Oxford COVID-19 Evidence Service

Volunteering during the COVID-19 pandemic: What are the potential benefits to people's well-being?

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VERDICT

There is weak evidence linking volunteering to positive well-being. In order to benefit, people may need to feel that what they do is likely to make a difference and that it is valued. This idea of 'mattering' highlights the fact that although not an explicit reason for volunteering, reciprocity may be important for someone to continue undertaking such work and to gain psychologically from it.

Given the many challenges presented by the COVID-19 pandemic, a show of solidarity exhibited through volunteering is heartening. Within 24 hours of a governmental call for citizens to join the NHS 'volunteer army', 500,000 people had signed up. By early April, over 750,000 were enlisted and started undertaking tasks such as delivering medication from pharmacies, driving patients to appointments, or making regular phone calls to isolated individuals. Healthcare professionals, pharmacists, and local authority staff can upload requests for help from these volunteers on a dedicated app. Outside the NHS, many other volunteering endeavours have been established in response to the COVID-19 pandemic. In this blog, we explore why people might be drawn to volunteer at this time, what they might gain from doing so, and what lessons the NHS can learn in harnessing public enthusiasm to offer assistance.

WHY MIGHT PEOPLE BE PROMPTED TO VOLUNTEER DURING THE COVID-19 PANDEMIC?

A quick examination of media reports on reasons for volunteering during the COVID-19 pandemic highlights that some people want 'to give back', having received support from the

NHS for a previous illness; that it can help individuals feel they are doing something at a time of crisis; or that it enables them to cope with sad accounts they hear every day in the media. These news stories show that people offer to volunteer in anticipation that they might need help in the future, if they get the virus. A sense of solidarity can also be established through joining others in working towards a common purpose.

In the current crisis, volunteering may be comforting, helping people to overcome feelings of inertia and helplessness (as they are separated from loved ones and witness reports on the damage to familiar infrastructures – healthcare, government, food supplies). A review of 33 articles on volunteering during emergencies, exploring motives, suggested that being connected with a cause can be a key driver, alongside regarding it as emotionally cathartic when affected personally, and finding solace from collaborating with others towards the same goal.

WHAT DO WE KNOW ABOUT THE HEALTH BENEFITS VOLUNTEERING BRINGS?

Volunteers may claim that they get as much back from their efforts as individuals or organisations they are supporting. Evidence shows that volunteering can alter self-perceptions, allowing people to build confidence and self-esteem and to learn new skills. This may help to counteract low mood, by producing more positive thinking. It has also been suggested that volunteering can affirm one's social identity, important when other roles have diminished (e.g. after retirement, losing a partner, children growing up).

Volunteering may promote well-being, in particular among those with few social connections. By extending their networks through volunteering, people can feel part of a community that increases their social capital (e.g. resources or contacts they can turn to for assistance). Establishing social ties generates trust, prompting people to feel more secure. However, the reverse may also be true: that social ties facilitate volunteering, so those with existing, well-developed social networks might be more exposed to and hear about volunteering opportunities. Those from deprived or disadvantaged backgrounds are reported to volunteer less often. Hence, benefits from volunteering are unlikely to be uniform. For example, volunteering appears to increase life satisfaction in older people (aged over 60 years) more than in younger ones. Data from the British Household Panel Survey, taking a life course approach, suggested that a positive impact from volunteering is more pronounced during midlife and older age. Its authors proposed that at an earlier stage in life, people view volunteering as something to fit in alongside other commitments (e.g. studying or parenting). However, there are reports of volunteering helping teenagers to feel more socially connected, and it may reduce their anxiety, if freely chosen and not mandated.

Younger people are more likely to engage in irregular volunteering. There is evidence of dose-responsiveness: more volunteering is linked to greater rewards – although not all researchers report this association. It is unclear what the optimum dose is for ensuring benefits from volunteering. Some research shows the greatest improvement in psychological well-being

among those engaging in at least 100 hours of volunteer activity per year. Other studies report that benefits taper off or do not increase after more than 100 hours a year (2-3 hours a week). Data from the National Council for Voluntary Organisations show that around a fifth of people in the UK volunteers at least once a month for a group, club, or organisation.

'MATTERING'

Piliavin and Siegl distinguish between hedonic well-being (happiness and satisfaction from feeling good about one's situation, which may come from different areas of life, including socialising with friends and hobbies) and eudaimonic well-being (feeling good about oneself, through serving others for example). There may be a range of activities that make one feel good, but volunteering allows one to feel 'good about oneself.' This relates to the notion of 'mattering', a term used to depict feeling valued and able to add value. 'Mattering' refers to a perception that we have a role in the world, whereby we feel noticed and valued, and are giving value to others. It has been linked to better self-esteem, self-acceptance, and less depression.

STATE OF THE EVIDENCE

Although there is evidence that volunteering can benefit emotional health, sense of self, and satisfaction with life, studies of such associations often derive from cross-sectional rather than prospective cohort or controlled studies; hence, it may be that those with better physical and psychological health, or social well-being, opt to volunteer. Longitudinal studies have suggested a potentially causal relation between health and volunteering, but without data involving more controls it is hard to be sure whether other factors are involved. Furthermore, such benefits are not necessarily reflected in the results of trials.

Another problem in researching this topic is that what constitutes volunteering is wide-ranging, making comparisons across studies difficult; it covers a plethora of heterogeneous activities, so it is probably misleading to treat all volunteering as the same when considering its consequences for individual health. This would extend to what outcomes are assessed; outcomes should be commensurable with the volunteering activity (e.g. not expecting better physical fitness from a volunteer programme that involves reading to children in school).

WHAT CAN THE NHS LEARN ABOUT VOLUNTEERING FROM THE CURRENT CRISIS?

Volunteering in the NHS is not unusual. Volunteers free up time so that paid staff can focus on clinical tasks, while helping local communities to stay fit and well. The NHS long-term plan included an aim to double the number of volunteers across the organisation, partly related to its commitment to social prescribing. As health managers and policy makers try to create an NHS participation culture, they should ensure that volunteers experience a sense of being appreciated and that they can play a useful role; as noted above, this can augment volunteers'

well-being. Conversely, a negative experience can make people believe they are unappreciated. This may happen when volunteers are not supported, which might leave them feeling overwhelmed.

A clear understanding about how volunteers may contribute to statutory services and what they can and cannot do is needed, to avoid role ambiguity. Research suggests that some NHS staff are suspicious of volunteers in their workplace and concerned about job substitution. It is therefore essential to distinguish between paid roles and the contributions of volunteers. Last year health unions published a charter, in part to mitigate fears about the use of volunteers as a cheap alternative to paid, trained staff, and to reassure healthcare workers that volunteers were not being introduced simply in response to a shortfall in staff numbers.

Profiting from the skills, time, and enthusiasm of volunteers who are supporting the NHS in response to the COVID-19 pandemic might call for a cultural shift. The whole organisation must acknowledge the contribution of these individuals, to avoid cynicism and demotivation. As noted by Boyle and colleagues, "…this will take a shift in mindset, particularly in the NHS, which can appear ambivalent and difficult to access, and at its worst, dismissive." There may also need to be a transformation from perceiving volunteers as free labour, willing to accept whatever tasks they are assigned, without much direction or encouragement; it is likely that volunteers, even if subconsciously, will be seeking some benefits (e.g. feeling they are making a difference, meeting people, or developing new skills). Thus, those running volunteering opportunities may need to invest time in developing relationships and providing support and training. Volunteering should not be regarded as a no-cost activity; it requires an appropriate infrastructure to be successful, so that volunteers are well managed.

CONCLUSION

A potential way to boost well-being in a time of crisis may be to increase people's sense of 'mattering', through volunteering. This may bring particular benefits to older members of the population, enabling them to establish a strong social role and ties. But since they are at particular risk of negative effects from contracting COVID-19, volunteering may be curtailed at present by advice to avoid social contacts.

The impressive public response during the COVID-19 pandemic shows that there is a sizable, potentially untapped, set of individuals for the NHS to draw upon, although the recently recruited 'volunteer army' is supporting rather than working within the organisation per se (e.g. transporting medical equipment, delivering medications to people, driving patients to appointments, making telephone calls to those who are isolated at home). It may be important to capitalise on the current national enthusiasm for volunteering, as the country has to deal with the social and economic aftermath of COVID-19.

End.

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