WORLD SCOUTING

Wellbeing of Volunteers

Literature Review

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1. Executive Summary

The wellbeing of volunteers is a strategic condition for the sustainability of organisations that depend on voluntary action. The documentary corpus reviewed shows that volunteering can produce psychological, social, physical and meaning-related benefits; however, these benefits are not automatic. They depend on the specific conditions under which the person participates, the support received, role clarity, leadership quality, workload management, recognition and the possibility of experiencing belonging without losing personal boundaries.

The literature analysed does not use a single definition of wellbeing. Some sources address it as subjective wellbeing, centred on positive emotions and life satisfaction; others present it as psychological or eudaimonic wellbeing[1], linked to purpose, growth, competence, identity and sense of contribution. Others connect it with mental health, organisational support, engagement, volunteer satisfaction or retention. This diversity requires volunteer wellbeing to be understood as a multidimensional construct: an experience of balance, meaning, connection, safety and positive functioning that enables participation in a healthy, meaningful and sustainable manner.

A first relevant finding is that volunteering can strengthen wellbeing when it enables people to feel useful, learn, develop competences, connect with others, experience belonging, act in accordance with their own values and perceive that their contribution has an impact. The evidence is especially clear in relation to sense of purpose, social connection and satisfaction derived from a well-organised experience. Studies such as those by Furtak and Barnard (2021), Kragh et al. (2016), Tierney et al. (2022) and Gray and Stevenson (2020) show that wellbeing emerges at the intersection of emotion, meaning, identity and relationship.

A second finding is that the organisation plays a decisive role. Perceived organisational support appears as one of the most relevant factors for sustaining engagement and retention. Dekel et al. (2022) show that this support mediates the relationship between psychological wellbeing and volunteer engagement; Forner et al. (2024), through a systematic review and meta-analysis, identify satisfaction, affective commitment, engagement, organisational support, communication and the quality of the leader-volunteer relationship as important predictors of turnover. In summary, volunteers do not remain only because they believe in a cause; they remain when the organisation builds conditions in which that cause can be lived without unnecessary strain.

A third finding is that volunteer wellbeing can deteriorate. The sources warn of risks of overload, role ambiguity, lack of support, frustration, instrumental treatment, compassion fatigue, secondary traumatic stress, anxiety, depression, burnout, conflict and silent withdrawal. These risks are more visible in contexts of crisis, health, care, support for vulnerable people and direct service provision. Sarancha (2024) and Gaber et al. (2022) show that volunteering may be associated with intense emotional load, especially when boundaries, supervision and psychosocial support are absent.

A fourth finding is that lack of wellbeing affects not only the volunteer. It also affects the organisation and the beneficiaries. For the organisation, deterioration in wellbeing can result in turnover, loss of knowledge, lower service quality, interruptions, weakening of the internal climate and higher recruitment and training costs. For beneficiaries, it can mean less continuity, lower relational quality and loss of trust. In programmes based on human connection, the person who provides support is not interchangeable without cost due their wellbeing is part of service quality.

The analysis also shows differences according to volunteer profiles and types of volunteering. Young adults may require support, flexibility and development opportunities; older adults may find meaning, health and connection, but also require appropriate boundaries; people with disabilities may face additional barriers, often invisible to the organisation; environmental volunteering shows immediate wellbeing benefits; event volunteering depends strongly on organisational clarity; and care or crisis roles require emotional support and prevention of strain.

The general conclusion is that an organisation working with volunteers should assume wellbeing as an institutional responsibility. This entails designing clear roles, providing relevant training, supporting volunteers throughout the experience, managing reasonable workloads, recognising impact, enabling belonging, promoting inclusion, caring for mental health and measuring the volunteer experience through quantitative and qualitative tools. Wellbeing is not an accessory of the volunteer system; it is its foundation. If it is cared for, volunteering can develop as an experience of meaning and contribution. If it is neglected, even the most committed volunteer can become silently demotivated.

2. Introduction and scope of the report

Volunteering is a form of social participation that sustains services, communities, organisations and public causes across multiple contexts. However, the literature reviewed supports the conclusion that the wellbeing of volunteers can no longer be understood as a desirable collateral effect or as a spontaneous consequence of the act of helping. In organisations that depend on voluntary action, wellbeing appears as a condition of sustainability: it sustains retention, satisfaction, engagement, service quality and the ability of volunteers to contribute without being exposed to processes of strain, overload or withdrawal.

The evidence analysed is structured around a central tension. On the one hand, volunteering can contribute to the psychological, social, physical and subjective wellbeing of those who participate. Various sources link it to sense of purpose, social connection, life satisfaction, personal growth, learning, belonging and improved perceived health. On the other hand, the volunteer experience can also deteriorate wellbeing when it takes place in contexts of high emotional demand, role ambiguity, lack of support, weak leadership, overload, absence of recognition or sustained exposure to the suffering of other people. In this sense, volunteering is not good by definition: its contribution to wellbeing depends on the concrete conditions under which it is organised, supported and lived.

Furtak and Barnard (2021) place this discussion within the field of industrial and organisational psychology, highlighting that the wellbeing of volunteers is especially relevant because of the social role they fulfil, the challenging environments in which they work and the dependence of non-profit organisations on their unpaid work. Their study, conducted with volunteers in the provincial health sector in South Africa, shows that volunteer wellbeing can be understood as an experience of flourishing at work, expressed in learning and competence growth, an engaged mental state, emotional wellbeing and social integration.

In the same vein, Dekel et al. (2022) emphasise that volunteering can act as a relevant space for supporting psychological wellbeing, especially among young adults. However, their study does not propose an automatic relationship between volunteering and wellbeing; rather, it shows that perceived organisational support mediates the relationship between psychological wellbeing and volunteer engagement. The organisation is not a neutral setting, but an active condition of the volunteer experience.

This report aims to develop a documentary and comparative reading of the wellbeing of volunteers, using the 16 academic and research sources used for this analysis. Its purpose is to establish a concise academic basis for understanding what wellbeing is in volunteering, which factors compose it, which conditions strengthen it, which factors deteriorate it and what consequences arise when organisations do not address it deliberately.

The scope of the document is limited to young and adult volunteers, over 18 years of age, in organised contexts of formal volunteering or volunteering associated with organisations, programmes, community institutions, social services, health, the environment, events, community action or wellbeing initiatives. The central argument guiding this report is that volunteer wellbeing should be understood as an organisational responsibility and not only as an individual attribute of resilience, motivation or vocation for service.

3. Documentary review methodology

This report is based on a documentary review of the 16 sources used for the analysis. The corpus includes quantitative empirical studies, qualitative research, systematic reviews, meta-analyses, umbrella reviews, case studies and institutional reports specialised in volunteering, wellbeing, mental health, engagement, retention, volunteer management and the effects of volunteering on physical, psychological and social health.

The review is not intended to constitute an independent systematic review, since no extensive searches were conducted, no external inclusion and exclusion criteria were applied, and no additional references were incorporated. It is an academic documentary synthesis of a closed corpus. The analysis is strictly limited to the materials provided; no external sources are incorporated, gaps are not completed with literature that was not shared, and findings are not attributed to documents that do not support them.

The analysis procedure followed four steps. First, the type of source, population analysed, geographical context, methodology and type of volunteering addressed were identified. Second, the central concepts on volunteer wellbeing were extracted, distinguishing between explicit definitions, theoretical frameworks, empirical findings and authors' recommendations. Third, a comparative synthesis of protective factors, risk factors, consequences and good practices was constructed. Fourth, general conclusions and practical guidance were developed for organisations working with volunteers.

To assess the relevance of the findings, a qualitative classification with four levels was used: strong, when the finding appears in several sources or in studies with high synthetic capacity; moderate, when it appears in more than one source but with differences in context or scope; limited, when it is supported by a specific source or partial evidence; and contextual, when it depends on a particular type of volunteering, country, population or organisational environment.

The review also distinguishes between wellbeing as an outcome of volunteering and wellbeing as a condition for sustaining it. Some sources analyse the benefits that volunteering produces for the person; others study the organisational factors that enable engagement to be maintained; others show risks relating to mental health, burnout, secondary traumatic stress or deterioration of the organisational bond. The report seeks to integrate these perspectives.

4. Overview of the sources analysed

The documentary corpus consists of 16 sources that address the wellbeing of volunteers from the perspectives of organisational psychology, mental health, volunteer management, retention, social identity, disability, impact measurement, environmental volunteering, health volunteering, community service volunteering and volunteering by older adults. Taken together, the sources make it possible to build a broad, although not homogeneous, reading of volunteer wellbeing.

The first relevant feature is methodological diversity. The corpus includes quantitative studies using statistical models, such as Cho et al. (2020), who examine the relationship between volunteer management, satisfaction and intention to continue among volunteers at a cultural event in Singapore; the longitudinal study by Dekel et al. (2022), conducted with young adult volunteers in Australia; and Shirahada and Zhang (2022), who analyse counterproductive knowledge behaviours in non-profit organisations.

The corpus incorporates qualitative research that makes it possible to understand lived experience. Furtak and Barnard (2021) develop a phenomenological study with volunteers in the health sector in South Africa. Gray and Stevenson (2020) conducted interviews with 40 volunteers from southern England to analyse shared social identity. Shirahada and Wilson (2023) study older volunteers serving as tourist guides in Japan and the United Kingdom, observing both value creation and value co-destruction.

Mixed-methods studies, reviews and literature syntheses are also included. Gaber et al. (2022) present a mixed-methods case-control study in Ontario, Canada, comparing retained volunteers and people who left a community health programme. Tierney et al. (2022) conduct a qualitative synthesis on formal volunteering and wellbeing in social prescribing. Nichol et al. (2024) develop an umbrella review on the effects of volunteering on health and wellbeing, including 28 reviews. Forner et al. (2024) contribute a systematic review and meta-analysis with 117 studies, 1,104 effect sizes and 55,335 volunteers.

From a geographical standpoint, the corpus maintains a bias towards high-income countries, although it includes contributions from South Africa, India and Ukraine. This distribution limits generalisation to contexts with less institutional or community infrastructure. The United Nations Volunteers report (UNV, 2025) broadens the perspective by placing wellbeing within a global measurement agenda and insisting that numbers alone do not capture the full value of volunteering.

Regarding the populations studied, the sources include young, adult and older volunteers. Dekel et al. (2022) focus on people aged 19 to 40; Shirahada and Wilson (2023) on people over 60; Gray and Stevenson (2020) on a broad range of adults; and Cole (2026) on the experience of volunteers with disabilities, identifying additional barriers and institutional invisibility.

In conceptual terms, the sources fall into three families. The first studies volunteering as a potential source of wellbeing; the second studies wellbeing as a condition of retention, engagement and commitment; and the third analyses the risks, limits or negative effects of volunteering. The strength of the corpus lies in the convergence of findings: organisational support, belonging, recognition, role clarity, autonomy, meaningful relationships, training and sense of purpose appear repeatedly as relevant conditions.

5. Conceptualisation of wellbeing in volunteering

The documentary review shows that wellbeing in volunteering does not appear as a single, closed or stable concept. The sources address it as subjective, psychological, emotional and social wellbeing; mental health; flourishing; satisfaction with the volunteer experience; sense of purpose; engagement; identity; belonging; and organisational functioning. This diversity requires avoiding a reductionist definition.

Cole (2026) summarises this difficulty by noting that wellbeing is essential but difficult to define. The author presents it as something broader than the absence of illness, since it includes how people feel about themselves and their lives, the experience of positive emotions, the perception that what they do is meaningful and valuable, and life satisfaction.

Kragh et al. (2016) show that the literature on volunteer wellbeing has used multiple definitions and has therefore measured different constructs. Some studies observe subjective wellbeing - positive affect, negative affect and life satisfaction - while others focus on psychological wellbeing, associated with self-acceptance, positive relationships, autonomy, environmental mastery, purpose in life and personal growth. The distinction between hedonism and eudaimonia helps to organise part of this diversity.

Furtak and Barnard (2021) conceptualise volunteer wellbeing as flourishing at work. Their research identifies four manifestations of wellbeing: learning and growth in competence, an engaged mental state, emotional wellbeing and social integration. This formulation makes it possible to understand wellbeing in volunteering not only as an internal state, but as a way of functioning within a role.

Dekel et al. (2022) contribute a conceptualisation oriented towards organisational psychology. Drawing on the job demands-resources model and self-determination theory, they connect psychological wellbeing, engagement and perceived organisational support. The organisation not only hosts the volunteer experience; it shapes it.

Based on this report and the concepts developed by WSOM, it is defined that:

Adult wellbeing in Scouting refers to the positive state in which adults feel safe, respected, supported and valued, and are able to function effectively in their roles, relate positively with others, and evaluate their contribution to Scouting as meaningful, balanced and sustainable. It includes their dignity, mental and physical health, motivation, sense of belonging, personal development, and ability to contribute with purpose.

In Scouting, adult wellbeing is both an individual experience and an organizational responsibility. It is shaped by the conditions created by the Movement, including safe and inclusive environments, clear role expectations, appropriate training, regular support, meaningful participation, recognition, reasonable workload, protection from harm, and a culture where adults are listened to, trusted and cared for.

6. Factors that constitute the wellbeing of volunteers

The corpus makes it possible to identify a typology of factors that constitute volunteer wellbeing. This typology emerges from the convergences among the studies reviewed: psychological and emotional wellbeing; meaning, purpose and contribution; belonging and social identity; competence, learning and autonomy; physical and functional health; recognition and appreciation; psychological safety and inclusion; and balance between volunteering and personal life.

The psychological and emotional dimension includes self-esteem, self-efficacy, satisfaction, positive emotions, resilience, reduction of distress and the capacity to cope with difficult experiences. Dekel et al. (2022) note that volunteering may contribute to psychological wellbeing, self-esteem, life satisfaction and happiness, although the relationship is complex and mediated by organisational factors. Furtak and Barnard (2021) show that emotional wellbeing is expressed in hope, gratitude, happiness and satisfaction with the role.

The eudaimonic dimension refers to the perception that the volunteer activity is meaningful and enables contribution to something larger. Kragh et al. (2016) include meaning as a central dimension of the PERMA model. Tierney et al. (2022) show that volunteering contributes to wellbeing by enabling people to feel useful, valued and able to rebuild or validate a positive identity.

The social and relational dimension includes bonds with other volunteers, peer support, relationships with leaders, community and shared identity. Gray and Stevenson (2020) argue that sharing an identity with other volunteers promotes belonging, wellbeing and collective support in response to role challenges. Forner et al. (2024) identify communication, organisational support and the quality of the leader-volunteer relationship as relevant predictors of turnover.

The dimension of competence, learning and autonomy includes training, skills development, perceived efficacy and the possibility of using one's own talents. From the perspective of self-determination theory, Dekel et al. (2022) highlight autonomy, relatedness and competence as basic psychological needs. Furtak and Barnard (2021) show that volunteers develop when they learn and grow in competence.

The physical and functional dimension appears most clearly among older adults and in environmental volunteering. Nichol et al. (2024) identify benefits in social, mental and physical domains, with relevant effects on mortality and functioning, although they note problems in the quality of the evidence. Kragh et al. (2016) show that environmental volunteering can combine movement, nature, purpose and relationships.

Recognition, psychological safety, inclusion and the balance between volunteering and personal life complete the typology. Cho et al. (2020) highlight reward and recognition among the volunteer management practices with the greatest weight. Cole (2026) emphasises the relevance of accessibility and reasonable adjustments for volunteers with disabilities Sarancha (2024) warns that, in crises, lack of boundaries and excessive workload deteriorate mental health.

7. Organisational factors that favour wellbeing

The sources agree that volunteer wellbeing does not depend only on personal motivations or individual traits. The organisation has a decisive role. It can create conditions for flourishing or produce strain. In this sense, wellbeing should be understood as a shared institutional responsibility.

Perceived organisational support is one of the most consistent factors. Dekel et al. (2022) define it as the perception that the organisation values the volunteer's contribution and cares about their wellbeing. In their study, this support mediates the relationship between psychological wellbeing and volunteer engagement. Forner et al. (2024) reinforce this finding by identifying organisational support as a relevant contextual predictor of turnover.

Role clarity and reasonable expectations are also protective factors. Gaber et al. (2022) note that dissatisfaction may arise from role ambiguity, underutilisation, unclear boundaries, feeling undervalued or being unable to do as much as expected. Cho et al. (2020) show that orientation, training, schedule flexibility, empowerment, social interaction and recognition influence satisfaction in event volunteering.

The quality of leadership and internal communication appear repeatedly as conditions for wellbeing and retention. Forner et al. (2024) identify communication and the leader-volunteer relationship as strong contextual predictors of turnover. Gray and Stevenson (2020) add that organisations can facilitate or hinder collective support among volunteers and shared identity.

Training favours wellbeing because it increases the level of competence and reduces uncertainty. Furtak and Barnard (2021) show that learning and growth in competence are a central manifestation of volunteer development. Yaresheemi et al. (2023) show that training volunteers in wellbeing and mental health strengthened their knowledge and benefited their personal and social lives.

Finally, recognition, flexibility and inclusion are conditions that reinforce wellbeing and retention. Gaber et al. (2022) recommend communicating programme impacts to reinforce the purpose of volunteering. Cole (2026) shows that the wellbeing of volunteers with disabilities requires accessibility and reasonable adjustments.

8. Factors that deteriorate wellbeing

Volunteering can also harm people. The sources reviewed show that voluntary action can produce wellbeing, belonging and meaning; but it can also generate exhaustion, stress, guilt, anxiety, frustration, cynicism, conflict, withdrawal and deterioration of mental health. The problem does not lie in volunteering itself, but in the conditions under which it is undertaken.

Overload appears as one of the clearest factors in deterioration. Dekel et al. (2022) note that the total time devoted to volunteering may be related to strain and burnout, including cynicism, exhaustion and lack of efficacy. Sarancha (2024) observes this phenomenon in crisis contexts, where volunteers may face prolonged contact with traumatic events, psycho-emotional tension, a high sense of responsibility and lack of resources for recovery.

Role ambiguity, underutilisation and unclear boundaries also deteriorate wellbeing. Gaber et al. (2022) identify these factors as sources of dissatisfaction and link them to burnout and compassion fatigue in care contexts. Lack of organisational support, for its part, leaves the volunteer alone in the face of the task, conflicts and emotions.

Care, health, crisis and support roles with vulnerable populations present specific risks. Gaber et al. (2022) incorporate variables such as burnout, compassion satisfaction and secondary traumatic stress among volunteers working with older adults. Sarancha (2024) similarly argues that constant contact with trauma and suffering can produce emotional exhaustion, anxiety and depression.

Competitive culture, insecurity and counterproductive behaviours also deteriorate organisational wellbeing. Shirahada and Zhang (2022) show that insecurity about sharing knowledge had the greatest impact on counterproductive knowledge behaviours, and that a competitive organisational norm induced them.

Exclusion, lack of adjustments and absence of measurement complete the set of risks. Cole (2026) warns that volunteers with disabilities may face additional and invisible barriers. Kragh et al. (2016) found that volunteer managers did not perceive the significant increase in wellbeing reported by environmental volunteers, which warns of the distance between managerial perception and actual experience.

9. Consequences of not addressing volunteer wellbeing

The evidence reviewed supports the conclusion that the wellbeing of volunteers is neither peripheral nor merely individual. When an organisation does not deliberately address the conditions that sustain wellbeing, consequences emerge at three interrelated levels: the volunteer, the organisation and the beneficiaries.

For the volunteer, the first consequence is deterioration in mental and emotional health. Sarancha (2024) identifies emotional exhaustion, chronic stress, anxiety and depression in crisis contexts, especially when there is constant contact with traumatic events, high workload and lack of boundaries between personal life and volunteering. Gaber et al. (2022) show that compassion fatigue, secondary traumatic stress and reduced compassion satisfaction can appear in care roles.

Another personal consequence is frustration caused by the mismatch between expectations and reality. Gaber et al. (2022) identify frustration arising from not being able to connect beneficiaries with community services or from perceiving disconnection from clinics and resources. Tierney et al. (2022) warn that, if people do not perceive their contribution as valued or meaningful, they may feel unappreciated or exploited.

For the organisation, the most evident consequence is turnover. Forner et al. (2024) note that volunteer turnover involves withdrawal from active participation and that, unlike paid employment, volunteers do not always resign formally but may simply stop attending. Gaber et al. (2022) recall that departures generate service interruptions and financial and opportunity costs associated with recruitment, training and management.

Lack of wellbeing also affects knowledge capital. Shirahada and Zhang (2022) show that insecurity and competitive norms may favour counterproductive knowledge behaviours, such as hiding information, which affects efficiency and the capacity to create social value.

For beneficiaries, the corpus supports a reasonable inference: when volunteer wellbeing deteriorates, service quality, continuity and stability may be affected. In programmes based on human connection, the withdrawal or exhaustion of volunteers can mean a break in continuity, lower relational quality and weakened trust. Cole (2026) emphasises that the wellbeing of volunteers is interconnected with the wellbeing of beneficiaries, other volunteers, families and communities.

10. Relationship between wellbeing, motivation, retention and withdrawal

The relationship between wellbeing, motivation and retention is not linear. People may begin volunteering for altruistic, social, educational, identity-related, professional or personal reasons; they may remain because they find meaning, relationships, recognition and support; and they may withdraw not necessarily because their initial motivation has disappeared, but because the concrete experience is no longer sustainable.

Initial motivation does not guarantee retention. Dekel et al. (2022) note that people may help for intrinsic or extrinsic reasons: professional development, positive emotions, altruism, prosociality or desire to contribute. Gaber et al. (2022) identify reasons such as using or improving skills, socialisation, personal growth and career opportunities, in addition to altruistic motivations (p. 2260). However, Forner et al. (2024) warn that motivational functions may better explain entry than retention.

Satisfaction and commitment function as bridges towards retention. Cho et al. (2020) show that volunteer management is positively related to intention to continue and that satisfaction fully mediates this relationship. Forner et al. (2024) identify satisfaction, affective commitment, engagement and organisational commitment among the strongest attitudinal predictors of turnover.

Perceived organisational support occupies a central place. Dekel et al. (2022) associate it with mental wellbeing and fewer mental health problems in humanitarian volunteering contexts. Forner et al. (2024) confirm that organisational support, communication and the leader-volunteer relationship are strong contextual predictors of turnover.

Wellbeing may be an antecedent, an outcome and a condition for continuity. Nichol et al. (2024) identify social, mental and physical benefits, but note the difficulty of determining whether wellbeing is a cause or an outcome of participation. Kragh et al. (2016) show that environmental volunteering improves immediate and remembered wellbeing, but not necessarily average overall life wellbeing.

Withdrawal from volunteering should be read as organisational information. Gaber et al. (2022) identify reasons for leaving such as moving home, studies, work, health, family care, problems with the programme or moving to another programme. Each departure may be a sign of life change, but also of a poorly designed role, excessive workload, weak leadership, lack of support or loss of meaning.

11. Differences by volunteer profiles and types of volunteering

The corpus shows that volunteer wellbeing is not expressed in the same way in all people or all types of volunteering. The experience varies according to age, life stage, disability, context, type of role, level of emotional demand, participation modality and relationship with beneficiaries. The available evidence does not allow a universal segmentation, but it does identify relevant patterns.

Among young adults, Dekel et al. (2022) show that perceived organisational support is important for improving wellbeing outcomes and fostering engagement among people aged 19 to 40. For this group, volunteering may offer identity, development, belonging and meaning, but it also competes with studies, work, professional transition and emerging family life.

Among older adults, Nichol et al. (2024) indicate that the benefits of volunteering may occur throughout life, but could increase with age, although the evidence is concentrated among older adults in the United States. Shirahada and Wilson (2023) show that older volunteers can create wellbeing through service provision, interaction with users and competence development, but may also face tensions when they excessively prioritise users' needs over their own capacities.

Cole (2026) contributes a central perspective on disability. Volunteers with disabilities may face additional barriers that affect their wellbeing, and many organisations may not know how many people with disabilities participate in their activities, especially when disabilities are not visible.

Care, health and support roles present an intense combination of meaning and strain. Gaber et al. (2022) study volunteers who visit older people in their homes and connect them with community services. Yaresheemi et al. (2023) show that training volunteers in mental health can strengthen knowledge, personal and social life, and community capacity.

In crisis contexts, Sarancha (2024) identifies risks of emotional exhaustion, chronic stress, anxiety and depression, as well as the need for psychological support, stress management training, internal support systems and flexible schedules. In environmental volunteering, Kragh et al. (2016) show immediate wellbeing benefits and a reduction in negative elements. In event volunteering, Cho et al. (2020) show the relevance of recognition, orientation, flexibility and social interaction.

The conclusion in this respect is that volunteer wellbeing must be designed according to person, role and context. There is no universal volunteer. There are concrete people, with different biographies, limits, talents, motives, bodies and times.

12. Good practices and guidance for organisations working with volunteers

The sources reviewed make it possible to identify good practices aimed at protecting and strengthening the wellbeing of volunteers. These are not accessory benefits, but conditions of organisational sustainability. An organisation that depends on volunteers should create conditions that enable them to contribute without deteriorating their health, their sense of purpose or their relationship with the organisation.

The first guidance is to institutionalise organisational support. Dekel et al. (2022) show that perceived organisational support is relevant in explaining the relationship between psychological wellbeing and volunteer engagement. This support requires consultation channels, follow-up spaces, supervision, resources for resolving difficulties, guidance in the face of conflict and mechanisms for detecting early signs of strain.

The second guidance is to design clear, realistic and adjustable roles. Gaber et al. (2022) identify that dissatisfaction may arise from role ambiguity, underutilisation and unclear boundaries. An organisation should develop brief descriptions that include purpose, tasks, estimated time, required competences, limits of responsibility, available supports and mechanisms for pausing or withdrawing.

The third guidance is to offer initial and continuous training without overloading volunteers. Furtak and Barnard (2021) identify learning and growth in competence as a central manifestation of volunteer development. Yaresheemi et al. (2023) show that training in mental health can benefit volunteers and strengthen their capacity for community action.

The fourth guidance is to develop relational leadership. Forner et al. (2024) identify communication, organisational support and the leader-volunteer relationship as relevant predictors of turnover. Gray and Stevenson (2020) show that the organisation can facilitate shared identity and collective support.

The fifth guidance is to recognise contribution and feedback impact. Cho et al. (2020) found that reward and recognition had the greatest weight among positive management practices. Gaber et al. (2022) recommend communicating the positive impacts of the programme and its effects on beneficiaries.

The sixth guidance is to manage workload and protect boundaries. Sarancha (2024) recommends flexible schedules, psychological support, stress management, self-care and psychological care policies. To this should be added inclusion and accessibility, highlighted by Cole (2026), and measurement of the volunteer experience, highlighted by Prince and Piatak (2023) and UNV (2025).

13. Evidence gaps and limitations of the corpus analysed

The corpus offers a sufficient basis for developing a concise academic understanding, but it has important limitations. Identifying these gaps makes it possible to distinguish what can be asserted from what requires further research.

The first gap is the difficulty of establishing causality between volunteering and wellbeing. Nichol et al. (2024) identify benefits in social, mental and physical health, but warn that the overall quality of the evidence was poor and that it is not always clear which benefits result from volunteering and which may have been present before participation. Dekel et al. (2022) also found no clear bidirectional effects between engagement and psychological wellbeing over a short period.

The second limitation is the concentration of studies in high-income countries. Tierney et al. (2022) restrict their synthesis to studies from high-income countries. Nichol et al. (2024) warn that participants were mainly older adults from the United States. This limits generalisation to contexts with less institutional or community infrastructure.

The third gap is the limited evidence on disability, inclusion and reasonable adjustments. Cole (2026) provides an important perspective, but the corpus lacks broad empirical research on volunteer wellbeing and disability, chronic health conditions, neurodivergence, accessibility and additional fatigue generated by institutional barriers.

There is also insufficient analysis of gender, social class, ethnicity, migration and caring responsibilities. Although some sources report demographic characteristics, the corpus does not allow a robust comparison on these variables. Likewise, further work is needed on voluntary withdrawal as a subjective and organisational experience, beyond its analysis as turnover.

The corpus offers little information on digital or hybrid volunteering. In addition, organisational measurement of wellbeing remains limited. UNV (2025) emphasises that evidence on volunteering remains fragmented and that measurement should capture experiences, personal growth, bonds, solidarity and community value. Kragh et al. (2016) show that differences may exist between managers' perceptions and the actual wellbeing experience reported by volunteers.

14. General conclusions

The documentary analysis supports the conclusion that the wellbeing of volunteers should occupy a central place in the management of organisations that depend on voluntary action. It is not a secondary benefit or a spontaneous consequence of altruism. Volunteer wellbeing is a condition of sustainability, quality and institutional responsibility.

The first conclusion is that volunteer wellbeing is multidimensional. The sources link it to mental health, positive emotions, satisfaction, sense of purpose, personal growth, belonging, relationships, identity, physical health, autonomy, competence, recognition and organisational conditions. This diversity prevents it from being reduced to a single variable.

The second conclusion is that volunteering can produce wellbeing but does not guarantee it. Nichol et al. (2024) identify social, mental and physical benefits of volunteering, but note limitations in the quality of the evidence and difficulties in establishing causality. Kragh et al. (2016) show that environmental volunteering can improve immediate and remembered wellbeing but does not necessarily transform general life wellbeing.

The third conclusion is that the organisation plays a decisive role. Perceived organisational support, communication, relationships with leaders, role clarity, training, autonomy, recognition and flexibility appear as protective conditions. Dekel et al. (2022) and Forner et al. (2024) show that support, communication, satisfaction, commitment and the leader-volunteer relationship are key to retention and wellbeing (Dekel et al., 2022; Forner et al., 2024).

The fourth conclusion is that deterioration in wellbeing has personal, organisational and social consequences. For the person, it may produce stress, burnout, anxiety, frustration, loss of meaning or withdrawal. For the organisation, it may generate turnover, loss of knowledge, inefficiency and weakening of services. For beneficiaries, it may affect continuity, quality of support and trust.

The fifth conclusion is that measuring wellbeing is part of care. UNV (2025) argues that measurement of volunteering should go beyond counting hours and capture personal growth, bonds, resilience, solidarity and community value. Prince and Piatak (2023) show that tools such as the Net Promoter Score can help understand differences in satisfaction within an organisation.

The general conclusion of the report can be formulated as follows: an organisation that works with volunteers should assume wellbeing as an institutional responsibility, not as an individual virtue of endurance. Volunteers are not infinite resources or free extensions of the organisational structure. They are subjects who offer time, energy, knowledge, emotions and relationships. Their wellbeing cannot be left to chance.

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Annex 1. Matrix of sources analysed

The following matrix summarises the corpus of 16 sources used. It is presented as an instrument for tracing the documentary analysis.

Source	Type of study	Context	Population	Focus	Main contribution
Cho et al. (2020)	Quantitative; structural equations	Singapore; cultural event	Event volunteers	Volunteer management, satisfaction and intention to continue	Recognition, empowerment, flexibility, orientation, training and social interaction favour satisfaction and continuity.
Cole (2026)	Discussion article	United Kingdom	Volunteers with disabilities	Wellbeing, disability and reasonable adjustments	The wellbeing of volunteers with disabilities requires accessibility, identification of barriers and organisational support.
Dekel et al. (2022)	Quantitative longitudinal	Australia	Volunteers aged 19 to 40	Organisational support, engagement and psychological wellbeing	Perceived organisational support mediates the relationship between psychological wellbeing and volunteer engagement.
Forner et al. (2024)	Systematic review and meta-analysis	International; 117 studies	55,335 volunteers	Predictors of volunteer turnover	Satisfaction, affective commitment, engagement, support, communication and the leader-volunteer relationship predict retention.
Furtak and Barnard (2021)	Qualitative phenomenological	South Africa; health sector	8 volunteers	Flourishing and wellbeing in volunteer work	Wellbeing is expressed in learning, mental engagement, emotional wellbeing and social integration.
Gaber et al. (2022)	Mixed method; case-control	Ontario, Canada	Volunteers in a community health programme	Retention, burnout, compassion and satisfaction	Retention depends on purpose, logistics, connection with beneficiaries and support conditions.
Gray and Stevenson (2020)	Qualitative; interviews	Southern England	40 volunteers	Shared social identity and wellbeing	Belonging and collective support mediate the benefits of volunteering and help volunteers face challenges.
Kragh et al. (2016)	Surveys; PERMA model	United Kingdom	Environmental volunteers and managers	Multidimensional wellbeing in environmental volunteering	Environmental volunteering improves immediate wellbeing and reduces negative elements more than comparable activities.
Nichol et al. (2024)	Umbrella review	International reviews; bias towards the USA	Mainly older adults	Effects of volunteering on health and wellbeing	There are social, mental and physical benefits, although evidence quality is variable and causality is limited.
Prince and Piatak (2023)	Qualitative; open responses and NPS	United States; federated environmental organisation	Almost 8,000 volunteer responses	Management from the volunteer perspective	Volunteer satisfaction makes it possible to identify promoters, passives, detractors and areas for improvement.

Source	Type of study	Context	Population	Focus	Main contribution
Sarancha (2024)	Review and systematisation	Ukraine; crisis focus	Volunteers in critical contexts	Mental health of volunteers	Crisis, trauma, overload and lack of boundaries produce burnout, stress, anxiety and depression.
Shirahada and Zhang (2022)	Quantitative; structural equations	Non-profit organisations	496 volunteers	Counterproductive knowledge behaviours and wellbeing	Insecurity and competitive norms favour knowledge hiding; self-determination reduces the risk.
Shirahada and Wilson (2023)	Qualitative; Gioia method	Japan and United Kingdom	15 older volunteer tourist guides	Wellbeing creation in service provision	Service provision can generate wellbeing but also stress and value co-destruction.
Tierney et al. (2022)	Best-fit qualitative synthesis	High-income countries	Adults in formal volunteering	Volunteering, wellbeing and social prescribing	Volunteering favours identity, connection, learning and meaning; it requires appropriate support systems.
UNV (2025)	Global institutional report	Global	Global volunteering	Measurement of volunteering and its contributions	Measurement should integrate numbers, narratives, wellbeing, bonds, resilience and community value.
Yaresheemi et al. (2023)	Cross-sectional descriptive quantitative	India	136 wellbeing volunteers	Community mental health training	Training strengthens mental health knowledge and capacity for community action.

Annex 2. Matrix of findings on volunteer wellbeing

This matrix synthesises the main analytical findings and their level of robustness, with general implications for organisations working with volunteers.

Theme	Main finding	Robustness	Risk if not addressed	Practical guidance	Main sources
Multidimensional wellbeing	Volunteer wellbeing integrates psychological, social, eudaimonic, physical and organisational dimensions.	Strong	Fragmented definitions and incomplete measurement.	Use multidimensional frameworks and do not reduce wellbeing to satisfaction or retention.	Cole; Kragh; Furtak; Tierney; Nichol
Organisational support	Perceived institutional support favours engagement, wellbeing and retention.	Strong	Strain, silent withdrawal and loss of commitment.	Create visible systems of accompaniment, follow-up, listening and support.	Dekel; Forner; Gaber
Role clarity	Clear roles reduce anxiety, ambiguity, frustration and conflict.	Strong	Overload, underutilisation, errors and withdrawal.	Define tasks, boundaries, supports, time commitments and escalation mechanisms.	Gaber; Cho; Forner
Meaning and purpose	A sense of contribution strengthens identity, satisfaction and retention.	Strong	Loss of motivation and perception of instrumentalisation.	Communicate impact, connect tasks with results and facilitate reflection.	Tierney; Kragh; Gaber; Furtak
Belonging and social identity	The volunteer 'we' generates support, belonging and capacity to face challenges.	Strong	Isolation, conflict and less peer support.	Design spaces for community, mutual support and relational leadership.	Gray and Stevenson; Furtak; Forner
Recognition	Meaningful recognition strengthens satisfaction and continuity.	Strong	Invisibility, frustration and withdrawal.	Combine appreciation, impact feedback, volunteer voice and development.	Cho; Gaber; Prince and Piatak
Overload and burnout	Excessive demands deteriorate mental health, energy and retention.	Strong in high-demand roles; moderate in general	Burnout, anxiety, depression, compassion fatigue and withdrawal.	Monitor workload, establish pauses, boundaries and psychosocial support.	Sarancha; Gaber; Dekel
Training and competence	Training increases efficacy, safety and wellbeing, provided that it is relevant and gradual.	Moderate to strong	Insecurity, errors, anxiety and poor service quality.	Offer phased induction, practical accompaniment and peer learning.	Furtak; Yaresheemi; Cho
Inclusion and accessibility	Wellbeing requires the removal of barriers, especially for volunteers with disabilities.	Contextual but critical	Silent exclusion, greater strain and lower participation.	Design reasonable adjustments, accessibility and safe channels for requesting support.	Cole
Wellbeing measurement	Measurement should combine quantitative and qualitative data to capture real experience.	Moderate	Institutional blindness to benefits or deterioration.	Use short surveys, NPS, interviews, focus groups and exit analysis.	UNV; Prince and Piatak; Kragh

Physical and functional health	Volunteering can be associated with physical benefits, especially among older adults and in environmental activities.	Moderate	Overestimating benefits without controlling for selection bias.	Design safe, accessible activities adapted to capacities.	Nichol; Kragh; Shirahada and Wilson
Counterproductive behaviours	Competitive climates and insecurity can generate knowledge hiding.	Limited/contextual	Loss of collective learning and efficiency.	Promote trust, collaborative norms and self-determination.	Shirahada and Zhang

WORLD SCOUTING

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