

Elderly Volunteering and Well-Being in Europe. Revisting Haski (2009) *

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Volunteering changes with age not only in its popularity but also in its characteristics. The motives are also presumably different (Wilson (2012) dodac inne). From a economic perspective one may distinguish demand for volunteering that is created by unmet demand for public goods and services and supply of volunteering that depends on how a person allocate her or his time to unpaid activities to improve her utility Ziemek (2006). Economic reasoning suggests that volunteering should be related to unsatisfactory level of supply of public good and services that are not delivered by either the market or the government. This implies that unpaid work at the form of volunteering should be more popular in less developed countries where markets are inefficient and quality of goverment is low. However, this prediction is false and volunteering is rather positively related to the degree of economic development (Oecd (2015), Figure 5.1. Participation rates in formal volunteering). Participation rates in formal volunteering range from 57.3% in Norway to 17.7% in Czechia. If concentrate on people aged 50 and over in Europe variation in the rates is even larger. It ranges from 37.9% in the Netherlands to as little as 3.2% in Poland (Oecd (2015)) ¹

Higher rates of volunteering in highly developed countries stres a considerable role of supply factors and the role of public policy in overcoming the barriers to volunteering such as transport difficulties, lack of information, perceptions of volunteering and lack of variety in the opportunities. In the times of rising he problem of ageing volunteering among elderly can play important role in susteining well-being of elderly. Volunteering is beneficial for society (LIT: Oecd (2015), Prouteau and Wolff (2006), ...). Often it is treated as a productive activity (Hank and Erlinghagen (2009)). But it also benefits volunteers. Jenkinson et al. (2013) surveyed forty experimental and cohort studies comparing the physical and mental health outcomes and mortality of a volunteering group to a non-volunteering group and they found that volunteering had favourable effects on depression, life satisfaction, wellbeing but not on physical health. Positive association between vounteering and subjective health was reported in many studies (e.g. Borgonovi (2008), (Anderson et al. (2014), Li and Ferraro (2006), Van Willigen (2000), Japonka, Detollenaere et al. (2017)).

Quality of life of elderly has become a major social issue since they are most likely to experience negative events. The assessment of elderly QoL faces is particularly challenging. In response to this a measure of QoL for individuals aged 65 to 75, the so-called CASP-19, based on the needs-satisfaction theory (Maslow, 1943; Doyal and Gough, 1991 has been proposed. This scale includes 19 Likert-type items reflecting four different dimensions of QoL: Control, Autonomy, Self-realization, and Pleasure. A shorter version with 12 items, the so-called CASP-12, was proposed and tested in (Wiggins et al., 2008). A 12-item version of the CASP used in the Survey

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I thank XXX. All mistakes are mine.

¹Fig 5.8 Participation rates in formal volunteering among people aged 50 and over in European countries, data are based on the Survey of Health, Ageing and Retirement in Europe (SHARE), wave 4(2015)

of Health, Ageing and Retirement in Europe (SHARE) differs from the one suggested in Wiggins(2008). A SPAIN paper supports a multidimensional model for the CASP-12 composed by three factors and it concludes has potential to be used as a multidimensional tool to assess QoL in older people.

There is a common agreement in the literature on positive effects on volunteering - those active in such activity report better health and higher scores for subjective well-being (Haski-Leventhal (2009), Morrow-Howell et al. (2003), (Thoits and Hewitt 2001), (Whillans et al. 2016)). (Meier and Stutzer 2008b) showed that volunteering led to increased life satisfaction in a longitudinal study in Germany. That is why one also should expect positive relation between volunteering and quality of life. It is surprising, at least for us, that a question about importance of volunteering (how strong is the volunteering effect on QoL) is asked so rarely. Haski-Leventhal (2009) is an exceptional example of a data driven study in which that issue was discussed. The study was based on data collected in 2005 and 2006 in the first wave of Survey of Health, Ageing and Retirement in Europe (SHARE). The paper includes an extensive discussion of variations in volunteering rates according to main socio-economic variables as age, gender and employment status among people aged 50 or more in 12 Western and Southern European countries. It finds positive relation between volunteering and physical and psychological well-being and that volunteering rates differ according to country with the highest rates in Northern Europe and the lowest rates in Southern Europe. But the puzzling part of the paper is on a relation between volunteering on one side and health and quality of life on the other side. For example, it was found that *"in countries which encourage volunteerism and where volunteering is a social norm, such as in the Northern European countries, the relation of volunteering and wellbeing was rather small. At the same in countries where volunteering was not so popular a correlation between volunteering and three indicators of well-being (health, depression, and chances for longer life) were rather strong."* This was unexpected result.

This paper extends the study by Haski-Leventhal (2009) in a few directions. Firstly, we use data collected in 2015 in the sixth wave of the SHARE survey what allows us to add some Central and Eastern European countries (CEE) into the analysis. The CEE countries were not previously analyzed since they were not included in the first wave of the survey. (Casiday et al. 2008) noted that the majority of the papers their review covered were based on data from the United States. Remarkable different life experiences of people from Western Europe and those from Central Europe make new insights into volunteering of population of 50+ possible. Secondly, in the first wave of the SHARE survey volunteering was identified through a question on activities conducted during last 4 weeks before the interview. As we show in the paper this made the rates of volunteering to be significantly different to the rates published by the OECD. Starting from the wave 4 of the SHARE the data are based on activities conducted during 12 months preceding the interview. This change has made the volunteering rates in the SHARE more like the statistics from other sources. Third, association between volunteering and health or life satisfaction is measured in the paper by the Kendall tau coefficient while Haski-Leventhal (2009) used the Pearson correlations. We also test statistical significance of differences in the correlations coefficients between countries what was not done in the mentioned paper. Since differences in the correlation coefficients are often quite small it is not obvious if a given difference is really meaningful. Also, we use different measures of life satisfaction (quality of life) and health to ones used in the reference paper. Finally, we apply a multilevel regression analysis to control for possible confounders.

Following Haski-Leventhal (2009) we expect that impact from volunteering on well-being differs among countries and its strength depends on popularity of volunteering. We expect that relation to be negative or convex (inverted U). It means that in countries with the high rates volunteering effect on well-being is lower than in countries with the middle rate. It is not obvious however how important volunteering might be in countries where it is not popular. Our results can have important practical consequences. Population aging in Europe asks for new policy tools that may be used to keep elderly wellbeing on decent levels. Volunteerism may be an interesting option for elderly and should be considered as a labor supply tool for productive ageing.

1 Data

About SHARE

We use from the 2015 Survey of Health, Ageing and Retirement in Europe (SHARE). The dataset provides wide range of information on the socio-economic status, health, and family relationships of people in age 50 or more in XY European countries. The wave 6 used in the research is based on XXXXX interviews (CAPI) in 12 countries that were included in the wave 1 (Austria, Belgium, Denmark, France, Germany, Greece, Israel, Italy, Spain, Sweden, Switzerland, and The Netherlands) and 9 countries that entered the survey later on (Czech Republic, Poland, Ireland, Luxembur, Hungary, Portugal, Slovenija, Estonia and Croatia). Over 68 000 elderly participated in the survey. SHARE applies a concept of ex-ante harmonisation: there is one common generic questionnaire that is translated into the national languages using an internet based translation tool and processed automatically in a common CAPI instrument.

Sampling

Probability samples were drawn in each participating country. Due to different institutional conditions a uniform sampling design was impossible. For example, a simple random selection of households, from the central population register was used in in Denmark, while complex multistage design was applied in Greece. The weighted average household response rate was XX%, and ranged from XX% in CC to 74% in CC.

volunteering

Volunteering differently influences life satisfaction over life course. Willigen (2000) notices that "...elderly experience greater positive changes in their perceived health than did younger adult volunteer".

Volunteering is identified solely on a basis of respondent's declaration about activities conducting in last 12 months. The question was phrased: "Have you done any of these activities in the last month: Done voluntary or charity work." The variable was recoded into a binary variable with the value one for those indicating that activity. Volunteering considered in the study does not include a help given to close family members. This understanding of the volunteering is consistent with the UN definition ². However, one needs to remember that our volunteering measure is not free of possibility of being contaminated by a measurement error.

Another widely accepted feature of formal volunteerism is that, it takes place within a formal organisational structure, is self-governing, is not profit distributing (?) and is independent of government (Salamon and Sokolowski 2001). Another way of defining volunteering is "informal" volunteering conducted outside of the structures of a voluntary organisation such as providing unpaid help to a friend or neighbour. Informal volunteering includes activities that are very heterogeneous. We are aware that informal and formal volunteering may have very different impact on individuals well being. In the study we include only formal volunteering. Informal is identified in separate question (check to be sure)

Quality of life, life satisfaction, CASP

A measure of life satisfaction use in the paper differs from the one applied in Haski(2009). We use the CASP-12 index described in Hyde (2003). The CASP-12 is a shorter version of the CASP-19, a measure of quality of life (QoL) in older ages. The CASP-19 draws upon the "Theory of Human Need" and has four dimensions: Control, Autonomy, Self-realization and Pleasure (Borrat-Besson et al. 2015).

W przypadku badania SHARE ogólne oceny jakości życia respondentów zbierane są przy wykorzystaniu dwóch podejść. Z jednej strony respondenci pytani są o subiektywną ocenę satysfakcji z życia na skali od 0 do 10, a z drugiej odzwierciedlenie oceny jakości życia opiera się o 12 pytań z tzw. zestawu CASP, specjalnie opracowanego na potrzeby badania jakości życia osób we wczesnym okresie starości (w załączniku 1.1 do niniejszego rozdziału znajduje się pełna treść pytań z zestawu CASP). Choć zaletą tego pierwszego

²United Nations Volunteers Programme: Preparatory Committee for the Special Session of the General Assembly on the implementation of the outcome of the world summit for social development and further initiatives. Volunteering and social development. A/AC.253/16/Add.7. United Nations; 2000.

podejścia jest przejrzystość i prostota ocen, to wyniki otrzymywane przy wykorzystaniu tego drugiego w mniejszym stopniu narażone są na arbitralność ocen i są mniej zależne od zmiennych czynników silnie wpływających na ogólną ocenę satysfakcji, takich jak nastrój czy pora roku (White, 2007).

Badanie jakości życia w formie zestawu pytań CASP-12 obecne jest w SHARE od pierwszej edycji projektu. W ramach CASP jakość życia oceniana jest w zależności od poziomu realizacji potrzeb w dziedzinach istotnych dla pozytywnego doświadczania starszego wieku (Hyde i in., 2003): możliwości wpływania na swoje otoczenie (Control), samodzielnego podejmowania decyzji (Autonomy), samorealizacji (Self-realization) i czerpania przyjemności w życiu (Pleasure). Opierając się o wcześniejsze prace (np. Laslett, 1996) w literaturze wskazuje się, że po odejściu z aktywnego życia zawodowego na emeryturę zwiększa się osobista niezależność i pojawiają nowe możliwości aktywnego udziału w życiu społecznym, podążania za własnymi pragnieniami i rozwijania zainteresowań.

Tworząc miarę CASP jej autorzy opierali się o teorię potrzeb Masłowa (1968) zakładającą, że ludziom nie zależy wyłącznie na prostym zaspokojeniu potrzeb podstawowych i przetrwaniu, ale konsekwentnie dążą oni do spełnienia potrzeb wyższych, jak szczęście czy poczucie własnej wartości. Rozważania Masłowa autorzy CASP zestawili z poglądem przedstawionym w artykule Doyala i Gougha (1991), iż pierwszeństwo potrzeb fizjologicznych nad społecznymi może być zależne od okoliczności, jako przykład podając osoby starsze oszczędzające na ogrzewaniu, żeby kupić świąteczne prezenty dla wnuków. Z Masłowa autorzy adaptują jeszcze jeden istotny pogląd – iż ludzie współdzielą uniwersalny zestaw potrzeb, co przekłada się na mierzalność poziomu zaspokojenia potrzeb oraz możliwość porównywania tego poziomu dla różnych osób.

Sample selection due to age and health status

2 Results

Volunteering rates for elderly in Europe

The way how a question on volunteering was formulated in the SHARE had significant impact on levels of the rates. The table below compares the rates from Haski (2009) and the rates calculated using the wave 6 with the rates reported in OECD(2016).

Tabela 1: The rates of volunteering (%)

	Share1	Share6	Oecd
AT	8.5	20.1	27.1
BE	15.6	26.6	26.1
DK	17.7	31.4	23.9
FR	14.2	22.9	28.3
DE	10.8	23.9	25.4
GR	3.1	7	4.6
IS	11.9	15.5	21.7
IT	6.7	11.8	16.7
NL	21.9		37.4
SE	2.4	6.3	14
S	18	14.7	12.8
CH	14.5	29.5	31.8
CZ		8.9	12.1
PL		3.4	9.2
IR			36.9
LU		24.7	29.3
HU			7.4
PT		9.6	10.1
SL		12.2	30.3
EE		8.8	14
Total	12.1	16.3	21

The rates in the wave 6 are much more like the rates published by the OECD than the rates from the wave 1. Changes in the question made volunteering rates in the SHARE more similar to those published by the OECD using the Gallup data. The rates from the wave 6 exceeds those from the wave 1 except Sweden (18% vs. 15%). For example, for Switzerland the rate is almost 30%, while previously it was 15%. For Germany the rate changed from 17% to almost 25%. The rates in countries that did not participated in the wave 1 are low - Poland 3.43%, Czech Republic 8.87%, Estonia 8.75%, Portugal 9.55%, Slovenia 12.15%. Only for Luxemburg the rate is high - 24.75%. Similar to previous studies , the results show significant country variation in volunteering rates. The pattern found in the SHARE data is well know in literature - the highest rates are in Northern and Western Europe: Denmark (31.4%), Switzerland (29.5%) and Belgium (26.6%), and the lowest rates are in Eastern and Southern Europe: Poland (3.4%), Spain (6.3%), Greece (7.0%) and Czech Republic (8.9% [Lit.]). It is interesting that the scores in formerly centrally-planned economies such as Poland, Czech Rep., Estonia or Croatia are higher than in Southern Europe. We may speculate that an economic progress in Eastern and Central Europe that have been observed since the collapse of the communism is an one possible explanation. The range of the values from above 30% to as little above 3% suggest other explanations than simple differences in demographic structure. Despite that levels published by the OECD and those calculated from the SHARE data are different the geographical pattern in which low values are in Southern and Central Europe and high values are in Western and Northern Europe is consistent. ³

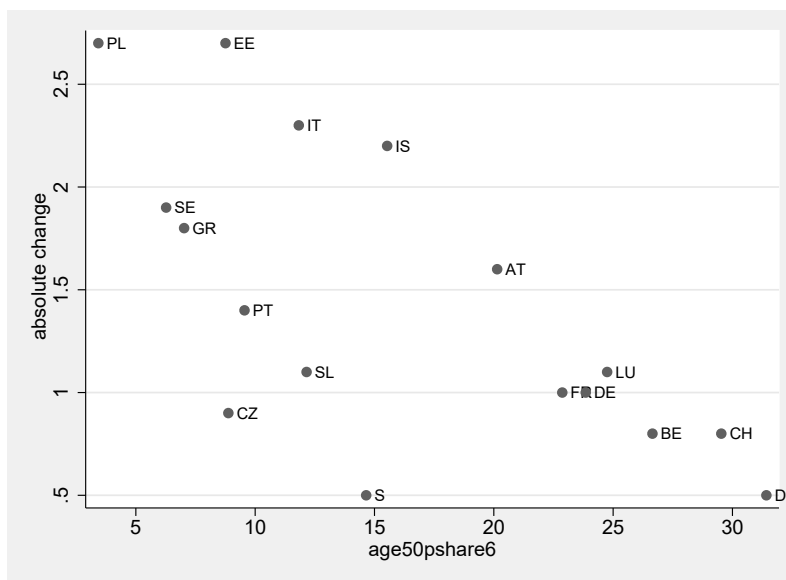
Volunteering v wellbeing - Pearson correlation (Haski) v Kendall-tau correlation

4

Unconditional means for casp among volunteers and non-volunteers reveal positive association between volunteering and wellbeing. On average volunteers report higher values of casp. Differences between the scores are smaller among high income countries. The absolute difference for Denmark is 0.9, for Switzerland 1.1 and for Greece 2.1, for Portugal 2.4 and for Israel 2.9. The highest absolute difference of 3.8 is for Poland and the second to the highest if for Estonia (3.6). There are intuitive suggestions that can be postulated from the above graph. The first one is on negative relation between the volunteering rate in a country and its impact on wellbeing. This may be summarized as "more volunteers lower increase in wellbeing". The second postulate is about higher heterogeneity among countries with the low rates. For example the rates in Czech Republic, Portugal and in Estonia are similar but the differences between conditional means are very different. As we see in some countries (Poland, Estonia, Italy, Israel) the differences in casp are large, while in Czech Republic and Slovenia they are at the same levels as in much richer countries as France, Germany, Luxemburg.

³Results for Sweden are somehow counterintuitive and difficult to interpret. Lower values in the wave 6 than in the wave 1 suggest that less elderly were engaged in volunteering in 2015 than in 2006. ???

⁴based on PEARSON'S VERSUS SPEARMAN'S AND KENDALL'S CORRELATION COEFFICIENTS FOR CONTINUOUS DATA, Nian Shong Chok, 2008

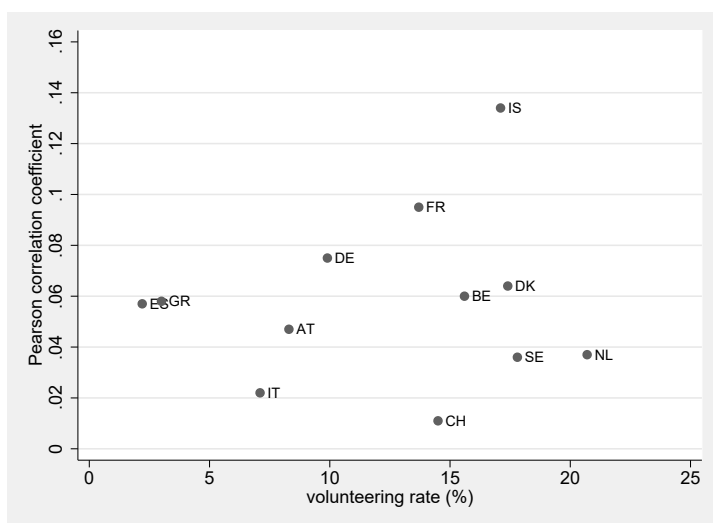


Rysunek 1: volunteering shares

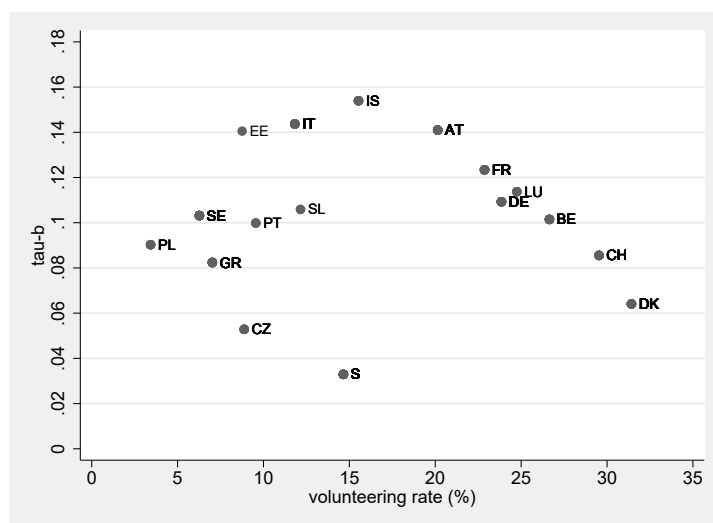
In Haski-Leventhal (2009) association between volunteering and life satisfaction was analysed using the Pearscons correlation coefficient. It should be remembered that casp was not included in the wave 1 that was in that research. Here we analyse relation between popularity of volunteering and its impact on wellbeing using casp index and Kendall's tau-b correlation coefficients. We use the Kendall's measure since it is appropriate for non-normally distributed data. The Pearson correlation coefficient may be used only for interval data, while the Kendall's correlation coefficients can be used for either ordinal or interval data. According to Khamis Kendall's tau is more appropriate if at least one variable is ordinal one ⁵. Also, Kendall's tau is less sensitive to outliers and is often preferred due to its simplicity and ease of interpretation. The Kendall'a tau-b correlation coefficients for association between volunteering and subjective wellbeing are presented below together with the countries rates of volunteering. They are compared with the results in Haski-Leventhal (2009).

Rysunek 2: Volunteering and wellbeing

(a) Life satisfaction (Haski-Leventhal (2009))



(b) CASP



Notes: (a) wave 1 (2006-2007), (b) wave 6 (2015)

Source: Haski-Leventhal (2009) [Table 3] and own calculations based on SHARE Wave 6.

⁵Khamis H. Measures of Association: How to Choose? Journal of Diagnostic Medical Sonography. 2008;24:155-162.

As it was expected association between volunteering and CASP is positive. The Kendall's correlation coefficients range from 15.4% (Israel) to 3.3% (Sweden). It is interesting that the nonlinear, inverted U-shape relation, is so easily seen. The coefficients for Germany and Belgium are on a similar level as those in Slovenia, Portugal and Spain despite 10 pp. difference in the rates of volunteering. On the other hand the differences in association in Czech Republic on one side and in Italy and Estonia on another are highly significant (p-values about 1%) despite not large differences in the rates. Those results confirm the puzzling outcome of Haski-Leventhal (2009) on unexpected pattern of correlations between popularity of volunteering and wellbeing. The more recent data from the SHARE survey with more countries, a different measure of volunteering and a different measure of association also show that similar volunteering effect may be observed at the same time in low rate countries (Czech Republic, Greece, Portugal, Slovenia) and in high rate countries (Denmark, Switzerland, Belgium, Luxembourg, Germany). From the Fig.2 one should expect the strongest impact in countries with mid-range rates. However, neither the Pearson's correlation nor the Kendall's correlation coefficients do not control for confounding variables that may contaminate the relation between volunteering and wellbeing. To account for the possible confounding variables we run a regression analysis.

Volunteering and casp (regression analysis)

There are different methods how the relation between the rate of volunteering and its impact on wellbeing may be investigated. One approach is to assume the universal relation between volunteering and wellbeing conditional on the rate of volunteering. In this approach the country effect depends on observed variables and any deviation from conditional expected value is treated as a random event drawn from the same distribution. So, the deviations from the grand average are assumed to be not related to country level variables included into the model.

Another approach is based on an assumption of the uniqueness of each country. The country effect as being seen as the result of different history, cultural factors and institutions is considered to be the unique characteristic of a given country. Here, the estimate of the country effect for one country does not give us any extra information on another one. It means that we may not predict how relation between volunteering and wellbeing will change after an increase in the country's volunteering rate using the prediction for a different country. This approach is equivalent to fitting a separate model to each country's dataset:

$$casp_{i,c} = \beta_{0c} + \beta_{1c} * v_{i,c} + \gamma_c * Z_{i,c} + \epsilon_{i,c} \quad (1)$$

where $v_{i,c}$ is a binary variable equal to 1 if a person i from a country c is engaged in volunteering and a matrix $Z_{i,c}$ includes controls : age, gender, education measured in years and a country average gdp per capita expressed in purchasing power parity in years X-Y.

In this model β_{1c} measures country-specific impact of volunteering on wellbeing. For each country we get the separate coefficient and any country specific factors are absorbed into the intercept term. No restrictions are assumed on the variance of the error terms for each country. It may be also noticed that any country difference in mean values of wellbeing conditional on volunteering may be presented as ⁶

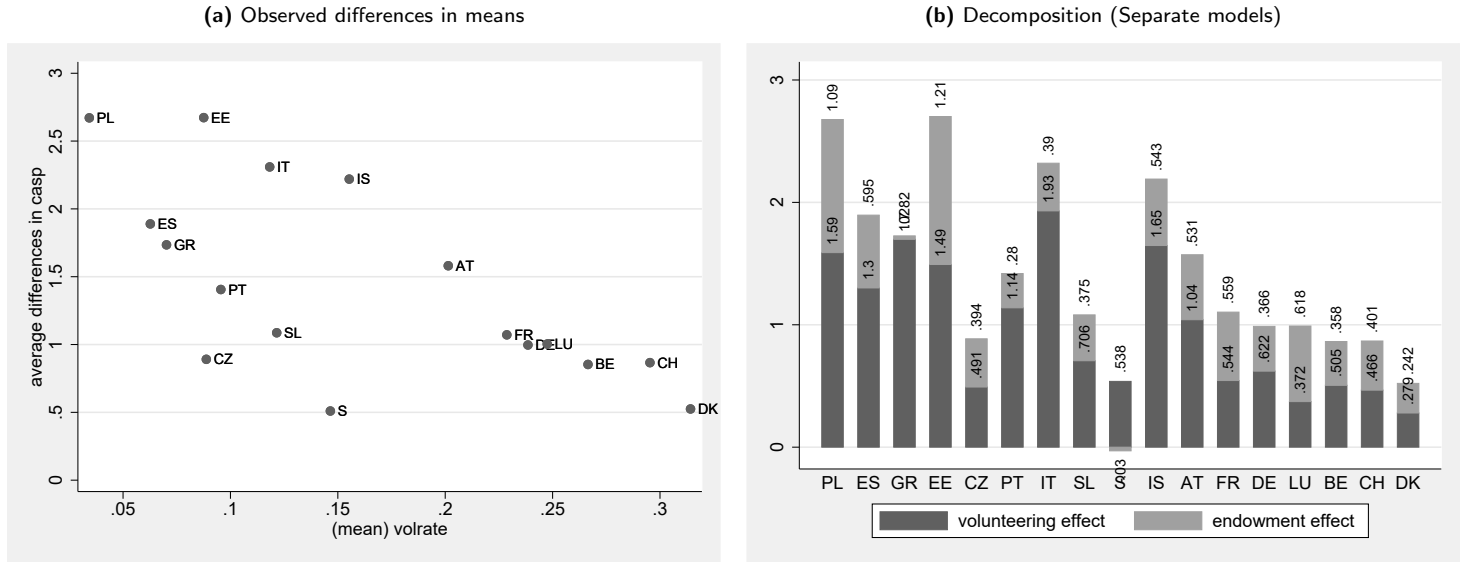
$$c\bar{a}\bar{s}p_c(1) - c\bar{a}\bar{s}p_c(0) = \hat{\beta}_{0c} + \hat{\gamma}_c * (\bar{Z}_c(1) - \bar{Z}_c(0)) \quad (2)$$

with $c\bar{a}\bar{s}p_c(1)$ being a predicted average wellbeing for a volunteer and $c\bar{a}\bar{s}p_c(0)$ is a predicted average wellbeing for a non-volunteer. The first term gives an impact of volunteering in country c . The second term is an endowment effect due to differences in covariates

⁶It is possible since $c\bar{a}\bar{s}p_c = c\bar{a}\bar{s}p_c$

between volunteers and non volunteers with $\bar{Z}_c(1)$ being average endowment among volunteers and $\bar{Z}_c(0)$ among non-volunteers. Thought characteristics allocated to both sectors may be different they are valued exactly in the same way γ . The results of estimation are given in the Appendix. Below we present a graph showing the estimated volunteering effects ($\hat{\beta}_{0c}$) and the endowment effects ($\hat{\gamma}_c * (\bar{Z}_c(1) - \bar{Z}_c(0))$)

Rysunek 3: Volunteering and wellbeing (OLS)



Notes:

Source: Own calculations based on SHARE Wave 6.

In all countries the volunteering effect is positive except Denmark where it is not statistically significant from 0. The highest estimated values are for Italy, Greece, Israel and Poland. The smallest for rich countries - Denmark, Switzerland, Luxemburg, Sweden but also for Czech Rep. Controlling for covariates such as age, gender, education and economic development lowers relative importance of volunteering in Poland and Estonia and increasing it in Italy, Greece, Spain, Israel. It is interesting that in two formerly communistic countries selection into volunteering is more important than in Southern European countries. *(Interpretation): It means that engaging in volunteering adds relatively less to wellbeing in CEE countries than in Southern ones. Volunteers in CEEs are more selected from those who were high level of wellbeing even without engaging in volunteering. So, even though the fixed effect approach generally does not allow for inter-country comparisons we may suggest that some consistent regional differences exist in Europe with Poland and Estonia being separate group than Southern European countries.*

As it was explained above, an alternative approach is to assume comparability among countries. It means that we believe in common trends among countries and treat deviations from them as being randomly. One possible formulation of a model is a multilevel linear regression with varying intercept and coefficient. By allowing for a random intercept for each country we allow for different values for wellbeing within a country by gender, age and other control variables. At the same time we allow for a variation in averages between countries:

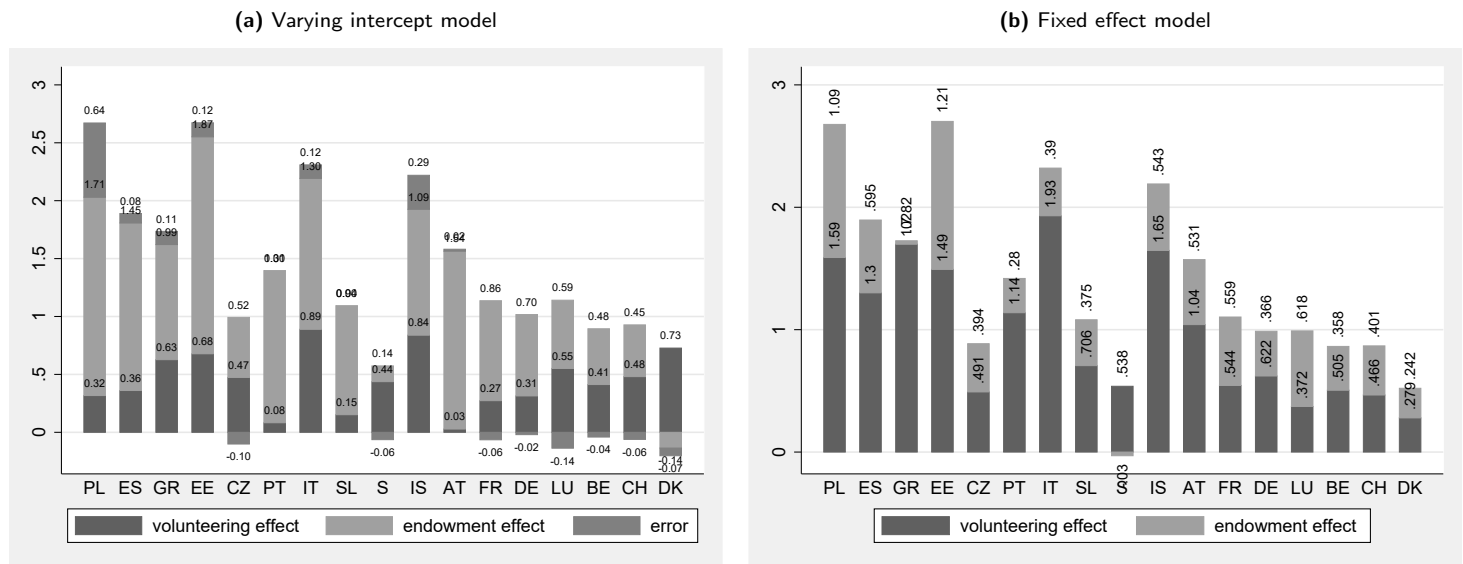
$$casp_{i,c} \sim N(\beta_0 + u_c + \beta_{1,c} * vol_{i,c} + \gamma * Z_{i,c}, \sigma_y^2) \quad (3)$$

$$u_c \sim N(\gamma_c, \sigma_c^2) \quad (4)$$

$$\beta_{1,c} \sim N(\gamma_r * r_c, \sigma_r^2) \quad (5)$$

where r_c is a country volunteering rate calculated from the wave 6 of the SHARE survey. In this model we treat country effect as being random effect and we allow for impact of volunteering to depend on the rate of volunteering. Since we estimate one model for all countries we cannot decompose the mean difference in well being without error. The full estimation results are given in the Appendix.

Rysunek 4: Volunteering and wellbeing (Fixed effect model v MLM model)



Notes:

Source: Own calculations based on SHARE Wave 6.

Interpretation ? (What can we say ? Results are very different. Pooling suggests that volunteers are better off because they have better characteristics. It is not volunteering make them more satisfied but rather they are volunteers because they are more satisfied. Volunteering is more important when it is not very popular. When the volunteering is very popular it is possible for volunteering to lower wellbeing. Why ? It may be that you are socially forced to do that and you do not enjoy it. Separate models give different impression. Country differences are much more evident. Volunteering is more important than it was suggested by the previous model. Better people select into volunteering but also, despite their privileged characteristics, they get extra wellbeing from volunteering.)//

The first model is:

Interpretation ...

3 Discussion

The positive consequences of being engaged in volunteering by elderly are well known and commonly accepted. Volunteering is important and it needs to be study in details. According to OECD estimates the value of unpaid volunteering ranges from X% of GDP to as much as Y% (OECD, yyyy). Demographic changes combined with progress in health care add to increasing time while people are in relatively good health while being on retirement. This creates additional stock of unused labor among elderly that may be effectively used with benefit for volunteer and other members of a society. It makes volunteering of elderly to be potentially important policy tool that may help to keep people in better health when they get older.

Casual realtion between volunteering and health or wellbeing is not obvious. Volunteering may improve the employability of volunteers and it provides engagement in a socially meaningful role what could positively impact on health and well-being. Volunteering might

builds up social networks and gives meaning and purpose in life. (przepisana, zmodyfikowane) //

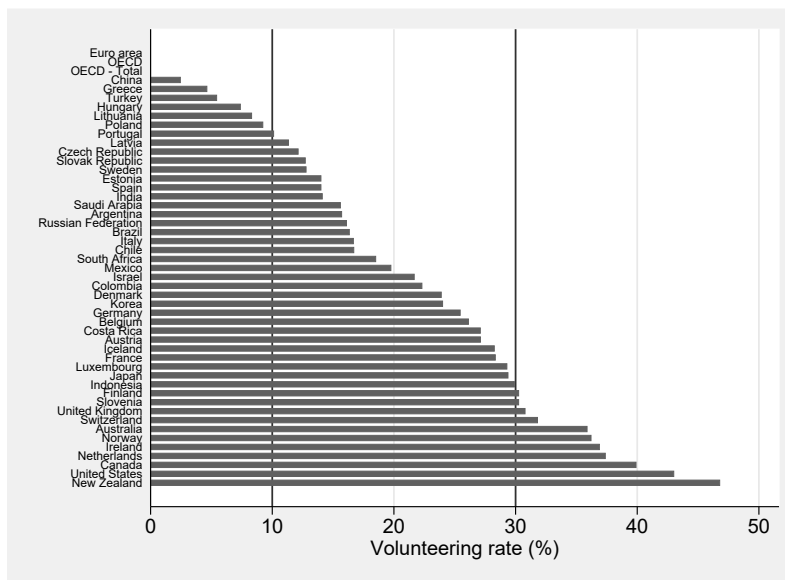
The question that must be asked is whether popularization of volunteering should be put into social policy agenda. Taking into consideration our results we expect different answers in different countries. It is possible that in some rich and highly developed countries volunteering is so popular and treated as so usual activity that it adds only marginally to individuals' wellbeing.

Literatura

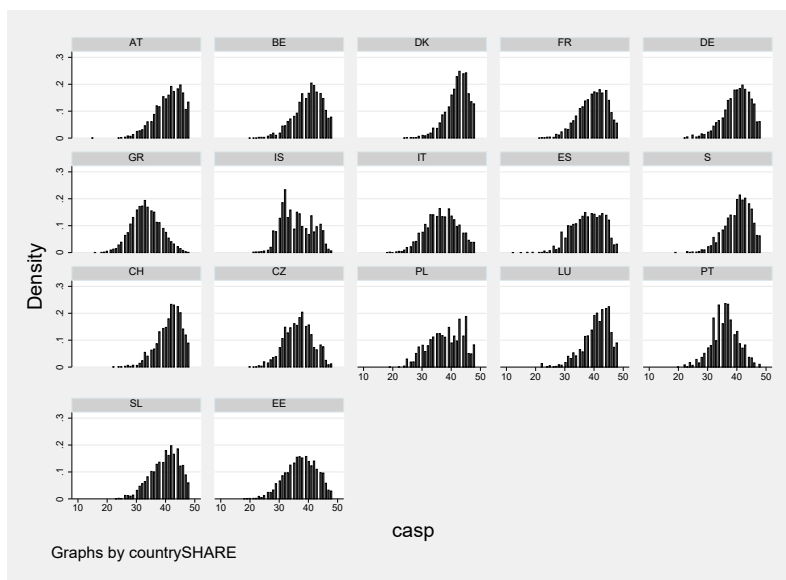
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4 Appendix: additional descriptive statistics



Rysunek 5: volunteering shares



Rysunek 6: Distribution of CASP by countries

Tabela 2: Casp conditional on volunteering

volunteering	p10			mean			median			p90		
	no	yes	total	no	yes	total	no	yes	total	no	yes	total
Denmark	35.0	37.0	35.0	41.1	42.0	41.4	42.0	43.0	42.0	47.0	47.0	47.0
Switzerland	34.0	36.0	34.0	40.5	41.6	40.8	41.0	42.0	42.0	46.0	46.0	46.0
Austria	32.0	36.0	32.0	39.4	41.7	39.9	40.0	42.0	41.0	46.0	47.0	46.0
Luxembourg	32.0	35.0	32.0	39.4	41.1	39.8	40.0	42.0	41.0	46.0	46.0	46.0
Sweden	33.0	34.0	33.0	39.5	40.1	39.6	40.0	41.0	40.0	45.0	46.0	45.0
Germany	31.0	34.0	32.0	38.8	40.5	39.2	40.0	41.0	40.0	45.0	46.0	45.0
Belgium	29.0	32.0	30.0	37.9	39.6	38.3	39.0	40.0	39.0	45.0	46.0	45.0
Slovenia	30.0	34.0	30.0	38.1	40.3	38.3	39.0	41.0	39.0	45.0	46.0	45.0
France	29.0	32.0	30.0	37.5	39.5	37.9	38.0	40.0	39.0	45.0	46.0	45.0
Croatia	27.0	33.0	28.0	35.9	39.1	36.1	37.0	39.0	37.0	44.0	45.5	44.0
Spain	27.0	32.0	28.0	35.9	39.1	36.1	36.0	40.0	37.0	44.0	45.0	44.0
Poland	27.0	33.0	27.0	35.7	39.5	35.9	36.0	40.0	36.0	45.0	45.5	45.0
Czech Republic	29.0	30.0	29.0	35.5	36.7	35.6	36.0	37.0	36.0	42.0	43.0	42.0
Estonia	27.0	32.0	27.0	35.1	38.7	35.4	35.0	39.0	36.0	43.0	45.0	44.0
Italy	26.0	31.0	26.0	34.5	37.8	34.9	35.0	38.0	35.0	43.0	45.0	43.0
Israel	28.0	31.0	28.0	34.4	37.3	34.8	34.0	38.0	34.0	43.0	44.0	43.0
Portugal	25.0	29.0	26.0	33.1	35.5	33.4	33.0	35.0	34.0	40.0	42.0	41.0
Greece	25.0	26.0	25.0	31.7	33.8	31.8	32.0	34.0	32.0	39.0	41.0	39.0
Total	28.0	33.0	29.0	36.6	39.8	37.1	37.0	41.0	38.0	45.0	46.0	45.0

Tabela 3: Subjective health conditionally on volunteering

volunteering	poor			at least very good		
	no	yes	total	no	yes	total
Switzerland	0.039	0.012	0.031	0.364	0.475	0.396
Denmark	0.055	0.031	0.048	0.533	0.640	0.566
Sweden	0.049	0.039	0.048	0.398	0.420	0.401
Belgium	0.060	0.020	0.049	0.256	0.360	0.283
Austria	0.070	0.021	0.060	0.289	0.455	0.322
Luxembourg	0.076	0.035	0.066	0.256	0.406	0.293
Greece	0.067	0.068	0.067	0.344	0.395	0.348
Italy	0.080	0.032	0.074	0.222	0.267	0.228
Germany	0.094	0.028	0.078	0.175	0.266	0.197
France	0.116	0.045	0.100	0.192	0.288	0.214
Israel	0.105	0.071	0.100	0.355	0.411	0.364
Spain	0.111	0.038	0.106	0.210	0.287	0.215
Czech Republic	0.133	0.063	0.127	0.162	0.277	0.173
Slovenia	0.144	0.053	0.132	0.145	0.215	0.153
Croatia	0.188	0.036	0.181	0.251	0.360	0.256
Portugal	0.195	0.127	0.188	0.077	0.120	0.081
Estonia	0.201	0.067	0.189	0.053	0.162	0.063
Poland	0.210	0.050	0.204	0.083	0.117	0.085
Total	0.109	0.037	0.097	0.235	0.366	0.256

Tabela 4: Volunteering and health (taub): pvalues

	AT	FR	BE	CH	DE	DK	CZ	IT	SE	PL	IS	GR	S
	0.201	0.229	0.266	0.295	0.239	0.314	0.089	0.118	0.147	0.034	0.155	0.07	0.063
	-0.162	-0.125	-0.123	-0.121	-0.112	-0.099	-0.085	-0.082	-0.081	-0.073	-0.04	-0.021	-0.017
AT													
FR	0.079												
BE	0.045	0.904											
CH	0.071	0.845	0.92										
DE	0.015	0.497	0.539	0.675									
DK	0.003	0.202	0.208	0.33	0.528								
CZ	0	0.041	0.036	0.098	0.168	0.49							
IT	0	0.022	0.017	0.064	0.108	0.38	0.864						
SE	0	0.017	0.013	0.053	0.09	0.341	0.811	0.946					
PL	0	0.029	0.027	0.061	0.101	0.283	0.601	0.688	0.723				
IS	0	0.001	0.001	0.003	0.005	0.025	0.076	0.091	0.098	0.258			
GR	0	0	0	0	0	0	0.001	0.001	0.001	0.027	0.446		
S	0	0	0	0	0	0	0.001	0.001	0.001	0.022	0.383	0.864	

Tabela 5: Add caption

	IS	AT	IT	FR	DE	SE	BE	PL	CH	GR	DK	CZ	S
	0.155	0.201	0.118	0.229	0.239	0.147	0.266	0.03	0.295	0.07	0.314	0.089	0.063
	0.154	0.141	0.144	0.123	0.109	0.103	0.101	0.09	0.086	0.082	0.064	0.053	0.033
IS													
IT	0.584												
FR	0.641	0.879											
DE	0.19	0.362	0.237										
SE	0.05	0.089	0.036	0.434									
BE	0.021	0.034	0.009	0.24	0.711								
PL	0.018	0.026	0.006	0.203	0.636	0.914							
CH	0.015	0.025	0.01	0.136	0.38	0.538	0.593						
GR	0.006	0.009	0.003	0.067	0.238	0.362	0.41	0.84					
DK	0.002	0.001	0	0.022	0.117	0.201	0.241	0.71	0.875				
CZ	0	0	0	0.002	0.015	0.027	0.035	0.25	0.309	0.316			
S	0	0	0	0	0.001	0.002	0.003	0.09	0.105	0.087	0.546		
	0	0	0	0	0	0	0	0.01	0.012	0.006	0.109	0.281	

Tabela 6: CASP vs. volunteering (OLS)

	(1) casp	(2) casp	(3) casp	(4) casp	(5) casp	(6) casp	(7) casp	(8) casp	(9) casp
vol	1.04***	0.51**	0.28*	0.54**	0.62***	1.70***	1.65***	1.93***	1.30***
ageint	-0.02+	0.03***	0.01	0.01	0.03**	-0.05***	0.06**	-0.01	-0.06***
Male or female	-0.24	-0.17	0.23+	-0.43*	-0.01	-0.63***	-0.04	-0.54**	-0.20
yedu_av	-0.05**	0.04+	-0.03	0.12***	0.07***	0.12***	0.24***	0.12***	0.07***
1b.sphus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.sphus	-0.91**	-0.86**	-1.38***	-0.64+	-0.89*	-1.29***	-1.17*	-1.93***	-0.38
3.sphus	-2.46***	-2.53***	-2.22***	-2.12***	-2.25***	-2.63***	-0.84	-2.68***	-2.18***
4.sphus	-4.99***	-5.13***	-3.95***	-4.42***	-4.53***	-4.76***	-1.98**	-4.66***	-4.40***
5.sphus	-6.10***	-8.32***	-6.25***	-6.25***	-7.01***	-6.32***	-4.80***	-6.04***	-7.27***
constant	45.32***	40.14***	43.12***	40.55***	40.12***	38.89***	30.43***	39.56***	43.52***
N	2534	4038	3029	2648	3460	3411	1188	3616	3696

Tabela 7: CASP vs. volunteering (OLS)

	(1) casp	(2) casp	(3) casp	(4) casp	(5) casp	(6) casp	(7) casp	(8) casp
vol	0.54**	0.47**	0.49+	1.59*	0.37	1.14*	0.71**	1.49***
ageint	-0.07***	0.00	-0.01	0.01	0.05***	-0.00	-0.03**	-0.05***
Male or female	0.14	-0.13	-0.10	-0.27	0.24	0.02	-0.03	0.62***
yedu_av	-0.05**	-0.01	-0.01	0.23***	0.05+	0.06	0.12***	0.10***
1b.sphus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.sphus	-1.00***	-0.92**	-1.32**	-1.18	-1.36**	-1.99*	-0.95*	-1.34*
3.sphus	-2.69***	-2.96***	-2.96***	-3.18**	-2.74***	-2.62***	-2.86***	-2.49***
4.sphus	-4.21***	-4.56***	-4.31***	-4.97***	-4.61***	-4.20***	-4.28***	-4.72***
5.sphus	-6.57***	-5.34***	-6.88***	-7.07***	-7.58***	-7.00***	-6.47***	-7.67***
constant	47.55***	43.66***	40.87***	39.41***	39.43***	38.83***	43.43***	42.15***
N	3153	2239	3607	1122	1146	925	3078	3595

Chcę dodać descriptives (means), ale nie umiem :(Próbowałem z outreg2..., sum. Tex się nie kompiluje do pdf.

Tabela 8: Wellbeing v. volunteering (Multilevel Linear Model)

	(1) casp
vol	0.957 (0.153)
ageint	-0.0136 (0.00246)
gender	-0.104 (0.0423)
yedu_av	0.0640 (0.00547)
o..lsphus_2	0 (.)
.lsphus_3	6.834 (0.133)
.lsphus_4	5.758 (0.120)
.lsphus_5	4.361 (0.114)
.lsphus_6	2.395 (0.116)
o..lsphus_7	0 (.)
averageGDP	0.0757 (0.0457)
avGDP2	-0.000179 (0.000151)
.cons	29.05 (2.972)
sd(cry)	1.665 (0.297)
sd(vol—volrate)	0.401 (0.0850)
sd(Residual)	4.522 (0.0148)
N	46485

Standard errors in parentheses

5 Statistical Appendix

1. Kendall tau b
2. Multilevel Linear Regresion Model