Volunteering and Health in Two Communities

A Report on the Health of Volunteers in Glace Bay and Kings County, Nova Scotia

Peter MacIntyre and Craig S. Boudreau
Cape Breton University
and
Glyn Bissix and Liesel Carlsson
Acadia University

Knowledge Development
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425 University Avenue, Suite 900
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Canada M5G 1T6
Tel: 416.597.2293
Fax: 416.597.2294
e-mail: kdc@imaginecanada.ca

www.imaginecanada.ca | www.kdc-cdc.ca

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Volunteering and Health in Two Communities

1. Introduction

The number of volunteers in Canada declined from 7.5 million in 1997 to 6.5 million in 2000, according to the 2000 National Survey of Giving, Volunteering and Participating (Hall, McKeown, & Roberts, 2001). However, the 27% of Canadians aged 15 and over who volunteered in 2000 contributed more hours on average (162 hours) than did the 31% of Canadians who volunteered in 1997 (149 hours). The smaller number of volunteers in 2000 contributed a total of 1.05 billion hours, or 95% of the 1.11 billion hours contributed by the larger number of volunteers in 1997.

Fewer people volunteering more hours could lead to increased stress on these volunteers. This possibility is highlighted by Ziersch and Baum (2004) in their study of volunteerism in New Zealand. Although they acknowledge the positive effect of volunteers on the community as a whole, they report a negative effect on the health of individual volunteers. Other research, however, suggests that volunteers enjoy better physical health in old age and have lower age-related mortality than do non-volunteers (Oman, Thoreson, & McMahon, 1999). Harlow and Cantor (1996) also found that volunteering increases self-esteem, self-confidence, and overall life satisfaction.

We undertook a research project in 2003 in an attempt to understand the relationship between volunteering and health, particularly in light of the declining number of volunteers in Canada and the increased burden being shouldered by these volunteers. In our research, we posed the following questions:

1. What types of people devote a significant portion of their time to volunteering?
2. What are their motivations?
3. Does volunteering affect their overall health, either positively or negatively?

To answer these questions, we used data from an on-going project that examines the well-being of two contrasting communities in Nova Scotia: Glace Bay and Kings County. Glace Bay was at one time the largest town in Canada. Now, following the decline of coal mining and the closure of the coal industry on Cape Breton Island in 2001, the town is experiencing significant economic challenges, outward migration of young families, and a legacy of health-related problems. Kings County is a more affluent community in the Annapolis Valley and has a strong agricultural economy. It is spread over a larger geographical area than is Glace Bay and has a higher employment rate and a younger, more highly educated population.

Our research focused primarily on the relationship between formal volunteering and health in these two communities. We define formal volunteering as volunteering by individuals who carry out activities for established organizations or charities such as the Heart and Stroke Foundation, after-school tutoring programs, and food banks. Our research did not consider the health implications of informal volunteering, i.e., volunteering that is done on an individual's own initiative and not through the intermediary of an organization (e.g., helping elderly neighbours do yard work).

2. Methodology

For our study, we analysed data from a long questionnaire survey (78-page) of a random sample of residents of Glace Bay (population 21,187) and Kings County (population 60,425) in Nova Scotia.[1] The survey was originally designed for a project that began in 1999. At that time, the Nova Scotia Citizens for Community Development Society, a community-based nonprofit organization, began a collaboration with the nonprofit research group Genuine Progress Index (GPI) Atlantic to study socioeconomic profiles of two communities and identify suitable indicators of well-being that could be used for community development. [2] Kings County and Glace Bay were chosen because of their differing socioeconomic status: Kings County is a relatively affluent community, and Glace Bay is an economically depressed community.

In 2000, over 40 community groups were consulted on the theme "*In what kind of community do you want to live in the future?*" Community groups and researchers worked together to decide on questions for a survey that would address this theme. The questions touched on issues of employment and job characteristics, volunteering, care giving, health, peace and security, education, nutrition, the environment, and other key issues.

Following the community consultation, we examined Statistics Canada surveys to ensure that our questions were framed in such a way that results would be comparable to provincial and national data. Statistics Canada's Social Survey Methods Division was consulted extensively on methodological issues, including sample size and the formatting of questions, and on how to ensure that the sampling was representative of the two communities. Voter lists were used to obtain participants, and in each household requests were made for family members between the ages of 15 and 18 to fill the quota for that cohort. This quota was calculated from their proportion of the census data. The surveys were pilot tested in Glace Bay and then revised, again with the assistance of Statistics Canada.

In 2001, researchers at the University of Cape Breton partnered with researchers at Acadia University to conduct the questionnaire survey of Glace Bay and Kings County residents and to analyse the data. [3] The survey was administered to a random sample of about 4,800 respondents from the communities in 2001-2002. Data entry was completed in November 2002, and data cleaning and age adjustment were completed in the spring of 2003.

1 Kings County demographic data is from Nova Scotia Community Counts, 2001; Glace Bay demographic data is from Statistics Canada, 2001.

2 Genuine Progress Index Atlantic at www.gpiatlantic.org (Last retrieved July 18, 2005). Other groups such as the Cape Breton Regional Municipality, Cape Breton County Economic Development Agency, district health authorities, and community health boards joined in to support the collaborative study.

3 The University of Cape Breton was known as the University College of Cape Breton at that time.

There are advantages and disadvantages to all research methods. The method we used allowed us to sample a wide variety of people and to generalize the results to the population under study. However, Frankfurt-Nachmias and Nachmias (2000) point out that the largest disadvantage of this method is the response rate, which typically runs between 20 and 40 percent, particularly if the survey is conducted by mail. A response rate this low runs the risk of not adequately representing the population. Because of this, we took several steps to increase the response rate: a thermometer-shaped billboard was placed in downtown Glace Bay to show the residents how many surveys had been completed; desks were set up at the grocery stores in each community so that residents could check to see if they had been chosen to complete the survey; volunteers working for the research project took surveys to selected individuals whom they knew personally and helped respondents who had difficulty reading the questions; and surveys were left with residents for as many days as needed for the surveys to be completed, with periodic phone calls to check on respondents' progress. Both communities are relatively small, and many residents embraced the overarching community-improvement orientation of the project.

The 78-page survey took an average of two to three hours to complete if done in one sitting, with respondents answering only sections and questions applicable to them. The response rate was 82% in Glace Bay, with 1,708 residents completing the survey, and 70% in Kings County, with 1,907 residents completing the survey, for a total of just over 3,600 respondents. We believe that these response rates indicate the value placed on the survey by the two communities and the impact of the consultations that occurred in advance of the study.

3. Findings

The government of Nova Scotia's online information resource, Nova Scotia Community Counts (2001), provides a statistical profile that illustrates the key differences between Glace Bay and Kings County, the two communities we examined in our research study. According to the 2001 census, there were more than 6,600 households (occupied dwellings) in Glace Bay, a decline of 0.3% over the previous decade, and more than 22,900 households in Kings County, an increase of 12% over the same time period. In both communities, over 70% of dwellings are owner-occupied, single detached houses. In Glace Bay, 55% of dwellings were built before 1960, while in Kings County 56% were built after 1970.

The labour force participation rate in Glace Bay in 2001 was much lower (45%) than that in Kings County (62%), and the unemployment rate was almost two-and-a-half times higher (22% in Glace Bay vs. 9% in Kings County).[4] Levels of education were higher in Kings County than in Glace Bay. For example, the percentage of residents with less than a high school education was lower in Kings County (32% vs. 43% in Glace Bay), while the percentage of residents with university education was higher (22% in Kings County vs. 16% in Glace Bay). Not surprisingly, the median household income was almost $10,000 higher in Kings County ($38,222 vs. $28,631 in Glace Bay). The decline of the old resource-based industries in Glace Bay (mining and fishing) and the stability of Kings County's economic base are reflected in these statistics.

4 The labour force participation rate is the fraction of the population in the labor force. To be considered part of the labor force, one must be either employed or unemployed – which requires that one is able to work, available for work, and actively seeking employment. The rate is based on non-institutionalized civilians who are 15 years of age and older.

Given these socioeconomic differences between the two communities, one might expect to find accompanying differences in the personal characteristics of volunteers in each community. In fact, however, volunteers in Glace Bay and Kings County had similar characteristics.

Personal Characteristics of Volunteers in Glace Bay and Kings County

The typical volunteer in Glace Bay and in Kings County share a number of personal characteristics, i.e., the typical volunteer in both communities is female, employed, married or living common-law, and has children. Those aged 45-54 account for the largest percentage of volunteers in Glace Bay (28%), whereas in Kings County it is those aged 35-44 who account for the largest percentage of volunteers (24%; see Table 1). This may reflect the generally older age of the population in Glace Bay.

Although individuals with only a secondary school education made up the largest group in both communities (51% of the population in Glace Bay and 43% in Kings County), those with university degrees were far more likely to volunteer (50% of university graduates in Glace Bay and 66% in Kings County volunteered vs. 24% and 41% of high school graduates respectively).

Types of Organizations Supported by Volunteers

The types of organizations for which people volunteered were similar in both communities. Residents of Glace Bay volunteered most often for religious organizations (8% of volunteers), sport and recreation organizations (7%), and education organizations (6%; see Table 2). Residents of Kings County were involved most frequently in sports and recreation organizations (12%), education organizations (11%), and religious organizations (10%).

Table 1: Percentage of Population, and Percentage of Volunteers, and Volunteer Rate, Glace Bay and Kings County

	% of total population[5]		% of volunteers[6]		Volunteer rate[7]	
	Glace Bay	Kings County	Glace Bay	Kings County	Glace Bay	Kings County
AGE						
15 – 24	10	16	13	14	24	44
25 – 34	11	15	12	12	24	38
35 – 44	20	22	21	24	30	53
45 – 54	25	18	28	20	33	56
55 – 64	17	13	16	15	28	56
Over 65	20	18	20	18	29	50
SEX						
Male	49	49	44	48	26	49
Female	52	52	57	53	30	50
EDUCATION						
Primary-8	11	7	5	6	11	40
High School	51	43	43	35	24	41
Community College	19	23	20	24	30	51
University	11	19	20	25	50	66
Other	10	8	14	13	40	65
MARITAL STATUS						
Never Married	20	22	23	19	24	44
Married/Common Law	61	67	60	72	31	53
Divorced	10	7	8	5	25	36
Widowed	10	6	9	5	26	50
EMPLOYMENT						
Employed	33	49	37	49	31	50
Unemployed	12	4	9	3	20	31
Retired	29	21	30	23	30	19
Student	10	12	10	12	27	46
Homemaker	12	11	11	11	25	51
Other	4	3	4	3	30	55
CHILDREN IN HOUSEHOLD						
Yes	77	69	74	74	29	52
No	24	32	26	27	25	43

5 This column shows the percentage of residents who fall into each category, e.g., 10% of Glace Bay residents are between the ages of 15 and 24; 49% of Glace Bay residents are male.

6 This column shows the percentage of volunteers in each community by category, e.g., those between the ages of 15 and 24 account for 13% of volunteers in Glace Bay and 14% of volunteers in Kings County.

7 This column shows the volunteer rate (i.e., the percentage of those who volunteer in each category), e.g., 24% of those between the ages of 25 and 34 in Glace Bay volunteer; 49% of men in Kings County volunteer.

Table 2: Percentage of Volunteers by Type of Organization

Type of organization	% of volunteers	
	Glace Bay	Kings County
Health	5	9
Education	6	11
Youth Development	5	8
Social Services	3	5
Sports and Recreation	7	12
Law and Justice	2	2
Employment and Economic Interests	2	2
Arts and Culture	3	4
Environment and Wildlife	2	3
International Organizations	1	2
Religious Organizations	8	10
Service Clubs (Rotary, Lions, etc.)	3	8
Society and Public Benefit	4	7
Other	1	1

Motivations for Volunteering

When volunteers in Glace Bay and Kings County were asked why they chose to volunteer, their reasons were virtually identical. For example, the top reasons rated as "very important" by Glace Bay volunteers were wanting to help others (46% of respondents), wanting to do something enjoyable (36%), for feeling a sense of accomplishment, (35%) and belief in the cause (35%; see Table 3). These were also the top-rated reasons for Kings County volunteers, although to a slightly different degree. In Kings County, 40% of volunteers rated wanting to help others as "very important," 32% cited belief in the cause, and 30% cited wanting to do something enjoyable and for feeling a sense of accomplishment.[8]

Volunteering and Health

Much of the existing research on the relationship between volunteering and health has focused on the perceived health benefits of volunteering among those who are close to or beyond retirement age (Musick, Herzog, & House, 1999; Van Willigan, 2000; Wheeler, Gory, & Greenblatt, 1998). Researchers such as Dossey (2002) suggest that volunteering can be viewed as a solution to the monotony and potential feelings of lack of purpose that many individuals face in retirement. In studying a national random sample of 1,644 people aged 60 or older, McIntosh and Danigelis (1995) concluded that informal volunteering was the strongest predictor of well-being, whereas paid work was the least important. Luoh and Herzog (2002) found a relationship between the social aspect of volunteering and a sense of identity and overall well-being. However, for our study, we did not assume that retired people are the only people whose health benefits from volunteering. Instead, we studied the link between volunteering and health among those aged 15 to 79.

8 Readers who wish to compare these results to the National Survey of Giving, Volunteering and Participating (NSGVP) should note that the fixed set of response options presented as part of our survey differed from those presented in the 2000 NSGVP.

Table 3: Reasons for Volunteering Rated as "Very Important"

Reason	% of volunteers	
	Glace Bay	Kings County
To help others	46	40
For a feeling of accomplishment	35	30
To do something I like	36	30
Belief in the cause	35	32
To socialize/meet people/ for companionship	24	18
To use skills and experience	21	15
Feeling of owing something to the community	15	10
To fill spare time	18	11
To learn new skills	18	14
To benefit children, family or self	28	24
To fulfill religious obligations or beliefs	14	11
Feeling obligated to help	16	7
To gain influence in community/political life	8	7
To improve job opportunities	14	9
To promote one's heritage or language	8	7

Note: Percentages do not add up to 100% because respondents were asked to rate the importance of each possible motivation.

The cause-and-effect link between volunteering and health is not always clear. Some researchers suggest that an individual's health can influence whether or not he or she volunteers and how much time the individual spends volunteering. For example, in a national survey of Canadians, over 21% of respondents said that they did not volunteer because of health problems (Hall, McKeown & Roberts, 2001). Our study showed similar results for Glace Bay, where poor health was the second most common barrier to volunteering, cited by 21% of non-volunteers. The other two most common barriers in Glace Bay were lack of time (cited by 39% of non-volunteers) and not having been personally asked to volunteer (16%), In Kings County, however, the top three barriers to volunteering were lack of time (cited by 43% of non-volunteers), lack of willingness or interest (19%), and not having been personally asked (17%). Poor health was cited as a barrier by only 12% of non-volunteers in Kings County.

However, long-term health problems do not necessarily preclude volunteering. Our study found that people with health problems volunteer at almost the same rate as those with no health problems and, in some cases, at a higher rate. For example, nearly one third (31%) of respondents between the ages of 15 and 65 in Glace Bay who reported that they were limited in their activities because of long-term physical or mental health problems nevertheless volunteered, compared to 28% of those who were not limited by physical or mental health problems. In Kings County, 49% of respondents with long-term health problems volunteered compared to 52% among those who did not have long-term health problems. In other words, in both communities the volunteer rate remained high despite chronic physical or mental health

Table 4: Health Characteristics of volunteers and non-volunteers

A. Percentage of respondents rating themselves as in very good or excellent health					
In total population		***Glace Bay***		***Kings County***	
Glace Bay	*Kings County*	*Volunteers*	*Non-volunteers*	*Volunteers*	*Non-volunteers*
49	54	57	47	59	49
B. Percentage of respondents rating themselves as physically active in non-work activities					
In total population		***Glace Bay***		***Kings County***	
Glace Bay	*Kings County*	*Volunteers*	*Non-volunteers*	*Volunteers*	*Non-volunteers*
72	83	88	66	89	77
C. Percentage of respondents who smoke					
In total population		***Glace Bay***		***Kings County***	
Glace Bay	*Kings County*	*Volunteers*	*Non-volunteers*	*Volunteers*	*Non-volunteers*
29	17	22	25	12	22
D. Percentage of respondents rating themselves satisfied or very satisfied with life					
In total population		***Glace Bay***		***Kings County***	
Glace Bay	*Kings County*	*Volunteers*	*Non-volunteers*	*Volunteers*	*Non-volunteers*
40	39	48	37	41	37
E. Percentage of respondents rating themselves as in good psychological health					
In total population		***Glace Bay***		***Kings County***	
Glace Bay	*Kings County*	*Volunteers*	*Non-volunteers*	*Volunteers*	*Non-volunteers*
59	62	71	53	69	57
F. Percentage of respondents rating themselves as feeling stressed					
In total population		***Glace Bay***		***Kings County***	
Glace Bay	*Kings County*	*Volunteers*	*Non-volunteers*	*Volunteers*	*Non-volunteers*
6	8	5	8	7	10

conditions. This indicates that health concerns do not necessarily prevent volunteer participation.

Volunteering and Health Outcomes in Glace Bay and Kings County

In examining the link between volunteering and health, we considered seven separate health indicators. These are: 1. self-ratings of overall health; 2. rates of physical activity; 3. smoking rates; 4. life satisfaction; 5. psychological health (happiness and interest in life); and 6. stress and time pressure (see Table 4). The seventh indicator was preventative health measures (see Table 5).

Self-Rated Health (Section A, Table 4)

More volunteers in Glace Bay reported their health as very good or excellent (57%) than did non-volunteers (47%). Self-reported health was marginally better in Kings County, where 59% of volunteers and 49% of non-volunteers rated their health as very good or excellent.

Physical Activity (Section B, Table 4)

Volunteers in both communities were more physically active than were non-volunteers. For example, in the three months leading up to the survey, 88% of volunteers in Glace Bay reported engaging in some form of non-work-related recreation or activity, compared to only 66% of non-volunteers. In Kings County, 89% of volunteers were active compared to 77% of non-volunteers.

Smoking (Section C, Table 4)

In both communities, non-volunteers were more likely than volunteers to be daily smokers.[9] Twenty-five percent of non-volunteers in Glace Bay and 22% in Kings County were daily smokers, compared to 22% of volunteers in Glace Bay and 12% in Kings County.

Life Satisfaction (Section D, Table 4)

Residents of Glace Bay and Kings County who participated in volunteer activities were more satisfied with life overall than those who did not volunteer. Nearly half (48%) of volunteers in Glace Bay and four in ten (41%) in Kings County reported that they were very satisfied with their lives, compared with only 37% of non-volunteers in both communities.

Psychological Health (Section E, Table 4)

In both communities, volunteers were more likely to report being happy and interested in life (71% of volunteers in Glace Bay and 69% in Kings Country) compared with only 53% of non-volunteers in Glace Bay and 57% in Kings County. This may be explained at least in part by people's reasons for volunteering. "Doing something I like" was one of the top-rated reasons for volunteering in both communities (36% of volunteers in Glace Bay and 30% in Kings Country rated this reason as "very important").

Stress, Time Pressure, and Burnout (Section F, Table 4)

The advantages to volunteering appear to extend to three other health-related indicators: stress, time-pressure, and burnout. When volunteers from Glace Bay were asked whether they felt overworked, time-stressed, or burned out, 5% reported feeling that way all or most of the time compared to 8% of non-volunteers. The findings are similar for Kings County where 7% of volunteers reported feeling that way all or most of the time, compared to 10% of non-volunteers. These results are even

9 In assessing the smoking rates for both communities, we examined only those who reported that they smoked every day.

more interesting when we consider that the typical volunteer is married, employed, and has children.

Preventative Measures (Table 5)

Volunteers in both communities were more likely to take preventative health measures than were non-volunteers (e.g., undergoing breast examinations and blood pressure checks). For example, in Glace Bay, 47% of female volunteers reported that they had had mammograms, compared to 42% of non-volunteers. In Kings County, the difference was much greater, with 56% of female volunteers having had mammograms compared to 41% of non-volunteers. Volunteers were more likely than non-volunteers to report taking all of the preventative measures listed in Table 5.

Table 5: Preventative Health Measures (percentage of volunteers and non-volunteers undertaking each measure)

	Glace Bay		Kings County	
Preventive Measure	**% of volunteers**	**% of non-volunteers**	**% of volunteers**	**% of non-volunteers**
Mammograms *	47	42	56	41
Breast examinations *	65	60	78	62
Pap Smears *	87	83	87	83
Vitamins	31	25	42	36
Natural supplements	15	10	24	19
Blood pressure checks	96	94	95	91

* Women only

4. Conclusion

In our study, we looked at an extensive database of information for two contrasting communities, Glace Bay, which is economically depressed, and Kings County, which is relatively affluent. We explored three research questions related to volunteering and health by using the socioeconomic profile that we obtained from a data bank on these two communities. We examined the information to:

1. determine the characteristics of volunteers in the two communities;
2. identify the reasons for their volunteering; and
3. determine whether volunteering had any impact on the health of volunteers.

The main contrast between the two communities in our study is that far fewer people volunteer in Glace Bay than in Kings County. The volunteer rate by age in Glace Bay ranges from a low of 24% among 15-24 year olds and 25-34 year olds to a high of 33% among those aged 45-54. In Kings County the volunteer rate is much higher, with a low of 38% among 25-34 year olds and a high of 56% among those aged 45-54 and 55-64. Both communities are similar in that the highest rates of volunteering are among people with university degrees (50% in Glace Bay and 66% in Kings County) and people who are married or are living in common law relationships (31% in Glace Bay and 53% in Kings County). Most volunteers in both communities are middle-aged (between 45 and 54 years old in Glace Bay and between 35 and 64 in Kings County).

The reasons for volunteering are very similar in both communities. The desire “to help others” was rated as “very important” by 46% of volunteers in Glace Bay and 40% of volunteers in Kings County. The next most important reasons in both communities were “to feel accomplishment,” “do something I like,” and “belief in the cause.”

The Connection Between Volunteering and Health

Does volunteering cause people to have better health? The data available in this study do not permit a definitive answer. We found evidence of differences between the self-reported health of volunteers and non-volunteers, but are these differences because healthy people are more likely to volunteer or because volunteering makes people healthier?

On the one hand, there is no doubt that poor health prevents some individuals from volunteering. For example, in Glace Bay poor health was the second most frequently reported barrier to volunteering. However, some individuals volunteer because they have health concerns. For example, volunteers in various peer support groups (e.g., support groups for cancer, HIV, diabetes) often have had significant personal health issues, as do volunteers in certain rehabilitation settings, and so on. Moreover, our findings indicate that people with long-term physical or mental health problems volunteer at rates very similar to those of the general population. Therefore, it does not appear that volunteering attracts only healthy people in a community.

On the other hand, some argue that there is something about volunteering that makes people healthier. In our study, we found that, compared to non-volunteers, volunteers tended to engage in healthy lifestyles and to have more positive attitudes. They got more exercise, were less likely to be smokers, took action to prevent illness, experienced

less stress, and were happier with life. This suggests a positive link between volunteering and good health. Although the effects of these behaviours and attitudes might take several years to show up in rates of hospitalizations or mortality statistics, quitting smoking, becoming physically active, and being socially engaged are frequently touted in the literature as having long-term beneficial health effects.

Prior research has linked volunteering and good health. For example, Cialdini, Schaller, Houlihan, Arps, Fultz, and Beaman (1987) found that people who help others experience positive emotions and better moods, and argue that altruism may have evolved as a way to enhance our moods. In the popular media, this has been called "the helper's high" (Dye, 2002). Luks (1988) argues that the release of natural pain-relieving endorphins during the social interaction involved in volunteering lowers levels of bio-chemicals triggered by stress in the body. In his research, women compared the physical effects during and after volunteering to the physical sensations during and after a workout. Bandura (1997) has demonstrated that self-efficacy, the belief that individuals can have an effect on the environment around them, leads to better health practices.[10] Holden (1991) also shows that self-efficacy is consistently related to both physical and mental health. There are several reasons for this: people with high self-efficacy believe in their ability to achieve a certain outcome, so they take preventative measures and seek treatment rather than waiting for their 'number' to be up; they persist at finding solutions to problems when others give up; and they are better able to control both their desirable (e.g., exercise) and undesirable (e.g., smoking) behaviour. Our study did not directly measure self-efficacy, but volunteering promotes the belief that people can make a difference in the environment around them, clearly linking volunteering to a sense of self-efficacy (Weber, Weber, Sleeper, & Schneider, 2004).

Volunteers may also have a sense of reciprocity, i.e., a feeling that they will be helped in their time of need if they help others now. Certainly, volunteering is typically a social activity done in groups, and as House, Landis, and Umberson (1988) have demonstrated, groups that foster mutual support often exert powerful protective effects on the health of their members.

It should be noted, however, that the effects of volunteering play out in a complex system, and we must be cautious in interpreting these results. It is possible that factors such as higher socioeconomic status and higher levels of education, among others, affect the relationship between volunteerism and health. Further, there is evidence that some forms of volunteering may be harmful to health. A notable example is caring for an older adult. This is often done individually, without the support of an organization to share the load, and is especially stressful when one is caring for someone such as a dementia patient (Pinquart & Sörensen, 2003).

In conclusion, although there are many reasons to believe that volunteering leads to better health outcomes, more research would be needed to categorically show a positive link between volunteering and good health.

10 Self-efficacy is an individual's estimate or personal judgement of his or her own ability to succeed in reaching a specific goal (e.g., quitting smoking or losing weight) or a more general goal, (e.g., continuing to remain at a prescribed weight level).

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Notes

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