

Voluntary Work for Public Health—Older Volunteers' Participation in a Norwegian Society

—Motivation Factors for Participating—Enrich Life and Positive for Health

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Received 22 August 2014; revised 21 September 2014; accepted 5 October 2014

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Abstract

Today there is a decreasing interest in contributing to general organizations. The purpose of this study is to examine participation in volunteer work in a municipality in Norway. The main focus is determinants of motivation factors for participation as well as non-participation. A first step was to conduct a focus group interview. The second step was to make questions for a survey based on the results of the focus group interview in order to provide an overall direction for the survey. A questionnaire was sent to six local organisations in a municipality in Norway. Analysis: Multivariate logistic and linearly regression analysis. Result: The total model was statistical significant, indicating that the model was able to distinguish between volunteers who reported to be respectively happy or not happy. The model explained 36% to 62% of the variance in this variable. The variables made a statistical significant contribution to the model. The strongest predictor of being happy was the variable “energy”. The variable “positive for my health” was the second strongest predictor. “Income” has a reverse association, meaning that the volunteers are less likely to be reported to be happy when their income increases. Network and illness explain years in voluntary work. Conclusion and implications for public health nurses: The present study shows the effectiveness of volunteering for elderly. Thus, it is an important element in public health nurses work to include strategies that focus on program stimulating elderly citizens in the municipality to stay healthy physically and psychologically.

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Keywords

Public Health Nurses, Volunteer Work, Elderly Citizens

1. Introduction

Engaging in voluntary activities means that people provide unpaid work. They offer their time to groups and organisations and do not ask for compensation in return. In a report about voluntary work in Norway presents the meaning of voluntary work for quality of life [1]. However, voluntary organisations in Norway have lost members. According to a Norwegian report there is a decreasing interest in contributing to general organizations. Instead citizens seem to prefer associations that offer activities that appeal to their personal needs and interests, though the voluntary organizations strive to adapt to the various changes in their environment [2].

Volunteering means different for different people as well as in different countries, influenced by history, politics and culture. In the present study two key elements are selected: an activity undertaken voluntarily, and doing the activity under support of organizations.

1.1. Purpose of the Study

The main focus is to examine determinants of participation as well as non-participation in voluntary work among older persons in a municipality in Norway. A wide range of motivation and non-motivation factors to participate in volunteer work are studied. The objectives are to determine whether factors of health and well-being were connected to voluntary work.

1.2. Research Question

What makes older people participate in volunteer work?

1.3. Literature Review—Theoretical Framework, the Volunteer Sector

There has been a focusing on the changing role of the voluntary sector. One of the main factors found affecting local voluntary organisations was the impact of contracting. If this is to be the major source of funding to voluntary organisations it may have a negative effect on smaller organisations [3]. The differences between drop-in centres and voluntary service in New Zealand have been investigated. The focus was on funding, clientele and adjustment to service profession. The researchers recommended financial security by funding systems that allow providers to offer proactive services such as support to clients from an early stage [4]. Whether employment status has an effect on a person's decisions to volunteer has been investigated in addition to the number of hours volunteered. The result shows that part time work, age, education, and health status are significantly related to volunteer hours [5]. Older people who stop working decide to continue working in their career fields as volunteers [6]. In addition, there is a connection between persons with higher incomes and take an active part in volunteer work [7].

1.4. Volunteering and Its Beneficial Effects

The literature suggests that people who volunteer enjoy good mental and physical health. They have lower rates of mortality and are more likely to have good health [8]. In Europe with a growing aged population, the importance of undertaken productive activities has been advocated to improve quality of life in older people. Older adult volunteers who get pleasure from being useful to others report good health [9].

Volunteer work among older adults in Japan shows that among females, who had lived in the community for a long time, participated in hobbies and continuing education. They also reported good self-rated health. There were no specific correlations among males [10]. The relationship between social capital and self-rated health has been investigated. Data was collected from a health survey in Greater Moscow. The results show no relationship between social capital and self rated health. An association though was found between social capital outside the family and men's self rated health. Men who rarely visit acquaintances and friends are more likely to have less good health than those who make visits more often. Also, men who are not members of any voluntary associa-

tions report poorer health than those who are [11]. The links between voluntarism and health is explored in order to understand voluntary work. The research high light the difference a place makes to understanding voluntary activities in the context of health and well being. The research offers directions of research in this area [12]. Engaging in voluntary work was studied in religious groups and organisations. The study points at greater well-being; positive effects on self-reported happiness but not on self-reported health. Volunteering might contribute to happiness by increasing empathic emotions, suggesting that those who give away their own time are more likely to be aware of the needs of others [13]. In addition, a connection was found between health, aging and retirement. Volunteer transition was affected by individual resources and change in individual resources. Furthermore, the societal context in which the person lives has a significant impact of the prevalence of volunteering at a given point in time. The researchers conclude that volunteering is an important productive aging activity [14]. Organisational support for elderly persons was significantly associated with socio emotional benefits such as mental health. Moreover, older volunteers with lower socioeconomic status committed more hours and perceived more personal benefits than persons with higher socioeconomic status. The researchers conclude that psychological well-being of older adults can be improved through volunteer activities and contribution to others [15]. The relation of volunteering to the context of lifestyle activities was examined. The research shows that being an unpaid helper was related to positive functioning on psychosocial makers, and reduced mortality risk, even when having a hobby and everyday activities were controlled for [16].

2. Method

2.1. Design

The study adopted a mixed technique, using both focus group interview and questionnaires. A first step was to conduct a focus group interview. The second step was to make questions for a survey based on the results of the focus group interview in order to provide an overall direction for the survey. In a third step this questionnaire was sent to the local organisations in the municipality that are involved in supporting or provisioning voluntary work. They were asked to distribute the questionnaire to persons engaging in volunteer work.

In the first step, the focus group interview, a set of questions was prepared. These questions were open-ended and focused on the aim of the study. The purpose of the questions was to stimulate the discussion, and the questions were used as a guide in the hope of obtaining more questions and issues that the focus group leader would want to follow-up on. The meeting room was quiet, comfortable and free from outside distractions, and the interview situation was as desired according to the participants. Participants sat around a table so they could see each other. The interview lasted for approximately 1.5 hours. The focus group leader had good communication skills and directed the discussion without being part of it. She created a relaxed, informal atmosphere in which the participants felt free to express their opinions, though she did not express her own opinions or make judgments on the opinions of the participants. The focus group leader asked a series of open-ended questions ranging from general to specific, and the participants expressed their opinions, experiences and suggestions. The focus group leader allowed the discussion to go in new directions as long as the topics were relevant to the subject of the interview. All members of the group were encouraged to participate, but one person was not allowed to dominate the discussion. Notes were taken about participants' non verbal language during the meetings by a second person.

In the second step, based on the result of this focus group interview, a questionnaire was constructed.

In the third step this questionnaire was sent to six local organisations in the municipality that are involved in supporting or provisioning voluntary work. They were asked to distribute the questionnaire to persons engaging in volunteer work.

2.2. Sample

Volunteer centres were contacted from six Norwegian Municipalities. Inclusion criteria were volunteers older than 62 years of age as well as retired or pensionist. Participants ($n = 77$) mean age (73.4), ($Sd = 18.95$), women ($n = 57$), men ($n = 20$).

2.3. Measure

A questionnaire was used to collect data. The questionnaire was based on the results of a focus group interview

with 11 participants.

2.4. Data Analysis

For the analysis we used IBM SPSS statistics 19 to do multiple logistic regression analysis and multiple linear regression to find the factors that associate with respectively “become happy when volunteering” and “the number of years in voluntary work”.

2.5. Ethical Considerations

The rules of the Norwegian Social Science Data Services (NSD) at the University of Bergen were followed regarding the participants receiving the usual assurance about anonymity, confidentiality and the right to withdraw at any point without prejudice. Comments are directly quoted, while always ensuring that the speaker is not identified.

From an ethical perspective, the qualities as judged by the Declaration of Helsinki are that the research design and the need in society for such a project are deemed to be of importance [17].

3. Results

3.1. What Correlates with Years of Volunteer Participation?

We used a multiple regression analysis to assess the impact of the independent variables network, depression, and ill health on the number of year the respondents have done voluntary work [18].

The explanatory power of the three variables; network, depression and ill health, measured by R^2 , was 33 percent of the variation in the number of year in voluntary work These indicating that the model was able to explain a substantial part of working voluntarily.

Network and illness were the two most important variables to explain years in voluntary work according to the values (see beta in **Table 1**). If one had obtained a network when working as a volunteer he/she had worked 4.9 years more with voluntary work, while illness reduce the number of years working as a volunteer with 4.5. Experience that voluntary work counter depression increases the number of years with voluntary work with 2.8 (see **Table 1**). All three independent variables and the constant made a statistical significant contribution to the model.

3.2. What Increases the Probability for Happiness When Volunteering?

Logistic regression was used to assess the impact of the independent variables “Volunteering is positive for my health”, “Have left-over energy and love of work” and “Income” on the likelihood that respondents would report that “I become happy when volunteering”.

The total model was statistical significant, $\chi^2 (3, N = 80) = 33, p < 0.0005$, indicating that the model was able to distinguish between volunteers who reported to be respectively happy or not happy. The model explained 36% (Cox and Snell R square) to 62% (Nagelkerke R square) of the variance in variable “become happy when volunteering”, and classified the respondent correctly in 92% of the cases.

All three variables made statistical significant contribution to the model. The strongest predictors of being happy were the variables “Have extra energy and love of work”, and “Volunteering is positive for my health”. For “income” the opposite association was registered. Volunteers are less likely to report to be happy, when there income increases.

Table 1. Multiple linear regressions.

Independent variables	Dependent variables: number of years in voluntary work	
	Unstandardised coefficients, β (significance)	Standardised coefficients, Beta
(Constant)	3.5 (0.009)	
Obtain a network by doing voluntary work	4.9 (0.000)	0.41
Experience that voluntary work counter depression	2.8 (0.009)	0.29
Illness affects how many hours one can do voluntary work	-4.5 (0.000)	-0.45

4. Discussion

The main focus in the present study was to study determinants of engagement in volunteer organisations. Beneficial aspects of volunteering for the individual were found in the present study. Network and illness were the two most important variables to explain years in voluntary work. Network increases—while illness reduces the number of years in voluntary work. Similar result is described in previous research [2].

The variable “voluntary work counter depression” made a statistical significant contribution to “number of year in voluntary work. Previous research points at volunteering as associated with lower level of base line depression. In particular, volunteering affects the decline of depression for individuals’ above the age of 65 [19]. Similar finding was found in research reporting about organisational support as significantly associated with mental health. The research shows a connection between happiness and to work as volunteer, individually as well as on social level [15]. In the present study we found that the meaning of working as a volunteer, to do something for another person, is perceived as more positive for oneself than for the person you assist or lend a hand. The result though was not significant. However, in previous research; to do something for another person is expressed in words like “life is getting better [20].

Earlier research suggests that people who volunteer enjoy good mental- and physical health. They have lower rates of mortality and they are more likely to have good health [8] [13]. The groups studied were religious groups and organizations. The researchers found positive—as well as negative response; positive effects on self-reported happiness but not on self-reported health. In the present study though, volunteers expressed that it is important to have something to believe in. They think that volunteer work is important in order to stay physically healthy, and that volunteer work counteracts depression.

The number of hours volunteering was significantly related to health status. In addition, the totalities of years you have been a member of a voluntary association and engaging in voluntary work also shows correlation to social network as important in order to be engaged in voluntary work [5] [11]. In line with previous research, respondents in the present study expressed that working as a volunteer was important because they got a network. In addition, there might be a connection between network and years working as volunteer. For salary though it was the opposite. It is less likely to report to be happy when your income increases. This is in line with the present study; the volunteers are less likely to report to be happy when their income increase. In other words, the meaning of social capital and health is more important than level of earnings.

Correlation often is a satisfactory measure of dependence; consequences though of parameters left out could bias the results. Furthermore, in order to overlook to add control variables the wrong decision could be drawn about the main correlation [18] [21].

The associations between volunteer participation and public health outcomes are probably more complicated than any study design and range of variables might grasp. The measurement of the social phenomenon is complicated. Another weakness is the problem with evaluating the weight of each item in combined variables such as “being happy” and “positive for my health” and in the index for volunteer activities. There might also have been a vague selection bias. For example, slightly unwell persons who attend volunteer work, but because of their illness prefer not to fill in the formula. On the other hand, we can imagine that the slightly unwell persons might have time to participate in volunteering and participated in the survey. Individuals though with very good health cannot improve their health much, but may strengthen it. This may be difficult to measure in the context of this kind of study.

5. Conclusion

With a growing aged population in Europe, the importance of volunteering must be advocated. From a public health perspective it is of importance of undertaking productive activities by participating in volunteer work. The results add yet another caution to the growing literature about volunteering. The findings might be important in a Norwegian public health perspective.

Implications for Public Health Nurses

Public health nurses are directly engaged in the inter-disciplinary activities of the core public health functions. They integrate community involvement with personal understandings of the health and illness experiences of individuals; strategies depending on where the most effective outcomes are possible.

The present study shows the effectiveness of volunteering for elderly. Thus, it is an important element in pub-

lic health nurses work to inspire elderly residents to take part in volunteer work; to include strategies that focus on program stimulating elderly citizens in the municipality to stay healthy physically and psychologically. The present study demonstrates some of the consequences of ignoring social and cultural information of engaging in volunteer work. Thus, determine priorities for targeted volunteer interventions that should be valuable for the elderly population in the municipality.

References

- [1] Loga, J. (2010) Betydning av kultur og frivillighet for helse, trivsel og lykke, en kunnskapsöversikt [The Meaning of Voluntary Work for Health, Comfort and Happiness, a Review]. Senter för forskning på sivilsamfunn og frivillig sektor, Oslo.
- [2] Gulbrandsen, T. and Ödegård, G. (2011) Frivillige organisasjoner I en ny tid, utfordringer og endringsprosesser [Voluntary Organisations in a New Time, Managing and Change]. Senter för forskning på sivilsamfunn og frivillig sector, Oslo, Bergen, 1.
- [3] Milligan, C. (1998) Pathways of Dependence: The Impact of Health and Social Care Restructuring—The Voluntary Experience. *Social Science & Medicine*, **46**, 743-753. [http://dx.doi.org/10.1016/S0277-9536\(97\)00172-X](http://dx.doi.org/10.1016/S0277-9536(97)00172-X)
- [4] Crack, S., Turner, S. and Heenan, B. (2007) The Changing Face of Voluntary Welfare Provision in New Zealand. *Health & Place*, **13**, 188-204. <http://dx.doi.org/10.1016/j.healthplace.2005.12.001>
- [5] Choi, L.H. (2003) Factors Affecting Voluntarism among Older Adults. *The Journal of Applied Gerontology*, **22**, 179-196. <http://dx.doi.org/10.1177/0733464803022002001>
- [6] Chambré, S.M. (1993) Volunteerism by Elders: Past Trends and Future Prospects. *The Gerontologist*, **33**, 221-228. <http://dx.doi.org/10.1093/geront/33.2.221>
- [7] Fischer, L.R., Mueller, D.P. and Cooper, P.W. (1991) Older Volunteers: A Discussion of the Minnesota Senior Study. *The Gerontologist*, **31**, 183-194. <http://dx.doi.org/10.1093/geront/31.2.183>
- [8] Post, S.G. (2005) Altruism, Happiness, and Health: It's Good to Be Good. *International Journal of Behavioral Medicine*, **12**, 66-77. http://dx.doi.org/10.1207/s15327558ijbm1202_4
- [9] Gottlieb, B.H. and Gillespie, A.A. (2008) Volunteerism, Health, and Civic Engagement among Older Adults. *Canadian Journal on Aging*, **27**, 399-406. <http://dx.doi.org/10.3138/cja.27.4.399>
- [10] Lee, S., Tami, S., Takahashi, M. and Kai, I. (2008) Volunteer Participation among Older Adults in Japan: An Analysis of the Determinants of Participation and Reasons for Non-Participation. *Archives of Gerontology and Geriatrics*, **47**, 173-187. <http://dx.doi.org/10.1016/j.archger.2007.08.004>
- [11] Ferlander, S. and Mäkinen, I.H. (2009) Social Capital, Gender and Self Rated Health. Evidence from the Moscow Health Survey 2004. *Social Science & Medicine*, **69**, 1323-1332. <http://dx.doi.org/10.1016/j.socscimed.2009.08.009>
- [12] Skinner, M.W. and Power, A. (2011) Voluntarism, Health and Place: Bringing an Emerging Field into Focus. *Health and Place*, **17**, 1-6. <http://dx.doi.org/10.1016/j.healthplace.2010.09.001>
- [13] Borgonovi, F. (2008) Doing Well by Doing Good. The Relationship between Formal Volunteering and Self-Reported Health and Happiness. *Social Science & Medicine*, **66**, 2321-2334. <http://dx.doi.org/10.1016/j.socscimed.2008.01.011>
- [14] Hank, K. and Erlinghagen, M. (2009) Dynamics of Volunteering in Older Europeans. *The Gerontologist*, **50**, 170-178. <http://dx.doi.org/10.1093/geront/gnp122>
- [15] Tang, F., Choi, E.H. and Morrow-Howell, N. (2009) Organizational Support and Volunteering Benefits for Older Adults. *The Gerontologist*, **50**, 603-612. <http://dx.doi.org/10.1093/geront/gnq020>
- [16] Shmotkin, D., Blumstein, T. and Modan, B. (2003) Beyond Keeping Active: Concomitants of Being a Volunteer in Old-Old Age. *Psychology and Aging*, **18**, 602-607. <http://dx.doi.org/10.1037/0882-7974.18.3.602>
- [17] Williams, J.R. (2008) The Declaration of Helsinki and Public Health. *Bulletin of the World Health Organization*, **86**, 650-652.
- [18] Mertler, C.A. and Vannatta, R.A. (2005) Advanced and Multivariate Statistical Methods: Practical Application and Interpretation. 3rd Edition, Pyrczak, Los Angeles.
- [19] Joongbaeck, K. and Pai, M. (2011) Volunteering and Trajectories of Depression. *Journal of Aging and Health*, **22**, 84-105.
- [20] Veenhoven, R. (2010) Life Is Getting Better: Societal Evolution and Fit with Human Nature. *Social Indicators Research*, **97**, 105-122. <http://www2.eur.nl/fsw/research/veenhoven/Pub2010s/2010e-full.pdf>
<http://dx.doi.org/10.1007/s11205-009-9556-0>
- [21] Peduzzi, P., Concato, J., Kemper, E., Holford, T.R. and Feinstein, A.R. (1996) A Simulation Study of the Number of Events per Variable in Logistic Regression Analysis. *Journal of Clinical Epidemiology*, **49**, 1373-1379.

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