

Doing well by doing good. The relationship between formal volunteering and self-reported health and happiness

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Abstract

In this paper, we examine whether engaging in voluntary work leads to greater well-being, as measured by self-reported health and happiness. Drawing on data from the USA, our estimates suggest that people who volunteer report better health and greater happiness than people who do not, a relationship that is not driven by socio-economic differences between volunteers and non-volunteers. We concentrate on voluntary labor for religious groups and organizations and using second stage least square regressions we find that religious volunteering has a positive, causal influence on self-reported happiness but not on self-reported health. We explore reasons that could account for the observed causal effect of volunteering on happiness. Findings indicate that low relative socio-economic status is associated with poor health both among those who volunteer and those who do not. Low status, however, is associated with unhappy states only among those who do not volunteer, while volunteers are equally likely to be happy whether they have high or low status. We propose that volunteering might contribute to happiness levels by increasing empathic emotions, shifting aspirations and by moving the salient reference group in subjective evaluations of relative positions from the relatively better-off to the relatively worse-off.

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Introduction

By engaging in formal voluntary activities people provide unpaid work: they donate their time to groups and organization and do not ask for a monetary compensation in return. According to recent figures from the Independent Sector's survey of Giving and Volunteering in the United States, volunteering represents a sizable resource. Approximately 44% of the adult population in the United States engages in formal voluntary activities every year and on average volunteers

donate 3.5 h each week. The literature suggests that people who volunteer enjoy good physical and mental health: they have lower rates of mortality and are more likely to have good health (Moen, Dempster-McCain, & Williams, 1993; Musick, Herzog, & House, 1999; Oman, Thoresen, & McMahon, 1999; Post, 2005). They are also more likely to report being happy and are less likely to suffer from depression (Musick & Wilson, 2003; Thoits & Hewitt, 2001; Wheeler, Gorey, & Greenblatt, 1998; Whiteley, 2004). While the correlation between volunteering and well-being is well established, issues of omitted variable bias, self-selection and reverse causation remain mostly unresolved. The observed link could be spurious and hide

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the effect of other characteristics determining both a high propensity to volunteer and to feel well (omitted variable bias). The underlying characteristics that make individuals select themselves in the volunteering and non-volunteering groups might also be correlated with their well-being (self-selection). Finally, while volunteering may lead to higher well-being, the reverse is possible: people who feel well may be more likely to engage in volunteer labor (reverse causation).

Some studies have employed longitudinal datasets to mitigate omitted variable problems (Musick & Wilson, 2003; Thoits & Hewitt, 2001) and establish how changes in volunteering are correlated with changes in well-being, however, reverse causation remains a problem. Moreover, correlations could still be due to changing circumstances determining both the decision to start volunteering and higher well-being. When studies look at the relationship between volunteering and well-being measured in different periods to establish causation (Li & Ferraro, 2005), individual heterogeneity and self-selection remain unresolved. Helliwell and Putnam (2004) conclude their study on the relationship between social context and well-being calling for the use of instrumental variable or quasi-experimental settings to solve outstanding issues.

We use data on self-reported health and happiness to explore the link between volunteering and different aspects of well-being. The literature indicates that self-reported health and happiness are correlated (Rosenkranz et al., 2003; Ryff & Singer, 2001; Subramanian, Kim, & Kawachi, 2005), but also that they do not overlap and capture different features of individual welfare. For example, in our sample over 80% of people suffering poor or fair health report being happy/very happy, possibly due to adaptation processes (Layard, 2005), and 5% of people in good/excellent health are not happy. Self-reported health is well suited at capturing the “life-ability of the person” while self-reported happiness is an indicator of “subjective appreciation of life” (Veenhoven, 2000).

Our results suggest that volunteer labor is positively correlated with both indicators of well-being. We concentrate on formal volunteering for religious groups and organizations and employ a second stage least squares regression framework to address reverse causation, self-selection and omitted variable bias. Results indicate that religious volunteering has a substantial, causal effect on happiness but not on health. We review the literature investigating the causes of well-being premiums among volunteers and hypothesize that volunteering might increase happiness by reducing people’s concerns for status.

Data and methods

Data sources

The paper uses the Social Capital Community Benchmark Survey (SCCBS) dataset. The SCCBS collects data on voluntary work to a range of groups and organizations as well as on self-reported health and happiness. The SCCBS was designed by the Saguaro Seminar at the John F. Kennedy School of Government at Harvard University and was conducted in 2000 by telephone. The SCCBS contains both a sample of the U.S. population and specific samples from 41 communities across 29 states, for a total of nearly 29,200 observations.¹ The SCCBS has been extensively used in studies examining the relationship between individual and community level social capital, health and happiness (see for example Helliwell & Putnam, 2004; Subramanian, Kim, & Kawachi, 2002; Subramanian et al., 2005) and has proven an invaluable resource to explore whether community involvement can improve well-being. We obtained a restricted use version of the SCCBS with county identifiers to link area characteristics to the dataset.

Volunteering

The literature documents that unpaid work for family members and friends (informal volunteering or care) is not correlated with positive mental outcomes as is the case for formal volunteering (see Post, 2005 for a review) and might even be detrimental to carers’ mental health (van den Berg & Ferrer-i-Carbonell, 2007). The mechanisms that lead to the provision of informal care and the dynamics of the work itself often make informal volunteering too demanding. In this paper, we concentrate on formal voluntary labor.

Respondents were asked if they had done voluntary work in the past 12 months for the following groups and organizations: cultural, artistic, health, neighborhood and civic, needy, religious and youth-school. In our analysis, we use two indicators of volunteering, the first measures *frequency* (the base is an individual who did not volunteer in the past year and we compare how the probability of being healthy and happy changes with occasional, monthly and weekly volunteering) while the second indicator concerns volunteering *type* (whether for a religious or a secular group).

¹ Detailed information on the Social Capital Community Benchmark Survey can be found on the SCCBS webpage: <http://www.cfsv.org/communitysurvey/index.html>.

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