



Health Benefits of Volunteering in the Wisconsin Longitudinal Study

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Abstract

The study investigated the positive effects of volunteering on psychological well-being and self-reported health using all four waves of the longitudinal study. In line with previous research, volunteering was positively linked to both outcome variables; both consistency over time and diversity of participation are significantly related to well-being and self-reported health. The relationship of volunteering to psychological well-being was moderated by levels of social integration, such that those who were less well integrated benefited the most. This study demonstrates a direct protective effect of volunteering on psychological well-being, and cautions against the assumption that simply encouraging people to adopt an ‘active lifestyle’ is the best way to promote mental health.

Theory

Durkeim’: social integration theory would propose that any form of social participation should have the effect of decreasing alienation. Thus, a variety of participation would be equally beneficial. Sieber 1974 and Thoits 1986 argued that social roles provide status, role-related privileges, and ego gratification, and that identities associated with these roles give individuals meaning and purpose; therefore adding roles will enhance psychological well-being. Thus, although all freely chosen activity should increase psychological well-being and have the potential to increase physical health, volunteering should give one an extra boost

How much volunteering is considered optimal?

Amounts of volunteering can be studied using the below three dimensions.

Diversity – the number of different organisations one volunteers in

The study found that volunteering at mid life, across three different categories of ‘passive, intellectual and physical’ forms of volunteering is protective against Alzheimer’s disease at age 70. (Friedland et al, 2001)

Intensity –the amount of effort or time spent per week

Intensity of intellectual activities at midlife also distinguished between the control group members and the Alzheimer’s patients. Musick et al (1999) found that moderate volunteering (less than 40 hours per week had a protective effect against mortality, but volunteering for additional hours did not contribute further. Loah and Herzog found that over 100 annual hours had no effect.



Consistency - how regularly one volunteers across their lifespan

Musick and Wilson found positive effects of volunteering on depression, mainly over the 65 group, but volunteering in 'one wave' has no effect over time, two waves has some effect and three waves has a large positive effect.

What are the mediating mechanisms? How are the positive effects of volunteer well-being are generated?

What are the mechanisms through which happiness, life satisfaction, self-esteem, a sense of control, good health and lower depression result from volunteer work? Musick et al (1999) suggest that one mechanism mediating this comes their findings that volunteering leads to better physical and mental health among those with low social interaction; preventing alienation and anomie.

The author of the article proposes that the process by which volunteer participation generates health and well-being is two-fold;

Hedonic well-being:

first psychological research indicates that hedonic well-being indicates that "good feelings alter people's body systems" and also increases people's immune function. Longitudinal studies have demonstrated that frequent positive affect predicts psychological growth, lower levels of cortisol, resistance to rhinoviruses and even how long people live.

Eudemonic well-being:

This should result from volunteering as it makes people feel like they matter in the world. Among adolescents, those with higher scores on measures of mattering, had significantly lower levels of suicide ideation. Mattering also seems to be linked to higher self-esteem and in turn, to lower depression.

Sample

The WLS began with a one-third random sample of random men and women who graduated from Wisconsin High School in 1957, then follow up surveys were conducted via telephone and mail. There was an 'exceptional' sample retention, but it began to decline over the years. One weakness of the sample is that it reflected Wisconsin in the 1950s and had very few minority group individuals. Furthermore, as they all graduated, the education level, occupational status and income of those involved was above the national average.

Independent variable:

In this study, volunteering is defined as 'taking actions, within an institutional framework, that potentially provide some service to one or more *other people* or to the community at large.'



Dependent variables

Both psychological well-being and self-reported health were measured.

Moderating and Mediating variables:

Social integration and mattering were measured.

Results:

Predictors of volunteering:

The strongest predictors in 1975 were being female, church attendance, marital status and number of children, consistent with previous research. Also significant are measures of social class: occupation of the head of the respondent's family origin and the respondent's family earnings and occupation and education scores. In 1992, results were similar but marital status and socioeconomic status of family origin no longer have effects. Education in 1992 was the deciding factor, unlike 1975.

Relationship of Volunteering on Well-being and Health

There does appear to be an “extra boost” of well-being from other-orientated volunteerism, based on partial correlations.

Diversity – There is a highly significant positive effect on participation at every level in 1975 on 1992 psychological well-being, which increases linearly as diversity increases. For self-reported health there is a significant effect of working for one organisation, but the impact of working for two is only about 50% larger, and the effect of working for three is only slightly higher than that. In the cross-lagged analysis, increasing diversity has an increasing effect on psychological well-being, but does not hold true for the impact of 1992 diversity on 2004 self-reported health. There is then an increase then a decrease in the positive impact of volunteering.

Consistency – The effect on both dependent variables of volunteering in one wave is highly significant and the effects of volunteering over two waves appears to be additive. Psychological well-being in wave two is double that of wave one and for self-reported health, wave two is only larger by 25%. There is never a decrease in the impact of volunteering as the amount increased, implying ‘no one can get enough of a good thing.’

Volunteering between 1992 and 2004 increases psychological well-being in 2004 over the 1992 baseline.

The findings support their hypothesis that volunteering, even when factoring in predictors and other sources of well-being, contributes significantly to psychological well-being. It also supports their hypothesis is greater on well-being for those who are least integrated in society.

Mattering

When mattering is entered into the equation, the impact of recent volunteering is reduced by 42% and becomes non-significant. They believe this is evidence for the mediating role of mattering. This increases psychological well-being in part because they believe they have an important role to play in society and that their existence is important.

The bulk of predictive power comes from the measures of health habits; smoking, obesity and exercise. The studies prediction regarding the mediating role of psychological well-being are not supported and when well-being entered into the equation, the impact of volunteering disappears entirely.

Others have found that the impact of volunteering on physical health and mortality does not appear until the later years, the 2004 data, in which respondents are 64 years old on average, it was expected that the effects would be stronger Surprisingly, the findings were weaker

Initially, both 1975-1992 volunteering and 2004 volunteering had borderline relationships with self-reported health. These disappeared, however, when measures of health habits were entered.

The measure of more self-orientated organisational involvement, as well as specifically church-orientated group involvement, did not lead to better mental or physical well-being over and above the impact of volunteering. However, there is evidence that the mental and physical health of older adults benefits from the aspect of social integration included in the index; work, marriage, and visiting friends. Thus, whilst this is important, the research provides the strongest support for the idea of “doing well by doing good.”