Psychosocial hazard management in regional volunteer involving organisations: A review of the current research landscape

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Key Insights

- Volunteering provides important mental health and well-being outcomes for individuals. It has been found to increase individual life satisfaction, happiness, self-esteem, and psychological and social well-being and to lower psychological distress, depression, and anxiety.

- Volunteering research is focused on individual mental health and well-being outcomes, while the psychosocial hazards present in volunteer roles are largely ignored. Some research does discuss psychosocial hazards implicitly, with the most common psychosocial hazard included relating to high job demands.

- Volunteer involving organisations comprised solely of volunteers ('volunteer associations'), are excluded from work, health, and safety (WH&S) laws. Whilst the Model WH&S laws do not apply, Safe Work Australia does still encourage these organisations to comply with the Model WH&S laws.

- Safe Work Australia has created two guidance documents to assist organisations and volunteers to identify and manage physical and psychosocial hazards. Volunteer involving organisations need to be made aware of this guidance.

- Volunteer involving organisations in regional communities are especially at risk of being ill-informed on how to identify and manage psychosocial hazards. There is a shortage of allied health professionals, primary healthcare, and mental health practitioners in regional communities. Low digital literacy, poor digital infrastructure and a lack of council resources make providing mental health and psychosocial support to organisations challenging.

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Introduction and findings

Almost one-third of Australians aged 15 and over participated in unpaid voluntary work through an organisation or group in 2019. This contributed an estimated 596.2 million hours to the community.[2] Volunteering thus provides a valuable service to a range of sectors that would otherwise need to be paid for or not be provided at all.[3] This is specifically relevant to regional communities where volunteers provide essential services, such as ambulatory, fire and other critical emergency support.[4] The reduction in volunteers since 2019, due to COVID-19 restrictions, has underscored the importance of volunteer roles to the health and prosperity of Australia.[5] Volunteering also increases individual life satisfaction,[6] happiness,[7] self-esteem,[8] psychological well-being,[9] and social well-being.[10] It has also been found to lower psychological distress,[11] depression,[12] and anxiety.[13] Many studies, primarily using observational methods, have investigated the above individual factors in older adults,[14] and to a much lesser extent middle aged adults,[15] and adolescents.[16]

Given the favourable outcomes that volunteering provides to individuals, organisations, and communities, it is important to ensure volunteer roles are designed well. Volunteering contributes to community, social and economic capital, while providing opportunities for volunteers to make civic contributions to society.[17] Volunteering also improves individual life satisfaction, an important variable that was lost for many Australians when COVID-19 restrictions made some volunteering roles untenable.[18] To retain volunteers and create a sustainable and healthy volunteer workforce, it is important that researchers and social partners (workers, governments, and employers) work together to investigate

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2   Australian Institute of Health and Welfare, 2021

3   Lum & Lightfoot, 2005

4   Davies, Holmes & Lockstone-Binney, 2018

5   Biddle & Gray, 2021

6   Thoits & Hewitt, 2001; Pavlova & Silvereisen, 2012; Van Willigen, 2000

7   Thoits & Hewitt, 2001; Borgonovi, 2008; Greenfield & Marks, 2004

8   Thoits & Hewitt, 2001; Brown, Hoye & Nicholson, 2012; Piliavin & Siegl, 2015

9   Lum & Lightfoot, 2005; Bradley, 2000; Russell, Nyame-Mensah, De Wit & Handy, 2018

10   Keyes, 1998; Yeung, Zhang & Kim, 2017

11   Jenkinson, Dickens, Jones, Thompson-Coon, Taylor, Rogers, Bambra, Lang & Richards, 2013; Tabassum, Mohan & Smith, 2016; Musick & Wilson, 2003

12   Thoits & Hewitt, 2001; Jenkinson, Dickens, Jones, Thompson-Coon, Taylor, Rogers, Bambra, Lang & Richards, 2013; Musick & Wilson, 2003

13   Chan, Chui, Cheung, Lum & Lu, 2021; Magnani & Zhu, 2018

14   Jenkinson, Dickens, Jones, Thompson-Coon, Taylor, Rogers, Bambra, Lang & Richards, 2013; Morrow-Howell, 2010; Von Bonsdorff & Rantanen, 2011

15   Tabassum, Mohan & Smith, 2016

16   Van Willigen, 2000

17   Lewig, Xanthopoulou, Bakker, Dollard, & Metzer, 2007

18   Biddle & Gray, 2021

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the psychological health and safety of volunteer roles.[19] To do this, more research is needed that looks at psychosocial hazards and the impact that these have on volunteers. Psychosocial hazards are defined as "factors in the design or management of work that increase the risk of work-related stress and can lead to psychological or physical harm".[20] For example, COVID-19 has reduced the number of volunteers available to organisations which may increase the role demands, and level of stress, of those volunteers that remain. Although the above definition speaks of physical and psychological hazards in the domain of paid work, these hazards are still applicable to volunteer roles.

Some existing volunteer research does briefly highlight the concern of psychosocial hazards, although most do not explicitly mention them in this way. A number of studies discuss the risk of role strain,[21] over-volunteering,[22] role overload,[23] and responsibility overwhelm,[24] which can all be related to the psychosocial hazard of high role demands.[25] Role demands where substantial and/or excessive physical, mental, and emotional effort is required to do the job are a common psychosocial hazard that can lead to psychological distress or adverse health outcomes if left unmanaged.[26] Research has shown that concepts related to high role demands can either negate the positive health outcomes that can come from volunteering or potentially be harmful to an individual's mental health.[27] Other psychosocial hazards, that have been discussed in relation to volunteering roles, are poor management of organisational change, bullying, harassment and discrimination, work/life balance and low recognition and reward.[28] However, many other psychosocial hazards exist and need to be investigated to help inform the development of appropriate guidance and strategies for intervention and control.

Research has found that volunteering increases subjective well-being, happiness, and life satisfaction in unemployed people, particularly in older adults.[29] The latent deprivation model (LDM), proposed by Marie Jahoda, is one means of explaining why volunteering may improve subjective well-being, happiness, and life satisfaction.[30] According to the LDM, individuals who disengage with the workforce (including older adults who retire), lose valuable latent benefits such as social contact, collective purpose, and social status

19   Lewig, Xanthopoulou, Bakker, Dollard, & Metzer, 2007
20   WorkSafe Victoria, 2021
21   Lum & Lightfoot, 2005; Van Willigen; 2000; Morrow-Howell, 2010
22   Lewig, Xanthopoulou, Bakker, Dollard, & Metzer, 2007; Choi & Kim, 2011
23   Holmes & Lockstone-Binney, 2014
24   Van Willigen, 2000
25   WorkSafe Victoria, 2021
26   Government of Western Australia, 2022
27   Siegrist & Wahrendorf, 2009; Nazroo & Matthews, 2012
28   Holmes & Lockstone-Binney, 2014; Safe Work Australia, 2020a; Yang & Matz, 2022; Safe Work Australia, 2018
29   Greenfield & Marks, 2004; Kamerade & Bennett, 2018
30   Jahoda, 1981

which then negatively affects their psychological well-being.[31] Volunteering gives these individuals a sense of purpose, social contact with colleagues and the opportunity to acquire power, prestige and meaning.[32] However, volunteer roles are not necessarily better than unemployment if the role is not designed with psychosocial hazards in mind. For example, research looking at participants who moved from unemployment into poor quality work found that these individuals had a significant worsening in mental health outcomes.[33] No research has been done to date that looks at whether improved individual outcomes, such as subjective well-being, happiness, and life satisfaction stem from volunteer roles with high psychosocial quality. This association needs to be explored.

It is important to be aware of the difference between volunteer involving organisations[34] that are made up entirely of volunteers with no person employed to carry out any paid work (referred to as 'volunteer associations' in Safe Work Australia guidance) and those organisations that do employ paid workers as well as engage volunteers, and consider how this might impact psychosocial hazard identification and management. A common example of the former might be a local sporting club. Based on the Model WH&S laws in Australia, 'volunteer associations' are not covered, and are thus not compelled by law to provide psychologically healthy and safe work for their volunteers.[35] However, the provision of physically and psychologically healthy and safe work is still encouraged[36] and Safe Work Australia has provided some useful resources that organisations can use to help manage both physical and psychosocial hazards within their organisation.[37] However, awareness of these resources in volunteer involving organisations and particularly in 'volunteer associations' is likely to be low, which may create a barrier to implementation.

Given the importance of psychosocial hazard management for volunteer involving organisations, these organisations require appropriate guidance and resources around what to do and how. Under the Model WH&S laws in Australia, volunteer involving organisations (with at least one paid member of staff) have a duty to provide information, training and instruction that is necessary to protect all persons from risk to their health and safety arising from work.[38] This protection covers both the physical and psychological

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31   *ibid*

32   Jahoda, 1981; Moen, Dempster-McClain & Williams, 1992

33   Butterworth, Leach, McManus & Stansfeld, 2013

34   The term 'volunteer involving organisation' refers to any organisation that engages volunteers (those with or without paid staff). See https://www.volunteeringaustralia.org/wp-content/uploads/Common-Languages-Guide-2022-FINAL.pdf

35   Safe Work Australia, 2020a

36   *ibid*

37   Safe Work Australia, 2020b

38   Safe Work Australia, 2020a

health and safety of volunteers.[39] Volunteers that are satisfied with their training and organisational support also report more mental health benefits.[40] Although, the provision of physically and psychologically safe work is particularly relevant to those volunteer involving organisations that have obligations under the Model WH&S laws, the provision of training and guidance to 'volunteer associations' is still important so as to ensure psychosocial hazards are identified and appropriately managed. Research is needed to understand whether 'volunteer associations' are aware of how to identify psychosocial hazards and appropriate ways to manage and control them.

The prevalence of volunteering in regional communities has previously been found to be far higher than the national average.[41] However, the COVID-19 pandemic did cause many Australians to stop volunteering, many of whom have not returned since.[42] The reduction in volunteering, particularly for regional communities, is likely to see an increase in high role demands for those who continue to volunteer.[43] If left unmanaged, high role demands may lead to adverse mental health outcomes for individuals or a further reduction in the number of individuals willing to do volunteer work. However, the successful management of high role demands, and other psychosocial hazards, may assist with volunteer recruitment and retention.[44] For example, a study of aged care volunteers found that providing ongoing training and support and setting clear role expectations (two simple strategies) can help with volunteer recruitment and retention.[45] It is important then, especially to regional communities, that volunteer involving organisations are given clear training, resources, and instruction around how to identify and manage psychosocial hazards.

The provision of training, resources and instruction is particularly problematic for volunteer involving organisations in regional areas. Municipalities in regional areas, such as Kentish Council and West Coast Council in Tasmania, have a shortage of allied health professionals and primary healthcare.[46] This is consistent with other regional areas in Australia.[47] Regional areas also struggle to attract mental health practitioners to the community.[48] The absence of essential mental health services, coupled with a lack of appropriate digital infrastructure and low digital literacy puts regional community members at risk of experiencing psychological distress and adverse mental health

39   *ibid*
40   Morrow-Howell, Hong & Tang, 2009; Tang, Choi, & Morrow-Howell, 2010
41   Davies, Holmes & Lockstone-Binney, 2018; WorkSafe Victoria, 2021
42   Biddle & Gray, 2021
43   Davies, Holmes & Lockstone-Binney 2018; WorkSafe Victoria, 2021
44   Woolford, Joyce & Polacsek, 2022
45   Woolford, Joyce & Polacsek, 2022
46   Premier's Economic and Social Recovery Advisory Council, 2021
47   Davies, Holmes & Lockstone-Binney, 2018
48   Premier's Economic and Social Recovery Advisory Council, 2021

outcomes.[49] Local government areas (LGAs), in Tasmania, have an important role in delivering mental health services to the community, however, they need additional resources and support to help facilitate this.[50] Identifying the importance of volunteer roles in regional communities needs to be raised at a national level to ensure the support that goes to LGAs includes what is necessary to help support volunteer involving organisations.

Policy & Practice Implications

Considering the above insights, it is recommended that the following policy and practice recommendations are acted upon.

1. Volunteer involving organisations require support in psychosocial hazard identification and management

   Although the Model WH&S laws do not apply to 'volunteer associations', there needs to be increased oversight regarding the level of competence that these organisations have around psychological health and safety and how to identify and manage psychosocial hazards. The existing guidance documentation, from Safe Work Australia, needs to be more widely disseminated to volunteer involving organisations to ensure awareness. Guidance on implementing strategies for psychosocial hazard identification and management also need to be developed.

2. Volunteer involving organisations within regional communities need to be provided with support tailored to their unique challenges

   Regional councils need to be redesigned to provide better support and resources for assisting volunteer involving organisations. Local councils are the most appropriate and trusted touch point for volunteer involving organisations, in regional areas, and should be given the support needed to connect volunteer involving organisations with information and training on psychological health and safety and psychosocial hazard identification and management. A potential option may be to allocate some funds from the Financial Assistance Grant[51] to Local Government to help facilitate the council redesign. The funds could be used to support the creation of additional community development officers in regional councils who can provide psychological health and safety support to volunteering organisations.

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49   Davies, Holmes & Lockstone-Binney, 2018; Premier's Economic and Social Recovery Advisory Council, 2021

50   Premier's Economic and Social Recovery Advisory Council, 2021

51   https://www.infrastructure.gov.au/territories-regions-cities/local-government/financial-assistance-grant-local-government

Future Research Opportunities

Psychosocial hazards in volunteering roles

Research is needed to identify the most common psychosocial hazards present in a range of different volunteering roles and the effective ways these can be managed. This research needs to identify whether poorly managed psychosocial hazards negatively influence positive mental health outcomes and the strategies that can be utilised to stop these deleterious effects.

Psychosocial working conditions and latent benefits

Given the latent benefits that volunteering can provide to unemployed and retired, research is needed to identify the optimal psychosocial working conditions that are required for these benefits to manifest. Research methods that can control for other variables will be desirable.

Mental health outcomes in volunteer involving organisations

Research needs to be conducted on the difference between mental health outcomes in volunteer involving organisations (with paid staff and 'volunteer associations'). Furthermore, nearly all research focuses on formal volunteering (i.e. that takes place within an organisation) and needs to be expanded to include informal volunteering (i.e. that takes place informally in the community, outside of an organisational context). Investigating the mental health outcomes within all volunteer involving organisations, including volunteer associations, supported by well-resourced urban councils and under-resourced regional councils, is also encouraged.

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