Volunteering and Mortality Among Older Adults: Findings from a National Sample

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This issue is considered empirically, examining the association between volunteering and mortality rates among adults. They found that volunteering has a positive effect on mortality among those who volunteered for one organisation or for 40 hours or less over the past year. Furthermore, protective effects of volunteering are strongest for respondents who report low levels of informal social interaction and who do not live alone.

Theory

Evidence not related to volunteering has indicated that engaging in multiple roles can reduce the risk of mortality. Moreover, they found that the role which had the strongest protective effect was being part of a club or organisation.

Moen et al (1992) delineate three common perspectives on the nature of roles:

Role enhancement

Moen et al (1992) found that Role enhancement argues that accumulated roles serve to enhance or increase power and status, which in turn translates into better health.

Role Strain

Many roles can place a strain on the individual, which in turn results in worse health outcomes.

Role Context Outcome

Takes into account the number of roles as well as the setting and content of those roles.

Applying these to volunteering

It is generally believed that volunteering provides role enhancement and the additional roles should serve to increase feelings of power and status, and of meaning to oneself and others. Secondly, for some older people who have experienced declines in function and ability, volunteering may be a burden. Taking into account context, those least integrated in society might have the most to gain and those who already receive such benefits through other means may have less to gain.

Results

In terms of volunteering, being Black and older were associated with less volunteering. Consistent with other studies of volunteering (e.g., Wilson & Musick, 1997), education and income were positively related to both volunteering range and amount. Respondents who

reported better health and more physical activity also volunteered more. Similarly, people who were more socially integrated volunteered more than those who were not.

Correlations with Morality

Looking at the correlations with mortality, respondents who volunteered over the past year were less likely to die over the follow-up period; however, the pattern is curvilinear. That is, the protective effects of volunteering were strongest among those volunteering for one organization or for less than forty hours: being female, younger, of higher socioeconomic status, more integrated, more active, and healthier were associated with survival over the follow-up period. In addition, adjusting for demographic factors, the beneficial effects of volunteering decreased.

Overall, those who volunteered were at less risk of mortality. The strongest effect occurred for those volunteering for only one organisation. Volunteering in modest amounts (less than forty hours) had a protective effect on mortality whereas volunteering for forty or more hours had no effect. However, the effect of volunteering for a modest number of hours was not as strong as the effect of volunteering for one organization.

Including two measures of social integration; the inclusion of these variables did little to affect the association between volunteering and mortality. It is surprising that they found no significant effect for social integration given mortality studies done by other researchers that showed such an effect. However, the signs of the coefficients surprisingly indicated that the effects of volunteering were strongest among people who did not live alone.

Volunteers had a lower adjusted mortality hazard than non-volunteers. However, such a statement must be qualified in several ways.

Not everyone sampled received the protective benefits and whilst the coefficient was strong, there was attenuation regarding these findings when considering demographic factors.

The findings indicated that simply adding the volunteering role was protective of mortality. To gain the protective effect, one did not have to volunteer to a great extent. Indeed, volunteering at higher levels provided no protective effect This finding is consonant with the role strain hypothesis, which would argue that for older adults, taking on too much volunteering activity incurs just enough detriments to offset the potential beneficial effects of the activity.

The data also supported the major assumption of the role strain hypothesis: volunteering for more than one group or for more than 40 hours during the past year actually results in increased role conflict or additional work that constitutes a burden

The role context perspective also receives some support. That is, the effect of volunteering on mortality differed depending on the level of social integration of the respondent.

The study tested whether the type of organization volunteered for had an effect on mortality, but no evidence was found to support this idea.

It should be noted that many individuals in the sample who reported volunteering did so for a religious organization (about 69%). This distribution of volunteers raises the possibility that what may actually be responsible for the effects of volunteering on mortality is an association with a religious group. There is evidence that attending religious services is associated with

mortality such that persons who attend more frequently derive protective benefits from that activity.