



Data Article

Dataset on the relationship between psychosocial resources of volunteers and their quality of life



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ABSTRACT

This paper presents data examining the relationship between Professional Quality of Life (Compassion, Satisfaction, and Trauma), Sense of Community (Attachment, Social Bonds, and Satisfaction of Needs), Perceived Self-Efficacy in Voluntary Social and Health Care Organization, Perceived Collective Efficacy in Voluntary Social and Health Care Organization, Religious orientation (Extrinsic, Intrinsic, and Quest), and Perceived Social Support (Family, Friends, and Organization). The sample consists of 105 volunteers, who completed a questionnaire containing measures of construct investigated. Participants are all members of a Catholic organization that offers voluntary help to poor and vulnerable people. This community of volunteers is present throughout Italy with dozens of group homes, reception shelters for homeless people, soup kitchens, rehab centres, and open families hosting children, disabled people and elderly people in foster care. Participants, living in various Italian cities, were contacted by email and asked to complete an online questionnaire individually.

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All participants were informed that their responses would remain confidential. Sample demographics, descriptive statistics, and correlations among measures were provided.

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Specifications table

Subject	Social psychology
Specific subject area	Community psychology, Psychology of religion, and Positive psychology
Type of data	Tables
How data were acquired	Online survey with questionnaire (see “questionnaire” file in supplementary file)
Data format	Raw, Analyzed
Parameters for data collection	Only participants who are members of a Catholic voluntary social and health care organization and who were born and lived in Italy were included in the sample.
Description of data collection	Participants were contacted by email and asked to complete an anonymous online questionnaire individually.
Data source location	Country: Italy
Data accessibility	With the article (see “data” file in supplementary file)

Value of the data

- These data are useful to understand the relationship between the quality of life of volunteers and some psychological and psychosocial protective factors.
- More specifically, these data can be useful to better understand how different kinds of religiosity and different levels of perceived social support, sense of community, collective efficacy and self-efficacy in voluntary social and health care organization, are related to the quality of life of people who take care of others.
- The data will be useful for researchers interested in community psychology and positive psychology, as well as for researchers interested in the effects of religion on the well-being of the volunteers.
- The study can be replicated in other countries or with other kinds of volunteer organizations (e.g., non-religious organizations) to make a comparison between them.
- These data could represent a specific source of information on the variables that influence the health and the professional satisfaction of helpers and that are related to the experiences of compassion, satisfaction, burnout, or compassion fatigue (also called secondary trauma). Moreover, they can give indications on the distortion of responses due to social desirability.

1. Data description

This data paper reports questionnaire (see “questionnaire” file in supplementary file), raw data (for each subject, answers to each item and aggregate scores of each measures are reported; see “data” file in supplementary files), demographic statistics of the sample (sex, age, education, marital status, area of residence, and working period; see Table 1), descriptive statistics of the measures (means, standard deviations, and alphas; see Table 2), and correlations among them (see Table 3). Moreover, meaning of demographic variables values and abbreviation used in the data file, as well as SPSS syntax to compute variables mean are provided (see “annex” file in supplementary file).

Table 1

Sample demographics: gender, age, educational level, marital status, area of residence, and working period of participants (see “data” file in supplementary file).

Variables	Category	Frequency Number	Percent
Gender	Female	65	61.9
	Male	40	38.1
Age	> 30	2	1.9
	31–40	21	20.0
	41–50	30	28.6
	51–60	35	33.3
	61 and above	12	11.4
	Missing Data	5	4.8
Education	Secondary school diploma	2	4.8
	High school diploma	53	50.5
	Degree	47	44.8
Marital Status	Married	91	86.7
	Unmarried	12	11.4
	Widowed	2	1.9
Area of Residence	Northern Italy	49	46.7
	Central Italy	30	28.6
	Southern Italy	21	20.0
	Missing Data	5	4.8
Working Period	> 5	9	8.6
	6–10	14	13.3
	11–15	15	14.3
	16–20	18	17.1
	21–30	36	34.3
	31 and above	13	12.4

Table 2

Descriptive statistics: Attachment, Satisfaction of Needs, Social Bonds, Perceived Collective Efficacy, Perceived Self- Efficacy, Perceived Social Support (Family, Friends, and Organization), Burnout, Trauma, Compassion Satisfaction, Extrinsic orientation, Intrinsic orientation, Quest orientation, and Social desirability (see “data” file in supplementary file).

Variables	Reliability coefficient (Cronbach's Alpha)	Mean	SD
Attachment	.656	3.737	0.326
Satisfaction of Needs	.673	3.486	0.434
Social Bonds	.598	3.567	0.337
Perceived Collective Efficacy	.720	4.063	0.494
Perceived Self- Efficacy	.884	3.829	0.439
Family-Perceived Social Support	.913	4.009	0.900
Friends-Perceived Social Support	.862	3.819	0.774
Organization-Perceived Social Support	.847	4.102	0.780
Burnout	.677	1.900	0.569
Trauma	.812	1.654	0.769
Compassion Satisfaction	.773	3.883	0.529
Extrinsic orientation	.772	4.148	1.480
Intrinsic orientation	.724	6.195	0.883
Quest orientation	.683	3.307	1.333
Social desirability	.617	4.637	0.843

Data presented in this paper consists of a convenience sample of Italian Volunteering, recruited after the organization's management approved the research and provided us with a list of members' email addresses. All participants were informed that their responses would remain confidential. Ethical approval for the study was granted by the principal investigator's institution. All participants were Italian and were part of a Catholic voluntary organization. The sample provided in this paper consisted of 105 participants (65 female and 40 male), aged between 28 and 65 years (Mean = 48.91, S.D. = 9.502). With regard to age group, 1.9% were less than 30 years old,

Table 3
Correlations among Attachment, Satisfaction of Needs, Social Bonds, Perceived Collective Efficacy, Perceived Self- Efficacy, Perceived Social Support (Family, Friends and Organization), Burnout, Trauma, Compassion Satisfaction, Extrinsic orientation, Intrinsic orientation, Quest orientation, and Social Desirability (see “data” file in supplementary file).

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Attachment	1														
2 Satisfaction of Needs	.544***	1													
3 Social Bonds	.512***	.354***	1												
4 Perceived Collective Efficacy	.474***	.562***	.358***	1											
5 Perceived Self- Efficacy	.402***	.474***	.352***	.671***	1										
6 Family-Perceived Social Support	.203*	.080	.307**	.242*	.292**	1									
7 Friends-Perceived Social Support	.336***	.362***	.196*	.378**	.384***	.600***	1								
8 Organization-Perceived Social Support	.328**	.325**	.198*	.184	.254**	.469***	.595***	1							
9 Burnout	−0.295**	−0.288**	−0.404***	−0.171	−0.293**	−0.336***	−0.366***	−0.436***	1						
10 Trauma	−0.061	−0.089	−0.242*	.066	−0.066	−0.197*	−0.121	−0.161	.631***	1					
11 Compassion Satisfaction	.379***	.402***	.451***	.423**	.514***	.363***	.388***	.451***	−0.560***	−0.061	1				
12 Extrinsic orientation	−0.073	−0.004	−0.007	.170	−0.014	.054	.034	.117	−0.045	.085	.043	1			
13 Intrinsic orientation	.434***	.399***	.244*	.341***	.342***	.069	.345***	.289**	.492***	−0.234*	.382***	.232*	1		
14 Quest orientation	−0.066	−0.018	−0.175	−0.006	.144	−0.116	−0.050	−0.040	.305**	.272**	−0.081	−0.012	−0.120	1	
15 Social desirability	−0.007	.039	.148	.179	.166	.003	−0.026	.029	−0.240*	−0.150	.232*	−0.050	.040	−0.083	1

* $p < .05$ ** $p < .01$ *** $p < .001$.

20% between 31 and 40 years, 28.6% were aged between 41 and 50 years, 33.3% between 51 and 60 years, 11.4% were over 61 years old, and 4.8% did not indicate age. With regards to residence of participants, 46.7% of the participants lived in Northern Italy, 28.6 in Central Italy, 20% in the South and 4.8% did not indicate the area of residence. The majority of the sample was married (86.7%), while 11.4% were unmarried and 1.9% were widowed. The time spent as volunteers for the organization is between 2 and 41 years (Mean = 19.83, S.D. = 9.795), according to these intervals: 8.6% were volunteers for less than 5 years, 13.3% between 6 and 10 years, 14.3% between 11 and 15 years, 17.1% between 16 and 20 years, 34.3% between 21 and 30 years, and 12.4% for more than 31 years. Regarding educational level 50.5% of participants had a high school education, 44.8% had a university education, and 4.8% had a lower secondary school education. Sample demographics are presented in [Table 1](#).

2. Experimental design, materials, and methods

Data was collected using a questionnaire containing measures of investigating constructs (see “questionnaire” file in supplementary file; variables names, used in the “data” file, are reported near corresponding item between square brackets).

To investigate sense of community, twelve items (three items measuring attachment, three items measuring social bonds, and three items measuring needs satisfaction) were taken from the scale proposed by Prezza, Costantini, Chiarolanza, and Di Marco [1]. Participants provide their answers on a 4-point scale ranging from 1 (“Totally disagree”) to 4 (“Totally agree”). To avoid misunderstandings, we have adapted the scale of sense of community to the context by replacing the word “community” with the word “organization”. To detect the perception of efficacy in voluntary social and health care organizations, the Self-Efficacy Scale (five items) and the Collective Efficacy Scale (19 items) were used. Both measures were proposed by Barbaranelli and Capanna [2] and required participants to provide their answers on a 5-point scale ranging from 1 (“Totally disagree”) to 5 (“Totally agree”), with 3 meaning “Neither agree, nor disagree”. The Multidimensional Scale of Perceived Social Support proposed by Zimet, Dahlem, Zimet, and Farley [3] was used to measure support received from family (four items), friends (four items), and organization (four items; in the original version of the scale, these items were intended for “a special person”, but in this study we used these items as referred to “organization”). Participants provide their answers on a 5-point scale ranging from 1 (“Not at all”) to 5 (“Very much”). To measure personal well-being, the Professional Quality of Life Scale (ten items measuring compassion satisfaction, ten items measuring burnout, and ten items measuring trauma) proposed by Stamm [4] was used. Participants provide their answers on a 7-point scale ranging from 0 (“Never”) to 5 (“Very often”). To measure religious orientations, 14 items (four items measuring extrinsic orientation, six items measuring intrinsic orientation, and four items measuring quest orientation) already used in other studies [5] and taken from the Religious Orientation Scale proposed by Allport and Ross [6] and the Religious Life Inventory proposed by Batson, Schoenrade, and Ventis [7] were used (see Voci, Bosetti, & Veneziani [8], for the Italian adaptation of this scale). Because the reliability coefficient of intrinsic orientation was unsatisfactory ($\alpha = 0.367$), in the analysis reported in [Table 2](#) and [Table 3](#) two items were deleted (“intrinsic2” and “intrinsic3”; these items still remain in the “data” file). Participants provide their answers on a 7-point scale ranging from 1 (“Not describing me at all”) to 7 (“Describing me very well”). Participants also completed seven items to measure social desirability already used in other studies [9] and derived from Crowne and Marlowe’s scale [10] (see Manganelli Rattazzi, Canova, and Marcorin [11], for the Italian version of the scale). In this case, the 7-point evaluation scale was ranged from 1 (“Definitely false”) to 7 (“Definitely true”).

For each variable, the average of the items that compose it has been calculated (see “annex” file in supplementary file, for the SPSS syntax to compute variables mean). High scores reflected high levels of the variable. Descriptive statistics of the measures are reported in [Table 2](#) and correlations are reported in [Table 3](#). Data were processed using SPSS20.

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Conflict of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:[10.1016/j.dib.2020.105522](https://doi.org/10.1016/j.dib.2020.105522).

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