Formal volunteering and self-perceived health. Causal evidence from the UK-SILC.

Fiorillo, D. and Nappo, N. (2016). Formal volunteering and self-perceived health. Causal evidence from the UK-SILC, *Review of Social Economy,* 75(2), pp.112-138

The objective of this article/research is to investigate 'causal relationship between formal volunteering and individual health' through an econometric analysis. Moreover, Fiorillo and Nappo address the supposed lack of research examining the causal relationship and therefore find their research to tackle this. The paper is divided into eight sections:

I. Introduction
II. Volunteering and health
III. Social capital and health
IV. Cultural capital and health
V. Data and descriptive statistics
VI. Empirical models
VII. Results
VIII. Discussion and conclusion

The paper initially discusses the basic definition of volunteering but quickly delves into presenting past research surrounding volunteering on health. More importantly, it explains the economic angle of their research stating that economic analyses of volunteering aid in understanding the socioeconomic impact.

The following section discusses volunteering and health in four sections: definition, volunteering in the UK, volunteering mechanisms, and instrumental variable.

Fiorillo and Nappo define volunteering 'as any activity to which people devote time to help others without asking for monetary compensation in return' and draw attention to the economic aspects of this definition (unpaid work, time/effort commitment, intrinsic motivation). However, they further divide volunteering into formal and informal levels. In this regard, formal volunteering is defined as unpaid work in and/or through organisations whereas informal volunteering encompasses tasks such as helping a neighbour.

The researchers then continue to discuss the volunteering scene in the UK through referring to previous research and statistics prior to delving into examining the various mechanisms of how volunteering impacts health and why people volunteer. The three reasons they present include:

- Intrinsic motivation and reward (altruism or 'warm glow')
- Utilitarianism (external rewards such as within employability that then, if positive, translate into positive mental satisfaction)

- Social benefits such as to improve social skills, get support, or interact with others (more concentrated on social psychology and how positive social interactions translates to both mental and physical health).

Volunteering in the UK is found to be encouraged, especially by the government which in turn translates to a healthier/happier society. However, they emphasise the lack of research surrounding measuring the link between volunteering and health. Instead, most studies focus on using formal volunteering as a form of social capital that therefore can be used to examine the relationship between social capital and health. In this respect, Fiorillo and Nappo later use this existing data (and terminology) in their own analysis.

Finally, the article turns to presenting instrumental variable examination ('finding variables that are correlated with the level of the exposure of interest...and are not correlated with the outcome of interest') (117). In regard to this study, they use religious participation and further classify it into different ways (e.g., religious service attendance). This further tackles the previous dominant theoretical analyses examining the link between religion and volunteering by approaching it empirically.

The third and fourth sections examine social and cultural capital and health, returning to the previously mentioned link between it and volunteering. The following two sections examine the methodology. The data used in the research is from the 2006 Income and Living Conditions Survey for the United Kingdom (UK-SILC) carried out by the European Union's Statistics on Income and Living Conditions (EU-SILC) encompassing information about 23,000 people on these topics, such as:

- Cultural participation
- Demographic characteristics
- Education
- Health
- Housing features
- Income
- Neighbourhood quality
- Size of municipality
- Social capital

However, some data was removed as information on volunteering and social/cultural capital was not always available dwindling the individuals to 17,000. Nonetheless, this still is a large and mostly representative sample.

They further define the causal relationship between formal volunteering and health through two equations which then aid in their examination.

Some of their hypotheses include and examine whether:

- Religiosity is 'highly correlated with social capital measures and uncorrelated with unobserved variables that may influence health' (117)
- There is a high correlation between volunteering and self-perceived health
- Social interaction can bring a positive effect on both mental and physical aspects
- Formal volunteering can affect heath through both social as well as promote feelings of internal rewards (selfless acts reflecting positive esteem)

In the presentation of various tables of their findings, Fiorillo and Nappo draw attention to several findings. For example, they find a high correlation between religious participation and formal volunteering and therefore draw attention to both the social and cultural components of their studies. Moreover, they found that there was a strong positive correlation between self-reported health and formal volunteering regardless of other variables. These results are just some that support the hypotheses and demonstrate the various examinations previously discussed pertaining to [forma] volunteering. Overall, in their discussion of their results and conclusions, they find that there is a strong positive correlation between formal volunteering and self-perceived health while also contributing to a lesser-studied aspect of measuring the impact of volunteering.