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Introduction

This report has been compiled using a mixture of primary and secondary data sources including qualitative interview and quantitative sources to find information related to healthcare volunteering across five countries: The United Kingdom, Denmark, Spain, Italy, and Germany. Artificial Intelligence (AI) tools have been used to draft the majority of the text. This was followed by process fact-checking and citing the source wherever possible. Despite these efforts however, it is advised that the statistics and information mentioned in this report be further verified.

Within academic literature there are several ways to define volunteering, and scholars have highlighted four aspects which most definitions of volunteering consider, that is “free choice, material rewards, institutional setting, and nonmaterial rewards to the helper or kin” (Butcher and Einolf, 2017, p.5). The United Nations Volunteers offers a definition which is, essentially, that volunteering is participating in an activity of one’s own accord, that does not benefit the self and to do so without expectation of monetary gain (United Nations, 1999). According to the European Youth Forum, volunteering is an activity which “is undertaken for a non-profit cause and does not replace paid staff. The activity can be done within the framework of a volunteering provider or through a volunteer’s own initiative” (European Youth Forum, 2012). Specifically, healthcare volunteers may aid clinical teams with non-medical tasks, such as administrative tasks and patient support (L’Aitrelli *et al.*, 2023).

The United Kingdom

In the UK, volunteering has historical roots, with records of organised forms of volunteering dating back to the late 19th, and early 20th centuries. One of the earliest movements, such as The Guilds of Help, in addition to other organisations, were key in motivating volunteers to address social issues. In addition to recruiting volunteers, these organisations provided training, education, and opportunities for practical experience given through lectures, study circles, and university settlements. One of the defining features of the UK's volunteering sphere is its collaboration with local authorities and governments (Brewis, 2013). Recent research suggests there are three strategies employed by local councils to engage with volunteering organisations: “micromanage” giving direct orders using the language of “should” and “must”, “indifferent” where local councils refuse to collaborate with volunteering groups and “facilitative” which involves a collaborative effort between local councils and volunteering organisations (Mao et al., 2021, pp. 1 -11). The support of local authorities is something considered very important to charity and volunteer organisations. Lucy Bone Head of Community Services at UK charity St Martin's Housing Trust, a charity with a mix of permanent staff and volunteers that support those who are unhoused and provide support to those struggling with their mental health and with substance misuse, credits her local authority's support during the difficult COVID-19 pandemic *“we were very well supported with our local authority”*.

The establishment of the UK's National Health Service (NHS) in 1948, solidified the role of volunteers in healthcare. There are over 300 different volunteer roles in the NHS from patient companionship, to specialised support services, such as volunteer doulas and hospital guides. Volunteers are seen as vital contributors that enhance patient experience, reduce anxiety, and provide kindness and compassion (NHS England, 2023). Healthcare volunteering roles available in the UK are diverse ranging from hospital and ward support, such as ward volunteers and administrative support (NHS England, n.d.), to patient and community support such as befriender roles or community response volunteers (NHS Careers, n.d.). In addition, more specialist roles exist, such as health condition support (Royal College of Nursing, n.d.) and other roles such as student volunteers (NHS, n.d.).

Key Organisations

One of the most key volunteering organisations in the UK is the Royal Voluntary Service, which focuses on healthcare volunteering. It mobilises volunteers to support NHS

hospitals and local communities, offering roles such as patient transport, ward support, home help, and companionship services (Royal Voluntary Service, n.d.). Other key healthcare volunteering organisations include 'HelpForce', which partners with over 100 UK healthcare organisations to integrate volunteering into healthcare delivery (Helpforce, n.d.) and 'OurFutureHealth' which is the UK's largest health research programme, recruiting volunteers to participate in health data collection and research aimed at improving disease prevention and treatment (Our Future Health, 2023).

Volunteer Demographics, Motivations and Barriers

Recent figures from 2023/24 suggested that 33% of adults in England have engaged with volunteering on a monthly basis at least (Statista, 2024). Specifically, 71,828 people volunteered in NHS trusts across England, donating over 6.4 million hours in the year 2024/2025 (Churchill, 2025). Research suggests, however, that there has been a notable decrease in the number of older people (65+) participating in volunteer placements and organisations, the rate dropping from 28% in 2012 to 17% in 2021; the long term effects of COVID-19, alongside the cost-of-living crisis and worsening pension provision are reasons suggested to influence these figures (Zhang, 2025). Such groups not only helped in running errands for residents that could not leave their homes, but they also delivered medical prescriptions and provided mental health support (Kavada, 2020). Historically, we see women in the UK, those aged 65-74 and those from better socio-economic backgrounds are most likely to participate in formal volunteering (Jones, 2025). People in the most deprived areas are less likely to volunteer formally, often due to financial and health-related barriers (National Council for Voluntary Organisations, 2024). Most often a sense of community, willingness to help neighbours, and the desire to protect and improve their local area are the reasons cited as motivation for engaging in volunteering (Jones, 2025).

There are several potential barriers to healthcare volunteering, such as cultural barriers and economic or social pressure (Buck, et al, 2013). The UK Department for Culture, Media and Sport recognises the difficulty in meeting complex compliance requirements (such as safeguarding checks) as a barrier, as it can create administrative and financial burdens for volunteer organisations (Department for Culture, Media and Sport, 2025). The COVID-19 pandemic presented administrative difficulties for government healthcare volunteering services (e.g., the NHS), as to work with such services during the pandemic, volunteers were required to undergo background checks resulting in delays in volunteers beginning

in their positions (Mao et al., 2021, p. 9). These difficulties resulted in collaboration between governmental volunteering agencies and local organisations, such as the Wellspring Settlement, which saw collaboration between voluntary organisations and local authorities to conduct the “Disclosure and Barring Service” checks of volunteers within 24 hours (Mao et al., 2021, p. 11).

Financial and Economic Considerations

Healthcare volunteering can have a significant positive financial impact, for example, a 2025 report suggests that the West London NHS trust, through their “Volunteer to Career” programme save £46,800 annually through recruiting [Band 4](#) staff from volunteer pools, as opposed to hiring agency staff (Helpforce, n.d.). However, large-scale volunteer programmes can elicit significant financial costs, such as the NHS Volunteer Responders scheme, estimated to have cost £4.3 million in 2024/25 (Smyth, 2025). Overall, healthcare volunteering in the UK offers significant financial and economic benefits, chiefly through cost savings, workforce development, and social value. However, these benefits depend on sustained investment and effective management, as well as addressing economic barriers that limit participation from diverse communities.

Denmark

Volunteering in Denmark can be traced back to the 18th century, in the context of giving charity, but began to spread more widely across Denmark in the mid-19th century (Jensen, 2014). The development of the Danish volunteer sector is related to the implementation of a democratic constitution, the emergence of popular movements, and the formation of the welfare state (GHK, n.d.). The healthcare volunteering sector in Denmark operates within a unique context characterised by a strong welfare state combined with an active civil society. Even with the presence of a strong welfare state with governmental support, Denmark has maintained both robust public services and a vibrant volunteer sector. However, the fact that the Danish welfare state has taken on most responsibilities within the social and health care sectors has resulted in relatively few volunteering opportunities in these areas. Only a small proportion - approximately nine percent - of all voluntary activity in Denmark is related to social and health services. This structural characteristic may have inadvertently reduced engagement among older volunteers, who tend to be

motivated by more traditional, altruistic forms of charity work. Consequently, Danes aged 66–85 participate in voluntary organisations at markedly lower rates than younger cohorts (Jensen, 2014).

Key Organisations

The Danish Red Cross (Røde Kors) Health Clinics, established in 2011, provide free healthcare to individuals who cannot access healthcare through the Danish healthcare system, such as migrants, asylum seekers, and EU citizens lacking proper health insurance (Røde Kors, n.d.). The clinics operate in Copenhagen, Aarhus, Odense, and Aalborg, providing nearly 2,700 consultations in 2023 alone (Røde Kors, 2025; Oak Foundation Denmark, 2023). Additionally, Danish nursing homes commonly include volunteers in daily social activities for residents (Stølen, 2022).

Volunteer Demographics, Motivations, and Barriers

Denmark has a volunteer participation rate of 35% of the population (Qvist et al., 2019), with healthcare and social work representing significant sectors within this framework. According to DIVE, 500,000 people and 10,000 organisations are involved in healthcare volunteering throughout Denmark (Center for Frivilligt Socialt Arbejde, n.d.). According to a report by the European Commission, women are more likely to participate in health and social care volunteering than men, and that 30–49 year olds are most likely to participate in volunteering in Denmark (GHK, n.d.). Many healthcare volunteers are healthcare professionals themselves. The Danish Red Cross health clinics employ over 350 healthcare providers, including doctors, dentists, midwives, physiotherapists, and other specialists who volunteer approximately once a month (Red Cross EU Office, n.d.). During COVID-19, healthcare professionals were specifically encouraged to volunteer across different medical specialties (Rosted et al., 2021). Volunteers have given a desire to make a difference, genuine enjoyment and a sense of fulfilment as motivation for volunteering (Haznedar, 2025). Studies identify inadequate coordination between volunteer and professional caregivers as a major barrier, creating challenges in division of labour and information sharing, with knowledge gaps and insufficient coordination also frequently cited problems (Stølen, 2022).

Financial and Economic Considerations

The most economically beneficial sectors of volunteering are education and social services, which together account for 77.4% of the voluntary sector's production-based contribution to GDP. Furthermore, in local associations, salary and remuneration costs are only 7% of total costs, illustrating that volunteers replace a substantial amount of paid labour (GHK, n.d.). Studies also estimate that the return on the investment spent on volunteers in Denmark and similar EU countries, is between \$2.05 and \$21.24 for every \$1.57 spent (Gaskin n.d, cited in GHK, n.d.).

Spain

The modern pattern of healthcare volunteering in Spain is closely linked to the establishment of its universal public health system following the General Health Law in 1986. The law created a national health service (Sistema Nacional de Salud), which, while publicly funded and managed, recognizes the complementary role of voluntary action (Ministerio de Sanidad, 1986). The blending of non-profit organizations and participation of citizens has come to become an integral part of the Spanish model of welfare, with volunteering playing a significant humanizing and support function in the clinical environment.

Key Organisations

The Spanish Red Cross (Cruz Roja Española) is the biggest humanitarian aid association in Spain. It has a wide range of health and social care operations ranging from first aid points and emergency response to social integration activities on a continuous basis. They cover everything from home visits for elderly and dependent persons to food and necessity distribution, psychosocial support, and health promotion campaigns, directly impacting millions of people annually (Cruz Roja Española, 2023).

Big public and private hospitals also conduct systematic volunteer activities. The Hospital Universitario Fundación Jiménez Díaz in Madrid, for instance, has a systematic Volunteer Service. They organize and train their volunteers to act as companions to patients, emotional support, family caregiver relief, and assistance with recreational activities, all

designed to complement professional staff tasks and improve patient care (Hospital Universitario Fundación Jiménez Díaz, 2024).

Similarly, the Hospital Clínic de Barcelona runs the "Amics del Clínic" volunteer program. Specifically, this program works towards humanizing the hospital experience. Volunteers offer companionship, practical assistance in navigating the hospital, babysitting for patients' family members, and share their own patient experience, hence reducing anxiety and making the environment more comforting (Hospital Clínic de Barcelona, 2024).

Volunteer Demographics, Motivations, and Barriers

According to the most recent official data of the Spanish Ministry of Social Rights (Ministerio de Derechos Sociales), the average volunteer in Spain is a woman with higher education. Although volunteer work is roughly equally divided between gender, the health sector provides a greater female rate of participation. The young people (14-24 years) also have the highest percentage of volunteers, in some instances prompted by school obligations and heightened social conscience, although long-term volunteering exists within more established, retired groups as well (Plataforma del Voluntariado de España, 2022).

Healthcare volunteering in Spain, while useful, does pose a number of challenges. These are role ambiguity, in the sense that the lack of definition can create confusion with the activities of remunerated healthcare professionals. This can sometimes result in cynicism among staff and difficulties in integrating volunteers into the clinical team. Moreover, the COVID-19 pandemic caused cancellation of many volunteer programs, leading to demotivation and turnover of volunteers. Another long-standing issue, especially for small non-profits, is the absence of stable financing and resources, which limits the scope and longevity of their programs (Yildiz et al., 2024).

Financial and Economic Considerations

Spain's monetary worth of volunteering is substantial. In its 2022 Activity Report, the Spanish Red Cross alone made over 4.5 million voluntary work hours available in all of its programs, its mass-scale health and social care programs amongst them (Cruz Roja Española, 2022). The replacement cost framework, a prevalent methodology for valuing volunteer time, can be utilized for quantifying these savings. This calculation approximates what it would take to employ salaried workers to perform the same job.

From National Statistics Institute (INE) and Satellite Account on Non-Profit Institutions data, the total economic value of all volunteer action in Spain was calculated at over €7 billion annually in pre-pandemic studies (INE, 2017). While an exact, stand-alone figure for healthcare volunteering is not frequently made public, an extrapolation from the size of preeminent health-focused organizations like the Red Cross and massive hospital programs means that healthcare volunteering saves the Spanish public health system hundreds of millions of euros annually in direct labor costs, plus providing priceless non-clinical care.

Italy

In this section, the crucial role of volunteers in supporting healthcare organisations in Italy will be explored. The assistive role of volunteers in a patient's treatment and recovery for serious illnesses will also be highlighted.

Key organisations

The Associazione Volontari Ospedalieri (AVO) was founded in 1975, and it currently has more than 12,000 volunteers in 13 regions across Italy – making it one of the largest and most important organisations in the volunteering sector in the country (Hashtag Sicilia, 2025). According to AVO, in addition to doctors and nurses to address medicinal treatment, a patient requires “another human component” and care (Associazione Volontari Ospedalieri Mirano ODV, n.d.). AVO strives for their volunteers to address this human component and void in hospitals (Associazione Volontari Ospedalieri Mirano ODV, n.d.). To able to perform such a task, AVO volunteers progress from basic training courses and orientation talks, to an internship in partnership with an experienced volunteer, followed by periodic refresher meetings, and finally, permanent training (Fondazione Villa Salus della Congregazione delle Suore Mantellate Serve di Maria di Pistoia, n.d.).

Oscar's Angels Italia (OAI) is an international organisation, originally established in France, with a prominent presence in Italy. OAI volunteers provide “specialised in-hospital support” to family members of children diagnosed with complex medical illnesses (Oscar's Angels Italia, n.d.). According to AOI's Chair Anita Granero, the idea for such an

organisation came after experiencing personal loss of a family member “Oscar”, Granero’s sister’s son (Mangano, 2024). Granero explained that despite having all the medical facilities and attention, “we sensed that there was also more we needed. This other aspect was the ability to connect with someone who wasn’t a clinician, who was somehow external to the hospital but still able to understand our emotional state and share our journey ... From this personal experience, in 1998, the idea to found Oscar’s Angels France was born” (Mangano, 2024). In 2018, their collaboration began in Italy, and today they assist 1,500 families from across the country annually (Mangano, 2024). In order to start volunteering with OAI, volunteers must first complete an in-person interview, a minimum of six months of practical training, evaluation by a psychologist and finally an evaluation by OAI’s training coordinator and health staff (Oscar’s Angels Italia OdV ETS, n.d.).

Volunteer Demographics, Motivations, and Barriers

According to a study that aimed to explore Italian Hospital Volunteers’ (HVs) motivations, “altruism, civic responsibility, leisure, personal gain and self-promotion” were among the key factors - findings that have also been highlighted in previous studies (Gonella et al., 2019, p. 170). According to a study that investigated volunteer organisations’ role in developing Italy’s Community Health Center (CHC) model, organisational coordination, limited operational capacity and geographical disparities have been highlighted as challenges (De Luca, Costa and Masella, 2025, p. 1).

Germany

Key organisations

Deutsches Rotes Kreuz (DRK), the German Red Cross (GRC), has a vast network of 400,000 volunteers in Germany (Deutsches Rotes Kreuz, n.d.). Volunteers are able to choose between the three voluntary services; Voluntary social year, Federal volunteer service and International voluntary services (German Red Cross, n.d.a). Volunteers receive practical training through participating in seminars and applying those lessons in the field (German Red Cross, n.d.a). They also offer a variety of placement opportunities for overseas volunteers and counselling sessions are provided to those that are not unfamiliar with voluntary work (German Red Cross, n.d.a). GRC views these counselling sessions as essential as their volunteers are sent to hospitals, retirement homes and to places with

vulnerable people requiring special needs (German Red Cross, n.d.a). GRC volunteers assist in outpatient care, home emergency calls, raising the quality of life of people with disabilities, providing rapid response during floods, major emergencies and even assist in water and mountain rescue missions (German Red Cross, n.d.c). As GRC believes in “knowing no borders”, it provides assistance and support during conflicts, natural disasters or famines in more than 40 countries (German Red Cross, n.d.b).

Johanniter-Unfall-Hilfe (JUH) is one of the leading organisations in Germany providing medical assistance with more than 30,000 employees, 46,000 volunteers and 1.2 million supporting members (Johanniter-Unfall-Hilfe e.V, n.d.a). As part of the major supporting pillars of Germany’s emergency services (Johanniter, n.d.), JUH provides assistance in rescue and medical services, disaster relief, care for elderly, sick and children, hospice care and during humanitarian aid missions overseas (Johanniter-Unfall-Hilfe e.V, n.d.a). In 2023, Johanniter Accident Assistance carried out 827, 162 emergency services operations, assisted 267,489 home emergency call customers and had 301,433 first aid course participants (Johanniter-Unfall-Hilfe e.V, n.d.b). According to Thomas Mähnert, Member of the Federal Executive Board, “The ability to adapt quickly and flexibly to constantly changing conditions is crucial today to successfully shape a positive future” (Mähnert cited in Johanniter-Unfall-Hilfe e.V, n.d.b).

Volunteer Demographics, Motivations, and Barriers

According to a survey conducted by the Federal Ministry of for Family Affairs, Senior Citizens, Women and Youth, 43.6 % of German populations aged 14 and over is partaking in voluntary work (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, n.d., p. 5). In Germany, men participate slightly more in voluntary work with a rate of 45.7 % compared to 41.5 % for women (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, n.d., p. 5). The highest volunteering rates are among the age groups 14 to 29 years old and 30 to 49 years, whilst the lowest volunteering rate among those over the age of 65 (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, n.d., p. 5). Education plays a major role in volunteering as individuals with higher education partake in more voluntary work compared to those with lower education (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, n.d., p. 9). Being informed about voluntary opportunities and better income as a result of higher education are reasons cited for this difference (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, n.d., p. 9). It is important to note that, among the total number of volunteers in

Germany, the “Health area” sector is one of the least prominent areas of voluntary work, with a volunteering rate of only 2.5 % compared to “Sport and Exercise”, which has the highest rate of 16.3 % (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, n.d., pp. 27-28). The biggest motivation for volunteering among the German population is the fact that they believe “volunteering is fun” (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, n.d., p. 35). Motivations for gaining material and professional benefits are low (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, n.d., p. 35). However, a study involving 731 medical students shows that, during the COVID-19 pandemic, they volunteered for both altruistic reasons and to apply their knowledge in the field and improve their professional skills (Büssing et al., 2022, pp. 1-2). In addition, inconsistent availability and a lack of resources have been highlighted as challenges for voluntary work in the healthcare sector (Linke, Heintze and Holzinger, 2019, p. 1).

Financial and Economic Considerations

Volunteering in Germany is economically significant as it contributed an estimated 1.95% of GDP in 2008 (Education, Audiovisual and Culture Executive Agency & Directorate-General for Education and Culture, 2010, p. 135). Expenses and economics can impact people’s decision to volunteer (Wallrodt and Thieme, 2022, p. 1181). In addition, when people volunteer, they usually give up family time rather than paid work or other activities (Wallrodt and Thieme, 2022, p. 1169). Some academics have argued that previously paid jobs are being replaced with voluntary roles, and that reliance on untrained volunteers to fill gaps in state services disproportionately affects disadvantaged groups, creating a two-tier system of “poor services for poor people” (Haubner and van Dyk, 2020).

Conclusion

This report highlights key organisations, demographics, motivations and barriers within the healthcare volunteering sector across selected European countries. It also examines the economic impact and considerations for healthcare volunteering. Observations indicate that while factors such as demographics vary depending on the specific country

there have been a few consistent elements such as economic considerations as well as the general conclusion that there are moral and psychological benefits of healthcare volunteering for patients and their families that cannot be provided through conventional medical practices. However, it is worth noting that paid jobs requiring professional training and expertise should also not be replaced by volunteers and further research in the healthcare volunteering sector clearly needs to be conducted, and that methods to promote it be explored.

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