). This is because self-esteem does not carry any definitional requirement of accuracy whatsoever (Baumeister, et al., 2003).

Only a handful of research studies on self-esteem have revealed significant relationships with volunteerism (Crocker et al., 2004). Even fewer studies have investigated if self-esteem is a cause of important consequences in volunteerism? The results of a survey of major research findings bearing on this question have provided some thorough review of empirical findings emphasizing the most methodologically rigorous research studies to ascertain whether high self-esteem is in fact a cause of positive or negative outcomes leadership (Dennis et al., 2016). Some authors have revealed that altruistic behaviors do not stem directly from self-esteem, but self-esteem may have indirect effect (Dennis et al., 2016). Relative to people with low self-esteem, those with high self-esteem show stronger in-group favoritism, which may increase prejudice and discrimination (Dennis et al., 2016).

Research has revealed that self-esteem alone does not account for positive value for bringing about clinical practice benefits (Gerrard et al., 2000; Baumeister et al., 2003). Such a pattern would presumably allow an accurate understanding of just what self-esteem is good for. This would be beneficial for theory in that it would promote a better understanding of self-esteem as well as the outcomes it predicts and for practical applications and even for determining whether efforts at boosting self-esteem are worth undertaking in order to solve particular leadership problems (Rosenberg et al., 1995; Rosenberg, 1987; Baumeister et al., 2003).

## Hypothesis

1. Emotional intelligence will significantly influence volunteerism among clinicians in Lagos State.
2. Self-Esteem will significantly influence volunteerism among clinicians in Lagos State.

## METHOD

### Research Design

A cross-sectional survey design was adopted in the study. Moreover, variables of this study were not actively manipulated. The dependent variable is volunteerism. The predictor variables are emotional intelligence and extroversion.

### Research Setting

Employees in the health industry in Lagos State, Nigeria constitute the population of this study because healthcare workers in National Orthopedic Hospital, Igbobi, Onipanu, Lagos, and Lagos University Teaching Hospital, Idi-Araba, Mushin Lagos (LUTH) are strategically located in the hub of the most populous nation in Africa and are more saddled and in critical need to engage in building, structuring and developing healthcare practice among nascent and experienced clinicians. The pluralistic, commercial, and strategic nature of Lagos state informed the choice of hospitals used in the study.

### Participants

A total of 250 employees across state hospitals, in Lagos, Nigeria were sampled using accidental sampling technique. The hospitals selected were; National Orthopedic Hospital, Igbobi, Onipanu, Lagos, Lagos University Teaching Hospital, Idi-Araba, Mushin Lagos (LUTH). The participants comprised of 131 (51.5%) males and 119 (48.5%) females. The ages ranged from 20 to 54 with a mean of 35.13 years and SD of 8.33. Also, 60 (25.7%) of the participants were single, 180 (61.9%) were married, 10 (7.0%) were widowed. Their job position revealed that 161 (59.5%) were of junior cadre and 89 (39.1%) were of senior cadre.

### Instrument

Relevant data were gathered through the use of validated questionnaire which comprises of four sections (A-D).

**Section A:** Socio-demographic information. These include age, gender and marital status.

**Section B: The Rosenberg Self-esteem Scale (Self-esteem)**

The Rosenberg self-esteem scale, is a widely used self-

report instrument for evaluating individual self-esteem, 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. The scale is uni-dimensional. All items are answered using a 4-point Likert type scale format ranging from strongly agree to strongly disagree. Scoring: Items 2, 5, 6, 8, and 9 are reverse scored. Give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. The scores are on a continuous scale. Higher scores indicate higher self-esteem. Samples items included: "I am able to do things as well as most other people". Byrne (1983) showed that the RSES had adequate internal reliability, and test retest correlation of 0.61 over a 7-month period in Ontario, Canada. Among Nigerian samples, Dennis and Oluwatelure, (2016) reported a Cronbach's Alpha of the Rosenberg scale coefficient of .92 showing good internal consistency using Nigerian Sample. In the present study, a Cronbach's Alpha of .89 was obtained for the scale. Scores above the mean reflect high self-esteem while score below the mean indicate low self-esteem. Higher score on the scale implies high self-esteem.

### **Section C: Trait Meta-Mood Scale (TMMS) Emotional Intelligence**

Emotional Intelligence was measured using a 30 item self report Trait Meta-Mood Scale (TMMS) developed by Salovey et al, (1995). TMMS measures the core areas of emotional intelligence: emotional attention (13 items), emotional clarity (11 items), and mood repair (6 items). Examples of items are: "Feelings give direction to life" (emotional attention), "when I become upset I remind myself of all the pleasures in life" (mood repair). The scale is predicted on a 5 point scale (1 = Strongly Disagree; 5 = Strongly Agree). All the items are directly scored except for items 5, 28, and 33 which are reversely scored. Fitness and Curtis (2005) cited in, Oladipo et al, (2010) obtained 0.78, 0.85, and 0.78 Cronbach's alpha coefficients for emotional intelligence, emotional clarity, and mood repair sub scales, respectively. Using Nigerian sample, Ogungbamila (2011) obtained 0.70 and 0.78 Cronbach's alphas respectively for the overall scale. Scores above the mean reflect high emotional intelligence while scores below the mean indicate low emotional intelligence.

### **Section D: Volunteerism Questionnaire (VQ) Volunteerism**

Volunteerism will be measured using the Volunteerism questionnaire developed by Clary and Snyder, (1999) which is 18 item scale designed to measure reasons to volunteer and volunteering behavior. The volunteering scale is scored on 7 point Likert type scale (1 = extremely important to 7=extremely unimportant). A higher number indicates a motivation of greater importance for that

person and thus, motives for volunteering can be ranked based on the scale scores. Samples of items include: 'My friends volunteer', Volunteering makes me important'. Nigerian authors (Ehigiegba et al., 2014) reported a Cronbach Alpha of .91.

### **Procedure**

In order to get the clinicians that participated, permission and ethical approval was sought and obtained from the ethical review committee of the National Orthopedic Hospital, Igbobi, Onipanu, Lagos, Lagos University Teaching Hospital, Idi-Araba, Mushin Lagos (LUTH). In a bid to get clinicians to participate in the study, approval was sought and obtained in form of informed consent before they were selected for the assessment. The respondents were adequately informed about the nature of the study and its benefits. The purpose of the study was explained to the participants as they were also given assurance of confidentiality and anonymity of their identities and responses. In addition, the respondents were told that there was no right or wrong answers, and as such should try to be honest as possible in their responses.

#### *Inclusion Criteria*

Eligibility to participate in the study included all qualified employed resident/consultant clinicians which comprises of Psychiatrists, General Practitioners, Surgeons, Neurosurgeons, Orthopedics, Ophthalmologists, Pharmacist, Occupational Therapists, Clinical Psychologists, Psychiatric Nurses, Laboratory Analysts, Social workers and Interns (Medicine, Pharmacy and Psychology) who have spent not less than 6 months and who are indirect contact with patient or who provide healthcare for inpatients and outpatients in managed care institutions.

#### *Exclusion Criteria*

The respondents that were ineligible or excluded from the study comprised those classified as outliers who include retired healthcare practitioners, healthcare artisans and those chronologically less than 18 years of age, clinicians with less than six-month experience, laboratory workers, ambulance drivers, administrative staffs, hospital domestic workers and all non-practicing healthcare professionals.

### **Data Analysis**

In order to determine the extent and direction of associations among the study variables, Pearson Product Moment Correlation (PPMC) analysis was conducted. Some of the socio-demographic variables were codified. For example, gender was coded male 0, female 1. Marital status was coded single 0, married 1, and widow 2. All analyses were conducted using SPSS 17.0 Wizard.

**Table 1.0.** Correlation Matrix Showing the Mean, SD and Inter-Variable Relationships among Variables of the Study

Variables	Mean	SD	1	2	3	4	5	6
1. Age	35.13	8.33	1					
2. Gender	-	-	.158**	1				
3. Marital Stat	-	-	.614**	.040	1			
4. Self-esteem	31.92	3.14	-.021	.123*	-.025	1		
5. Emotional Int.	16.42	2.12	.081	-.041	-.015	.038	1	
6. Volunteerism	37.75	6.45	-.044	.021	.111*	.211*	.321*	1

\*\*  $p < 0.01$ , \*  $p < 0.05$ ,  $N=250$ .

Key: Marital Stat. = Marital Status, Emotional Int. = Emotional Intelligence

## RESULTS

### Test of Relationship among the Study Variables

The analysis involved inter-correlations of all the variables of the study. The result presented in Table 1.0.

Results in Table 1.0 indicated that age, gender, had no significant relationship on volunteerism. However, marital status depicted significant relationship with volunteerism among clinicians. Table 1.0 show that self-esteem have a significant relationship with volunteerism [ $r(250) = .21$ ;  $p > 0.05$ ]. This implies that self-esteem showed significant relationship with volunteerism. Therefore, hypothesis 1 was accepted. Emotional intelligence showed significant positive relationship with volunteerism [ $r(250) = .32$ ;  $p < 0.01$ ]. This indicates that clinicians who reportedly scored high on emotional intelligence measure also showed increased tendency towards volunteerism. Therefore, hypothesis 2 was accepted. As additional information, age and gender did not reveal significant relations but marital status did show positive correlations with volunteerism.

## DISCUSSION, CONCLUSION, AND RECOMMENDATION

### Discussion

The study examined the influence of emotional intelligence and self-esteem, on volunteerism among clinicians in Lagos State, Nigeria. In hypothesis 1, the result showed that self-esteem had significant influence on volunteerism. Therefore the hypothesis was accepted. The result of this study supported the findings of Baumeister et al, (2003) who suggested that people high in self-esteem claim to be more likable and attractive, to have better relationships, and to make better impressions on others than people with low self-esteem. High self-esteem makes people more willing to speak up in groups and to criticize the group's approach. It is important to

state here that relative to people with low self-esteem, those with high self-esteem tend to become more sociable and active in group dynamix. Also, Self-esteem has a strong relation to happiness. Gerrard et al, (2000) suggested that low self-esteem is more likely than high to lead to depression and social withdrawal under some circumstances especially volunteerism acts. Overall, in view of the heterogeneity of high self-esteem, indiscriminate praise might just as easily promote volunteerism, with its less desirable consequences. Instead, it is recommended using praise to boost self-esteem as a reward or socially desirable behavior and self-improvement (Ciarrochi et al., 2007).

According to Salovey and Mayer (1990), emotional Intelligence is being able to monitor one's own and other's feelings and emotions, to discriminate among them, and to use this to guide one's thinking and actions. Again, Salovey and Mayer (1993) wrote that an emotionally intelligent person is skilled in four areas: identifying, using, understanding, and regulating emotions. Similarly, Goleman also stressed that emotional intelligence consists of five components: Knowing one's emotions (self-awareness), managing them, motivating self, recognizing emotions in others (empathy), and handling relationships. These components by themselves (emotional competence) may be responsible for influencing volunteerism and aid group involvement among clinicians.

### Conclusion

Based on the findings, the study has empirically demonstrated that clinicians who scored high on the measure of self-esteem and emotional intelligence showed higher tendency to demonstrate volunteerism. Moreover, the results revealed that hospital employees who have high self esteem showed increased tendency to exhibit volunteerism. Conclusively, findings of this study established that self-esteem, and emotional intelligence jointly exert significant influences on volunteerism among clinicians.

## Implications of the Findings

Findings of the study have some direct practical implications for management and boards of directors in ministries of health in government owned hospitals in Nigeria and Africa. The findings from this study implicate the need for hospital and healthcare management as well as personnel departments to design and develop intervention programmes that can help increase volunteer activities within the healthcare sector in Nigeria. The findings of this study also have practical implications for reviewing and updating Nigerian hospital reforms specifically in relations to volunteerism among clinicians. Lastly, findings from the study would serve as a reference point and stimulate more research in this direction.

## Recommendations

Based on the findings of this study, the researcher recommends as follows:

1. Colleges of medicine and various schools of Nursing under the Ministry of Health in Nigeria should take adequate steps to encourage volunteerism among clinicians in Nigeria. In other words, clinicians who work in healthcare environments in Nigeria should be encouraged to enroll in volunteer programmes.
2. Volunteerism should be viewed as corporate responsibility among clinicians and policies should be geared in this direction to sensitize clinicians of the benefits of engaging in volunteer work.

## Limitations of the Study and Direction for Future Research

Like other studies, the study has some limitations. The limitations observed were: One, findings in this study should be generalized with caution due to the following reasons; (1) data might be open to response set because data were collected using self-report questionnaires, (2) the study only made use of 250 participants which may not be enough for generalization, and (3) participants were drawn from only hospitals in Lagos states, Nigeria. Also, this study considered only two (self esteem and emotional intelligence) variables on volunteerism. The contribution of other variables will broaden the understanding volunteerism among clinicians should be considered in future research.

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