

The role of volunteering in supporting well-being – What might this mean for social prescribing? A best-fit framework synthesis of qualitative research

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Funding information

This work is funded by the National Institute for Health Research School for Primary Care Research (NIHR SPCR) [Project Number 483].

Abstract

Volunteering for an organisation, charity or group enables people to make connections with others and to be involved in interesting, worthwhile and/or enjoyable pursuits. Engaging in volunteering can form part of a social prescribing action plan developed between a patient and link worker. Greater understanding of the processes through which volunteering can improve people's well-being as part of social prescribing will help to support link workers in their role. We conducted a best-fit framework synthesis of qualitative literature on volunteering and well-being. Our search of eight electronic databases, complemented by a Google search, conducted in June 2020, resulted in the location of 2210 potentially relevant references. After screening, 335 papers were read in full and 54 drawn upon within the review. They were published between 1993 and 2020. We used the New Economics Foundation's Five Ways to Well-Being model to guide data extraction and synthesis. From this, we developed a conceptual framework that highlights how volunteering can contribute to identity validation and modification leading to the establishment of an acceptable sense of self. Our findings have implications for: (a) the use of volunteering as part of a link worker's toolkit as they seek to support people with varying psychosocial needs and (b) requirements of organisations accepting referrals to volunteering as part of social prescribing.

KEYWORDS

Link workers, qualitative synthesis, self-identity, social prescribing, volunteering, well-being

1 | BACKGROUND

Social prescribing is a means of connecting people to non-clinical sources of support (Public Health England, 2019). It recognises that health can be shaped by non-medical problems that are social, economic or environmental in nature – things like loneliness, financial worries and lack of space or opportunity to be active. Social prescribing

adopts a person-centred approach (Health Education England, 2016a), acknowledging that people have unique needs and will benefit from different types of support. What can be offered depends on available local services, organisations and groups, given that social prescribing draws on activities and avenues of support often provided by the voluntary and community sector (VCS) (Buck & Ewbank, 2020).

Interest in social prescribing has increased in recent years in a number of high-income countries (e.g. Australia, America, Canada and across Europe). In England, it is a central component within the NHS long-term plan (NHS England, 2019) and its comprehensive model of personalised care (NHS England, 2018). To support the drive to embed social prescribing in the NHS, link workers are being employed to support patients with their non-medical problems (Husk et al., 2020). Link workers have time to talk to patients, to understand what matters to them in terms of their personal well-being, and can assist them in accessing relevant 'community assets' (e.g. groups, activities and charities) (Tierney et al., 2020).

As part of a social prescription, people may be encouraged by a link worker to think about volunteering. Volunteering – the giving of time and support, without expectation of payment, for the good of others, a community or organisation – can take a range of forms. It might cover (but is not limited to) assisting individuals in need, who are lonely, undertaking conservation work, or completing tasks in a museum or library. A distinction is made between formal and informal volunteering. The former refers to participation in activities that take place within the context of an organisation or group (Rutherford et al., 2019). Within this, there may be organisation-related activities (e.g. raising money, campaigning, sitting on a committee and administrative duties) and person-centred work (e.g. befriending, educating and advising) (Nazroo & Matthews, 2012). Informal volunteering, on the other hand, entails 'isolated altruistic acts such as intervening in emergencies' (Thoits & Hewitt, 2001:116), whereby help is given as an individual and is not coordinated by a group, organisation or institution.

This article explores how volunteering may play a role within social prescribing – by considering specific benefits it can bring in terms of health and well-being. We also wanted to highlight potential problems associated with volunteering, so link workers are aware of these and can consider them when gathering feedback from someone they connect to a volunteering opportunity. Furthermore, the review aimed to inform organisations, groups or services that involve volunteers on how best to assist people referred to volunteering as part of a social prescription. We conducted a qualitative systematic review that sought to explore how volunteers perceive formal volunteering affects their personal well-being (positively and negatively). We focused on formal volunteering because this is the type of activity that link workers are likely to refer to, if appropriate, as part of social prescribing. The question our review set out to answer was: *What impact does volunteering have on personal well-being from the perspective of adults undertaking it, and what might this mean for social prescribing?* By personal well-being, we mean 'how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day-to-day emotional experiences...' (Linning & Jackson, 2018:10). Well-being from this perspective could include depression, distress, anxiety, life satisfaction, family functioning, social support, social connections or isolation, self-efficacy, self-esteem, self-worth and status, feeling useful and as if one belongs, confidence and having agency.

What is known about this topic

- Voluntary services are often used by social prescribing link workers to support people with a range of psycho-social needs.
- This may include referring people, as part of a social prescription, to engage in volunteering.
- Volunteering enables people to connect with others and to undertake different activities.

What does this paper add

- Giving, connecting, learning, being active and taking notice are all possible through volunteering.
- Through these Five Ways to Well-Being, people's self-identity can be enhanced, as they feel valued and that what they are doing as a volunteer is of value.
- Systems need to be in place in organisations that accept volunteers through social prescribing so this transformation in sense of self can flourish.

2 | AIM

To develop a conceptual framework that explains how engaging in formal volunteering might contribute to well-being and, through this, support social prescribing.

3 | METHODS

Our review protocol was registered on the PROSPERO database (CRD42020190574). We followed the ENTREQ guidance for reporting the synthesis (Tong et al., 2012).

3.1 | Design

A 'best fit' framework synthesis was undertaken. It allows researchers to produce a review that incorporates a priori and inductive concepts by integrating ideas from a pre-existing model(s) with concepts from the included literature (Dixon-Woods, 2011). In that sense, it is described as 'augmentative and deductive...rather than grounded or inductive (starting with a completely blank sheet)' (Carroll et al., 2011:2).

3.2 | Searching strategy

An information specialist located data relevant to the review question. She searched the following databases in June 2020, which covered a mixture of health and social sciences literature, and included qualitative research:

- ASSIA [Proquest] (1987–present)
- CAB Abstracts [OvidSP] (1973–2020 Week 25)
- CINAHL [EBSCOHost] (1982–present)
- Embase [OvidSP] (1974–present)
- Medline [OvidSP] (1946–present)
- PsycINFO [OvidSP] (1806–present)
- Arts and Humanities Index [Web of Science Core Collection] (1945–present)
- Social Science Citation Index [Web of Science Core Collection] (1945–present)

Search terms were related to key components of our research question (information about searches can be accessed from the authors on request) (see Table 1).

We also conducted a Google search in June 2020, looking at the first 10 pages of references, using terms related to volunteering AND well-being AND qualitative research.

3.3 | Inclusion/exclusion criteria

We reviewed qualitative studies that explored the experiences, views, attitudes, perceptions of adult volunteers. As noted above, we focused on personal well-being. We used the following definition of volunteering:

‘The giving of time and energy through a third party, which can bring measurable benefits to the

volunteer, individual beneficiaries, groups and organisations, communities, environment and society at large. It is a choice undertaken of one's own free will and is not motivated primarily for financial gain or for a wage or salary’ (Scottish Executive, 2004: 6).

We were interested in any type of formal volunteering (including in a school, community group, charity, hospital or health setting, cultural, heritage or arts sector). We were particularly interested in the type of volunteering opportunity to which a link worker might refer patients. We did not include studies on Patient and Public Involvement in research, as there are several reviews already on this topic (e.g. Arnstein et al., 2020; Biddle et al., 2020; van Schelven et al., 2020). Specific inclusion/exclusion criteria are listed in Table 2. We focused on peer-reviewed papers because they will have undergone some initial appraisal and quality control.

3.4 | Screening

Two researchers reviewed 768 references based on their title/abstract independently and then came together to compare findings. There was disagreement over 13% of references in terms of their inclusion. The researchers discussed these disagreements, which helped with honing the inclusion/exclusion criteria. The remaining titles/abstracts were then divided between these two reviewers to continue screening independently.

TABLE 1 Search criteria based on the SPICE framework (Booth et al., 2019)

Setting	Perspective	Phenomenon of interest	Comparison (if applicable)	Evaluation
Formal volunteering	Adult volunteers	Personal well-being	n/a	Experiences, attitudes, perspectives, views

TABLE 2 Review's inclusion and exclusion criteria

Inclusion	Exclusion
<ul style="list-style-type: none"> • Adults (aged 18 years and older) • Engaged in some form of formal volunteering • Written in English • Qualitative studies (that have used a qualitative approach to data collection <i>and</i> analysis) or mixed-methods research when findings from the qualitative component can be distinguished easily from the quantitative part • Published in a peer-reviewed journal • Studies that focus exclusively on the views of volunteers (rather than also including perspectives of others – such as paid staff from an organisation or recipients of volunteers' support) • Conducted in a high-income country (to fit with our focus on activities that may be recommended to a patient by a link worker) 	<ul style="list-style-type: none"> • Data focusing on the views/experiences of voluntary organisations or staff rather than volunteers themselves • Papers on patient/public involvement in research design/delivery • Papers containing no data related to personal well-being • Unpaid intern appointments • Informal volunteering (e.g. giving advice to a family member, transport to a neighbour, looking after a friend's child) • Belonging to a religious group and attending services or meetings, as this is not sufficient to indicate voluntary work • Overseas volunteering, as this is not the sort of activity that link workers refer people on to • Theses and conference abstracts, although we explored whether these had been published as papers • Questionnaires with open-ended questions • Reviews (although references were examined for additional studies) • Papers on activism or war/disaster relief • Papers about making a financial donation to charity

References that met the inclusion criteria, or when the title/abstract provided insufficient information to make this decision, were read as full texts. Two reviewers read 10% of the full texts and discussed them together to ensure that decisions on inclusion were clear. After this, the remaining full-text versions were read by a single reviewer, who would consult with a second reviewer if wanting another view on whether or not to include a study. Decisions made about inclusion/exclusion at each stage were recorded using the online platform Rayyan (<https://rayyan.qcri.org/welcome>).

3.5 | Quality appraisal

Criteria outlined by Carroll et al., (2012) were used to appraise the reporting of included studies. This involved focusing on: (a) the question and study design, (b) selection of participants/cases, (c) methods of data collection and (d) methods of analysis. Based on Carroll et al. (2012) system, we divided papers into 'adequately reported' (meeting two or more of the criteria) and 'inadequately reported' (meeting one or none of the criteria). At the end of the analysis, we explored what would be lost from the overall findings if we removed studies we rated as 'inadequately reported'.

3.6 | Data extraction and management

For included papers, the following information was recorded in Excel: Author(s), year of publication, country in which it was conducted, aim of the study, sample, data collection, analysis, type of volunteering and a brief summary of the findings. One reviewer extracted these data, which were checked by a second member of the team for consistency. A copy of each included study was imported into the qualitative data analysis software NVIVO. Data from the results section of each paper were coded by one researcher; extracted data were discussed with other team members.

3.7 | Data synthesis

We followed the stages associated with best-fit framework synthesis. This involves identifying an initial framework that acts as 'a scaffold against which findings...may be brought together and organised' (Carroll et al., 2011:1). Findings from existing papers are explored using the initial framework; when they do not fit, a new concept is developed and the framework is amended (Carroll et al., 2013). We decided to use the New Economics Foundation's Five Ways to Well-Being model (Aked et al., 2008). We felt that it was an appropriate initial framework for this project, as it is closely associated with social prescribing (Health Education England, 2016b); we had used it successfully in a previous review on the role of the cultural sector

within social prescribing (Turk et al., 2020). This model consists of the following elements:

- Connect – having relationships and interaction with others can help with self-worth and sense of belonging, can offer access to emotional and practical support and can protect against poor mental well-being.
- Give – acts of giving can create positive feelings of self-worth and happiness. It may include small acts of kindness to individuals or broader deeds, such as volunteering, to support a community.
- Keep learning – ongoing learning can improve self-esteem and self-confidence through having a sense of purpose and achievement.
- Take notice – paying attention and being 'present' can lead to a greater sense of awareness and allows for reflection on priorities in life. It can enhance self-understanding.
- Be active – physical activity has been associated with better physical and mental health. It can improve mood and self-esteem.

We started this analysis by looking at papers we considered were most relevant based on their conceptual richness. They were categorised into the following criteria that we developed for the review:

- Level 3 = a highly relevant study, focused on exploring/understanding well-being and volunteering; contains a significant amount of pertinent information/quotations.
- Level 2 = a useful study, with some significant sections of data relevant to the review.
- Level 1 = a study with limited relevance that only mentions briefly well-being/volunteering, with few or no supporting quotations.

3.8 | Stakeholder involvement

During this project, we regularly met with an advisory group, composed of four members of the public (two volunteers and two people employed to support volunteers). Meeting these individuals helped us to think about search terms and the review focus. Later on, we sought their views on our interpretations and findings, and on our final conceptual framework.

4 | RESULTS

4.1 | Overview of included papers

From 2,210 references identified from the searches (excluding duplicates), 335 papers were read in full and 86 met the inclusion criteria; we rated 11 as high (level 3) and 43 as medium (level 2) in terms of their conceptual richness and included them in the review (see Figure 1). We started with the papers rated as level 3 for richness. Having synthesised data from approximately 40 papers, data redundancy was clear, whereby new papers were reinforcing

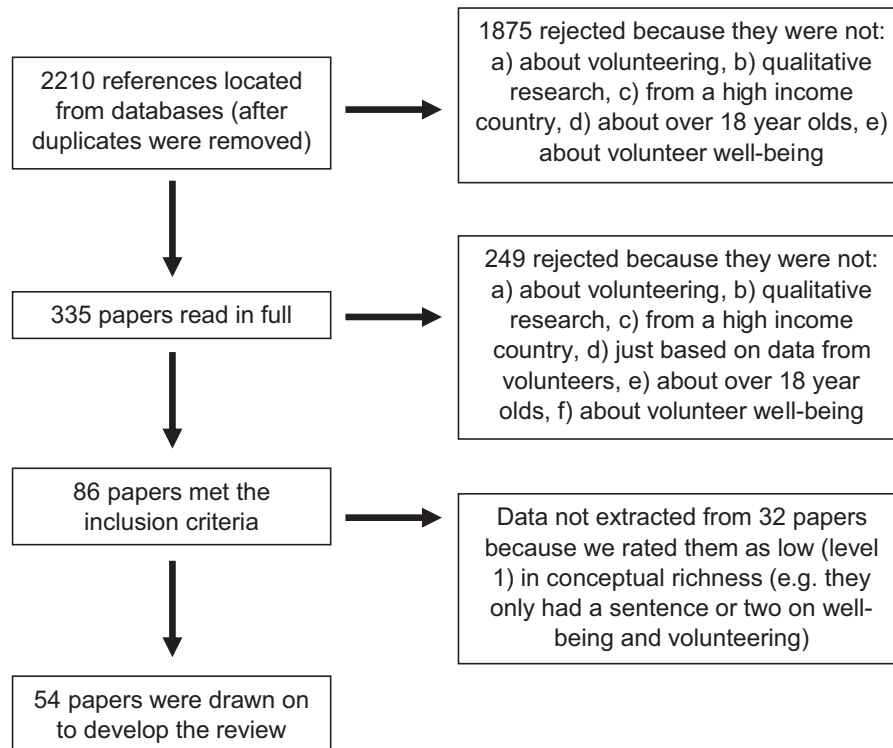


FIGURE 1 Flow diagram of searches and included papers

understanding rather than adding new knowledge. To be comprehensive and complete, we decided to continue and synthesise data from all papers rated for conceptual richness as levels 2 and 3.

Most included studies were conducted in Europe or North America (see Table 3 for study characteristics), with 19 from the UK, 6 from Canada and 5 from the USA. The types of volunteering covered were varied (see Table 3). A number were health related (including hospice-palliative care, health promotion/education and supporting people with dementia/their carers). There were also examples of volunteering in nature/green spaces, sports, charity shops, community policing and staffing helplines.

All papers described data collection sufficiently. Failures in reporting tended to be either not giving adequate justification for use of a qualitative design and/or lacking information about the sampling approach used (simply describing the sample make-up). Our quality appraisal rated only four papers as 'inadequately reported'. We explored whether and how the synthesis would be affected by their removal; we concluded that the overall concepts presented below would be unchanged, as these papers provided little in terms of variation or novelty.

4.2 | Themes

The Five Ways to Well-Being model formed the thematic structure for the analysis and was applied successfully to the reviewed literature. We developed the following sub-themes to highlight how volunteering relates to this model based on our examination of the reviewed papers.

4.2.1 | CONNECT

2.1.1 | A process for interaction

It was clear that volunteering offered a formalised route to making connections, providing in many cases a specific time to meet with others. This might be especially necessary when encountering a transition in life (e.g. moving to a new city as a student, following a bereavement or after a divorce). Hence, deciding to volunteer was depicted as a vehicle for interacting. Depth of connections did not have to be strong or long lasting for benefits to be felt:

'Even though the social contacts could be characterized as superficial, they made respondents feel part of the community, which in turn made them feel their mental health had improved' (Kruithof et al., 2020: 9).

Through peer support, volunteers could encounter a close bond with people undergoing a similar experience. Volunteering in communities that felt familiar, in some cases, was a haven (e.g. people with HIV/AIDS working for organisations that supported those with these conditions). In other instances, people talked about volunteering providing them with the chance to transcend their own social group:

'You don't know about other things because the circle is all people from Hong Kong...It's important to be out there and keep in touch with them (Canadians). If not, the feeling is one of isolation...of segregating from others' (Ng, 1993: 39).

TABLE 3 Overview of included papers

Author(s), date and country	Aim of study	Sample	Data collection and analysis	Type of volunteering	Main findings
Andersson and Ohlen (2005) Sweden	To understand what it means to be a hospice volunteer in a country without a tradition of hospice or palliative volunteer care services	10 volunteers, 9 females and 1 male, aged between 30–70, from 3 hospices	Narrative interviews; Phenomenological hermeneutic method	Hospice volunteering	Three themes were developed: (a) motives for becoming involved in hospices, (b) encountering the hospice, (c) encountering the patient
Arai (2000) Canada	To examine the experiences of volunteers and the roles that social planning organisations play in the community	18 volunteers	In-depth qualitative interviews; Grounded theory	Volunteers in various social planning councils and community development councils	Seven themes were identified: (a) opportunity to make a contribution, (b) development of knowledge and skills, (c) formation of relationships, (d) nature of the process, (e) lack of supports, (f) personal lack of skills/knowledge, (g) lack of influence
Azuero et al., (2014) USA	To investigate the social process of volunteers' experiences working as part of a support team to meet the needs of seriously ill palliative care individuals living in the community	10 volunteers, 9 females and 1 male, aged between 40 and 62 years	Semi-structured interviews; Qualitative content analysis	Supporting palliative care patients	Three key social processes were identified: (a) acquiring positive life meaning as a team volunteer, (b) accruing lessons learned from team-based volunteering, (c) articulating negative aspects of team based volunteerism
Beasley et al., (2015) Australia	To investigate the lived experience of volunteers involved in a biography service	10 volunteers, 9 females and 1 male	Semi-structured interviews; Thematic analysis	End-of-life support - biography service	Key themes from the data were: (a) motivations for volunteering, (b) dealing with death, dying, and existential issues, (c) the psychosocial benefits of volunteering, (d) the benefits and challenges of encounters with patients and their families
Biggs et al., (2019) Australia	To explore why people volunteer with a service that supports women with perinatal anxiety and depression, and their experiences of undertaking this role	8 helpline volunteers, 3 aged 30–39 years and 5 aged 40 or older	2 focus groups; Thematic analysis	Perinatal mental health helpline volunteers	Concepts identified from the data included: (a) motivated to help others, (b) supported to support callers, (c) helping to make a difference, (d) emotional impacts for volunteers
Birch (2005) UK	To identify what participation in one newly established Green Gym meant to volunteers	3 volunteers, 2 females aged 42 and 62 years, and 1 male aged 39 years	Participant-observation, semi-structured interviews and participants' visual notebooks; Thematic analysis	Green gym, conservation	Six themes were developed from the data: (a) exercise at the Green Gym can benefit physical health, (b) exercise at the Green Gym benefits mental health, (c) working with diverse and changeable nature is stimulating, (d) the work provides a sense of achievement, (e) the work is flexible and unpressurised, (f) the social and teamwork aspects of the Green Gym are positive
Breheny et al., (2020) New Zealand	To examine how volunteer visitors see their visiting as shaping their experience of ageing	6 volunteer visitors (5 female and 1 male) aged from 68 to 90 years	In-depth interviews; Discourse analysis	Home visiting for older people (by other older people)	Five interpretative repertoires that participants used to negotiate future ageing selves: (a) refusing certain ageing futures, (b) asserting that a positive attitude is available to all regardless of health, (c) suggesting that there has never been a better time to be old, (d) viewing themselves as uniquely knowledgeable about the experience of ageing, (e) anticipating being a good recipient of later life services

(Continues)

TABLE 3 (Continued)

Author(s), date and country	Aim of study	Sample	Data collection and analysis	Type of volunteering	Main findings
Brighton et al., (2017) UK	To explore hospital volunteers' end-of-life care training needs and learning preferences, and the acceptability of training evaluation methods	25 hospital volunteers, 19 women and 6 men, aged 19–80 years	5 focus groups; Thematic analysis	Volunteers from a large teaching hospital, mainly working in end-of-life care	Four themes emerged: (a) preparation for the volunteering role, (b) training needs, (c) training preferences, (d) evaluation preferences
Brooks et al., (2014) UK	To explore the impact of participating in a carer supporter programme in the context of previous caring experiences	8 volunteers, 5 female and 3 male, aged between 49 and 78 years	Semi-structured interviews; Narrative analysis	Peer support – carers of someone with dementia	Most carer supporters reflected on the positive impact of having shared experiences with the newer carers; emotional and practical gains although carer supporters also reflected on the negative emotions that could be evoked
Chen (2016) Taiwan	To use the self-defined successful ageing concept of seniors to explore the role of learning through volunteering	31 volunteers, 14 women and 17 men, aged between 60 and 93 years	In-depth interviews; Constant comparative method	Various	Through the learning, volunteering benefited volunteers' self-defined successful aging by: (a) establishing a substantial and expanding life, (b) building and improving relationships, (c) enhancing positive changes and self-evaluation, (d) promoting physical and psychological health, (e) triggering treasures and preparations for the rest of life
Daoud et al., (2010) Israel	To examine benefits of volunteering among women participating in a lay health volunteers programme implemented in Jewish and Arab communities in Israel	25 Jewish volunteers and 20 Arab volunteers (all female)	9 focus groups; Content analysis	Lay health volunteers – health promotion	Four categories were identified: (a) personal benefits of having increased knowledge, feeling self-satisfaction, mastering new skills and performing healthy behaviours, (b) group-social benefits of social support and sense of cohesion, (c) purposive benefits of achieving the organisation's mission and goals, (d) socio-political benefits of learning to accept the other and experiencing increased solidarity
Elliott and Umeh (2013) UK	To examine the psychological experiences of volunteer carers in a UK hospice	9 volunteers, 5 females and 4 males, aged between 21 and 82 years	Unstructured interviews; Based on a grounded theory protocol	Hospice volunteering	Five major themes emerged: (a) motivation to volunteer, (b) volunteering skills, (c) psychological support and holistic care, (d) positive perceptions of the hospice, (e) performance hindrances
Fegan and Cook (2012) UK	To investigate how people with serious mental illness perceived the experience of volunteering for the healthcare organisation in which they had received a service	11 volunteers, 4 females and 7 males, aged between 18 and 54 years	In-depth interviews; Grounded theory approach	Mental health services	Four main categories were developed: (a) rehearsing for new directions, (b) treading carefully at first, (c) discovering my new self, (d) using experience and extending relationships
Fisher and Freshwater (2014) UK	To understand what prompted volunteers' ongoing commitment to their voluntary work	6 female volunteers, in their 40s, 50s and 60s	In-depth interviews; Thematic analysis	Hospice volunteers	Themes that were identified included: (a) an authentic community, (b) the resilience of community, (c) the philosophy of the present, (d) towards a sense of agency – personal and relational

(Continues)

TABLE 3 (Continued)

Author(s), date and country	Aim of study	Sample	Data collection and analysis	Type of volunteering	Main findings
Gellweiler et al., (2019) UK	To provide an insight into sport event volunteers' lived experience of their role exit and how volunteers came to terms with this final stage of their role performance	18 volunteers	Semi-structured interviews; Van Manen's approach to analysis	Sports event volunteering (and exiting from this)	Three themes that emerge from this study include: (a) sadness and loss, (b) transitioning emotions, (c) coping and coming to terms (with their role ending)
Gonella et al., (2019) Italy	To explore hospital volunteers' motivations and experiences and perceived needs, as well as the strategies they adopt to overcome challenging situations during volunteering	11 volunteers, 7 females and 4 males, aged between 23 and 72 years	Semi-structured interviews; Thematic analysis	Hospital volunteers	Five themes were identified: (a) becoming a volunteer, (b) developing skills, (c) experiencing conflicting emotions, (d) overcoming role difficulties by enacting different resources and strategies, (e) addressing emerging needs
Goth and Smaland (2014) Norway	To examine the effects of volunteering on the well-being of older adults	14 male volunteers, aged 18–74 years	In-depth interviews; Grounded theory principles	Restoring historic ships	Four categories emerged: (a) relationship to the individual ships or site, (b) expectations and experiences of companionship, (c) self-rated health, well-being, and living situation, (d) experience of empowerment
Greenwood et al., (2018) UK	To gain an insider perspective into volunteers' lived experience of befriending people with dementia	9 befrienders, 3 females and 6 males, aged between 25 and 66 years	Semi-structured interviews; Interpretative phenomenological analysis	Befrienders of people with dementia	Two main themes encompassed befrienders' experiences: (a) befrienders saw the key to befriending as building a relationship with their befriender, (b) befriending was a powerful experience
Guirgis- Younger and Grafanaki (2008) Canada	To understand the rewards, challenges, and unique commitments that define the experience of a palliative care volunteer	17 volunteers, 15 females and 2 males, mostly in their 50s and 60s	3 focus groups; Narrative analysis	End-of-life support - in hospice, community and a shelter for homeless people	Themes that captured the key experiences of volunteers in a palliative care setting were: (a) freedom and choice, (b) emotional resilience, (c) broadening perspective
Halvorsrud et al., (2020) Norway	To explore the benefits and challenges of a peer support service to carers of people with dementia from the perspective of those acting as volunteer peer supporters	40 volunteers	4 focus groups; Thematic analysis	Peer support for carers of someone with dementia	One overriding theme - making the carers' path smoother by giving the possibility for free time and reflection Three themes summarised their experience: (a) filling the gap between health care and everyday life challenges, (b) importance of mutual and unique experience based on skills and knowledge, (c) the importance of setting limits
Han et al., (2019) USA	To explore older volunteers' perspectives on volunteering in a programme for people with dementia	8 volunteers, 6 females and 2 males, aged between 67 and 83 years	Semi-structured interviews; Interpretative phenomenological analysis	An activity-based programme for people with dementia	Six themes: (a) meaning of volunteering in the program, (b) benefits of volunteering in the program on themselves, (c) enjoyment involving satisfaction and social relationships, (d) we are a team, (e) emotional closeness and relationship, (f) volunteers' other dementia related experiences and other volunteering experiences

(Continues)

TABLE 3 (Continued)

Author(s), date and country	Aim of study	Sample	Data collection and analysis	Type of volunteering	Main findings
Harris (2017) UK	To build a clearer picture of processes affecting participation in therapeutic horticultural programmes	15 people, 8 females and 7 males	2 focus groups; Thematic analysis	People with a mental health problem who volunteered at a community garden	Four key themes arose from the data analysis: (a) community, (b) agency, (c) mental health, (d) natural value
Hogwood (2007) UK	To explore how volunteers working at a residential weekend intervention for bereaved children cope with the demands of their role	6 volunteers	Semi-structured interviews; Interpretative phenomenological analysis	Residential weekend camps for bereaved children and young people	Three salient themes emerged which illustrate how volunteers cope: (a) reciprocity of gains, (b) the unique environment, (c) social support
Jensen et al., (2017) Denmark	To investigate how volunteer families in a befriending service experienced and managed their relationship with a matched person with a severe mental illness	35 people in total from 16 volunteer families aged between 30 and 60 years	2 focus groups and 12 interviews (with 1 or 2 people); Thematic analysis	Befriending for people with a mental health problem	Three themes were identified: (a) motivation for volunteering, (b) negotiating relationships, (c) professional safety net
Jones and Reynolds (2019) UK	To provide insight into charity shop volunteering in the UK and its perceived relationship with health and well-being among volunteers in their 60s	6 shop volunteers, 5 females and 1 male, aged between 60 and 69 years	Semi-structured interviews; Interpretative phenomenological analysis	Charity shop volunteering	Four themes were identified: (a) choosing to be well: "I do it because I want to do it", (b) fulfilling time: "It fills a gap...it keeps you going", (c) belonging: "I had no place in society", (d) productivity: "She's old, what's she going to do now?"
Jones and Williamson (2014) UK	To explore the roles, motivations and experiences of volunteers who work to support asylum seeker, refugees and refused asylum seekers	8 volunteers (2 of whom were asylum seekers)	Semi-structured interviews; Framework analysis	Supporting asylum seekers	Analysis of interview data resulted in the following themes: (a) the role of volunteers, (b) motivations of the volunteers, (c) positive experiences of volunteering with asylum seekers, (d) negative experiences of volunteers, (e) difficulties staying involved, f) complexity, boundaries and accessing services, g) support for volunteers
Kindermann et al., (2019) Germany	To investigate motivations, learning achievements and experiences, as well as psychological strain and possible protective factors, in medical students volunteering in a reception centre for refugees	16 medical students (pre-interview) and 13 (post-interview)	Face-to-face or telephone semi-standardised interviews; Content analysis	Refugee reception centre	Main categories of the pre-interviews were: (a) prior experiences with refugees or flight, (b) motivations for voluntary assignment, (c) expectations prior to the assignment Main categories of the post-interviews were: (d) subjective experience during the assignment, (e) subjective experiences after the assignment, (f) reappraisal, (g) meaningfulness

(Continues)

TABLE 3 (Continued)

Author(s), date and country	Aim of study	Sample	Data collection and analysis	Type of volunteering	Main findings
Kruihof et al., (2020) Netherlands	To find out if volunteer work in integrated settings can be a suitable alternative for performing paid work in mainstream settings or unpaid work in segregated settings	13 volunteers with mild intellectual disabilities or with mental health problems, 6 females and 7 males, aged between 33 and 76 years	Semi-structured interviews; Thematic analysis	Various – about volunteer work for persons with mild intellectual disabilities or persons with mental health problems	Themes from the analysis included: (a) community participation, (b) interpersonal relationships
Lowe and Willis (2019) New Zealand	To explore the experiences of Circles of Support and Accountability (CoSA) volunteers	18 volunteers, 13 men and 5 women, aged between 26 and 79 years	Semi-structured interviews; Thematic analysis	Volunteers supporting individuals convicted for sexual offenses to reintegrate safely into the community	Two main themes relating to volunteer experiences were identified: (a) life inside a circle, (b) life outside a circle
MacNeela and Gannon (2014) Ireland	To better understand how to contextualise volunteer identity and behaviour as a developmentally situated form of civic engagement	10 student volunteers, 4 females and 6 males, aged between 18 and 28 years	Semi-structured interviews; Interpretative phenomenological analysis	Varied - student volunteers	Themes identified were: (a) the decision to volunteer, (b) outcomes of volunteer experiences: commitment, competence and connection
Malmadal et al., (2020) Norway	To explore what motivates volunteers to engage in volunteer work in home-dwelling dementia care and what motivates them to continue	16 volunteers, 12 women and 4 males, aged 44 to over 70 years	3 focus groups; Content analysis	Support at home for people with dementia	The overarching theme of 'contributing to a better coping in everyday life for persons with dementia and their relatives' was underpinned by the following four themes: (a) motivation for being a volunteer, (b) collaboration between volunteers and the municipality, (c) commitment and concern, (d) relations with relatives
McLeish and Redshaw (2017) UK	To identify issues associated with volunteer support for disadvantaged mothers	38 female volunteer supporters, aged between 22 and those in their 50s	Semi-structured interviews; Thematic analysis	Support for disadvantaged pregnant women and new mothers	Three key themes were identified: (a) meeting challenges, (b) needing support, (c) identifying successes
Messias et al., (2005) USA	To explore the experiences of women engaged in community volunteer work in the context of economic poverty	8 women in poverty, aged between 21 and 77 years	In-depth interviews; Narrative analysis through the lens of feminist narrative interpretations	Various voluntary community work in deprived areas	Themes included: (a) motivations and incentives behind volunteer involvement, (b) making connections and building community, (c) increased sense of well-being and experiences of personal empowerment
Ng (1993) Canada	To explore whether volunteer work could help Chinese immigrant women from Hong Kong with settlement in Canada	7 female volunteers aged between 28 and 45 years	In-depth interviews; Constant comparison	Various - after attending a training course they were linked to volunteering opportunities	Categories identified were: (a) push and pull factors, (b) observations, (c) perceived consequences

(Continues)

TABLE 3 (Continued)

Author(s), date and country	Aim of study	Sample	Data collection and analysis	Type of volunteering	Main findings
Oulanova et al., (2014) Canada	To explore the phenomenon of peer counselling in suicide bereavement	15 individuals, 13 females and 2 males, mean age =56 years	Semi-structured interviews; Interpretative phenomenological analysis	Peer support - people who had experienced a bereavement through suicide	Three core themes emerged: (a) transformative process, (b) engaging with silence: finding a voice and lending an ear, (c) reaching out: countering loneliness and isolation
Peachey et al., (2011) USA	To investigate the impact of Street Soccer USA on its volunteers	36 volunteers	5 focus groups; Open, axial, and selective coding	Street Soccer USA uses soccer to provide a support system to homeless individuals for making positive life changes	Volunteers experienced a mostly positive impact in four key areas: (a) enhanced awareness and understanding, (b) building community and relationships, (c) enhanced passion and motivation to work in the social justice field, (d) development of self-satisfaction through a 'feel good' mentality
Perez-Corrales et al. (2018) Spain	To explore the views and experiences of a group of people with severe mental disorders who volunteered	23 users of mental health services, 16 males, 7 females, aged between 18 and 65 years	In-depth interviews; Thematic analysis	Various volunteering opportunities through community public mental health services	Two main themes emerged to describe the experience of participating in volunteer activities: (a) rebuilding self-identity, (b) being a so-called normal person with a 'normal' life
Phung et al., (2018) UK	To explore perceptions and experiences of community first responders	16 community first responder volunteers, 4 females and 12 males, aged between 18 and 74 years	Semi-structured interviews; Framework analysis	Volunteering as a community medical first responder who receive basic emergency care training	Main themes from the interviews were: (a) motivation and ongoing commitment, (b) learning to be a community first responder, (c) the reality of being a community first responder, (d) relationships with statutory ambulance services and the public, (e) the way forward for community first responders and the scheme
Pistrang et al., (2013) UK	To understand the impact on peer supporters of being part of a telephone-delivered peer support programme for women with gynaecological cancer	16 peer supporters (all women) aged between 26 and 69 years	Semi-structured interviews; Framework analysis	Peer support delivered via telephone	Themes included: (a) impact of providing support, (b) challenges of providing support
Plimley and Krahenbuhl (2019) UK	To explore motivations to volunteer as Special Constables and to understand experiences in this role	6 special constables, 2 females and 4 males, aged between 21 and 31 years	Semi-structured interviews; Thematic analysis	Special constables	Four main themes emerged: (a) proud to be a special, (b) lines of division, (c) levels of training, (d) mind the gap

(Continues)

TABLE 3 (Continued)

Author(s), date and country	Aim of study	Sample	Data collection and analysis	Type of volunteering	Main findings
Read and Rickwood (2009) Australia	To explore the impact of being a consumer educator on mental health recovery	10 female consumer educators, aged between 20 and 59 years	Semi-structured interviews; Thematic analysis	Peer education on mental health - take high school class groups and other community groups through a single-session	Positive themes were: (a) the unique peer support and encouragement provided by other presenters, (b) the personal meaning gained from educating others about mental illness, (c) the benefits of validation and catharsis through telling their story, (d) the skills gained through embarking on their role as a consumer educator Negative themes were: (a) feeling vulnerable or 'raw' during or after presentations, (b) feeling fearful of being stigmatised, (c) facing challenges with co-presenters
Same et al., (2020) Australia	To explore motivations of individuals who volunteer their time with aged care home support services	18 people volunteers, 7 males and 11 females, aged between 23 and 79 years	Semi-structured interview; Thematic analysis	Supporting older people in their home	Five themes were identified: (a) what's important to me?, (b) learning and growth, (c) somewhere to belong, (d) meet me in the middle, (e) not just a number
Samson et al., (2009) Canada	To understand the experience of volunteer work of people living with HIV	12 male volunteers living with HIV	Semi-structured interviews; Empirical Phenomenological Psychological (EPP) data analysis	AIDS community- based organisations dedicated to serving persons living with HIV/ AIDS	Three major themes were identified: (a) the social dimensions of volunteering, (b) the psychological dimensions of volunteering, (c) the vocational dimensions of volunteering
Sanecka et al., (2020) Poland	To explore why people engage in green-area stewardship	16 key informant interviews	Semi-structured interviews; Grounded theory approach (Charmaz)	Green space stewardship	The main concept was the idea of the countryside within the city being a desirable vision; categories underlying this were: (a) nature, (b) place, (c) community
Scott et al., (2020) Austria, Finland, France, Germany, Italy, Netherlands, Poland, UK	To explore the experiences of volunteers in hospice-palliative care and to understand why they choose to work in this field	36 volunteers from across the 8 European countries, 20 females, 6 males and 10 unknown	Each participant wrote 400–500 words on two key questions: 'What do you do as a volunteer?' 'What does volunteering mean to you?'; Framework analysis	Hospice-palliative care volunteers	Three themes were identified from the data: (a) what volunteers do, (b) how volunteers approach their work, (c) what working in hospice-palliative care means to volunteers
Smith et al., (2018) UK	To explore the experiences and perceptions of volunteers providing either befriending or peer support to carers of people with dementia	10 volunteers, 7 females and 3 males, aged between 29 and 80 years	Semi-structured interviews; Framework analysis	Befrienders and peers support for carers of people with dementia	Three overarching themes were identified: (a) developing a bond, (b) someone for carers to talk to, (c) helping themselves through helping others
Sundram et al., (2018) New Zealand	To explore mental health telephone counselling by examining the motivation and retention determinants of helpline volunteers	25 volunteers, 23 females and 2 males, aged between 25 and 67 years	In-depth interviews and focus groups; Thematic analysis	Mental health telephone counselling	Themes identified from interviews were: (a) motivations to start volunteering, (b) positive experiences, (c) negative experiences, (d) intention to stay

(Continues)

TABLE 3 (Continued)

Author(s), date and country	Aim of study	Sample	Data collection and analysis	Type of volunteering	Main findings
Sundstrom et al., (2020) Sweden	To describe volunteers' experience of becoming and being a volunteer, and encountering older people's loneliness in general and existential loneliness in particular	32 volunteers, 23 females and 9 males, aged 46–87 years, took part in a focus group 12 volunteers, 9 females and 3 males, aged 47–76 years, took part in individual interviews	Focus groups ($n = 8$) and individual interviews; Qualitative content analysis	Supporting older people	Categories identified from the data were: (a) a way to find meaning, (b) feeling rewarded as well as emotionally challenged, (c) acting in line with one's values, thereby challenging boundaries, (d) being sensitive for the others' need of closeness and distance
Tan et al., (2020) Singapore	To elucidate the motivations underlying long-term volunteerism	20 participants from one community centre, 16 females and 4 males, aged between 41 and ≥61 years	Covert observations ($n = 14$ lasting 2 hr each) and semi-structured interviews; Thematic analysis	Befriending vulnerable and low-income older people	The overarching theme was providing help while receiving good deeds was supported by three themes: (a) fulfilling life goals, (b) deriving meaning from experiences, (c) striking a balance in the life
Varma et al., (2015) USA	To understand the experience of older adult volunteers in a high-intensity mentoring programme for children	46 volunteers, 39 females and 7 males, mean age = 66.7 years	8 focus groups; Thematic analysis	Older people working with children serving as mentors and tutors in elementary schools	Participants reported stressors and rewards within 5 key domains: (a) intergenerational, (b) external to the programme, (c) interpersonal, (d) personal (enjoyment, self enhancement, and being/feeling more active), (e) structural (satisfaction with structural elements of the programme)
Vattoe et al., (2020) Norway	To explore emotional stressors related to operating a diaconal suicide-prevention crisis line, and how these are managed in daily operations	27 volunteers, 10 males and 17 females, aged between 35 and 79 years	4 focus groups; Systematic text condensation	Suicide-prevention crisis-line (associated with the Church of Norway)	Two main themes were developed: (a) emotional stressors, (b) personal coping strategies and organisational support
Watts (2012) UK	To explore the experience of being a hospice volunteer	10 female volunteers, aged between 41 and 77 years	Focus group and 2 interviews; Thematic analysis	Hospice volunteering	Themes were: (a) motivation to become a hospice volunteer, (b) training, education and support, (c) challenges of the work
Weeks and MacQuarrie (2011) Canada	To understand the experiences of male hospice-palliative care volunteers to identify ways to recruit, support and retain men in this role	9 male volunteers, aged between 60 and 76 years	Semi-structured interviews; Constant comparative hermeneutic approach	Hospice-palliative care volunteering (in community or a hospice)	Themes related to: (a) personal characteristics and experiences, (b) gender roles, (c) marketing, (d) volunteer training program, (e) life changes, (f) benefits received from volunteering, (g) stress related to being an hospice-palliative care volunteer, (h) support for volunteers
Williamson et al., (2018) UK	To explore the motives and experiences of university student volunteers who engage in volunteering in a health context	45 current student volunteers and 5 who had been volunteers previously, 10 males and 40 females, mean age = 24 years	Semi-structured interviews; Grounded theory approach (Charmaz)	Students volunteering within an area relating to chronic illness, psychological difficulties or disability	Phases involved in the development and maintenance of the successful student volunteer included: (a) Phase one - Getting involved', (b) Phase two - Maintaining commitment, (c) Phase three - Reaping the rewards

2.1.2 | Working alongside others

Connections were made with other volunteers in an organisation. Social events or meetings, where volunteers could get to know each other, helped to forge a collective identity and a sense of belonging, with individuals working together towards a common cause:

'...often gardening can be in isolation but I like to share it with other people, do a project as a team as opposed to doing your own thing ... and getting the feedback and sharing experiences and sharing the knowledge that other people have got' (Birch, 2005: 249).

Sundram and colleagues (2018:7) noted that this sense of connection could be fractured when turnover of volunteers was high. It could also occur when individuals felt that they received insufficient information from an organisation about changes being made to a service, or that details were being withheld about people they were seeking to assist (e.g. about their health status):

'The lack of patient information provided to volunteers...seemed to promote the feeling among some of the participants that they were untrustworthy despite having signed a confidentiality agreement...' (Elliott & Umeh, 2013: 381).

Relationships with paid staff in an organisation were discussed in reviewed papers. Potential tensions could arise when volunteers felt overlooked or underused:

'Negative emotions...as a consequence of feeling that they do not belong to the care team...or the concern about intruding on nursing activities. According to the majority of the volunteers, simple gestures such as a smile or greeting in the corridor would promote their integration into the care team...' (Gonella et al., 2019: 168).

2.1.3 | Managing bonds

An attachment to people they were supporting was raised by volunteers in several studies. This could make it hard when connections were broken, for example, when the person being helped died. Ending of a volunteering opportunity could expose someone to a deterioration in mood:

'One of the participant's seeking asylum reported that volunteering had helped her become involved in the local community and build friendships which had prevented her mental health from deteriorating, she described how she felt since she had stopped volunteering... "at the moment my mind is deteriorating I maybe, I've lost my self-confidence, my self esteem is a bit low and I'm a bit distressed because I'm doing nothing"' (Jones & Williamson, 2014: 200).

Developing boundaries was mentioned in some reviewed papers, to avoid burnout or to stop volunteers from facing too much pressure from people or organisations. When offering support over the telephone, there was a suggestion in the paper from Pistrang et al., (2013:889) that this medium allowed volunteers to maintain some degree of anonymity, which defended them against '*the emotional impact of the conversations and...to "walk away" and get on with their own lives*'. Working closely with vulnerable people in a face-to-face interaction could place volunteers at risk of overstretching themselves physically and emotionally.

2.1.4 | GIVE

A potential win-win. Offering time and support to others or projects was depicted as a two-way exchange by volunteers when they also gained from giving. For example, it could reduce volunteers' own sense of isolation and increase their social network. In addition, it could lift volunteers' spirits when they felt low in mood:

'...some days when I...just have a...down feeling or a feeling of not being...just dead...One little child would need my help...or they walk to me [to] give me hug... "Hi Ms. X!" All up and down the street and I would meet them in stores... "There's Ms. X!" I know it made me feel happy' (Varma et al., 2015: 1043).

Volunteering provided structure to life when this had been lacking or disrupted because of a change in life circumstances (e.g. due to retirement, seeking asylum or ill health). It gave people something to look forward to in their week (Han et al., 2019:151), which kept negative thoughts and feelings at bay. It enabled volunteers to engage in pleasant activities and feel proud about working for a specific cause. A key notion mentioned across included papers was the personal fulfilment that transpired from volunteering. However, this was threatened when volunteers encountered barriers from the person they were trying to help (if they did not accept their support), or if they were unsure what to do, as this compromised their sense of usefulness:

'How positive the experience of being a volunteer was largely depended on how the staff and the volunteer mutually succeeded in identifying suitable tasks and if the volunteer was given clear guidelines on how to perform the tasks. Simply coming to a ward without having a defined task can be experienced as a burden' (Andersson & Ohlen, 2005: 604).

Markers of accomplishments. Feeling that they were making a valuable contribution boosted volunteers' self-confidence. They knew they had done something worthwhile from the reactions of those they were attempting to help or from other tangible signs of their input:

'The sense of satisfaction comes from seeing people smile or have a good time...It just makes me feel

complete. It makes me feel like I've done something worthwhile that afternoon. Watching them relax is very important' (Han et al., 2019: 153).

'You know you plant something in the winter time... you see it coming up, it's a lovely idea. When I used to do planting gardens...you go back a year or two later and the whole place has taken off, and it's fantastic...' (Birch, 2005: 249).

Seeing positive rewards from their endeavours made bearable difficult emotions associated with being a volunteer.

Confronting negative emotions. Wanting to make a difference could mean having to deal with others' harrowing stories or difficult circumstances; volunteers across reviewed papers who worked with vulnerable people mentioned sometimes finding it hard to 'switch off':

'We hear a great deal that is heavy and painful'... I could refer to some specific conversations; there are some images I can never get rid of, there are some stories and voices I'll never forget' (Vattoe et al., 2020: 567).

This may be particularly so when offering peer support, if it triggered unwanted memories. A lack of training could augment such negative emotions and meant that volunteers embarked on a role for which they felt ill-prepared. A fear was expressed in some studies by volunteers about saying the 'wrong thing' and making a situation worse or upsetting the person they were trying to help. Similarly, doubts around the benefits they brought through volunteering were raised, due to perceived limitations of what they, as volunteers, could do as a single worker or because of the severity of an individual's situation. Helplessness ensued when they felt unable to do more:

'Despite showing the children "love" and telling them they are "needed", volunteers were frustrated, reporting that there was "nothing you can really do" and the issue was "out of your hands". Many volunteers considered the problem a "deeper" issue with few solutions' (Varma et al., 2015: 1044).

Feelings of despondency and guilt that emerged as a consequence were managed through an accessible support system for volunteers to draw upon, although this was not provided in all cases:

'An absence of such perceived support from peers and/or supervisors led to a sense of isolation and abandonment' (Williamson et al., 2018:392).

KEEP LEARNING. Broadening horizons. Participants in included studies emphasised how volunteering exposed them to different

perspectives of the world and helped them to understand circumstances or conditions that others encountered. For immigrants, volunteering enabled them to appreciate the cultural peculiarities of the country to which they had moved, and to gain a sense of belonging. Interacting with people from different backgrounds confronted volunteers with stereotypes attributed to certain groups in society (e.g. people who were homeless or with dementia), but also re-educated them about the reality of such life circumstances:

'Many acknowledged that befriending had challenged their own preconceptions about dementia, describing a shift from initial apprehension about the dementia element of their role ('I heard the word "dementia" and took a gulp'...) to frustration about the dementia stereotype' (Greenwood et al., 2018: 832).

Hence, knowledge was acquired through volunteering. This might include learning about horticulture, about healthcare systems or specific conditions. Such knowledge could change how others perceived volunteers:

'Recognition from...community members...as lay experts on health issues, was an interesting perceived benefit. This had awarded the volunteers the status of informal health advisors and a source of support on health issues...' (Daoud et al., 2010: 214).

Cultivating skills. Volunteering expanded people's skills – from those such as active listening and coping with emotions, to more practical ones like using a computer, marketing and understanding child protection law. This was useful for those seeking employment, with volunteering enabling them to regain confidence in what they had to offer the job market:

'I didn't know what I was capable of after I had been ill, I didn't know whether I had lost the ability to be organised, be able to be responsible. I had no confidence so it was a case of could I rebuild those skills? And so volunteering for me gave me an outlet to do that' (Fegan & Cook, 2012: 17).

Volunteering fostered personal development by stretching what individuals thought they were capable of, prompting them to be more emotionally resilient and confident in their interactions, and enabling them to assert their views:

'...community volunteer work contributed to a process of personal transformation through which Rita became more sociable and involved in her own family: '[I used to be] quiet, shy. Now I'm not afraid to voice my opinion' (Messias et al., 2005: 81).

TAKE NOTICE. Reflecting on the present. Learning about others' struggles forced some volunteers to appraise their own

circumstances and to put their life into perspective. It encouraged them to pause and consider their situation, and to appreciate what they had:

'I was really down about not being able to find a job, but I remind myself that I was fortunate enough to go to college, fortunate enough to still have a loving family, fortunate enough to be privileged to so many of these gifts that a lot of the players that we work with hadn't had in their lives' (Peachey et al., 2011: 31).

For those involved in conservation or gardening, they had time to contemplate the ever-changing reality of nature, which they had a hand in cultivating. They embraced the transformations they observed and felt revived by this:

'Respondents wanted to be able to experience being in nature in a more tangible way through sensory contact with the soil by planting trees, bushes, flowers...They described pleasure during gardening activities, and they liked being able to experience seasons and changing weather more profoundly' (Sanecka et al., 2020: 7–8).

Raising existential questions. Some volunteers talked about coming to accept that the future was uncontrollable and unknowable as they helped others. This was particularly the case for individuals working in palliative care or with older people or those who were ill. It made them consider how precious life was and to not take it for granted. For others, this could be confronting:

'The death of patients highlighted volunteers' own mortality, many of whom were of an age similar to that of the patients: "...I'm almost 75, and so I'm dealing with people my own age, or the people I've dealt with have all been a little older than me, so it's a sobering reminder of what the future holds for all of us"' (Beasley et al., 2015: 1421).

Being faced with the preciousness of life motivated certain individuals to appreciate the importance of maintaining good health. **BE ACTIVE.** Changes to activity levels. Included studies depicted how volunteering contributed to an improvement in people's energy levels. Increased physical activity seemed especially likely with certain volunteering opportunities, such as those that involved being in the open air or with children. This could result in noticeable changes to volunteers' physique, due to an adapted lifestyle:

'I was sitting there watching TV again, getting into them soaps . . . [volunteering] has gotten me more involved. I used to have to hold on the rail to go up the steps and come down the steps. Now I can walk up the steps and walk right down the steps. I've lost quite a few pounds' (Varma et al., 2015: 1046).

Physical activity included undertaking daily tasks; the pleasure associated with volunteering motivated individuals to get up, get dressed and get organised. However, some volunteering, such as at a sporting event, was exhausting due to the amount of input expected:

I've done eight days but then I was relieved when it was over. On the last night, I got this niggle in my foot and I thought I'd be glad when it's finished because I didn't get home until quarter to one in the morning...' (Gellweiler et al., 2019: 503).

Poor physical health could be a barrier to what individuals undertook as a volunteer. The flexible nature of volunteering let them put their well-being first when necessary. Hence, they might not carry out as much voluntary work when feeling unwell. This was compared to paid employment, when they might have pushed themselves to do more. Keeping mentally active. Alongside physical activity, volunteering encouraged individuals to be mentally active. This was important to avoid low mood and stress, and to adopt a positive outlook on life:

I'm keeping active so I feel better in myself, making your brain work isn't it?...you look at life differently...' (Jones & Reynolds, 2019:528)

Volunteering could be a distraction from personal difficulties and concerns (e.g. physical pain, depression, family difficulties):

'Stress used to get me down really bad, you know, being on limited income, not being able to have a lot of things that I would think I would want...The more I'm involved and the more busy I am, the less time I have to think about what I don't have. So I think more about what I do have' (Messias et al., 2005: 81-82).

4.3 | OVERARCHING CONCEPT: IDENTITY VALIDATION AND MODIFICATION – CREATING AN ACCEPTABLE SENSE OF SELF

Further analysis of the contents of the themes above enabled us to develop an overarching conceptual framework of how volunteering makes an impact on volunteers that could be important as part of social prescribing. Volunteering can be inferred to help people develop their identity and create an acceptable sense of self. As illustrated in Figure 2, we propose that this validation and modification of identity transpire because of giving, connecting, learning, being active and taking notice (Five Ways to Well-Being). Through these five processes, volunteers gain internal insights of their self and their self in the world. Perceptions of self refers to how a volunteer evaluates their contribution to society. This may give them confidence to apply for a new job or to feel that their life has purpose. Perceptions of self in the world is about their assessment of others' responses to them. This may give them a feeling of belonging or being respected. These internal

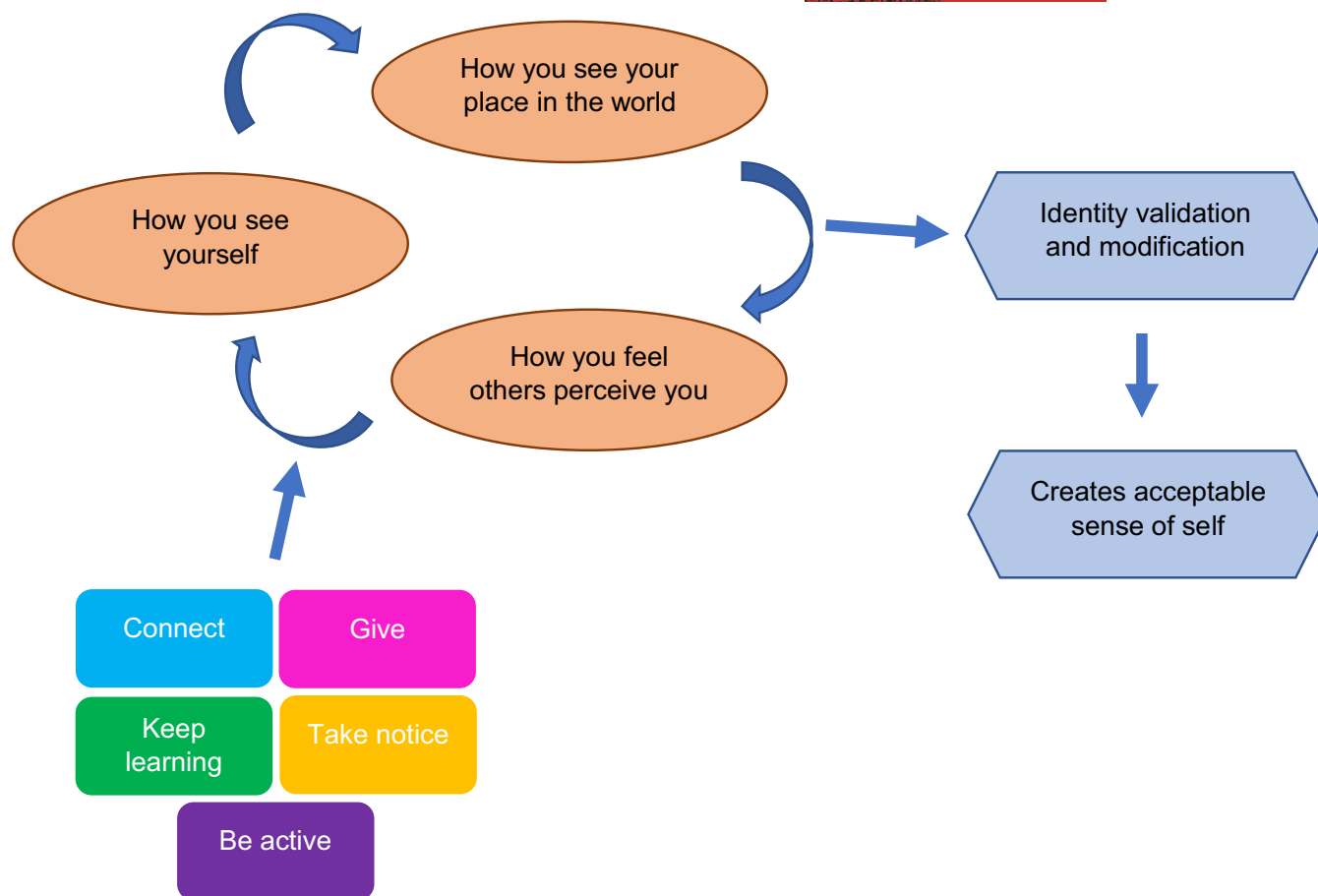


FIGURE 2 Conceptual framework produced from the synthesis, showing how the Five Ways to Well-Being, through volunteering, could contribute to the development of a transformed identity and an acceptable sense of self

insights, we propose, contribute to the validation and modification of identity that ultimately lead to the creation of an acceptable sense of self, which may be important for people involved in social prescribing. Further consideration of the elements within this overarching concept, and their relationship to social prescribing, is presented below.

4.3.1 | Perceptions of self

Through giving, connecting, being active, learning and taking notice, volunteering can afford people with an opportunity to re-evaluate how they regard themselves. This is something that link workers often aim for as an outcome – enabling people to feel more in control of their circumstances. Reviewed literature suggested that volunteering could raise self-confidence and empower people to speak up. It permitted individuals to see their personal situation in relative terms, engendering feelings of gratitude and prompting them to be less self-critical:

'Volunteering in the program helped some volunteers have a more positive outlook on themselves and helped them become more tolerant with themselves

and others when they experienced memory changes in daily lives' (Han et al., 2019: 151).

It could counteract shortfalls felt in other parts of life (e.g. not progressing at college or in paid employment), providing them with an identity defined by good work and altruism, often in collaboration with others.

In some cases, volunteering caused individuals to reflect on progress they had made in overcoming their own difficulties, as they witnessed others' struggles. It could also overturn perceived deficits from the past, which helped to reduce feelings of remorse and poor self-worth:

'Not being able to visit their fathers with dementia often contributed to their desire to help PwD [people with dementia] in the community... Maybe I felt a little bit guilty about not visiting my father' (Han et al., 2019: 149-150).

For those offering peer support, volunteering gave meaning to a difficult life experience by being able to assist others in a similar position:

'All experiences are very different but there are common threads and this can assist in engaging and connecting with callers and it is personally satisfying knowing that my personal experiences have positively contributed to a caller's recovery in some small way' (Biggs et al., 2019: 486).

4.3.2 | Perceptions of self in the world

Transitions in life (e.g. due to illness, divorce, retirement) can make individuals feel lost and lacking purpose. In such situations, people may seek support from a link worker. Volunteering is a potential route to redefining one's place in the world, reversing previously held negative self-perceptions:

'...a respondent mentioned how performing volunteer work helped her to fight the stigma and self-stigma that accompanied her disability. The fact that she was exceeding both her own and society's expectations filled her with pride...' (Kruithof et al., 2020: 8).

'You don't have to say "I am a paranoid schizophrenic", instead you can say "I am a volunteer at an NGO" (...) you have a different option, that is socially well perceived...' (Perez-Corrales et al., 2019: 6).

This reversal of negative self-perceptions was related, in the reviewed literature, to a sense of being of value to and part of rather than excluded from society, which seemed to be especially important when paid work had ended or was hard to secure:

'Even John found that volunteering provided a valued experience of work, maintaining his self-esteem: At least I'm working for my Jobseeker's Allowance. I'm being given money but I'm working for it... I'm not just sitting there and getting a hand-out' (Jones & Reynolds, 2019: 530).

However, embarking on this road to a transformed self-image might require support from others to take up volunteering opportunities (e.g. encouragement from a link worker to do so):

'Some participants considered support needs in relation to mental health as a possible barrier to participation, highlighting the role that support workers may play in facilitating contact with the project' (Harris, 2017: 1332).

4.3.3 | Perceptions of others

Participants in reviewed literature benefitted from believing that others saw them in a different light because of their voluntary work.

Getting positive feedback for their volunteering increased individuals' pride and self-worth – outcomes a link worker may look to achieve when assisting someone. Problems arose if volunteers did not receive such affirmation:

'It's good to get some positive feedback and gratitude from callers, so you know that what we're doing is meaningful. It gives meaning to what we do' (Vattoe et al., 2020:567)

'...disappointed because the person with SMI [severe mental illness] did not meet their expectations of a friend or a family member, for example, by neglecting to call or to inform them about illness and hospitalization' (Jensen et al., 2017: 36).

Examples were depicted in the reviewed literature of volunteers stating that they were taken for granted or treated as an inconvenience by an organisation; this risked limiting the benefits that volunteering could offer and is something link workers need to consider. Another danger reported was volunteers overstretching themselves as they endeavoured to please others, to be seen in a positive light. This is something that link workers and organisations they refer to must help volunteers avoid:

'...some restrictions were well thought out and designed for the safety and well-being of volunteers, protecting them from burnout or from doing more than they could handle: "At the beginning, I was so gung-ho I would have probably taken 5 shifts. That would have been a brutal mistake. The hospice won't let people make these types of mistakes"' (Guirguis-Younger & Grafanaki, 2008: 18).

5 | DISCUSSION

Within this project, we set out to explore and understand the potential role of volunteering in social prescribing. Due to an absence of literature focused on this topic specifically, and because we know that volunteering is being used within social prescribing to support people, we conducted a literature review that drew upon the Five Ways to Well-Being as an apriori framework. We then used this understanding to develop an overarching concept in terms of identity and enabling people to create an acceptable sense of self; we suggest that this is a way in which volunteering can support social prescribing.

Link workers could use the Five Ways to Well-Being when talking about volunteering opportunities with people they are supporting. The model helped us to articulate the potential impact of volunteering on people's sense of identity – changing how they saw themselves and their beliefs around how they were seen by others. Organisations can also use this evidence to open up discussions at a senior level on prioritising the offer of volunteering

opportunities as part of social prescribing. However, to make a successful contribution to social prescribing, further research is required on what organisations should have in place to support these volunteers and the potential resource implications this brings. Poorly supported volunteering could have a lasting negative effect on individuals. If volunteers do not believe that their input is valued, or that they are performing non-meaningful tasks, volunteering may not elevate sense of self; instead, people may be left feeling unappreciated and exploited (Malby et al., 2017). Hence, although the reviewed literature highlights that volunteering can augment, restore or transform individuals' sense of self, certain conditions are required for such benefits to transpire. Expectations may also need to be managed when referring someone to volunteering as part of social prescribing, as this will not necessarily 'fix' someone's situation. It is a reciprocal interaction that calls for an active role from the person referred within a supportive, nurturing environment. For gains from volunteering to be realised, organisations must see it as relational rather than simply transactional. This may call for a cultural change from thinking of volunteers as free help, performing a pre-specified task, towards being an avenue for upholding public well-being and enabling individuals to grow their talents (Stephenson, 2017).

Engaging with link workers could be a route for organisations to reach different communities to be volunteers, overcoming the finding that people from economically disadvantaged or rural areas are less likely to volunteer (NCVO, 2019). For link workers to make the most of volunteering as one approach to supporting people, they must know what is available locally and have a range of volunteering opportunities to draw on. They may also have to 'sell' the idea of volunteering to those unfamiliar with this type of activity. Giving people the chance, initially, to try out different types of volunteering may assist with this, whereby someone shadows an existing volunteer, without making a commitment, to see if they feel that form of volunteering is something they want to do longer term. This reflects the fact that people will engage in volunteering through a social prescription with a range of needs. For some, this may be to develop skills and confidence to find a new job, whilst others may seek to make connections to reduce loneliness. Allowing people to follow their interests and giving them time to find their place may be required. This is possibly easier in larger organisations. However, in larger organisations, demand may be high compared to volunteering opportunities, impeding the flexibility that may be required to benefit people on a social prescription. Further research on this topic is needed.

There may be differences between individuals who enter volunteering through social prescribing and those who become volunteers of their own accord. Motivations for volunteering have been explored in previous reviews (Kim, 2018; Rutherford et al., 2019; Winniford et al., 1997). A social prescription is not imposed on someone – they co-create it with a link worker. They would still undertake it in a voluntary manner, but may not have considered this as an option before speaking to a link worker. Whether social prescribing produces long-term volunteers remains to be studied.

Sustainability of volunteers in this respect may be something for consideration by organisations in terms of training and support offered; they may have to assess any return on investment accrued from providing the infrastructure required. This calls for a broader view of the benefits of volunteering through social prescribing not only to individuals referred, but to organisations taking referrals as well.

6 | STRENGTHS AND LIMITATIONS

We used existing literature to develop our understanding of the topic. As literature focusing on social prescribing and volunteering specifically is limited, we took a broader view of first understanding how volunteering could impact personal well-being (the initial part of our findings) and then thinking what this might mean for social prescribing in terms of developing a positive self-identity. In that sense, within the review, the link to social prescribing was more of a dialectic rather than an empirical exercise. However, it does provide a starting point for considering and exploring how volunteering may be useful for link workers in their role.

We focused on peer-reviewed papers, meaning we might have missed grey literature relevant to the review. Nevertheless, we were able to draw on studies examining a range of volunteering offerings, including health, sports and the natural environment. Volunteering in cultural settings was not covered in the included papers. We plan to conduct some primary research on this topic to explore whether the conceptual framework we developed (see Figure 2) holds within cultural settings.

A number of the papers we reviewed provided a relatively positive outlook on volunteering. This could be a reflection of how studies were advertised, who came forward to take part, of data collection focusing on positive aspects in the questions asked and/or the lens through which data were analysed. However, in the results section, we do highlight data reviewed that suggested potentially negative consequences of volunteering.

Two individuals independently screened papers, but only one researcher undertook the critical appraisal and coding of data. Data extraction was framed around the Five Ways to Well-Being as a starting point. Sections of coded data were discussed with other members of the team to allow for differing viewpoints to be considered. Taking this approach of applying an existing model to the data means that more nuanced contextual data within individual papers may have been lost. However, we tried to retain some of this detail by consulting with the table of studies (Table 3) during the analysis.

We augmented the review's rigour by having an advisory group we could present our preliminary interpretations to for sense-making purposes. They helped us to shape our thinking and messages. We did not have a representative within this group who engaged in volunteering as part of social prescribing, but public members involved did describe how they pursued volunteering opportunities, in part, to address psychosocial difficulties. We may have benefitted further from having link workers as part of this group, although we have

presented initial findings of this review to such professionals and asked for their comments/feedback.

7 | CONCLUSION

Volunteering can be a useful component of a link worker's arsenal for assisting people in need. Our review highlights that volunteering is a means of bolstering the Five Ways to Well-Being, helping people to experience a changed sense of self and their perceived place in the world. Feeling needed and appreciated can augment volunteers' well-being. This may be stifled if they feel unsupported or undervalued, if there is a poor fit between the volunteer and the work they are engaging in, if they lack the skills and/or training to undertake tasks, and if the organisation they support expects too much of them. These are issues that should be considered by a link worker when referring someone to a volunteering option as part of a social prescription.

ACKNOWLEDGEMENTS

We thank all members of the public and wider stakeholders who discussed this review with us as we were producing it.

CONFLICT OF INTEREST

The authors have no conflicts of interest to declare.

AUTHOR CONTRIBUTIONS

ST, KRM, AT, JT and GW were responsible for the review's conceptualisation and funding acquisition. NR was involved in locating references (database searching). ST, AT and SH undertook the screening of papers. ST, AT and OA carried out the data extraction. ST and AT performed the data synthesis, which they discussed with other members of the team. ST drafted the manuscript. All authors reviewed and approved the final version of the manuscript.

DATA AVAILABILITY STATEMENT

As this was a review, the data used – from previously published papers – are already in the public domain. References for these included papers are provided.

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How to cite this article: Tierney, S., Mahtani, K. R., Wong, G., Todd, J., Roberts, N., Akinyemi, O., Howes, S., & Turk, A. (2022). The role of volunteering in supporting well-being – What might this mean for social prescribing? A best-fit framework synthesis of qualitative research. *Health & Social Care in the Community*, 30, e325–e346. <https://doi.org/10.1111/hsc.13516>