Volunteering and Health: What Impact Does It Really Have?

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This paper presents the findings of a review commissioned by Volunteering England with support from the Department of Health. The full report can be viewed on the Volunteering England website: www.volunteering.org.uk/hsc.

Abstract

A systematic review was undertaken to ascertain the health effects of volunteering on volunteers and health service users. 24,966 articles were identified from database searches, of which 87 papers were included. The review identified qualified evidence that volunteering can deliver health benefits both to volunteers and to health service users. Volunteering was shown to decrease mortality and to improve self-rated health, mental health, life satisfaction, social interaction, healthy behaviours and coping ability. There was also evidence that volunteers can make a difference to the health and well-being of service users, including increased self esteem, disease management and acceptance, parenting skills, mental health, survival time, healthy behaviours and improved relationships with health professionals. Volunteering programmes were highly context-dependent, and further research on the training and management of volunteers in healthcare settings is needed.

Introduction

Although health has been revealed as an important issue for many volunteer-involving organizations, there has not been a clear focus on the relationship of volunteering and health. Many volunteers and organizations cite anecdotal evidence that volunteering is good for health, and there is growing research and policy interest in examining the health effects of volunteering (Jones, 2004; Neuberger, 2008). Given the increasing emphasis on partnerships and volunteering in health service provision (Department of Health, 2004; Department of Health, 2007), it is very timely that research which examines the relationships between volunteering and health are now drawn together, consolidated and provided with a more systematic and rigorous review. This research will help to inform policy, and form an important basis for longer-term, substantial, cross sector research.

A few reviews have already been conducted on particular aspects of volunteering and health, such as end-of-life care (Wilson, Justice et al., 2005), mental health (Howlett, 2004), and the health of older volunteers (Onyx and Warburton, 2003). However, these reviews do not explicitly examine health outcomes or are not systematic reviews, so we undertook a systematic review examining in detail the impact of volunteering across the health sector and the health of volunteers.

This review analysed the methodology and scientific validity and reliability of studies reported in the literature, to evaluate the current evidence base for claims about the relationship between health and volunteering to address the following questions: (1) What impact does volunteering have on the health and well-being of volunteers? (2) What impact do volunteers have on health service delivery? These questions are much broader than those typically investigated in a systematic review, but this is justified by the paucity of research and review articles available on volunteering and health.

Methods

Volunteering is defined in this review as unpaid activity undertaken voluntarily for the benefit of the wider community (Volunteering England Information Team, 2006). We have used here a broad definition of health, in accordance with the World Health Organization definition: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (World Health Organization, 1946). Therefore, physical, mental and psychosocial health indicators have all been considered, as have qualitative findings relating to physical, mental or social health, health-related quality of life and well-being. Studies measuring health-related knowledge or behaviours have been included, but not outcomes of training for health professionals. Health service implications such as cost-effectiveness have also been considered (though were rarely reported in the reviewed studies).

Relevant academic and scientific articles published since 1997 were identified, in order to update a recent report from the Centre for Reviews and Dissemination (King, Bridle et al., 2002). The following databases were searched: EMBASE, MEDLINE, CINAHL, ArticleFirst, ERIC, International Bibliography of the Social Sciences, Social Sciences Citation Index from Web of Knowledge, EBM Reviews (Cochrane DSR, ACP Journal Club, DARE, CCTR, CMR, HTA, and NHSEED), Business Source Premiere, Social Care Online (formerly Caredata). Articles written in English, using the terms 'health,' 'NHS', 'service delivery,' 'healthy,' 'medical,' 'hospital,' 'acute care,' 'chronic,' 'long-term conditions,' 'primary care,' and 'patient,' were selected. These terms were combined with the search terms 'volunteer$' (to include such derivatives as volunteering and volunteers), 'EPP', 'expert patient'.

All articles meeting the search criteria from manual inspection of abstracts were ordered and read. Papers that did not meet the inclusion criteria (e.g., did not include a health outcome or did not specifically examine the effects of volunteering) were excluded.

Data extraction and methodological appraisal forms were completed for each study meeting the inclusion criteria, and included spaces to report health measures used, details of the volunteering programme (if applicable), results, and critical evaluation. Any health-related outcomes (broadly defined, as above) of volunteering (as defined above) were transferred to the data extraction forms.

The review offers descriptive but not quantitative synthesis, as the variety of outcome measures and study designs is not appropriate to statistical meta-analysis. Tabulation was used to show study designs, populations, contexts, outcomes, quality, sample sizes, analytical methods, results, and whether any important information is lacking in the studies. The discussion highlighted studies deemed to be of high quality and validity, according to the criteria described above. Similarities and differences between studies were highlighted, and findings summarized across studies. Contradictory findings were discussed, and possible reasons for them sought.

Findings

The search strategy identified 24,966 articles in total, 87 of which met our criteria and were included in the final analysis. Tables summarising the design, findings and quality appraisal of each included study are available in the final research report to Volunteering England, at www.volunteering.org.uk/hsc.

Effects on health of volunteers

The studies reviewed in this systematic review showed overwhelmingly that, at least under certain circumstances, volunteering has a salubrious effect on volunteers. Outcomes that were shown to improve with volunteering included self-rated health (Davis, Leveille et al., 1998; Van Willigen, 2000; Thoits and Hewitt, 2001; Luoh and Herzog, 2002; Morrow-Howell, Hinterlong et al., 2003; Yuen, Burik et al., 2004; Fitzpatrick, Gitelson et al., 2005; Lum and Lightfoot, 2005; Wu, Tang et al., 2005; Piliavin and Siegl, 2007), depression (Musick, Herzog et al., 1999; Thoits and Hewitt, 2001; Morrow-Howell, Hinterlong et al., 2003; Yuen, Burik et al., 2004; Li and Ferraro, 2005; Lum and Lightfoot, 2005; Li and Ferraro, 2006b; Li, 2007), mortality (Oman, Thoresen et al., 1999; Luoh and Herzog, 2002; Musick and Wilson, 2003; Lum and Lightfoot, 2005), ability to carry out activities of daily living without functional impairment (Thoits and Hewitt, 2001; Luoh and Herzog, 2002; Lum and Lightfoot, 2005), life satisfaction (Van Willigen, 2000; Thoits and Hewitt, 2001), stress (Field, Hernandez-Reif et al., 1998; Shannon and Bourque, 2005; Hulbert and Morrison, 2006), family functioning (Jirovec, 2005), social support and interaction (Hainsworth, Barlow et al., 2001; Burger and Teets, 2004; Leung and Arthur, 2004; Fitzpatrick, Gitelson et al., 2005; Messias, De Jong et al., 2005), pain (Arnstein, Vidal et al., 2002), burnout/emotional exhaustion (relative to paid professionals) (Gabassi, Cervai et al., 2002), affect (Greenfield and Marks, 2004), self-efficacy ratings (Wu, Tang et al., 2005), psychological distress (Wu, Tang et al., 2005), life satisfaction/quality of life (Coppa and Boyle, 2003; Black and Living, 2004; Yuen, Burik et al., 2004; Wu, Tang et al., 2005; O'Shea, 2006), frequency of hospitalisation (Yuen, Burik et al., 2004), self esteem/'sense of purpose' (Clark, 2003; Raine, 2003; Ramirez-Valles and Brown, 2003; Leung and Arthur, 2004; Messias, De Jong et al., 2005; O'Shea, 2006; Richards, Bradshaw et al., 2007), ability to cope with the volunteer's own illness (Hainsworth, Barlow et al., 2001; Arnstein, Vidal et al., 2002; Clark, 2003; Coppa and Boyle, 2003; Black and Living, 2004; Leung and Arthur, 2004; Shannon and Bourque, 2005), and adoption of healthy lifestyles and

practices such as HIV prevention behaviours (Ramirez-Valles and Brown, 2003), physical activity (Librett, Yore et al., 2005), and healthy levels of drinking (Weitzman and Kawachi, 2000).

The only study included in this review that highlighted a negative effect of volunteering (Ferrari, Luhrs et al., 2007) found lower caregiver satisfaction among eldercare volunteers than paid employees.

The majority of the studies examining the health impacts of volunteering on volunteers related to volunteering in general, rather than in any particular setting or role. However, a few of these studies did distinguish between the types of organisations in which subjects were volunteering. For instance, Musick and Wilson (2003) found that church-related volunteering had a larger effect on depression than secular volunteering, and Librett and colleagues (2005) found that volunteers working on environmental projects were more likely to meet physical activity recommendations.

For those studies that did examine specific volunteering programmes with respect to the health and well-being of volunteers, it is instructive to note how often volunteers were involved in direct care and education of patients, as opposed to more auxiliary roles in health care settings. In the studies reviewed for this section, volunteers participated in peer support/self-help groups (Davis, Leveille et al., 1998; Arnstein, Vidal et al., 2002; Brunier, Graydon et al., 2002; Coppa and Boyle, 2003; Leung and Arthur, 2004) mentoring/teaching patients (a role that often overlaps with peer support) (Hainsworth, Barlow et al., 2001; Burger and Teets, 2004), providing massage to infants (Field, Hernandez-Reif et al., 1998), social support of older people (Fitzpatrick, Gitelson et al., 2005; O'Shea, 2006; Ferrari, Luhrs et al., 2007), organising activities for people with disabilities (Gabassi, Cervai et al., 2002), palliative/hospice care provision (Hulbert and Morrison, 2006), HIV/AIDS care, activism and education (Ramirez-Valles and Brown, 2003; Crook, Weir et al., 2006), tracing patients who had defaulted from psychiatric appointments (Richards, Bradshaw et al., 2007), and cancer support (including patient care, advocacy, fundraising, education) (Shannon and Bourque, 2005).

Effects on health of service users

It is more difficult to generalise about the effects of volunteering on service users than on volunteers, because the range of volunteering activities is so diverse and contextual factors are key in determining the success of volunteering interventions to improve service users' health. Nonetheless, it is possible to point to instances, documented in the studies reviewed, in which the activities of volunteers did make a difference to the health and well-being of service users. Outcomes for which an effect of a volunteer activity were shown include increased self-esteem and confidence (Hainsworth, Barlow et al., 2001), disease management and acceptance (Hainsworth, Barlow et al., 2001), increased breastfeeding uptake, duration, satisfaction or knowledge (Schafer, Vogel et al., 1998; Dennis, Hodnett et al., 2002), immunisation of children (Barnes, Friedman et al., 1999; Johnson, Molloy et al., 2000), improved mental health of children (Anderson, Lipman et al., 2006), parenting skills (Hiatt, Michalek et al., 2000; Johnson, Molloy et al., 2000; Barnet, Duggan et al., 2002), lower incidence of delirium (Caplan and Harper, 2007), longer survival times of hospice patients (Herbst-Damm and Kulik, 2005), improved cognitive function (Caplan and Harper, 2007), improved physical health and functioning (Edgar, Remmer et al., 2003; Coull, Taylor et al., 2004; Caplan and Harper, 2007), increased levels of physical activity (Parent and Fortin, 2000; Coull, Taylor et al., 2004), improved diet (Coull, Taylor et al., 2004), concordance with medications and clinic attendance (Beswick, Rees et al., 2004; Coull, Taylor et al., 2004; Richards, Bradshaw et al., 2007),

reduced depression (Hainsworth, Barlow et al., 2001; Graffy, Taylor et al., 2004), less need for hospital or outpatient treatment (Johnson, Molloy et al., 2000; Coull, Taylor et al., 2004), condom use (Hospers, Debets et al., 1999), life satisfaction (MacIntyre, Corradetti et al., 1999), social function, integration and support (Ashbury, Cameron et al., 1998; Bradshaw and Haddock, 1998; MacIntyre, Corradetti et al., 1999; Cheung and Ngan, 2000; Hiatt, Michalek et al., 2000; Burger and Teets, 2004; Etkin, Prohaska et al., 2006; Legg, Stott et al., 2007), lower intensity of grief reactions (Ting, Li et al., 1999), mediation or improved relationships between patients and health professionals (Ashbury, Cameron et al., 1998; Taggart, Short et al., 2000; Stajduhar, Lindsey et al., 2002; Richards, Bradshaw et al., 2007), lower caregiver burden (Wishart, Macerollo et al., 2000), decreased anxiety (Dunn, Steginga et al., 1999; Cheung and Ngan, 2000; Parent and Fortin, 2000; Handy and Srinivasan, 2004; Gallagher, Tracey et al., 2005), and raised self-efficacy expectations (Parent and Fortin, 2000; Healy, Peng et al., 2008).

As in the studies assessing impacts of health on volunteers, the volunteering interventions reviewed here incorporated a wide range of settings and volunteer roles. One of the most frequently assessed roles was outreach to young or disadvantaged parents (including breastfeeding support and promotion) (Schafer, Vogel et al., 1998; Barnes, Friedman et al., 1999; Hiatt, Michalek et al., 2000; Johnson, Molloy et al., 2000; Taggart, Short et al., 2000; Barnet, Duggan et al., 2002; Dennis, Hodnett et al., 2002; Raine, 2003; Senturias, Walls et al., 2003; Graffy, Taylor et al., 2004). Two studies investigated a wide range of roles within hospitals, including fundraising and administration (Lin, Huang et al., 1999; Handy and Srinivasan, 2004). Other roles included cancer support (Edgar, Remmer et al., 2003), promotion of physical activity and exercise (Etkin, Prohaska et al., 2006; Batik, Phelan et al., 2008), tracing patients defaulting from psychiatric appointments (Richards, Bradshaw et al., 2007), visiting older people (Barnes, Curran et al., 1998; MacIntyre, Corradetti et al., 1999; Cheung and Ngan, 2000; Wishart, Macerollo et al., 2000; Goldman, 2002; Faulkner and Davies, 2005), lay health mentoring (Hainsworth, Barlow et al., 2001; Burger and Teets, 2004; Coull, Taylor et al., 2004), fall/fear of falling prevention (Giles, Bolch et al., 2006; Healy, Peng et al., 2008), befriending (Bradshaw and Haddock, 1998; Harris, Brown et al., 1999; Handy and Srinivasan, 2004; Ronel, 2006), HIV prevention and care (Hospers, Debets et al., 1999; Stajduhar, Lindsey et al., 2002), peer/lay support (Smith, McLeod et al., 1997; Ashbury, Cameron et al., 1998; Dunn, Steginga et al., 1999; Parent and Fortin, 2000; Hainsworth, Barlow et al., 2001; Campbell, Phaneuf et al., 2004; Newbould, Taylor et al., 2006; Legg, Stott et al., 2007), hospice support (Herbst-Damm and Kulik, 2005), bereavement counselling (Ting, Li et al., 1999; Gallagher, Tracey et al., 2005), and providing recreational programmes for children (Anderson, Lipman et al., 2006).

Although it was not an aim of this review to describe the managerial and training contexts of the volunteering interventions, a number of studies (e.g., Harris, Brown et al., 1999; MacIntyre, Corradetti et al., 1999; Ting, Li et al., 1999; Parent and Fortin, 2000; Fitzpatrick, Gitelson et al., 2005; Herbst-Damm and Kulik, 2005; Giles, Bolch et al., 2006; Macvean, White et al., 2008) did explicitly mention the importance of volunteer support and training, and of managers carefully matching volunteers and clients. Particularly in the qualitative studies, these contextual factors emerged as the most important determinant of the success of an intervention involving volunteers.

Discussion

Overall, this review has found qualified evidence that volunteering can deliver health benefits both to volunteers and to health service users. Volunteering was shown to decrease mortality and to improve self-rated health, mental health, life satisfaction, the ability to carry out activities of daily living without functional impairment, social support and interaction, healthy behaviours and the ability to cope with one's own illness. There was also evidence of activities in which volunteers can make a difference to the health and well-being of service users. It should be stressed that the studies investigating health impacts for service users were highly context-dependent, and any success or failure of the intervention may have been a result of other aspects of the programme or of the ways that volunteers were trained and managed. Nonetheless, there was an impressive array of outcomes that volunteer activities were shown to benefit for service users.

Although some of the larger studies did not distinguish between different types of volunteering, the majority make it very clear that contextual factors, such as the type of role played by the volunteer, the age and time commitment of the volunteer, and how well the volunteers are trained, managed, supported and matched with clients, are critical factors in establishing a healthy outcome from the volunteering. It is worth noting that among those studies describing a volunteering intervention that was peer or lay led or had an element of peer support, this was reported as being an important element of the programme (Arnstein, Vidal et al., 2002; Brunier, Graydon et al., 2002; Coppa and Boyle, 2003; Raine, 2003; Ramirez-Valles and Brown, 2003; Shannon and Bourque, 2005; Crook, Weir et al., 2006). Volunteering was studied in a wide range of settings and activities, and very often volunteers were involved in direct care of patients. It is not clear to what extent these activities are representative of the full range of volunteering that currently takes place, as there may be other important forms of volunteering that have not yet attracted research attention.

Although it is outside the remit of this review to evaluate the impact of types of volunteering role on volunteers' health and well-being, it should be noted that volunteers' involvement in direct patient care is likely to have significant impacts on their health and well-being. On the one hand, this may be seen as a particularly important and valuable role, thus contributing to feelings of self-worth and 'mattering'. On the other hand, such experiences may be more demanding than auxiliary roles, and therefore render volunteers more prone to exhaustion and becoming emotionally overwhelmed. Providing adequate training and support for volunteers in such settings may therefore be particularly important.

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