

Patterns of Volunteering, Giving, and Participating Among Occupational Groups in Canada

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Introduction

Occupation as a Master Trait, and the Conjunction of Occupation with Giving, Volunteering and Civic Participating

Among the many diverse traits that together constitute each individual person, some exert much more influence than others on what kinds of behaviours we exhibit, or how we perceive and interact with the world around us. Our place of birth, the religious creed we adhere to, the type and quality of formal education we possess — these are some of the “master traits” that influence our lives. That the work we do, the way in which we make our living — our occupation, in short — is central among these master traits is an accepted part of conventional wisdom. Our occupation is primary in establishing our place in the social order via the level of income it provides and the status it conveys; our occupation molds more than a few of the beliefs and ideals that guide our lives by virtue of the mindset and values that it rests on; our occupation exerts more than a little influence on the kinds of people we meet and relationships we form; and our occupation often has a significant bearing on the nature and the strength of our self-identity. It is commonplace when meeting someone for the first time to inquire about what “line of work” or occupation that person is involved in. We implicitly understand that a doctor has high technical competence, prestige, authoritativeness, and a well-above-average income. We “naturally” understand that a public school teacher possesses a different, less technical repertoire of skills, plied in a different kind of organizational setting, receives considerably less remuneration, and enjoys less prestige and authoritativeness than a physician.

Some occupations, by virtue of their social and economic standing, carry greater or lesser social expectations and responsibilities; people in those with higher prestige and income such as the professions are implicitly expected to make greater contributions to society in the form of leadership, civic involvement and charitable

giving; those who enjoy less prestige and income, such as blue collar workers, carry lower expectations in this regard.

This study is about the unmapped aspect of occupations that concerns their patterns of civic involvement and contributing to the community. Using data from two large national surveys, it documents the extent and manner in which individuals in Canada's principal occupational categories engage in formal volunteering, charitable donating, direct personal helping and giving, and participating in civic organizations and activities. We believe the study provides insights into variations in how Canadians' connect to their communities and their attitudes and behaviours regarding supporting the common good, and how these are molded to some degree by the differing mindset and socioeconomic conditions associated with different kinds of work and preparatory training.

Defining Occupational Groups in the Canadian Occupational Structure

This report is based on information taken from two national surveys carried out by Statistics Canada. One is the National Survey of Giving, Volunteering and Participating (NSGVP), conducted in 2000 with a total sample size of 18,300 respondents aged 15 and over, of whom 10,372 were working Canadians with an occupational designation. The second is the General Social Survey, Cycle 17 (GSS17), conducted in 2003 with a sample size of 16,817 working Canadians age 15 and over.

As its name suggests, the NSGVP 2000 contains a large amount of detailed information about volunteering and charitable giving and is the source for the analysis of volunteering and giving in sections A and B of Part I. The GSS17 has more extensive information on the civic and political participation of Canadians so it is the basis for the analysis in Section C of Part I.

In Part II of the report, we turn our attention to the contributory behaviour of individuals who work in the health sector in Canada, specifically medical doctors, other health professionals, and medical technicians, aides and orderlies, and examine how their contributory behaviour compares with the rest of the occupational structure. The first section (D) of Part II examines the volunteering behaviour of occupations in health and other sectors and is based on the GSS17 information, because the size of the sample for this survey makes it possible to generate more reliable estimates about the volunteering of the smallest occupational group we examine, medical doctors, relative to the smaller sample size of the NSGVP 2000.

In section E of Part II, we examine the charitable giving of individuals in the health sector and elsewhere and the source of this information is again the 2000 NSGVP because the number of medical doctors who are donors is large enough to produce reliable estimates of giving behaviour from the survey.

In the final section (F) in Part II, we examine the civic and political participation of those in the health and other sectors. The information in this section is taken from the GSS17.

The set of occupational categories employed to examine the contributory behaviours of working Canadians differs between Part I and Part II of the analysis. In Part I, where the analysis focuses on the behaviour of four groups of professionals, upper-level managers and white and blue collar workers, the categories are those in Table 1 which shows the sample distributors from the NSGVP for 2000 and from the GSS17 for 2003. In Part II, where the analysis focuses on medical doctors, other health professionals, medical technicians, aides and orderlies, as well as other professionals (not in the health sector), upper-level managers, and white and blue collar workers, the set of categories used in that in Table 2 below, which again shows the distribution of working Canadians across this set of occupational groups for 2000 (NSGVP) and 2003 (GSS17).

Table 1: Occupational Distribution, Canada 2000 and 2003

	NSGVP 2000		GSS17 2003	
	Estimated Number	% of Labour Force	Estimated Number	% of Labour Force
Professionals Health	407,986	2.4	418,005	2.3
Professionals Business	498,918	2.9	531,303	2.9
Professionals Physical and Applied Sciences	706,871	4.1	751,276	4.2
Professionals Law, Arts, and Social Sciences	1,141,174	6.6	1,399,241	7.8
Upper-level Managers	1,586,864	9.2	1,683,995	9.3
White collar	8,299,866	48.3	8,973,317	49.8
Blue collar	4,533,935	26.4	4,256,597	23.6
All Occupations	17,175,614	100.0	18,013,734	100.0

The set of occupational categories in Table 1 begins with “health professionals”, which includes groups such as medical doctors, dentists, veterinarians, registered nurses and all other professionals in the health sector. “Professionals in business” includes auditors and accountants, financial analysts, securities traders and specialists in human resources. “Professionals in the physical and applied sciences” includes natural science specialists, engineers of all types, architects and systems analysts. “Professionals in law, arts and social science” includes all professionals not included in the first three groups of professionals. This includes groups such as judges and lawyers, librarians, creative and performing artists, social scientists of every sort, and teachers and professors. The “upper-level managers” category includes senior managers, specialist managers and all other managers. This group is labelled “upper-level” because it does not include the large group of white and blue collar supervisors.

The “white collar” group comprises all the technical, clerical, sales and service occupations, including technicians, aides and orderlies in the health sector, and the blue collar groups includes all occupations in the trade, transportation, manufacturing, equipment operation and primary sector industries.

Together, the four professional occupational groups made up about 17% of the labour force in 2003, with professionals in law, arts and social science the largest of the four. Managers made up 9% of the labour force, with blue collar occupations accounting for 24%. White collar workers by far constitute the largest component of the labour force at 50%.

Table 2: Occupational Distribution, Canada 2000 and 2003.

	NSGVP 2000		GSS17 2003	
	Estimated Number	% of Labour Force	Estimated Number	% of Labour Force
Medical Doctors	92,988	0.5	68,267	0.4
Other Health Professionals	314,998	1.8	349,738	1.9
Medical Technicians, Aides and Orderlies	407,481	2.4	458,949	2.5
Other Professionals	2,346,963	13.7	2,681,819	14.9
Upper-level Managers	1,586,864	9.2	1,683,995	9.3
White Collar	7,892,385	46.0	8,514,368	47.3
Blue Collar	4,533,935	26.4	4,256,597	23.6
Total	17,175,614	100.0	18,013,734	100.0

The set of occupational categories employed in Part II of the report (Table 2) begins with “medical doctors.” This group includes specialists, general practitioners, and family physicians. “Other health professionals” include all professionals in the health sector other than MDs, including dentists, pharmacists and registered nurses. “Medical aides and orderlies” includes all medical and dental technicians, and medical and dental aides, assistants and orderlies. The “other professionals” group includes all professionals who are not in the health sector, and managers are the same group as in Table 1. The “white collar” group is as described for Table I, but here it excludes medical technicians, aides and orderlies. The “blue collar” group is again the same as described for Table 1.

In 2000 and 2003, medical doctors made up about one half of one percent of the Canadian occupational structure, based on estimates from the NSGVP and GSS17 data. Other health professionals constituted almost 2%. The small number of medical doctors in both the NSGVP and GSS17 samples requires that caution be

exercised when comparing estimates for MDs to those for other large occupational groups. We have taken these data at face value as the best available estimates of how individuals in various occupational groups behave, but it should be remembered that estimates (percentages or averages) can have non-trivial sampling variability and that small to medium differences between occupational groups may not be as substantively significant as some of the numbers imply.

A Word About Our Data and Analysis

Prior to commencing work on this study, we examined a broad range of potential data sources. Seven were identified that contained useful information on volunteering and/or charitable giving. The key differences among them, however, for the purpose of examining the connection between occupation and contributory behaviours, was the level of detail available for classifying respondents. We found the data files fell into one of the three following categories:

- A. Very limited usefulness — data files in which professionals could be identified separately from all other occupational groups, but not possible to distinguish physicians from other health professionals. These files include the following:

- 1997 National Survey of Giving, Volunteering and Participating
- 1987 Volunteer Activity Survey
- 1994 General Social Survey Cycle 9
- 1996 General Social Survey Cycle 11

- B. Somewhat useful — data permitting identification of physicians from other health professionals, but not able to differentiate among medical doctors,

dentists and veterinarians. The one file here was the 1998 General Social Survey, Cycle 12.

- C. Most useful — two data files which permit separate identification of physicians from dentists, veterinarians, and all other health professionals, as well as the other principal occupational categories. These two data files form the basis for this study of different contributory behaviours by different occupational groups.

The first data file is the 2000 National Survey of Giving, Volunteering and Participating with a sample size of 14,724. Its strength is its extensive data on formal volunteering and charitable giving as well as on direct personal helping and giving, including hours volunteered and dollars donated. Its weakness is its limited data on other forms of civic participation, and its modest sample size that could restrict some parts of the analysis.

The second is the 2003 General Social Survey, Cycle 17 with a sample size of 25,951. Its strength is its extensive data on numerous forms of civic participation and civic engagement. Its weakness is that it contains no data on charitable giving other than whether or not it has occurred during the 12 months preceding the survey.

Our analysis does not seek to establish precise connections, in the form of correlation coefficients, between various aspects of giving and volunteering on one hand and particular occupational groups on the other. Our objective is to uncover the *patterns of* contributory behaviour, if any, that characterize major occupational groups, and for this we have used a bivariate analytical approach.

Summary of Findings

Part I: Volunteering, Giving, and Civic Participating Among Occupational Groups

A. Volunteering Among Occupational Groups

- Professionals and upper-level managers had the highest rates of volunteering of any occupational group in 2003 (41% or higher). An important exception among professionals was those in the physical and applied sciences who volunteered at a level similar to white collar workers (34% and 36 % respectively). Volunteering among blue collar workers was significantly lower (25%) than all other occupational groups.
- Differences between occupational groups in rates of volunteering are closely associated with differences in the variety of nonprofit and voluntary organizations and groups that individuals are members of, or participate in. Occupations where civic participation is high generally have higher rates of volunteering, and where civic participation is low, volunteering is also low. Individuals who are active in these types of organizations generally have more opportunity to work as volunteers, but they are also more likely to be recruited to be volunteers.
- The average number of hours volunteered each year is highest among professionals in the physical and applied sciences and among professionals in law, arts and social sciences. Average hours are lowest among health professionals. Because health professionals have relatively high rates of volunteering, their low average annual hours indicate that these volunteers, compared to other occupational groups, are more likely to be short-term or episodic volunteers.

- Upper-level managers and blue collar workers were the occupational categories most likely to volunteer for culture and recreational organizations. Professionals in health and in law, arts and social science were the groups most likely to volunteer for education and research organizations, and health professionals were most likely to volunteer for religious organizations.
- The work people do as volunteers for an organization is often related to the skills and experience they possess as a consequence of their occupational position. Professionals in business and upper-level managers are likely to be involved in volunteer activities that make use of their business and administrative skills, such as office work, providing information or organizing events. Professionals in law, arts and social science, the group that includes a large contingent of school and university teachers, are more likely to be involved in teaching or coaching tasks, and health professionals are more likely to be involved in providing care and physical or emotional support. Tasks that require skills that most everyone has, such as providing food or transportation, are done by many volunteers from across all the occupation groups.
- Upper-level managers, and professionals in business and in the physical and applied sciences were the least likely to seek out opportunities on their own to volunteer, but were most likely to have been asked to volunteer, to have been recruited. The high level of recruitment among business professionals and upper-level managers may reflect both the value of their organizational skills and the benefits that may accrue to an organization because of its connection to businesses in the community through these volunteers.
- Across all occupational groups, more than one quarter of volunteers say that one reason they volunteer is because their friends do. Volunteering, across all occupations, is not just a way to provide free labour to an organization; it

is also a social activity where people meet as friends rather than just co-workers.

- The reasons people do not volunteer are diverse but two important ones for all occupations are an unwillingness to make a long-term commitment of their time, and not having been personally asked to volunteer. These may be two areas where nonprofit and voluntary organizations can actually promote volunteering by making known the value of even small commitments of time, and by encouraging their volunteers to actively recruit other people.

B. Charitable Giving Among Occupational Groups

- Giving to charitable organizations is widespread in all occupations, but it is particularly prevalent among professionals and managers. This group of occupations also gives the largest average amount of money each year. The exception is professionals in the physical and applied sciences, where the proportion of donors is lower than the other professionals and whose average annual donation is also substantially lower. However, giving is lowest, in both the proportion of donors and the size of annual donations, among the occupations at the low end of the income scale, white and blue collar workers.
- Even when charitable giving is expressed as a proportion of household income, giving is substantially lower among professionals in the physical and applied sciences and the white and blue collar workers.
- More than any other occupation, health professionals made donations to health organizations, but business professionals gave a larger share of all their donations to these organizations than did any other occupation. Professionals in business, and the physical and applied sciences, were more likely to donate to social service organizations, and professionals in the

physical and applied science gave a larger share to this type. A larger percentage of professionals in business and in law, arts and social science made donations to religious organizations and the latter group gave a larger share of total donations than any other occupation. Health professionals were more likely than others to donate to education and research organizations, but all occupations donated about an equal share of all donations to these organizations. Professionals in the physical and applied sciences were more likely to give to philanthropic intermediaries such as the United Way, but it was upper-level managers who gave the largest share of their donations to this type. Upper-level managers were more likely than others to support cultural and recreational organizations and also gave a larger share of their donations to these organizations.

- The proportion of donations that goes to religious organizations each year generally increases as the proportion of the occupation who are active in a religious congregation increases. Adjusted for income, professionals in health and in law, arts and social sciences gave more to religious organizations than did other occupational groups.
- For all occupations, sponsoring someone in a charity event like a walk-a-thon was the most common method of making a charitable donation (51% of all occupations), but it generated relatively little money for charities (only 5% of all donated dollars). A slightly less common method of donating was giving at a church, mosque, synagogue or temple, but the proportion of all donated dollars that was given in this manner is far higher than any other method of making donations. An even less uncommon way of making a donation was to approach a charity on one's own initiative (only 7% of all donors did so), but the total value of these donations was second only to those given through religious institutions.

- Professionals are more likely than others to give to charities because they feel they have a responsibility to their community. White and blue collar workers tend to give because they know someone who has been affected by the cause an organization supports.
- Across all occupations, a substantial proportion of Canadians wonder if their charitable donations will be used efficiently and believe that charities spend too much on administrative and fundraising costs.

C. Civic Participation Among Occupational Groups

- A majority of working Canadians are members of, or participate in, nonprofit or voluntary organizations and groups, even when occupation-related organizations (such as unions) are excluded from consideration. Participation is higher among professionals and managers than white and blue collar workers.
- Participation in civic organizations concerned with sports or recreation organizations is widespread among professionals and managers but is less common among white collar and blue collar workers. Professionals in law, art and social sciences are more likely than other occupation to participate in culture, education and hobby organizations, and in school, neighbourhood or community associations. Health professionals are more likely than others to participate in religious organizations.
- Voting in elections at the federal, provincial or municipal levels is low among white and blue collar workers, sectors of society where lower income and lower education levels can be associated with political disaffection. Voting is also low among professional in the physical and applied sciences, where neither income nor education are low.

Part II. The Case of Medical Professionals and Health Workers: A Detailed Look at Contributory Behaviours in the Health Sector.

D. Volunteering Among Medical Professionals and Other Health Workers

- Among Canadians working in the health sector, health professionals are most likely to be volunteers (41%), followed by medical doctors (38%) and medical technicians, aides and orderlies (29%). The last group contributes the highest average hours each year (130) followed by health professionals (90) and medical doctors (82). The rates of volunteering among those in the health sector are similar to those of other occupations, but the hours devoted to volunteering are lower.
- Part of the explanation for the low rate and hours volunteered among medical doctors may lie in the fact that physicians average the highest hours spent in paid work of all occupations, so they may have less time available for activities outside work and family. In addition, some physicians contribute to individual and community well-being through *pro bono* work which may not be reported as volunteer activity or direct personal helping.
- Female medical doctors are substantially more likely to be volunteers than are male doctors. In fact, female MDs are more likely to be volunteers than either men or women in any other occupation. Among health workers other than physicians, men and women volunteers in equal measure.
- Medical doctors in Ontario are much more likely to be volunteers than MDs elsewhere in Canada. This is also true of medical aides and orderlies, but not of other health sector professionals. Among all other occupations, those in Ontario volunteer at about the same rate as those elsewhere.

- Medical doctors aged 55 and over are more likely to be volunteers than are those who are younger. This is also true for other health workers, and for professionals and managers outside the health sector. The lower level of participation as volunteers among younger individuals in these occupations may be a consequence of time demands in their work and being in the earlier stages of their careers. Later in life, once those careers are established and family responsibilities have eased, there may be more time and energy available for activities in the community.

E. Charitable Giving Among Medical Professionals and Other Health Workers

- Charitable giving is widespread among those who work in the health sector, and particularly among medical doctors, of whom 92% made one or more donations in 2000. The amount donated to charities each year is high among health professionals (\$395 per year) and is the highest of all occupations among medical doctors (\$541 per year). To some degree, these occupations can afford to give more to charities because their household income is relatively high, but even when giving is expressed as a percentage of household income, medical doctors, along with other non-health sector professionals, are at the top, giving 0.66% of their income to charities each year.
- Of all occupations, medical doctors, (99%) are more likely to donate to health organizations than are any other occupation but medical technicians, aides and orderlies give a larger share of their donations (24%). Health professionals are more likely than others to donate to social service organizations and they, along with upper-level managers, give a large share of all their donations to this type. Health professionals are also more likely to support religious organizations than are other occupations, but medical doctors give a larger share of their donations to these organizations than any occupation. Medical doctors are also the group that most supports

organizations in the area of education and research, both in terms of the percentage of MDs that donate to this type and of the percentage of their charitable dollars that go to this type.

- The most common method for making charitable donations, among medical doctors, is by responding to mail requests. The largest share of their donations also goes via this method. For other health professionals, sponsoring someone in a charity event is the most common donation method, but like MDs, these individuals give the largest share of their donations in response to mail request (when religious donations are expected). The largest share of donations by medical technicians, aides and orderlies (again expecting religious giving) goes to charities through payroll deduction plans.
- Substantially more medical doctors than other health sector workers decide in advance the organization they will donate to, and a majority of medical doctors and other health professionals make regular donations to specific organizations. In these terms, medical doctors plan their charitable giving to a greater extent than those in other occupations.
- More than any other occupation, medical doctors give to charities because of a sense of responsibility to their community. Their giving is also much more likely to fulfill religious beliefs or obligations, a reflection of the high proportion of religiously-active individuals in this occupation.
- For other health professionals and medical technicians, aides and orderlies, the most common reason for giving to charities is because they or someone they know have been personally affected by the cause the organization supports.

- The reasons why donors do not give more to charities are diverse, but almost half of all donors give as one reason their dislike of the way organizations make requests for donations. Other reasons for limiting donations that many medical doctors (81%) give was because they had already given enough money directly to people outside their household. As it turns out, MDs are much more likely than other occupations to give money to relatives, including children and parents who do not live with them (72% of MDs versus 33% of all other occupations). A substantial proportion of donors (27% overall) indicated that they did not give to charities because they volunteered their time instead. This reason was more common among medical doctors (45%) and other health professionals (34%), where it may reflect the practice of providing *pro bono* care to people in need, since this is both a donation of time and money (in the form of fees foregone); health professionals may see this service as a form of donating in lieu of formal charitable giving.

F. Civic Participation Among Medical Professionals and Other Health Professionals

- Across all occupations, about 57% of working Canadians are members of, or participate in, nonprofit and voluntary organization and groups (excluding occupation-related associations and unions). Participation is highest among medical doctors (84%) and other professionals (71%), and is lower among other health professionals (65%) and medical technicians, aids and orderlies (58%).
- The average number of organizations in which individuals participate each year is highest among medical doctors and other health professionals. Other professionals and upper-level managers participate in slightly fewer organizations, and white collar workers participate in the fewest.

- The frequency with which individuals take part in community organizations or groups is highest among medical doctors and non-health sector professionals, (48% participate two or more times per month) but where only 8% of MDs participate infrequently a year or less, a fairly large portion of other professionals, (23%) participate infrequently. A slightly smaller proportion of other health professionals participate frequently (43%) but they too have a large proportion who participate infrequently (21%).
- Participation in community sports and recreation organizations is highest among medical doctors, other professionals and upper-level managers (40%). Participation is slightly lower among other health professionals (36%), and lowest among medical technicians, aides and orderlies, and white and blue collar workers (about 28%). Medical doctors and other professionals are also more likely to participate in culture, education and hobby organizations than are other occupations, with fairly low participation rates among medical technicians, aides and orderlies, and white and blue collar workers. Participation in religious organizations and groups highest among health professionals, including MDs.
- When organizations and groups that cater to leisure-time activities are combined (sports, recreation, culture, education and hobbies), participation by medical doctors is high (68%). By comparison, participation among other health professionals, medical aides and orderlies, and white and blue collar workers is markedly lower (less than 45%). Medical doctors, and other professionals, show a preference for having their leisure or recreational activities take place in a structural organizational context.
- Voting in federal, provincial or municipal elections is highest among other health professionals, other professionals and upper-level managers. Voting is lower among medical doctors and medical technicians, aides and orderlies.

- On a number of political activities, such as researching political issues, expressing views to the media or to a politician, boycotting products for ethical reasons, or attending public meetings, medicals doctors and other professionals were the most active of all occupational groups.

Commentary and Conclusions

We began with the goal of identifying *patterns* in the contributory behaviours of occupational groups, and we are now able to spell out those patterns in profiles for each group.

Physicians:

- have the highest rate of volunteering, slightly below that of managers and other professional groups
- contribute the least quantity of volunteer time of any occupational group
- who are older (55+), or female, are more likely to volunteer than their counterparts
- cite a shortage of time for not being able to volunteer
- are almost all charitable donors
- donate the highest amount annually
- favour religious and educational organizations for their giving and volunteering
- are most likely of all occupations to engage in planned giving
- have the highest rate and variety of participation in civic organizations, especially in leisure activity organizations (sports, recreation, culture, education and hobby groups).

Other health professionals:

- have average rates of volunteering and devote below-average hours (90) to volunteering
- have no differences in volunteering by age or gender
- favour education and religious organizations
- have a below-average level of charitable giving (\$395)
- are more likely than any other occupational category to support social service organizations financially
- show high civic participation and voting

Medical technicians, aides and orderlies:

- volunteer at very low rates and give below average hours (130)
- have a high giving rate but among the lowest annual amount (\$212) donated
- give a larger share of their donations to health organizations than any other occupation
- participate in civic activities at the average rate

Business professionals:

- have a relatively high rate of volunteering and average hours volunteered
- are much more likely to have been recruited than to have volunteered on their own initiative
- have both a high incidence and level of charitable giving (\$516)
- show a preference for giving to social service and religious organizations
- give a larger share of their donations “in memoriam” than others do
- are average in their civic participation, and high in voting and political activities

Professionals in the physical and applied sciences:

- have almost the lowest rate of volunteering of any group and the highest number of hours volunteered (184)

- have a rate of charitable giving that is lowest of all professionals and managers, as is their average annual donations (\$325) and their charitable giving as a percentage of household income.
- give the largest share, of all occupations, to social service organizations
- display low participation in school, neighbourhood and community organizations, and religious organizations

Professionals in law, arts and social sciences:

- show annual volunteering rates (51%) that are the highest of any occupational group and average hours volunteered that are second highest (171)
- show a stronger preference than other occupations for education and research organizations
- have the highest proportions of volunteers who approached volunteer organizations on their own initiative
- have an average rate of giving but the second highest level of donating (\$488), after physicians
- give the highest proportion of household income to charities
- give a larger share of than any other occupational group to religious organizations
- engage in planned giving extensively
- are most likely of all to participate extensively in school, community and neighbourhood organizations and groups

Upper level managers:

- show above-average volunteering rates and average hours volunteered
- are most likely to volunteer for culture and recreation organizations
- are unlikely to volunteer on their own — they are mostly recruited by others
- have an average rate of giving and an above-average level of giving (\$415)

- have an average level of civic participation, with a larger proportion of managers involved with fraternal or service organizations than any other occupation

White collar workers:

- have below-average or average rates and levels of volunteering, giving and civic participation
- give an above-average share of their donations to religious organizations

Blue collar workers:

- have average or mostly below-average rates of volunteering, giving and civic participation
- are most likely of all occupations when they volunteer to do so for sports and recreation organizations.

There is little in social science literature to guide us in making sense of these patterns. Of the handful of studies with a focus on the potential connection between occupation and behaviours that involve contributing to and participating in the community, only one seeks to construct an explanatory account. Wilson and Musick (1997) posit as a linking mechanism “civic skills” which are necessary “to organize a meeting, give a presentation, write a memorandum, or take responsibility for a project” (p. 225) and that these skills are more likely to be provided by certain kinds of jobs than others. By way of empirical analysis, they found this to be strongly true; additionally, they found individuals engaged in self-directed work to be more likely to volunteer, and public sector workers much more so than self-employed or private sector workers (and “professionals employed by business corporations...least likely of all professionals to volunteer”, (p. 261)).

We believe the patterns uncovered in the present analysis show a rather richer set of work-related factors to be connected to community-oriented contributing and participating than Wilson and Musick, as borne out by these facts:

- the probability of volunteering is most strongly affected by the number of community organizations an individual participated in
- professionals in health and in law, arts and social science are most involved of any category in contributing to their communities, and those in physical and applied science far less
- white and blue collar individuals are least likely to be civically active
- beyond the *incidence* of volunteering, giving and participating, different occupational groups vary significantly in how much and which types of volunteer and charitable organizations they favour and in their manner of supporting them.

We observed that occupations where males predominate showed different contributory behaviours than ones with large female populations; we observed that occupation-specific differences in religious activity were accompanied by differences in contributing and participating; we observed that occupational differences in the initial decision to volunteer or donate — being recruited or solicited, versus taking the initiative oneself — are significant.

In the patterns that exist between and within occupational groups, there are other connections that can be inferred. One is that financial resources are a significant differentiator (compare white and blue collar categories with many highly paid professionals); another is the extent to which the occupation's prevalent focus is people (doctors, teachers, lawyers) compared with a focus on tasks (business professionals, and blue collar workers) or things (professionals in the physical and applied sciences); another is that occupations which routinely bring individuals into face-to-face contact with others, especially a wide spectrum of people from the throughout the community and people in need (compare physicians with business professionals) have much higher contributory behaviours and a

further observation is the extent to which the occupation's work entails being active in networks and in organizational settings.

Previous studies we have undertaken have shown clearly that of all typical socio-demographic traits, occupation exerts among the strongest influence on civically active volunteers and charitable givers (Reed and Selbee, 2000; Selbee and Reed, 2004). The array of observations and influences comprising the present study has shown how occupation constitutes a causal nexus for contributory behaviours and the manifold ways in which that connection occurs.

Bibliography

- Adams, Damon
AMA Survey: More Doctors Volunteering. <http://www.ama-assu.org/amednews/2002>.
- Blishen, Bernard R.
Doctors in Canada. Toronto: University of Toronto Press, 1991.
- Brint, Steven and C.S. Levy
Professions and Civic Engagement: Trends in Rhetoric and Practice, 1875-1995, pp.163-210 in Theda Skocpol and Morris P. Fiorina, eds., *Civic Engagement in American Society*. New York and Washington: Russell Sage Foundation and Brookings Institution Press, 1999.
- Coulson, Tony
Voter Turnout in Canada. *Electoral Insight*, Ottawa: Elections Canada, November, 1999.
- Culler, Steven D., and R. O. Ohsfeldt
The Determinates (sic) of the Provision of Charity Medical Care by Physicians. *Journal of Human Resources*, 21,1, (Winter), 138-156, 1986.
- Cunningham P., J. Grossman, R. St. Peter and C. Lesser
Managed Care and Physicians' Provision of Charity Care, *Journal of the American Medical Association*, 281 (12): 1087-92, 1999.
- Freeman, Richard B.
Working For Nothing: The Supply of Volunteer Labor. *Journal of Labor Economics* 15:s140-s166, 1997.
- Gibelman, M., and J. Sweifach
Acting on Our Values: Do Human Service Professionals Volunteer? Paper presented at the Annual Conference of ARNOVA (The Association for Research on Nonprofit Organizations and Voluntary Action), 2004.
- Hagedorn, Robert, and S. Labovitz.
Participation in Community Associations by Occupation. *American Sociological Review*, 33:259-271, 1968.
- Hall, M. H., M.L. de Wit, D. Lasby, D. McIver, T. Evers, C. Johnston, J. McAuley, K. Scott, G. Cucumel, L. Jolin, R. Nicol, L. Berdahl, R. Roach, I. Davies, P. Rowe, S. Frankel, K. Brock, V. Murray.
Highlights of the National Survey of Nonprofit and Voluntary Organizations, Statistics Canada: Ottawa, 2004.

- Jedwab, J.
Reducing the Democratic Deficit: The Causes of Low Voter Turnout as Viewed by Canadians. Association for Canadian Studies, December, 2004. www.acs-aec.ca/Polls/08-12-2004.pdf
- Reed, P. B. and L K. Selbee
Distinguishing Characteristics of Active Volunteers in Canada. *Nonprofit and Volunteer Sector Quarterly* 29:571-592, 2000.
- Reed, P., K. Selbee, A. O'Connell, R. Laforest, and S. Hitsman
What Can They Be Thinking? Social Reasoning and Contributory Behaviour: A Qualitative Analysis, Ottawa: Statistics Canada Research Report, 2000.
- Reed, Marie C., P.J. Cunningham, and J. Stoddard
Physicians Pulling Back from Charity Care. Centre for Studying Health System Change, Issue Brief No. 42, 2001.
- Romanski, Erin
Above and Beyond Idealism, Altruism Does Lead to Volunteering. PhysiciansPractice.com, 2002.
- Salinsky, Eileen
Necessary But Not Sufficient? Physician Volunteering and the Health Care Safety Net. National Health Policy Forum Background Paper. Washington, 2004.
- Selbee, L. Kevin and Paul Reed
Distinguishing Characteristics of Above-the-Median Charitable Donors in Canada, Ottawa: Statistics Canada Research report, 2004.
- Selbee, L. Kevin
Volunteering in Canada: An Application of Social Resources Theory to the Likelihood of Being a Volunteer, and to the Determination of Volunteer Effort. (Ph.D Thesis) Carleton University, Ottawa, 2004.
- Statistics Canada
Caring Canadians, Involved Canadians. Ottawa: Statistics Canada, Cat. No. 71-542-XPE.
- Sullivan, Patrick and Lynda Buske
Results from CMA's 1998 Physician Survey Point to a Dispirited Profession. *Canadian Medical Association Journal*, Sept. 8, 1998, 525-528, 1998.

Sullivan, Wm. M.

Medicine Under Threat: Professionalism and Professional Identity.
Canadian Medical Association Journal, 162: 673, 2000.

Toronto Community Foundation

Municipal Voter Turnout. *Vital Signs*, 2001.

Wilson, John, and M.A. Musick

Work and Volunteering: The Long Arm of the Job. *Social Forces*, 76:251-272, 1997.

Wilson, John and M. A. Musick

The Contribution of Social Resources to Volunteering. *Social Science Quarterly* 79:799-814, 1998.