

# Does volunteering support social health?

## Background

Volunteering is defined as activities undertaken voluntarily to help others, with no expectation of financial gain, and performed on behalf of an organization (Morrow-Howell, [2010](#)). It encompasses a diverse range of activities, such as responding to emergencies, setting up for community events, providing companionship and emotional support (e.g., on crisis lines), or distributing food and supplies. Millions of Canadians volunteer their time each year to provide important services, supports, and enrichment to our communities. Are there also benefits to the individuals engaged in volunteer work?

## Purpose

The purpose of this brief is to explore the health and well-being benefits of volunteering, as well as the conditions under which volunteering fosters health and well-being. We recognize that the circumstances under which people volunteer are as diverse as the volunteers themselves. Thus, we cannot capture all of these factors here. We will instead focus on two aspects of volunteering that are well-documented in prior literature: people's motivations for volunteering, and the duration and frequency of one's service. We will consider how these influence associations between volunteering and health and well-being.

## Evidence from Existing Studies

### ***The Contribution of Volunteering to Health and Well-Being in Volunteers***

There is ample evidence that volunteering is associated with improvements to an array of health and well-being outcomes for volunteers. In cross-sectional and longitudinal studies, volunteering has been associated with improved physical health (Kim et al., [2020](#)), mental well-being (Kim et al., [2020](#); Musick & Wilson, [2003](#)), and social well-being (Richardson et al., [2023](#); Rook & Sorkin, [2003](#)). Other studies have found that volunteers spend fewer nights in hospitals compared to non-volunteers (Kim & Konrath, [2016](#)) and engage in fewer risky health behaviours such as alcohol and drug use (Ballard et al., [2018](#); Eccles et al., [2003](#)). Perhaps most notably, studies have found that volunteers benefit from a reduced risk of mortality compared to their non-volunteer counterparts, with one meta-analysis finding a 24-47% reduced risk of mortality for volunteers (Okun et al., [2013](#)). While findings in cross-sectional and longitudinal cohort studies have repeatedly found positive associations between volunteering and health and well-being, experimental findings have been more mixed. While there are few experimental studies on volunteering and health, the existing studies have found that volunteering improved cognitive function (Carlson et al., [2009](#)), well-being (Yuen et al., [2008](#)), and physical activity (Fried et al., [2004](#); Tan et al., [2009](#)) but other outcomes that were associated with volunteering in observational studies (e.g., fewer depressive symptoms, improved physical health outcomes) were not replicated in experimental studies and randomized controlled trials (e.g., Jiang et al., [2021](#); Whillans et al., [2017](#)).

While many benefits of volunteering may not appear in the short-term (e.g., reduced mortality risk), one aspect of volunteering that is quickly realized is the increased sense of social connection. In Stathi et al. (2021)'s qualitative study, participants in a pilot volunteering project shared that the main benefit they derived from volunteering was the opportunity for social connection within their communities. Indeed, volunteering at least once a month has been moderately associated with higher levels of social activity compared to non-volunteers (Guiney et al., 2021). Further, the connections made through volunteering have the potential to catalyze new opportunities for connectedness. One study found that 40% of the older adults who participated in a volunteering program reported engaging in subsequent volunteer activities that were introduced to them by connections they made while volunteering (Morrow-Howell et al., 2014). In our increasingly disconnected world, fostering social connection is a crucial imperative. Volunteering can cultivate relationships with people from diverse backgrounds, joined together through a shared purpose.

While there may be many benefits to volunteering, volunteering does not come without cost. In some studies, volunteering has also been associated with higher levels of stress, compassion fatigue (Willems et al., 2020), and burnout (Willems et al., 2020; Chirico et al., 2021). Additionally, volunteering can incur financial costs to the volunteer, such as through increased transportation costs, or through paid pre-requisites such as criminal record checks or first-aid courses. Perhaps the most appreciable cost is that of time: Canadians report experiencing greater demands on their time than they have in previous decades (Zuzanek, 2015) and volunteering takes up time that could be spent pursuing leisure or other activities. Despite these costs, nearly 41% of Canadians volunteer (Hahmann, 2021). Canadians seem to perceive the benefits of volunteering to outweigh the costs.

### ***Conditions of the Volunteer Experience that Influence Health and Well-Being Outcomes***

Volunteers have a diverse array of experiences. We will focus on two aspects of the volunteer experience that have been associated with differential health and well-being outcomes: 1) people's motivations for volunteering, and 2) the duration and frequency of volunteer service.

**Motivations.** Individuals have diverse motivations for volunteering, and these motivations may affect the benefits derived by volunteers. Some types of motivations have been found to be more health promoting than others. For instance, volunteering has been shown to provide greater improvements to self-esteem, social connectedness, and general well-being if the motivation for volunteering is focused on others (e.g., wanting to help others) compared to those who volunteer for motives focused on the self (e.g., to improve career prospects; Stukas et al., 2014). Other work has found that volunteering for other-oriented motivations was associated with reduced mortality risk, while volunteering for self-oriented reasons showed no such benefit (Konrath et al., 2012). Further, intrinsically motivated volunteers were found to experience better social well-being, with volunteers that were intrinsically motivated being more likely to form closer social network ties with the people they meet during their service as compared to those who volunteered for extrinsic reasons (Degli Antoni, 2009).

**Duration and Frequency.** Volunteering has been associated with greater benefits for individuals who volunteer more often. When considering well-being, Lawton et al. (2020) found that "volunteering at least once a week was almost twice as beneficial" (Lawton et al., 2020)

compared to individuals who volunteered several times per year. In a general sample of adults (e.g., aged 25 and older), Musick & Wilson (2003) looked at the relationship between volunteering and depression in the American's Changing Lives (ACL) prospective cohort study across three waves of data. In the older adult population (e.g., aged 65+), volunteering for two or three of the follow-up periods was associated with fewer depressive symptoms. However, they found no relationship between volunteering and depression in the younger age group for those who volunteered at only one or two of the follow-up periods. However, for younger volunteers who volunteered for longer periods of time (e.g., over the 8-year study period), volunteering showed a trend towards decreased risk for depression, again emphasizing the potential cumulative benefits of volunteering. As suggested in a short-term randomized controlled trial (Jiang et al., 2021), volunteering appears to be less potent in small doses. However, it is unclear from these studies whether individuals who volunteer more frequently (e.g., at least once a week) simply contribute more hours volunteering over the course of a year which could be driving the association between volunteering frequency and health. Other work has considered the relationship between the number of hours spent volunteering per year and health and well-being.

These studies have found that health and well-being tends to increase as individuals spend more hours per year volunteering, up until around 100-200 hours per year (roughly 2-4 hours per week) at which point the benefits tend to stabilize (Yang, 2020; Windsor et al., 2008). Volunteering more than this does not seem to confer additional benefits. However, once individuals surpass 800-1000 hours of volunteering per year (roughly 15-20 hours per week), they may show decreases in well-being, eventually showing similar or worse levels compared to non-volunteers (Windsor et al., 2008).

## Analyses from The Canadian Social Connection Survey

To investigate the relationship between volunteering and well-being, we used data from the 2022 Canadian Social Connection Survey. Specifically, we looked at whether having volunteered in the past 3 months was associated with improved well-being across five outcomes: physical health, burnout, anxiety, depression, and loneliness. Adjusting for age, gender, ethnicity, income, and big 5 personality traits (e.g., openness, conscientiousness, extraversion, agreeableness, and emotional stability), we found that volunteering in the past 3 months was associated with decreased anxiety ( $\beta = -0.21$ ,  $SE = 0.04$ ,  $p < 0.001$ ), depression ( $\beta = -0.22$ ,  $SE = 0.04$ ,  $p < 0.001$ ), and loneliness ( $\beta = 0.26$ ,  $SE = 0.04$ ,  $p < 0.001$ ), and with improved physical health ( $\beta = 0.47$ ,  $SE = 0.04$ ,  $p < 0.001$ ). There was a marginally significant association between volunteering and decreased burnout ( $\beta = -0.15$ ,  $SE = 0.08$ ,  $p = 0.08$ ).

Next, we assessed whether one's motivation to volunteer moderated the relationship between the *frequency* of volunteering (e.g., participants indicated when they last participated in volunteer work, with response options as follows: not in the past three months, one to three months ago, in the past month, in the past two weeks, in the past week, in the past two or three days, yesterday, or earlier today) and our five outcomes in separate models. We used the Volunteer Functions Inventory (VFI) to measure people's motivations for volunteering (Clary et al., 1998) across 6 motivations:

1. *Values* refers to an intrinsic desire to help others

2. *Understanding* refers to motivations for acquire and practice new skills, experiences, and knowledge
3. *Social* refers to motivations related to the opportunities for social connection
4. *Career* refers to motivations related to career enhancement, such as gaining or maintaining skills for one's career
5. *Protective* refers to motivations to protect the self from negative emotions such as guilt
6. *Enhancement* refers to motivations related to the desire for personal development

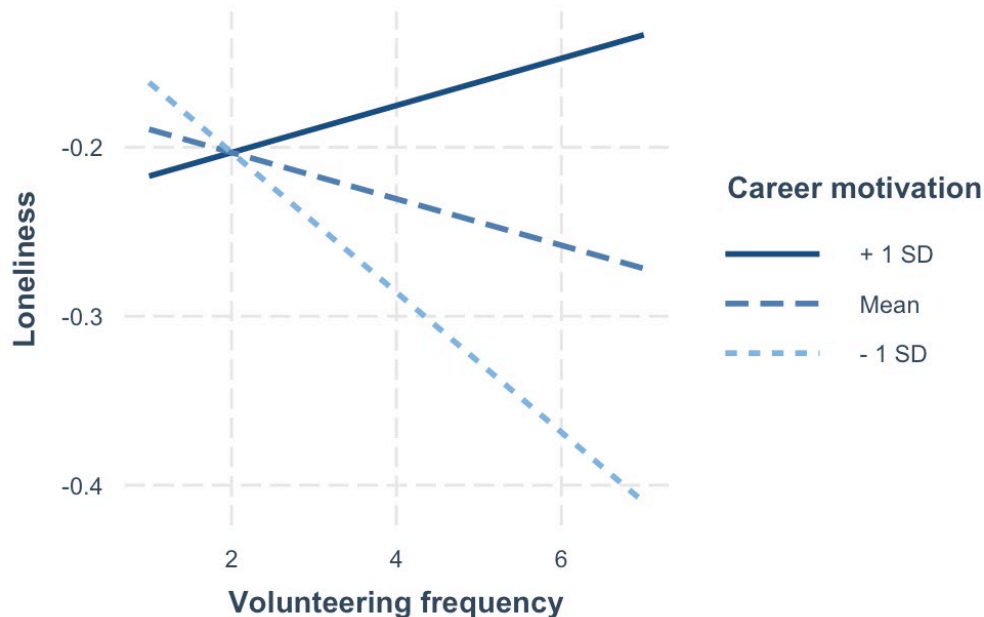
**Values Motivation.** After adjusting for age, gender, ethnicity, income, and personality, there remained a significant and positive association between the frequency of volunteering and physical health ( $\beta = 0.13$ ,  $SE = 0.05$ ,  $p = 0.007$ ). There was little evidence of a main effect of the *values* motivation and physical health, or of the *values* motivation moderating the relationship between volunteering frequency and physical health. There was little evidence of associations between our other health and well-being outcomes and the *values* motivation.

**Understanding Motivation.** After adjusting for age, gender, ethnicity, income, personality, and hours worked in a week, there remained a significant and negative association between the frequency of volunteering and burnout ( $\beta = -0.19$ ,  $SE = 0.09$ ,  $p = 0.03$ ). There was little evidence of a main effect between the *understanding* motivation and burnout, and there was little evidence of the *understanding* motivation moderating the relationship between volunteering frequency and burnout. After adjusting for age, gender, ethnicity, income, personality, there was a significant and negative main effect of volunteering frequency on anxiety ( $\beta = -0.09$ ,  $SE = 0.05$ ,  $p = 0.04$ ). There was little evidence of a main effect between the *understanding* motivation and anxiety, and there was little evidence of the *understanding* motivation moderating the relationship between volunteering frequency and anxiety. There was little evidence of an association between the *understanding* motivation and our other health and well-being outcomes.

**Career Motivation.** After adjusting for age, gender, ethnicity, income, personality, and hours worked in a week, there remained a significant and negative association between the frequency of volunteering and burnout ( $\beta = -0.13$ ,  $SE = 0.06$ ,  $p = 0.03$ ). There was little evidence of a main effect between the *career* motivation and burnout, and there was little evidence of the *career* motivation moderating the relationship between volunteering frequency and burnout. After adjusting for age, gender, ethnicity, income, and personality, there remained a significant and negative association between the frequency of volunteering and loneliness ( $\beta = -0.07$ ,  $SE = 0.03$ ,  $p = 0.007$ ). There was a significant interaction between volunteering frequency and the *career* motivation predicting loneliness ( $\beta = 0.17$ ,  $SE = 0.01$ ,  $p = 0.02$ ). Lower *career* motivation was associated with lower loneliness ( $\beta = -0.04$ ,  $SE = 0.02$ ,  $p = 0.01$ ). See **Figure 1** for the estimated associations between volunteering frequency and loneliness for those with low (-1 SD), moderate (mean), and high (+1 SD) *career* motivation.

After adjusting for age, gender, ethnicity, income, and personality, there was a significant positive main effect of volunteering frequency ( $\beta = 0.10$ ,  $SE = 0.03$ ,  $p = 0.002$ ) and the *career* motivation ( $\beta = 0.11$ ,  $SE = 0.04$ ,  $p = 0.005$ ) on physical health. There was little evidence of the *career* motivation moderating the relationship between volunteering frequency and physical health. There was little evidence of an association between the *career* motivation and our other health and well-being outcomes.

**Figure 1. Volunteering frequency and the career motivation**



**Enhancement Motivation.** After adjusting for age, gender, ethnicity, income, and personality, there was a significant positive main effect of volunteering frequency ( $\beta = 0.09$ ,  $SE = 0.04$ ,  $p = 0.031$ ) and the *enhancement* motivation ( $\beta = 0.10$ ,  $SE = 0.04$ ,  $p = 0.009$ ) on physical health. There was little evidence of the enhancement motivation moderating the relationship between volunteering frequency and physical health. There was little evidence of an association between the *enhancement* motivation and our other health and well-being outcomes.

**Social Motivation.** After adjusting for age, gender, ethnicity, income, and personality, there was a significant positive main effect of volunteering frequency ( $\beta = 0.07$ ,  $SE = 0.04$ ,  $p = 0.047$ ) and the *social* motivation ( $\beta = 0.09$ ,  $SE = 0.04$ ,  $p = 0.03$ ) on physical health. There was little evidence of the *social* motivation moderating the relationship between volunteering frequency and physical health. There was little evidence of an association between the *social* motivation and our other health and well-being outcomes.

**Protective Motivation.** There was little evidence of any associations with the *protective* motivation.

## Discussion

In addition to the important services and support volunteers provide, volunteering also offers numerous health and well-being benefits to those who give of their time. However, one's motivation for volunteering, how often, and for how long one volunteers seem to affect these outcomes. Volunteering may be most beneficial when it is sustained over longer periods of time (e.g., years) for 2-4 hours a week, or 100-200 hours a year and when individuals motivation to volunteer is intrinsically derived and with a focus on helping others.

In line with past work on volunteering and well-being, our results show that people's motivation for volunteering can also affect the associations between volunteering and health and well-

being outcomes. The frequency of volunteering was associated with loneliness, such that volunteering more was associated with lower loneliness scores. This is in line with prior work that has found that individuals volunteering for at least 100 hours a year had a lower risk of loneliness compared to those who did not volunteer (Cho & Xiang, [2022](#)).

Of course, further research is needed, particularly experimental studies, to confirm these apparent benefits and identify particular thresholds that might provide an optimal balance of volunteerism and other hobbies. Furthermore, the evaluation of real-world volunteer programs can ensure volunteering opportunities are poised to benefit both the volunteers and their recipients. Such work is needed to inform the design of future initiatives.

## Conclusion

Based on the available evidence, we recommend volunteering as a potentially effective way to reduce the burden of burnout, anxiety, depression, and loneliness and to increase physical health. As we look towards promoting volunteerism, government and policymakers should consider encouraging volunteering at moderate levels (e.g., for 2-4 hours a week), over longer spans of time (e.g., months or years). One way to encourage this is by providing a tax benefit to support employer-supported volunteering. Employer-supported volunteering encourages employees to engage in voluntary work, whether on company time or with the support of a company's partnerships and resources. More than half of individuals with an employer-supported volunteering program participated in volunteer activities in 2018 (Hahmann, [2021](#)) Organizations who engage volunteers should consider the many reasons volunteers may have for volunteering when considering what types of tasks and roles they assign their volunteers. For instance, if a volunteer is motivated by values, organizations could help the volunteer connect their role to the bigger mission and purpose of the organization. Finally, volunteering can provide a means for individuals to connect with others and feel more integrated in their communities. We recommend that organizations curate opportunities for meaningful connections – both with the recipients of the volunteer services and within the organization itself.

**Suggested Citation:** Marisa Nelson, Julia Nakamura, Sofie Jensen, Jiayi Li, Frances Chen, Pete Bombaci, Kiffer Card (2023). "Evidence Brief – Does volunteering support social health?" Canadian Alliance for Social Connection and Health.