Harnessing the Therapeutic Power of Volunteering

The idea that individuals who help others incur health benefits themselves suggests a novel approach to improving health while simultaneously promoting greater civic orientation in our society.

—Schreier et al

One of the endearing attributes of the annual holiday season is its bestowal of a multitude of opportunities to live the adage that “It’s better to give than to receive.” There are many forms of giving, including donations of time, physical work, money, and expertise. One of the more common forms of giving is by volunteering, the offering or provision of helpful service without pay to others who are usually outside one’s immediate family. Those recipients might be individuals (eg, homeless persons), small groups (eg, 2 families displaced by a hurricane) or organizations (eg, the Salvation Army), or a broader swath of society (eg, populations fleeing their homeland to escape war or famine).

Volunteering is a familiar activity to many AACN members who contribute countless hours every year toward meeting the mission and goals of our professional specialty nursing organization. For these critical care nurses, volunteering with AACN may be motivated by an interest in contributing to an organization that needs their expertise for one of its programs, to pay back an organization that has been pivotal to their career, or to support colleagues who need assistance in completing or publishing a report on their first quality improvement project. As we traditionally view the value of volunteering, all of these altruistic engagements focus on their benefit to the recipient.

If AACN members are already familiar with volunteering and may practice it with other professional, social service, religious, educational, or environmental entities, why should critical care nurses take any additional note of this particular form of giving? One rationale could be from the accumulating evidence, gathered informally and formally, that suggests that volunteering is not just associated with paying it forward to the intended recipient, but likewise extends to paying it backward to the volunteer. Another intriguing finding from this literature is that among the benefits associated with volunteering is a substantial number of health benefits, suggesting that the affirmation “It makes me feel good” represents a considerable understatement of the actual physiologic beneficence accrued. Rather than repeating a description of the beneficial outcomes of volunteering from the point of view of the recipients, we can note where those have already been ably addressed and focus this editorial on benefits to the volunteer.

Benefits of Volunteering to the Volunteer

Although the state of the science related to the beneficial outcomes of volunteering to volunteers is barely incipient in its development, there is sufficient evidence to warrant at least

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one group of researchers to study whether those findings suffice for health care professionals to consider volunteering as a public health intervention. Before we can address the feasibility of that proposal, let’s take a brief scan of the existing literature on that aspect.

From the volunteer’s point of view, the reported benefits of volunteering range across career, social, and health dimensions. Of these, the career and social gains are more familiar because many of these may also represent an individual’s personal motivations for serving as a volunteer. For example, Table 1 lists a number of the reported career-related benefits that volunteers may enjoy. Some of these, such as obtaining work experience and acquiring new skills, may influence a person’s decision to volunteer for a particular organization or program. Similarly, Table 2 lists some of the social benefits that volunteers receive. Outcomes such as meeting new people and expanding one’s social network may also reflect a person’s impetus for engaging in a particular volunteer activity.

The beneficial outcomes of volunteering that may be less frequently acknowledged are those related to enhancing the volunteer’s mental or physical health. As the summary of study findings in Table 3 indicates, a substantial volume of literature suggests that there is a positive and, in some cases, enduring association between serving as a volunteer and health benefits. It would also be useful to note that some of these findings reflect significant rather than slim health gains. For example, a dozen separate studies have reported that volunteering is associated with a statistically significant lower mortality risk for those who volunteer compared to those who do not volunteer (Table 3). A meta-analysis of 5 of those studies completed by Jenkinson revealed a 22% lower mortality among volunteers compared to nonvolunteers. Mortality differences of that magnitude warrant our attention and further investigation for practice implications.
Implications for Critical Care Nurses

Even from this brief overview of evidence related to the therapeutic effects that volunteers experience, we can begin to appreciate how a team of health care professionals could start pondering how nurses could assist patients and families in harnessing the potential power of volunteering for obtaining these health effects and where volunteering could be located in the plan of patient care. With more of the Baby boomer generation entering retirement and advanced age, research groups have started considering how volunteering could be used to minimize functional limitations and risk for dementia,\(^{66}\) so we may already be overdue to apply comparable brainstorming for envisioning how nursing can use volunteering in our practice priorities. Would that be possible only for home health care nurses or could nurses in other settings start considering inclusion of “volunteering” in the plan of care? Nurses regularly provide pharmacologic and nonpharmacologic interventions aimed at managing a patient’s depression, minimizing patient or family stress, enhancing their sense of well-being, improving their self-esteem, strengthening their social support network, and carrying out their full independent range of activities of daily living. Similarly, critical care and progressive care nurses regularly administer pharmacologic and nonpharmacologic therapies to help patients improve pain management, lower blood pressure, diminish cardiovascular risk factors, adopt a healthy lifestyle, maximize longevity, reduce readmissions, and optimize coping with traumatic events. With evidence that volunteering activities can produce those desired outcomes, how can we use that strategy for our patients and families? Supporting patients and families to use volunteering as a primary or adjunctive strategy for any of these purposes would not only expand the practical potential of this evidence-based activity beyond the customary plan of care boundaries, but represent a fresh approach to care that would complement more familiar interventions of therapeutic support.

Although using volunteering as a health care plan intervention may not be fully ready for prime time, critical care nurses might cast a glance at these findings to see whether they are sufficiently intrigued to pilot test selected outcomes at their facility to determine whether they represent verifiable and viable patient care interventions that could benefit their patients, patient family members, or even themselves. What suggestions would you propose to test these ideas or to implement a pilot program at your facility? Contact Critical Care Nurse at ccn@aacn.org and let us know what you think.

In addition to our patients and patient family members who may benefit from using volunteering as a therapeutic tool, critical care nurses themselves could peer into this same looking glass to see whether volunteering activities might afford them some timely mental or physical health enrichment. Do take the opportunity to see if volunteering works for a better you.

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PS. Critical Care Nurse wishes you and yours the warmth of family, safe travels, the joy of time together, and the best of health throughout the holiday season and new year.

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