

# BENEFITS OF VOLUNTEERING

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Volunteering

Formal volunteering

Informal volunteering

What the research says

What we don't know

What it all means

## TODAY'S PRESENTATION

- ▶ Doing something, especially helping other people, willingly and without being forced or paid to do it (Cambridge English Dictionary)
- ▶ Donating time and energy for the benefit of other people in the community as a social responsibility rather than any financial reward; doing work without being paid for it, because you want to do it (Colins Dictionary)

## DEFINING VOLUNTEERING

- ▶ An act of free will that results in benefits to others outside of, or in addition to, support given to close family members ... some financial reimbursement of direct expenses allowed (UN)
- ▶ Unpaid, non-compulsory work through a formal organization that provides benefits to people beyond the volunteer's household (Carr, 2018)

FORMAL VOLUNTEERING\*

- ▶ >\$400 B each year to the world economy (2010 figures)
- ▶ Tending downward in all countries
- ▶ Volunteering among youth is higher than the national average, in both Canada and the U.S.
- ▶ Seniors less likely to volunteer but when they do, they commit more time than all other age groups (Canada and U.S. data)

## FORMAL VOLUNTEERING CONTINUED

- ▶ Expressing humanitarianism; making a difference, giving back
- ▶ Strengthening social relationships
- ▶ Maintain/develop skills; understanding the world
- ▶ Personal growth
- ▶ Feeling helpful; esteem enhancement
- ▶ As a distraction from daily problems
- ▶ Improving employment opportunities (mostly applies to younger volunteers)

## WHY OLDER ADULTS VOLUNTEER

- ▶ other productive activities have higher priority,
- ▶ decline in health,
- ▶ problems with administration of the program or work environment
- ▶ (in descending order)

## WHY THEY STOP VOLUNTEERING

- ▶ Prioritization of others in immediate social networks
- ▶ Health including stress from current caregiving esp end-of-life caregiving
- ▶ Insufficient time
- ▶ Low confidence
- ▶ Transport issues
- ▶ Disinterest

## BARRIERS



## Physical health:

- ▶ self-rated health;
- ▶ functionality;
- ▶ cognitive functioning;
- ▶ less hypertension,
- ▶ less time in hospital,
- ▶ reduced mortality

# BENEFITS

Psychological health:

- ▶ higher life satisfaction,
- ▶ Better subjective well-being;
- ▶ social connectedness;
- ▶ lower rates of depression

**BENEFITS** CONTINUED

- ▶ Helps develop empathy, compassion and solidarity

BENEFITS CONTINUED

- ▶ Not all research shows favourable results;
- ▶ much is cross-sectional;
- ▶ samples vary; measures vary;
- ▶ positive publication bias
- ▶ selectivity bias
- ▶ Need longitudinal data, controls with non-volunteers, controls for potential confounders

(Jenkinson et al '13 for a review)

BUT

- ▶ Special section on life course correlates and consequences of volunteering among older adults
- ▶ All papers use sophisticated multi-wave data from large population-based surveys ie, longitudinal and representative
- ▶ Volunteering has protective effects on physical health but not uniform for all outcomes and outcomes for men and women can differ
- ▶ Outcomes included CVD, disability, loneliness, cognitive functioning (global, attentional control, task switching, verbal and visual memory, working and processing memory)

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SOCIAL SCIENCES, 2018, 73 (3)

More likely to volunteer:

healthier

wealthier

younger

prosocial values

religiosity (but not in Europe – built on secular values)

having volunteered when younger

## PREDICTORS

More likely to volunteer more hours:  
enjoy volunteering more  
greater volunteer satisfaction  
more education  
more social interaction  
more participation in clubs/organizations

PREDICTORS CONTINUED

Those with more education more likely to volunteer for activities related to professional services, supervisory services, serving on boards, fundraising and counseling

Those with less formal education more likely to volunteer for activities related to providing nutrition information and cooking and cleaning:

PREDICTORS CONTINUED...



Women and men seem to differ: Decreased progression of disability occurs for women at both high and low intensity volunteering but only at high levels for men (>100 hrs/yr or about 2 hrs/wk)

High intensity volunteering reduces loneliness of widows to the level of married older adults; low intensity does not.

Stronger link between cognitive functioning and volunteering among older women than older men.

PREDICTORS CONTINUED

- ▶ Volunteering opportunities that are flexible and not time-sensitive (eg., environmental conservation) can assist those with complicated schedules.
- ▶ Organizations need to talk (and listen) to their volunteers about how they are doing and what they need.

APPLYING WHAT WE KNOW

- ▶ Is the beneficial effect of volunteering due to more trips out of the house, more physical activity?
- ▶ How much volunteering is too much – physically? Mentally? For whom? Under what circumstances?
- ▶ What volunteering activities are related to which benefits? For whom? Under what circumstances?
- ▶ How important is reciprocity in the volunteering relationship?

## WHAT WE DON'T KNOW

- ▶ What type and amount of volunteering are beneficial for which outcomes and for whom?
- ▶ What is the type of relationship between volunteering and various benefits, ie, is it linear, curvilinear, etc.?
- ▶ How do the benefits of volunteering differ from other altruistic acts? Do they differ?
- ▶ How can we account for the publication bias against non-findings?

WE ALSO DON'T KNOW

- ▶ We know much more about formal volunteering than we did 15-20 years ago.
- ▶ There's still much we don't know.
- ▶ Nevertheless, we can say formal volunteering is good for our physical and mental health.

IN SUM

- ▶ **Doing something, especially helping other people, willingly and without being forced or paid to do it (Cambridge English Dictionary)**
- ▶ **Donating time and energy for the benefit of other people in the community as a social responsibility rather than any financial reward; doing work without being paid for it, because you want to do it (Colins Dictionary)**

- ▶ Informal volunteering refers to help offered to a neighbour or community member and is not a structured activity (Damian '18)
- ▶ Caregiving
- ▶ Usually considered more obligatory than formal volunteering

## INFORMAL VOLUNTEERING

- ▶ Due to greater societal expectations that women provide the care, they may be more likely to experience the negative consequences of caregiving and less likely to obtain the positive benefits of formal volunteering (speculative).
- ▶ Caregiving is a major reason given for not doing formal volunteering, especially among women.
- ▶ Burr et al '18 – women who did formal volunteering developed a lower risk of CVD; men who provided informal help to others enjoyed better heart health.
- ▶ Much we don't know.

## RELATION WITH FORMAL VOLUNTEERING



- ▶ Much emphasis on caregiving burden and stress
- ▶ Yet cg experience both positive and negative consequences of caring
- ▶ Burden often negatively related to the positives, as are cg demands such as hrs of cg and problem behaviours
- ▶ But relationship between the two not well understood

# CAREGIVING

- Cognitive and/or affective appraisal of the caregiving experience as positive
- Also referred to as: positive aspects of caregiving; rewards, satisfactions
- Related to but different from negative aspects, burden, etc.

## DEFINING BENEFITS

- ▶ No clear or consensual conceptualization
- ▶ Operationalized as different types of satisfactions, rewards, meanings
- ▶ Satisfaction sometimes a benefit, sometimes a DV that other benefits are related to
- ▶ Benefit sometimes the DV, sometimes the IV, sometimes the mediator or moderator

- ▶ Unequivocal – caregiving positively related to a variety of measures of caregiver well-being, mental and physical health irrespective of the illness or methodological design of study or type of sampling
- ▶ Ablitt et al '09 – systematic review, dementia caregiving: increases in warmth & mutual affection; similar levels of love & affection in their relationships as non-dementia cg; similar levels of sense of shared values & emotional closeness as non-cg couples but more rapport-building behaviours.

## KEY RESEARCH FINDINGS

Abused children:

Caring for abusive parent, lower levels of psychological well-being, life satisfaction and self-esteem (autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life and self-acceptance) compared with cg children who were not abused.

Caring for the non-abusive parent, no difference from non-abused cg.

KONG ET AL '18

- ▶ Benefits vary by TYPE OF CAREGIVER ie, cg-cr relation (wife, husband, daughter, son); studies too diverse to draw conclusions
- ▶ Raschick & Ingersoll-Dayton '04 – adult children experience more rewards than spouses; wives more likely to name companionship than other cg
- ▶ Lin et al '12 – Husbands and da's feel better about themselves & appreciate life more than wives. Wives' positive experience correlated with reciprocal help from cr, husbands' with fewer cr problem behaviours, da's with support from others, sons' most related to family conflict
- ▶ Chappell et al '15 - da's have higher self-esteem than others; wives the lowest
- ▶ Lloyd et al's '16 review of qual studies – husbands & da's most likely to report personal growth; wives spiritual growth. Spouses more likely to find reward from fulfilling a sense of duty & relationship gains, husbands from gaining self confidence & self worth from learning new skills.

## CORRELATES

- ▶ **RACE** – African American cg report more benefits despite more hrs of care/wk & higher co-residence rates with cr
- ▶ **\*\*\* PRIOR RELATIONSHIP WITH CR** – better relationship, higher satisfaction & sense of reward, better problem solving & communication, higher QoL
- ▶ **SOCIAL SUPPORT** - (emotional & interactional, not instrumental) related to benefits
- ▶ **POSITIVE RELIGIOUS COPING** - related to benefits
- ▶ **OLDER** - more rewards, appreciation of life, higher self-esteem, better relation with cr
- ▶ **POLICY** – formal program support for older adults, more enjoyment, happiness, satisfaction for cg

## Gender inconclusive

- Whether providing care confirms social norms and generates social approval (for women) or men are more likely to receive approval than female cg because it is less expected of them is unresolved. Each could be true in different circumstances.

DEFINING BENEFITS



- ▶ Support from family, friends, formal programs
- ▶ Coping mechanisms such as active management and cognitive emotional regulation
- ▶ Personal qualities such as good mental health, personal affirmation, sense of self-efficacy

FACILITATORS

- ▶ **Acceptance**
- ▶ **Choosing their attitude**
- ▶ **Committing to the relationship**
- ▶ **Finding meaningful activities for cr**
- ▶ **Drawing strength from faith**
- ▶ **Past challenges**
- ▶ **Supportive friends, family or services**

## CAREGIVER PERCEPTIONS OF THE PROCESS

- ▶ Nolan et al '96 – 2 domains - the beneficiary (cg, cr, both); nature of satisfaction (interpersonal, intrapersonal, an outcome gain)
- ▶ Yamamoto-Mitani et al '04 – 4 domains, all types of emotions – relationship satisfaction; role confidence; consequential gain; normative fulfillment/positive appraisal.
- ▶ Carbonneau et al '10 – 3 domains, reviewed >40 pubs – quality of the cg-cr daily relationship; cg feeling of accomplishment; the meaning of the caring role in daily life
- ▶ Yu et al '18 – 4 domains, reviewed 40 pubs on dementia cg – sense of personal accomplishment; mutuality in the dyadic relationship; increase in family cohesiveness and functionality, personal growth and purpose in life.

## CONCEPTUALIZING BENEFITS, DIFFERING DIMENSIONS

- ▶ **Commonality – cg emotions and cg-cr relationship**
- ▶ **Otherwise lack of agreement on the details**

- ▶ It is insufficient to focus only on the burdens of cg; NB to know cg perception of benefits as well
- ▶ Aim to decrease negative consequences of cg AND increase positive aspects
- ▶ Multicomponent interventions teaching coping skills are more effective than respite aimed at reducing demands
- ▶ Build self-efficacy, peer support groups, adaptive cognitive regulation
- ▶ Individualized support, focusing on the cg's personal experience
- ▶ Emotional support as well as informational and instructional support

RELEVANCE

- ▶ Much more research required involving representative samples, longitudinal studies, larger samples, non-English speaking samples and including the importance of a host of potential factors such as social class.
- ▶ Pruchno et al '08 – convenience samples reveal much larger estimates of cg psychological distress than more representative samples
- ▶ More attention to the contributions of care receivers in the dyadic exchange required
- ▶ Need a better understanding of how the positive and negative aspects interact with one another.
- ▶ Need for truly multidisciplinary approaches including the physiological, biological level, psychological and sociological perspectives embracing intersectionality.

## FUTURE DIRECTIONS

- ▶ **Must not over-emphasize the positives to the lack of attention to the negative consequences of cg**
- ▶ **But understanding the benefits of cg and how they interact with other aspects of the role also important for cg well-being**
- ▶ **To support cg, one wants to decrease the negative consequences and increase the positive aspects of their lives.**

## CONCLUSIONS

- ▶ Irrespective of whether or not one engages in formal or informal volunteering, engage in life.

THE KEY TO RETIREMENT?