## Volunteering and self-perceived health within EU28: evidence from the sixth European Working Conditions Survey

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## Abstract

Volunteering is remarkably widespread in almost all the European countries and the number of people involved has been growing over time. In recent years, some scholars stimulated an interesting discussion to assess whether volunteering exerts beneficial effects also for the volunteers themselves. It is well known that people who volunteer are likely to gain work experience, raising their future employability (when unemployed) and earning power (when employed). Moreover, some empirical studies show the presence of a wage premium for volunteers (Day and Devlin 1998; Hackl et al. 2007; Bruno and Fiorillo 2015).

Reasons why volunteering could be beneficial for individual health may be identified in psychological features and in social and informational resources (Andreoni 1990, Wilson and Musick 1999, Fiorillo Lavadera and Nappo 2017). People involved are often recognized as "good" by society; subsequently, such activities are acknowledged to promote feelings of self-worth and self-esteem (Bruno and Fiorillo 2012; Nappo 2013). Social integration provides indeed social support (Clotfelter 1985; Prouteau and Wolff 2006; Schiff 1990; Wilson and Musick 1999), which, in turn, makes several kinds of help available (in facing one's everyday difficulties, as an instance). Studies that validate the health benefits of volunteering are numerous, so that non-profit organizations started using them to highlight such results in volunteers' recruitment campaigns (Swinson 2006). For the above-mentioned motives, the United Nations as well as several national governments have started considering volunteering activities as a matter of public health intervention (Jenkinson et al. 2013).

The paper aims at detecting the effects of volunteering (and those of other free and philanthropic activities) on self-perceived health, using data stemming from the Sixth European Working Conditions Survey, carried out in 2015, which provides a wide-ranging picture of Europe at work, across countries, occupations, sectors and age groups. Our analysis is focused on workers' responses to investigate whether the ones who volunteer report a better self-assessed health, highlighting the effects of some specific drivers. Since this kind of qualitative variables are naturally ordered, we implemented an ordered probit model. Significant results are provided with respect to the available individual characteristics (gender, education, sector, occupational status, type of contract, etc),

response variable being the self-assessed health measured on a 5 point Likert scale. Responses to other ordinal scales referred to charity and voluntary activities are among the explanatory variables (such as caring for children and grandchildren, caregiving and house working).

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