

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

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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.

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.

Part I: Volunteering, Giving and Civic Participating Among Occupations

A. Volunteering Among Occupational Groups

A.1. The Incidence and Magnitude of Volunteering

- In the Canadian population, between 2000 and 2003, volunteering rose from 29% to 34% of the population aged 15 and older who were employed (Table A.1). And while the total amount of time people volunteered rose substantially, from 734 million to 883 million hours, the hours per volunteer actually declined from 149 to 141 per year. The increase in volunteering, both in the national rate and total aggregate hours, was the result of an influx to volunteering of individuals whose volunteer behaviour contributed fewer hours than was typical in 2000: more people were volunteering but they tended to volunteer fewer hours each year.

Table A.1: Volunteering in Last 12 Months, NSGVP 2000 and GSS17 2003

	Rate		Total Hours Volunteered		Average Hours per Volunteer	
	2000	2003	2000	2003	2000	2003
Professionals Health	43	41	19,366,726	15,128,213	110	89
Professionals Business	40	45	30,158,664	28,902,554	152	123
Professionals Physical Sci	23	34	30,076,354	33,695,312	184	133
Professionals Law, Arts, Soc Sci	49	51	95,749,983	104,241,957	171	148
Upper-level Managers	33	43	81,210,233	101,693,360	157	141
White collar	29	36	340,473,782	454,304,864	143	143
Blue collar	21	25	137,523,125	145,659,243	148	141
All Occupations	29	34	734,558,866	883,625,503	149	141

- With the exception of health professionals, all occupational groups increased their rate of volunteering over the three-year period. Among health professionals, the rate was essentially unchanged or perhaps declined very slightly (43% in 2000 and 41% in 2003). However, because the health

professionals already had a high rate of volunteering in 2000 relative to most other occupational groups, the rise in volunteering served mainly to bring the levels of participation of the other groups up to the level of health professionals.

- By 2003, volunteering among professionals in law, arts and social sciences (51%) was substantially higher than any other occupational group. In a grouping with slightly lower rates were business professionals (45%), managers (43%) and health professionals (41%). These were followed by the other white collar occupations (36%) and professionals in the physical and applied sciences (34%). Considerably lower were the blue collar occupations (25%).
- It is not clear whether differences in the general characteristics of the occupations account for the different levels of volunteering. However, exploration of possible explanations has turned up some results that begin to clarify why rates of volunteering differ across occupations. Using a factorial logistic regression procedure, we can determine which characteristics of individuals, other than occupation itself, might account for the different levels of volunteering among occupational groups. Starting with a model that includes a set of dummy variables representing the seven occupational groups in Table A.1, a model that perfectly reproduces the proportion of each occupation that volunteered (the rates in Table A.1), we can introduce control variables in an attempt to eliminate the statistically significant differences that exist in the rates in Table A.1. This analysis we report here is based on data from the 2000 NSGVP, but analysis based on GSS17 data produced essentially the same results.
- A number of social and demographic factors previously found to be important indicators of who will volunteer were examined individually in order to determine if they would reduce the significant differences between

occupational groups in the rate of volunteering. Many of these factors did reduce these differences but only slightly, not to the extent of eliminating the differences entirely. However, one factor did eliminate the differences between almost all the groups of professionals and managers, namely the *number of different types* of nonprofit, voluntary or charitable organizations a respondent was a member of, or participated in, over the previous year. This participation, importantly, does not include organizations for which the respondent had volunteered over the same period. While this factor does not count the number of organizations but rather the *number of different types* of organizations (of seven), there is a strong correlation between the actual number of organizations and the number of types an individual participates in.* In essence, this factor is a measure of the tendency for individuals to be active in organizations or groups in their community. The analysis suggests that the more organizations a person is active in during the year, the greater the likelihood they will also be a volunteer. This in itself is not a surprising result, particularly because there is substantial research that demonstrates that one reason people give for volunteering is that they were asked to do so (Freeman, 1997:S141). Clearly, the more organizations a person participates in, the greater will be the opportunities they will have to volunteer their services, and the greater the likelihood they will be asked to help out as a volunteer. The fact that controlling for this form of participation eliminates much of the difference in the rates of volunteering between health professionals, business professionals, law, arts and social science professionals, and managers, indicates that the observed differences in volunteering are largely due to different levels of participation in voluntary organizations among these groups.

* In the GSS17 survey, the correlation between the two is very strong at $r=0.872$)

Table A.2: Volunteering and Organizational (Civic) Participation, NSGVP 2000

	NSGVP 2000	
	% volunteers	Average civic participation*
Professionals Law, Arts, Social Sciences	49	1.06
Professionals Health	43	0.97
Professionals Business	40	0.83
Upper-level Managers	33	0.72
White collar	29	0.61
Professionals Physical Sciences	23	0.61
Blue collar	21	0.48

* Number of types of civic organizations the respondent is a member of, or participates in

- Table A.2 shows the very strong link between occupational groups and participation in nonprofit, voluntary and charitable organizations. In this table, the occupational groups are ranked according to their level of volunteering and the levels of participation very closely match the ranking of volunteering. Differences in the rates of volunteering in Table A.1 arise because one group has more individuals at the higher levels of participation (a higher average) than does another group. After accounting for differing levels of civic participation, their probability of being a volunteer is essentially the same for all the professionals and managers (within the limits of sampling variability).
- Once we account for their levels of civic participation, the likelihood of being a volunteer is the same for managers, white collar workers and professionals in the physical and applied sciences. At the bottom of the ranking, the blue collar occupations show significantly lower levels of volunteering relative to all other groups with the exception of professionals in the physical sciences, even when we control for their levels of civic participation.

- Overall, a substantial portion of the differences between occupational groups in levels of volunteering are due to differences between them in the extent to which they are active in various types of civic organizations. Although only a tentative hypothesis, the likely explanation for this effect is that those who participate in more organizations have more opportunity to volunteer, and are more likely to be recruited to volunteer. In either case, they have a greater likelihood of being volunteers by being active in more organizations.
- While differences in civic participation may account for some of the differences in volunteering among occupational groups, this does not really explain those differences, it merely changes the focus from why there are differences in levels of volunteering to why there are differences in civic participation. Nonetheless, it does begin to provide an understanding of the range of factors that are linked to the tendency to volunteer.
- The average hours volunteers devote to various organizations each year declined slightly between 2000 and 2003. In 2000, health professionals gave the fewest hours (110) while professionals in the physical and applied sciences gave the most (184). However, statistical tests show that the differences between all the occupations in 2000 are not substantively large and are probably due to random sampling variation.
- In 2003, the average hours are much more alike across occupations, with the notable exception of health professionals at 89 hours per year. Statistical tests show that the average for this group is actually lower than any other occupation, but information from GSS 17 on hours volunteered should be treated as providing tentative estimates because of the way hours were ascertained in that survey. The use of an ordinal scale of successively higher ranges of hours volunteered, and an open-ended category for the highest hours, requires estimating hours volunteered from range mid-points and an arbitrary value for the highest range of hours (albeit one based on the average

annual hours for that range of hours volunteered, as taken from the NSGVP 2000). As a result, the hours volunteered for 2003 may not be entirely reliable estimates of actual hours and should be treated with caution.

Table A.3: Number of Organizations Volunteered For, NSGVP 2000

	Number of Organizations Volunteered for		
	One	Two or More	Total
	% of volunteers		
Professionals Law, Arts, Soc Sci	44	56	100.0
Upper-level Managers	49	51	100.0
Professionals Business	50	50	100.0
Professionals Physical Sci	59	41	100.0
White collar	61	39	100.0
Professionals Health	64	36	100.0
Blue collar	65	35	100.0
All Occupations	59	41	100.0

- We have already noted that one factor that may account for differences in total hours volunteered annually is the number of different organizations members of each occupational group do volunteer work for. Table A.3 shows the proportion of each occupation that volunteered for only one organization, or for two or more organizations. The occupational groups are ordered top to bottom on the basis of the proportion of volunteers who donated their time to two or more organizations. The three groups where one-half or more of volunteers worked for two or more organizations — managers, and professionals in business and in law, arts and social sciences— are groups that also volunteered above-average hours in 2000 (Table A.1). The three groups in Table A.3 with the lowest proportion of volunteers for two or more organizations, viz., health professionals and white and blue collar occupations, are all groups with below-average annual hours volunteered in 2000. As one might expect, individuals who volunteer for more than one organization tend to spend more time volunteering each year. The one anomaly in this pattern is

the group of professionals in the physical and applied sciences whose average hours volunteered is the highest of any occupational group while the proportion volunteering for two or more organizations is relatively low. However, this occupational group is the smallest in the sample and consequently has the largest confidence interval around estimates such as hours volunteered, so the anomaly may be more apparent than real.

A.2. Types of Organizations Volunteered for

- In the NSGVP 2000, volunteers reported in detail on up to three organizations for which they volunteered. The organizations were coded into twelve groups, and a condensed version of this classification is presented in Table A.4 with the four most common types in detail and the remaining eight types grouped together as a residual “other” category. This group includes organization types such as those concerned with environment, development and housing, law and advocacy, and international affairs.

Table A.4: Organizations Volunteered for, NSGVP 2000

	Health and Social Services	Culture, Recreation and Sports	Education and Research	Religion	Other types
	% of volunteers				
Professionals Health	39	25	25	28	*
Professionals Business	35	33	18	22	39
Professionals Physical Sci	37	31	*	*	34
Professionals Law, Arts, Soc Sci	39	27	32	22	32
Upper-level Managers	42	39	15	17	31
White collar	42	29	20	19	23
Blue collar	32	40	14	17	23
All Occupations	39	32	20	19	26
Percentage of Organizations in Canada ^a	16	29	5	19	31

* results suppressed due to small cell counts

a. Source: Table 1.1 in Hall et. al., 2004.

- Employed Canadians were in aggregate most likely to volunteer for health and social service organizations (39%), followed closely by culture, recreation and

sports organization (32%). Substantially fewer volunteered for education and research (20%), religious (19%), or a wide range of other types of organizations (26%). The high levels of volunteering for the first two types are not surprising given the large number and range of organizations each type includes. The culture, recreation and sports category, for example, includes virtually all organizations that exist to support and promote recreational or leisure-time activities. These range from groups that support the arts, through hobby and special interest clubs, youth groups, and a wide variety of sports organizations that provide athletic activities for people of all ages. The prevalence and diversity of these organizations is evident in the fact that the culture and recreation category made up 29% of nonprofit and voluntary organizations, the single largest group in Canada in 2003 (last row in Table A.4).

- The health and social service group, which makes up the third largest group of organizations (16%), also represents a wide diversity of nonprofit and charitable organizations. These include social service organizations that provide child, youth and family services, emergency relief and shelter, and income and material support services. Also in this group are the health service organizations that include hospitals and nursing homes, mental health services, and groups providing public health and wellness education services. Together, the health and social service types represent a very broad spectrum of local voluntary organizations, many with extensive national and provincial affiliations and presence. This in itself makes them important and visible groups within any community, enhancing their ability to attract volunteers. They are also the types of organizations that provide support and assistance to people in need, and are thus a direct means by which Canadians can reach out and help other individuals in their communities.
- Organizations that are involved in providing services for education and research represent only a small proportion of all nonprofit and voluntary

organizations (5%), but even so they attract a disproportionately large share of all working volunteers (20%). These organizations provide services in support of primary and elementary education, post-secondary education and research in the medical, natural and social sciences, but more than 90% of those who volunteer in these areas are involved in organizations that support the education and activities of children in primary and secondary schools. In essence, these are people who volunteer for parent-teacher organizations and other groups that support our schools, and is consistent with prior research that shows that the presence of school-aged children in the home is a very strong predictor whether or not parents are volunteers (Reed & Selbee, 2000; Selbee, 2004: 142-143). School-aged children draw their parents into participation in various organizations that provide cultural, recreational, and especially, educational services for children.

- Organizations that support religious congregations are also an important venue for participation as a volunteer. These make up about one-fifth (19%) of all organizations and attract about one-fifth (19%) of employed volunteers. The organizations that constitute this group are unique in ways not shared by the other types. There are many distinct religions represented in the Canadian population and a very large number of local congregations within these affiliations, each the potential focus of specific nonprofit and charitable activities and organizations. At the same time, participation in these activities will be almost entirely limited to active members of congregations. So while many such organizations exist in Canada, the pool of potential volunteers will tend to be limited to members of that religion and the extent of actual participation restricted even more to those who are active participants in their congregation.
- The final organizational type, the residual “other” category, actually comprises 8 distinct types, none of which individually attracts more than 8% of employed volunteers. As a result, in combination these types attract 26%

of volunteers while representing 31% of all nonprofit and charitable organizations.

A.2.1. Volunteering for Health and Social Service Organizations

- Not only does volunteering vary across different types of organizations, but the levels of participation by different occupational groups in each type show interesting differences (Table A.4). With the exception of blue collar workers, all occupational groups show a similar tendency to participate as volunteers for health and social service organizations. The low participation rate among blue collar workers actually results from a reduced rate of volunteering for health organizations in particular. Across all occupations, about 16% of volunteers worked for health organizations while 26% worked for social services organizations. Among blue collar volunteers, 25% provided help for social service organizations but only 9% helped out in health organizations. Why blue collar volunteers show this pattern is not clear, but may relate to there being less of a match between the skills and experience blue collar workers offer and the needs of health organizations. Conversely, volunteers among health professionals, whose skills and experience are likely in high demand in health organizations, are most likely to assist these organizations (21% of these volunteers do so).

A.2.2. Volunteering for Culture, Recreation and Sports Organizations

- Culture, recreation and sports organizations are another area where all occupations show a relatively high tendency to volunteer, ranging from a low of 25% of among health professionals to a high of 40% of blue collar volunteers (Table A.4). Volunteering for organizations in this category is dominated by participation in sports organizations. Among all volunteers,

19% assisted sported organizations, 10% assisted in other recreational organizations and only 5% helped out in culture and arts organizations. Among blue collar volunteers, just over 25% helped out in sports and 14% in other recreational organizations. At the other end of the spectrum, health professionals have the lowest participation in the culture, recreation and sports category (25%). Unfortunately, sample counts for health professionals participating in sports organizations are too small to give reliable estimates, but if sports and recreation organizations are taken together, it is clear that health professionals are disinclined to volunteer for these types: while 36% of blue collar volunteers worked for either sport or recreation organizations, only 22% of health professionals did so. Volunteers among managers also tend to offer their services to organizations in culture, recreation and sport (39%) and to sports organizations in particular (33%). To a large degree, the high rates of participation in this category of organizations are due to two related factors. The manager and blue collar occupational groups are predominantly male (59% and 82% respectively) whereas the other occupational groups are not (as a group, 50% of professionals and 40% of white collar workers are males), and males are almost twice as likely to volunteer for sports organizations as females (24% versus 13% across all occupations). The predominance of males in the management and blue collar groups and the proclivity of males to volunteer for sports organizations results in high participation rates in the culture, recreation and sports category for these two occupational groups.

A.2.3. Volunteering for Education and Research Organizations

- Participation in the education and research category of organizations is dominated by volunteering for organizations dealing with primary and secondary education (Table A.4). Across all occupational groups, 91% of individuals who volunteered in this category did so for organizations involved in assisting schools and school-aged children, so the differences between

occupation groups in table A.4 are mainly due to differences in the tendency for each group to be actively involved in the education system.

- In this category, gender also appears to play an important role in determining the levels of participation across occupational groups. In the two occupational groups with the lowest participation rate, managers at 15% and blue collar workers at 14%, men are in the majority, and male volunteers in these groups are substantially less likely to volunteer for organizations of this type than are male volunteers in other occupations. Among male volunteers in the manager group, 11%, and among male volunteers in the blue collar group, 12% were involved in education organizations. By comparison, 22% of male volunteers in the professions, and 18% in white collar jobs worked for education organizations. At the same time, among female volunteers in all occupational groups, between 21% and 29% were involved with organizations in the education category. Women are more likely to be actively involved in organizations that support the education of their children. Although men appear less likely to be directly involved in their children's education, a substantial part of their participation in sport and recreation organizations may involve the provision of these services for children. In short, women may be more active in providing educational services to children while men are more active providing recreational services.

A.2.4. Volunteering for Religious Organizations

- Volunteering for religious organizations is fairly similar across all occupations, at between 17% and 22% of volunteers (Table A.4). The health professionals are slightly higher at 28%, but this is not a statistically significant difference when compared to the overall average of 19%.

A.3. Hours Volunteered to Organizations

- As we saw in the previous section, the health and social service, and the culture, recreation and sports categories attract the largest proportions of volunteers. They also account for the largest proportion of hours volunteered (28% and 27% respectively) for a combined 55% of all hours volunteered for all organizations (Table A.5). Although organizations in the education and research category attract a substantial proportion of volunteers (20%), the hours they donate on average are on the low side (88 hours per year). Religious organizations, which attract a similar proportion of volunteers (19%), get slightly more work from their volunteers each year (117 hours). However, across all organization types, the differences in hours volunteered are not really very large — when seen as hours per month, these annual averages range from 7.3 hours per month for education and research to 10.5 hours for culture, recreation and sport organizations. In effect, volunteers devote between a day and one and a half days to their organization each month.

Table A.5: Annual Hours Volunteered for Organization Types, NSGVP 2000

	Health and Social Services		Culture, Recreation and Sports		Education and Research		Religion		Other types	
	Average Hours	Total Hours	Average Hours	Total Hours	Average Hours	Total Hours	Average Hours	Total Hours	Average Hours	Total Hours
Professionals Health	91	6,231,116	107	4,748,589	60	2,624,213	84	4,124,735	*	*
Professionals Business	142	9,816,932	89	5,796,680	91	3,208,662	89	3,888,876	89	6,805,608
Professionals Physical Sci	212	12,784,101	96	4,955,749	*	*	*	*	121	6,800,976
Professionals Law, Arts, Soc Sci	78	17,180,477	150	22,275,814	120	21,181,455	117	14,470,325	106	19,150,793
Upper-level Managers	75	16,173,379	142	28,484,098	117	9,038,342	128	11,420,736	93	14,803,922
White collar	104	104,721,091	117	80,073,322	79	37,862,822	126	57,375,335	102	56,729,831
Blue collar	117	34,827,370	142	53,054,440	68	8,903,098	106	16,613,727	103	22,464,602
All Occupations	104	201,734,468	127	199,388,691	88	85,465,590	117	110,519,973	100	127,993,116
% of total hours		28		27		12		15		18

* results suppressed due to small cell counts

- Within each organizational category, there are differences across occupational groups in annual hours volunteered, but the variation in hours volunteered within occupational groups is large enough that none of the differences

between occupational groups are statistically significant. In short, there is a high probability that the annual hours volunteered by the occupational groups within an organization type are essentially the same. This does not imply that all volunteers within an occupational group tend to work the same number of hours each year for a given organizational type. Rather it means that in all occupation groups there are individuals who volunteer only a few hours per year while others volunteer a substantial amount of time, and this pattern is fairly constant across occupations.

A.4. Types of Work Done By Volunteers

- Individuals who were volunteers were asked about the kinds of work they did for various organizations. These tasks cover a wide range of activities volunteers undertake for these organizations, including the work done in the day-to-day operation of the organization such as office work, organizing events or serving on boards and committees, the provision of the service offered by the organization such as public education, teaching or coaching, and providing care and support, food, or transportation to clients.

Table A.6: Types of Tasks Performed by Volunteers, NSGVP 2000

	Task Group					
	A Canvas, Office Work, Information and Organizing Events	B Serve on a Board or Committee	C Teaching or Coaching	D Provide Care or Support	E Provide Food, Transportation or Maintenance of Facilities	F Other Tasks
			% of volunteers			
Professionals Health	71	51	25	43	37	37
Professionals Business	89	56	31	*	28	30
Professionals Physical Sci	79	40	27	23	50	42
Professionals Law, Arts, Soc Sci	88	58	41	36	46	41
Upper-level Managers	88	54	32	26	49	35
White collar	76	37	28	30	41	33
Blue collar	75	36	30	28	48	39
All Occupations	79	42	30	30	43	35

* results suppressed due to small cell counts

- The fifteen types of work volunteers could be involved in are compressed into six related task groups in Table A.6. Since volunteers could have done any or all of the tasks in the six groups over the previous year, the percentage in each column represents the proportion of each occupational group who indicated that they had done one or more kinds of tasks in that set. The information in the table does not represent the amount of time the volunteers may have spent doing a particular type of task; some volunteers may have devoted only a small part of the total time they volunteered to work of a particular kind while others may have spent all their time doing one kind of work.
- The first set of tasks encompasses the day-to-day activities that are the mainstay of successfully running nonprofit or voluntary organizations, including raising money, organizing and supervising events, providing information to the public, and office and administrative work. The broad range of activities that this set encompasses is evident in the fact that eight out of ten volunteers (79%) had performed one or more of the jobs in this set over the previous year. This is not surprising given the fact that over half (54%) of all nonprofit and voluntary organizations are run exclusively by volunteers (Hall et. al, 2004: Table 3.8:35). In these organizations, most of the members are expected to provide some help in the routine operation of the organization.
- In spite of this, there are significant differences across the occupational groups in the likelihood of performing tasks in this group. On one side are professionals in health and in the physical sciences and white and blue collar workers where about 75% of volunteers (ranging from 71% to 79%) were involved in tasks in this set. On the other side are managers and professionals in business and in law, arts and social sciences, where a significantly higher proportion (about 88%) were involved in the regular operation of the organization. For two of these groups, this result makes sense in light of the educational and occupational skills they bring to the volunteer context. Both managers and business professionals are routinely engaged in management

and administration duties in their places of work, and these skills may predispose them, or increase their chances of being recruited to undertake similar assignments in voluntary organizations. The reason for high participation among professionals in law, arts and social sciences is not immediately obvious, but over 36% of this group are primary and secondary school teachers who have manifest skills in organizing and managing people in group settings.

- Among the four occupational categories with somewhat lower levels of participation in the tasks in set A, it may be the case that they are less likely to bring managerial or administrative skills from their place of work and are thus less inclined, or even less often asked, when these tasks are available.
- The second set of tasks involves participation on boards of directors and committees associated with the organizations. These tasks are particularly interesting because boards and committees represent the oversight bodies usually involved in setting the broader policy agendas for the organization. In many formal organizations, membership on these bodies is often limited to small bodies of individuals in executive and other leadership positions, but the democratic character of nonprofit and voluntary organizations is evident in the fact that 42% of volunteers participate in these activities in a given year. This participation, nonetheless, is not evenly distributed across occupational groups. Professionals and managers, in general, are more likely to sit on boards and committees than are those lower down the occupational hierarchy in white and blue collar occupations. The single exceptions are professionals in the physical and applied sciences whose participation rate (40%) is much like that of white and blue collar groups (37% and 36% respectively). It is plausible that the kinds of skills required for the physical and applied sciences, focused as they are on scientific and technical activities, make these individuals less inclined to positions where managerial or “people” skills are more appropriate.

- The low levels of participation among white and blue collar workers may reflect another characteristic of boards and committees. It is possible that the educational and occupational skills these individuals possess are less likely to prepare them for kinds of work carried on by boards and committees than is true for professionals. But it is also true that members of the leadership cadre within organizations are often recruited not only for the skills and abilities they possess, but also for the legitimate action and even prestige they may bring to the organization and its activities. An organization involved in promoting and providing health care services to community youth, for example, will benefit by having relevant experts on its board or committees (i.e., medical doctors, social workers, school teachers). Recruiting experts to these positions benefits the organization internally by providing experienced advice on policy and practices, and externally by legitimating its voice and goals with the public, with financial supporters, and with governments. Nonetheless, whether through disinclination or a lack of demand, individuals at the lower end of the occupational structure are under-represented in the leadership and decision making levels of nonprofit and voluntary organizations.
- The third set of tasks undertaken by volunteers specifically focuses on teaching or coaching activities. Although there is some variation in participation rates among volunteers in six of the occupation groups, the difference between the lowest of these, health professionals at 25%, and the highest, managers at 32%, is not statistically significant. Only volunteers in the law, arts and social science group, at 41%, are statistically more likely to undertake teaching or coaching activities. As noted earlier, 36% of this occupational group is made up of elementary and secondary school teachers, and it would seem logical that these volunteers would be most inclined to undertake teaching and coaching tasks. In fact, teachers are substantially more involved in teaching or coaching as volunteers (52%) than are the other

volunteers (34%) in this occupational group. The skills and experience teachers gain in the school system are easily transferred to the voluntary organization setting.

- The fourth group of tasks, providing care and support, also shows the connection between the skills volunteers employ in their occupations and the kinds of work they undertake in nonprofit and voluntary organizations. The tasks in set D involve the provision of physical, mental and emotional care and support, including counseling and friendly visits, seniors' health care, and activities in self-help mutual aid groups. Many individuals in the two occupational groups that are likeliest to perform these tasks, health professionals (43%) and professionals in law, arts and social sciences (36%), are directly concerned, in their careers, with promoting physical and emotional health. For health care professionals the connection is obvious, but the group of professionals in law, arts and social sciences also includes occupations that are mainly concerned with mental and emotional health, such as psychologists, social workers, family counselors and ministers of religion. Among these occupations, which comprise 14% of this occupational group, over 55% performed these tasks as volunteers.
- Compared to the first two occupational groups, the remaining four were significantly less likely to provide care and support as volunteers, and the differences among these four are not statistically significant. Combined, about 29% of volunteers in these occupations performed these types of tasks. Although participation is lower in these groups, it is still the case that about three out of 10 volunteers were involved in providing care and support at some point in the previous year.
- Tasks in the fifth set are probably the more mundane, but no less important, kinds of work that volunteers can do. These include collecting, serving or delivering food and other goods, maintaining or repairing facilities, and doing

volunteer driving. To a large extent, these tasks do not require specialized skills on the part of the volunteers, and at the same time are jobs that arise from time to time in many organizations and are often done by anyone who's available. This is reflected in the fact that almost half of the volunteers in each occupational group had performed one or more of the tasks in this set in the previous year.

- The final group of tasks (set F) is dominated by a residual category of tasks not identified in the previous groups. The fact that about one in three volunteers from all the occupation groups indicated that they performed other jobs for their organizations is a reflection of the broad range of work that nonprofit and voluntary organizations perform in the community.

Table A.7: Diversity of Tasks Performed by Volunteers, NSGVP 2000

	N of Volunteers	Average Number of task types performed
Professionals Health	162,091	3.6
Professionals Business	197,910	3.7
Professionals Physical Sci	163,686	3.4
Professionals Law, Arts, Soc Sci	559,280	4.4
Upper-level Managers	501,439	4.0
White collar	2,291,500	3.3
Blue collar	903,818	3.4
All Occupations	6,235,617	3.6

- The diversity of tasks undertaken by volunteers can be measured by counting how many of the fourteen identified tasks each volunteer performed. The average number of tasks performed by volunteers in each occupational group is reported in Table A.7. The data suggest that managers (4.0 tasks) and professionals in law, arts and social sciences (4.4 tasks) perform a somewhat more diverse array of tasks for their organizations than do either white collar (3.3) or blue collar (3.4) volunteers. This may be the consequence of the broader range of skills and experience these individuals bring to volunteer

activities that qualify them for a greater diversity of tasks. Nonetheless, it is evident that across all occupations, nowhere is there a significant degree of specialization or concentration in the tasks performed since for all occupations, volunteers, on average, perform between three and a half and four and a half different jobs for their organizations.

A.5. Becoming a Volunteer

- Individuals come to volunteering by many different routes, but these can be summarized in four broad groups, presented in Table A.8. Previous research has consistently shown that a dominant way people become volunteers is by being asked, by being recruited by others (Wilson and Musick, 1998:800). Recruitment can take many forms: individuals may be approached directly by an organization seeking help, they may be asked by friends or relatives to offer their services as volunteers, or they may be encouraged, whether explicitly or implicitly, by their employer to offer their services in some way. From Table A.8 it is evident that being recruited by others is the most common way people become volunteers in Canada — over half of all volunteers started because someone asked them to.

Table A.8: How Individuals Become a Volunteer, NSGVP 2000

	Was Asked	Own Account	Was a Member	Because of Children or Spouse
	% of volunteers			
Professionals Health	52	30	25	*
Professionals Business	58	26	34	20
Professionals Physical Sci	61	27	*	*
Professionals Law, Arts, Soc Sci	53	40	28	17
Upper-level Managers	57	25	25	24
White collar	50	33	24	15
Blue collar	48	28	26	18
All Occupations	51	31	25	17

* results suppressed due to small cell counts

- The second way people become volunteers is essentially on their own initiative, which includes approaching an organization and offering their services, and by responding to general public appeals. Across all occupations in Canada, almost one-third (31%) of volunteers began by approaching organizations on their own.
- A third route to volunteering is internal recruitment — being asked or pressed to undertake volunteer tasks when already a member of an organization. It goes without saying that membership in many nonprofit and voluntary organizations carries with it the obligation, or at least the expectation, that members will actively take part in running the organization and will assist in the delivery of the services it provides. This may involve serving on the executive or committees, routine administrative work, and periodic help with the delivery of services to members, non-members or clients. In Canada about one in four (25%) volunteers started volunteering because they were members of an organization.
- The last way individuals become volunteers is because of the involvement of their children or spouse in nonprofit or voluntary organizations. Although some volunteers begin because their spouse asks them or simply takes them along, it is more likely that most people who start volunteering this way do so because their children become involved in activities and organizations that encourage or even require that parents provide some volunteer time as a condition of their children's participation. In Canada, about 17% of volunteers started because family members were involved in nonprofit or voluntary organizations or associations.
- While for all occupational groups, being asked to volunteer was the most common route to volunteering, there are differences that reinforce the idea that professionals and managers are desirable recruits for nonprofit or voluntary organizations. The proportions of these two groups that are asked

to volunteer (55% for all professionals and 57% for managers) are statistically slightly larger than those of the white collar (50%) and blue collar (48%) groups. The difference is not large, but it does suggest that skills, experience and perhaps the prestige of professionals and managers make them preferred targets for recruitment by organizations.

- For managers, there is another factor that comes into play in accounting for their high level of recruitment. It is not uncommon for business firms and companies to encourage, and at times require, that their middle and upper level managers take an active part in community and civic affairs. Often this takes the form of participation as a volunteer for nonprofit and voluntary organizations. Managers in the 2000 NSGVP survey, for example, were more than twice as likely to have begun volunteering because they were asked to do so by their employer than are the other occupations as a group (11% for managers versus 4% for all other occupations).
- The second way of becoming a volunteer is to approach an organization and offer one's services, and about one-third (31%) of volunteers started in this way. Professionals as a group (34%) and white collar workers (33%) were somewhat more likely to volunteer on their own initiative than were either managers (25%) or blue collar workers (28%). The high rate among professionals, however, is mainly due to the very high proportion of individuals in law, arts and social sciences (40%) who approached organizations on their own. The proportion of health professionals who did the same stands at about the level for all occupations, while the proportions for professionals in business (26%) and the physical and applied sciences (27%) are on a par with managers and blue collar workers. The explanation for these results is not obvious, but there is an interesting pattern that emerges when we compare the rates in the first column (those who were recruited) with rates in the second column of Table A.8 (those who volunteered on their own). The occupation groups with the highest likelihood of having been

recruited are least likely to volunteer on their own (professionals in health, business, physical and applied sciences, and managers), while those with a below-average likelihood of being recruited have a higher-than-average likelihood of volunteering on their own (white collar workers). The two exceptions are professionals in law, arts and social sciences, who are above-average for recruitment and volunteering on their own, and the blue collar workers who are low on both recruitment and volunteering on their own. For the latter group, the low rates for recruitment and on one's own initiative may simply reflect the general reticence of blue collar workers to become involved as volunteers, as evidenced by their low rates of volunteering overall (Table A.1: 21% and 25% in 2000 and 2003 as compared to the national averages of 29% and 34%).

- The pattern of high recruitment and high “own account” volunteering for professionals in law, arts and social services in part reflects the fact that their skills and experience make them valuable recruits for many organizations. But it is also due to the fact that among those in this occupational category who do volunteer on their own, over 31% are elementary or secondary school teachers, and half of them volunteered for education-related organizations. Thus a substantial component of the “own account” volunteering by law, arts and social science volunteers is teachers involved in the parent-teacher, student council, or other extra-curricular organizations associated with the school system.
- Professionals in health, business, physical sciences, and managers all have a higher-than-average likelihood of recruitment and lower-than-average likelihood of volunteering on their own. It is almost as if there is a fixed pool of people in these occupations who are willing and able to volunteer and the higher the level of recruitment the smaller the pool becomes and the fewer

people left to volunteer on their own.* However, it may also be the case that the propensity for individuals in these occupations to volunteer is low in general, and their relatively high rates of volunteering are only due to the fact that they are actively recruited by organizations.

- The third way people become volunteers is another form of recruitment, but in this case, as members of an organization, they are asked to perform volunteer duties for the organization. This differs from being recruited from outside the organization in the sense that internal recruitment undoubtedly carries a fairly strong obligation to concur. Across all occupations, there is virtually no difference in the proportion of volunteers who started because their organization needed volunteer help — roughly one-quarter of volunteers began in this fashion.
- The final way people become involved as volunteers is because family members, particularly children, are involved in an organization of some type. In some instances this form of volunteering is also obligatory, as when youth sport leagues require parental involvement, even if sporadically. It can also occur when parents become active in providing recreation or other services as a way of spending time with their children. Across occupational groups the proportion of volunteers who began because of family members is much the same at about 17%. Among managers, however, the rate is higher at 24%. Does this mean that managers are more inclined to get involved in their children's activities? Probably not; instead, it likely has more to do with the fact that managers are more likely (43% versus 35%) than other occupations to have school-aged children (6 to 17) in the home, and thus are more likely to begin volunteering because of their children.

* It is important to recall that each person in the survey could report on up to three volunteering events (organizations), so the same person can actually have started in up to three different ways. For that reason the percentages across columns of Table A.5.A are not linked in any way, and they do not necessarily add to 100% within occupations across the table.

A.6. Reasons for Volunteering

- The reasons why individuals act as volunteers are as diverse as the volunteers themselves. For five of eight reasons ascertained in the NSGVP of 2000, there were no significant differences among occupational groups in the proportion of volunteers who agreed with the reason offered. Among these are volunteering to help a cause (95% of all volunteers agree), to use their skills and experience (82%), because they have been personally affected or know someone who has been affected by the cause (70%), to fulfill religious obligations or beliefs (23%), and because they were required to by their school, employer or government (8%). For the other three there are some interesting differences.

Table A.9: Reasons For Being A Volunteer, NSGVP 2000

	Reasons For Volunteering		
	Explore Own Strengths	Because Friends Do	Improve Job Opportunities
	% of volunteers who agree		
Professionals Health	60	35	*
Professionals Business	45	23	*
Professionals Physical Sci	51	27	*
Professionals Law, Arts, Soc Sci	55	23	22
Subtotal All Professionals	54	26	18
Upper-level Managers	47	28	15
White collar	65	30	30
Blue collar	55	37	23
All Occupations	59	30	24

* results suppressed due to small cell counts

- The first reason for volunteering where there are occupational differences is “to explore one’s own strengths.” As is evident in Table A.9, white collar volunteers, at 65%, are substantially more likely to agree that this is a reason for their volunteering. This is followed by blue collar and professional volunteers, at about 55%, and managers slightly lower at 47%. Although it is difficult to say exactly what volunteers mean when they agree with this

reason, it would seem to refer to the opportunity to work in an environment that challenges them in ways not available in other areas of their lives. From this point of view, it is perhaps understandable that white collar workers would value this aspect of volunteering more than managers or professionals. The jobs the white collar workers perform are typically subject to levels of routinization and subordination in an authority structure that would restrict the range of experience that they can acquire at employed work. Volunteering can then be one way for these individuals to expand the kinds and contexts of work they are able to undertake. For professionals and managers, volunteering is less likely to provide this sort of outlet, although it is still the case that about half of volunteers in these occupations agree that this is a reason why they volunteer. For blue collar workers, “exploring one’s own strengths” may not be of great concern for people in the working class.

- The second reason described in Table A.9 is volunteering because one’s friends volunteer. Overall, almost one in three volunteers (30%) report this as a reason they volunteer. This points to an aspect of volunteering that is often overlooked — it is obviously unpaid work done for an organization but at the same time it is a social activity, a way of spending time with friends and acquaintances (Reed, et. al., 2000). This aspect of volunteering is particularly important for blue collar workers (37%), and may be why this group shows a strong preference for culture, recreation and sport organizations (Table A.4) which are mainly member-benefit organizations that focus on providing social activities for members. Among professionals, who are drawn more to organizations in health and social services or education and research where the focus is on providing services to a particular clientele, this reason is of less importance.
- The final reason for volunteering is in order to improve one’s job opportunities, and it is not surprising that white collar and blue collar workers both espouse this reason. Volunteering can improve employment prospects in

two ways; first, by providing training and experience that enhance the volunteer's qualifications for other jobs, and second, by establishing or expanding social networks that are important means for finding new employment. This aspect of volunteering will be of less importance for professionals and high-level managers who already have substantial expertise and training, and will also have fairly extensive social networks based on their occupational positions. However, it is also apparent that there are individuals in these occupations who do see volunteering as a way to bolster their careers.

A.7. Reasons for Not Volunteering

- In Canada in 2000, about 71% of employed Canadians had not done any volunteer work over the previous year. Across the full range of occupations, nonvolunteers ranged from a high of 75% of blue collar workers to a low of 51% of professionals in law, arts and social sciences. The most common reason for not volunteering was not having extra time (79% of nonvolunteers agreed with this reason). Working full- or even part-time, combined with obligations surrounding family life can often leave little time for discretionary activities like volunteering. By comparison, only 48% of individuals who were not employed gave lack of time as one of the reasons they were not volunteers. There were other reasons for not volunteering that all occupation groups gave in equal measure: 24% simply had no interest, 18% felt they had already done enough volunteering, 13% could not volunteer because of health reasons, 8% had had a disagreeable experience in the past with volunteering, and 7% were concerned they might be sued over volunteer activities.

Table A.10: Reasons for Not Being a Volunteer, NSGVP 2000

	Unwilling to make a year- round commitment	Give money instead of time	No one has personally asked you	Do not know how to become involved	Financial cost of volunteering
	% of non-volunteers				
Professionals Health	59	58	29	*	*
Professionals Business	56	50	30	17	*
Professionals Physical Sci	66	39	47	26	14
Professionals Law, Arts, Soc Sci	47	31	27	14	13
Upper-level Managers	51	48	37	13	9
White collar	47	36	40	19	19
Blue collar	48	39	41	22	20
All Occupations	49	39	39	19	17

* results suppressed due to small cell counts

- Six of the reasons that were not equally supported by all occupational groups are presented in Table A.10. The most common of these was an unwillingness to make a year-round commitment (49% of all occupations). In some respects, this reason is similar to simply not having extra time, although it does acknowledge that volunteering can involve a long-term obligation to provide regular services to a group or organization. Professionals, with the exception of those in law, arts and social science, are more likely to select this as a reason for not volunteering. All nonvolunteers give lack of time as a reason for not volunteering, but professionals more than others also feel unable to commit to long-term volunteer responsibilities with an organization. Since professionals are more likely to be recruited (asked) to volunteer, a situation where a long-term commitment is probably more often expected, there may be greater reticence on the part of professionals to accede to that commitment. However, the law, arts and social science professionals are the least likely to be concerned about a commitment (along with white and blue collar workers), and they show above-average levels of being recruited, so being recruited to volunteer may not account for the unwillingness to commit in the long-term.
- About 39% of nonvolunteers report that they give money instead of volunteering their time. This reason is distinctly more common among health

professionals (58%), business professionals (50%) and high level managers (48%) than among the other occupational group (between 31% and 39%). For individuals who find it difficult to put time aside for volunteering, providing financial assistance to an organization may be another way to support the goals of the organization, but it is also a more viable strategy for those who can afford to do so. In this case, the three occupations that give money rather than time are at the high end of the income scale.

- A third reason people say they do not volunteer is because they have not personally been asked to help out — they have not been recruited. Two groups more likely to give this reason are white and blue collar workers (40% and 41% respectively), and this is fully consistent with the fact that volunteers in these occupations are the least likely to have actually been recruited to volunteering (Table A.8). Apparently, nonprofit and voluntary organizations are less likely to focus their recruiting activities on people in these occupations. In doing so, organizations may be overlooking a large pool of potential volunteers because the implication of this reason is that at least some of these people actually would volunteer if they were personally approached. At the same time, a substantial proportion of this group (36%, or one in three) also indicates that they do not know how to become involved in volunteering on their own. So there is a sizeable group of individuals here who lack information on how to become volunteers and are less likely to be the subject of, but who may be receptive to, active recruitment.
- Two other occupational groups are also less likely to be asked to volunteer — managers and professionals in the physical and applied sciences. For managers, this pattern is understandable if we also take two pieces of information in Table A.8 into consideration. Managers who were volunteers were among these most likely to have been recruited (57%), and least likely to offer to volunteer on their own (25%). Combined with the relatively large proportion (37%) of managers who do not volunteer because they have not

been asked, these results suggest that managers become volunteers mainly when asked to do so.

- The same situation exists for the professionals in the physical and applied sciences. Earlier we saw how this group was substantially less likely to be volunteers than were high-level managers or other professionals (23% versus 33% to 49%). At the same time, volunteers from the physical and applied sciences were most likely to have been recruited to volunteering (61%) and among those least likely to volunteer on their own (27%). Those who were not volunteers were most likely to say they had not been asked (47%) and most likely to not know how to become involved (26%). This pattern suggests the professionals in this occupational group are less aware of opportunities to volunteer and thus are less likely to offer their services on their own, and are less often recruited by organizations, but when they do volunteer it is mainly because they were in fact recruited to do so. This pattern may be related to the demand for the skills and knowledge this group possesses relative to managers and other professionals. Unlike the latter groups, professionals in the physical and applied sciences have skills and knowledge that largely deal with scientific or technical aspects of the world and these skills may be less in demand in most nonprofit and voluntary organizations. In other words, there are few organizations that specifically need the skills and knowledge of a physicist, a chemist, an architect or a structural engineer. As a result, people in this occupational group may be less prone to volunteer simply because there is less of a fit between their specialized skills and their perception of the needs of nonprofit and voluntary organizations.
- The fourth reason people say they do not volunteer is because they do not know how to become involved and we have already discussed the groups that are most likely to give this reason. However, it is noteworthy that managers and most professionals are substantially less likely not to volunteer because

they lack information about opportunities to do so. This in itself may be a reflection of their day-to-day involvement with people and groups in their work environment who are involved in volunteering. In other words, the social networks these occupational groups entail are likely to be good sources of information about opportunities to volunteer.

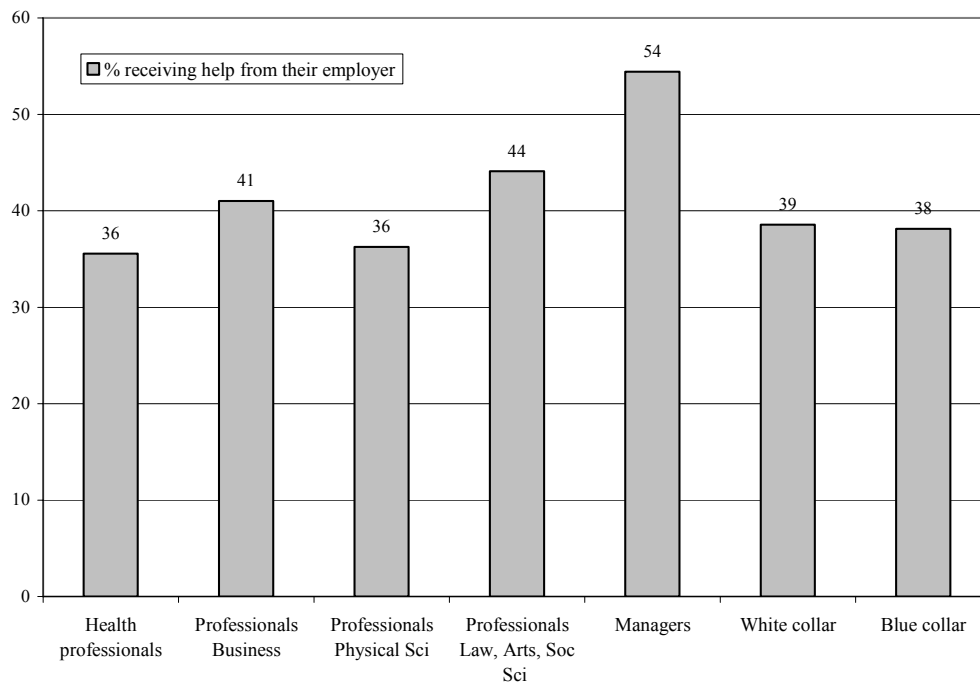
- A final reason for not volunteering is worth noting because it again shows why participation on the part of white and blue collar workers tends to be lower than in other groups. About one in five individuals in this group do not volunteer because of the financial costs they perceive to be associated with volunteering. Volunteering can entail some costs and obviously those at the high end of the occupational structure are better able to bear such costs and thus are less concerned about them. However, the concern with potential costs among less well-paid workers suggests that organizations might encourage more participation if they were better able, or more willing, to defray such cost for these individuals.

A.8. Employer Assistance in Volunteering

- The final aspect of volunteering differences across occupational groups is the extent to which these individuals' employers provide assistance for their volunteer activities. This assistance can take one or more of three forms: use of facilities or equipment, time off or time on the job for volunteering, and approval to change work hours to accommodate time spent volunteering. Across all occupations, about 41% of employees who were volunteers received assistance of this type from their employers. However, for high-level managers alone, support from employers was significantly higher (at 54%) than any other occupational group. In one way, this may simply be a consequence of the fact that high-level managers control the resources, in terms of both labour and physical plant, of the companies they work for and

thus can essentially approve the use of these for their own volunteering. However, since managers were much more likely to have been asked by their employer to volunteer, the higher level of employer assistance may also reflect the companies' or employees' desire to provide more than just a volunteer body but also to facilitate the activities of that volunteer. The evidence would seem to support this second reason for employer assistance. Among volunteer managers who were not asked to volunteer by their employer, 49% did receive assistance, but among those who were asked to volunteer by their employer, fully 91% received assistance. So not only do businesses encourage volunteering among employees as a way of contributing to their communities, but they are also willing to accommodate their employees' work as volunteers by authorizing the use of equipment and company time for these activities.

Figure A.11: Received Help from Their Employer



B. Charitable Giving Among Occupational Groups

B.1. The Incidence and Magnitude of Charitable Giving

- About 81% of all employed individuals make at least one charitable donation each year (Table B.1).
- Among particular occupational groups, nearly all business professionals make donations (96%), with professionals in health and in law, arts and social sciences close behind (89%). Rates for professionals in the physical and applied sciences and upper-level managers stand at 83% and 86% respectively, while white and blue collar worker rates are 79% and 77%.

Table B.1: Charitable Giving in the Last 12 Months, NSGVP 2000

	Donors (000's)	Rate (%)	% of donors	Total Dollars Donated	% of Total \$ Donated	Donors Only	
						Mean	Median
						dollars	
Professionals, Health	362	89	2.6	155,419,902	4.3	430	180
Professionals, Business	478	96	3.5	246,706,876	6.8	516	230
Professionals, Physical Sci	587	83	4.2	190,678,866	5.2	325	130
Professionals, Law, Arts, Soc Sci	1,014	89	7.3	495,193,524	13.6	488	173
Upper-level Managers	1,367	86	9.9	567,176,053	15.5	415	168
White collar	6,532	79	47.2	1,429,278,079	39.2	219	60
Blue collar	3,493	77	25.3	563,711,421	15.5	161	45
All Occupations	13,833	81	100.0	3,648,164,721	100.0	264	74

- Not only are they most likely to make a donation, but business professionals also average the largest annual donation (\$516), with professionals in law, arts and social sciences donating \$488 annually. Somewhat further back are health professionals and upper-level managers at \$430 and \$415 respectively. Professionals in the physical and applied sciences give substantially less than the other occupations at the top of the occupational hierarchy. However, tests indicate that the annual averages for physical and applied science professionals are significantly lower, in statistical terms, only as compared to the business

professionals. Workers in the white and blue collar occupations, reflecting their lower incomes, donate \$219 and \$161 respectively each year.

- The high levels of giving among professionals and upper-level managers is evident in the fact that for each occupational group, the percentage of total dollars donated to charities in 2000 is larger than the percentage of donors each group represents. Business professionals, for example, made up 3.5% of all donors, but they accounted for nearly twice (6.8%) that percentage of all dollars donated to charities and nonprofits. Similarly, the low levels of giving among white and blue collar workers is evident in that they account for a smaller percentage of total donations than their percentage of donors, even though together these individuals accounted for about 55% of all the money donated to charities.

Table B.2: Percent of Household Income Donated to Charities, NSGVP 2000

	Average Household		Donors only	
	Income	Donors (000's)	mean	median
			% of Household Income	
Professionals, Health	81,478	362	0.61	0.25
Professionals, Business	89,188	478	0.61	0.28
Professionals, Physical Sci	84,805	587	0.48	0.17
Professionals, Law, Arts, Soc Sci	80,707	1,014	0.79	0.24
Upper-level Managers	81,174	1,367	0.63	0.21
White collar	58,287	6,532	0.43	0.13
Blue collar	59,230	3,493	0.36	0.09
All Occupations	65,230	13,833	0.47	0.13

- Clearly, an individual's ability to make donations is related to their level of income. Those with higher incomes will have more discretionary income out of which they can make contributions. Table B.2 adjusts each occupation's giving by expressing their total charitable giving as a percentage of household income. As with the average donations, professionals and upper-level managers tend to give a higher proportion of income to charity relative to

occupations with lower household incomes (white and blue collar groups). The exceptions are professionals in the physical and applied sciences, where the percentage of income donated to charities is on a par with that of white collar workers.

B.2. Patterns of Occupational Groups' Charitable Giving to Organizations

- In the NSGVP 2000, information was collected about the types of organization individuals gave donations to. The percentage of each occupational group that made a donation to a particular organization type is presented in Table B.3 for the six main types, with a residual category of "All Others" for six other types that were less commonly the recipient of donations.

Table B.3: Percent of Occupation Group That Gives to Each Type of Organization, NSGVP 2000

	Health	Social Services	Religion	Education and Research	Philanthropic Intermediaries and Volunteer Promotion	Culture and Recreation	All Others
	%						
Professionals, Health	87	54	45	34	24	17	21
Professionals, Business	82	57	49	25	30	23	23
Professionals, Physical Sci	71	56	30	25	40	19	14
Professionals, Law, Arts, Soc Sci	73	53	48	31	33	22	23
Upper-level Managers	76	54	41	25	32	26	23
White collar	68	47	35	25	19	16	17
Blue collar	61	44	37	23	17	17	13
All Occupations	68	48	37	25	22	18	17

- Health organizations received donations from the largest percentage of working Canadians (69%). The largest proportion of donors to health organizations was among health (87%) and business professionals (82%). The groups least likely to donate to these organizations were the white collar (68%) and blue collar (61%) workers, although still better than six out of ten donors in both groups did contribute to this type. This undoubtedly reflects the high profile of various types of special interest health organizations and the fact that they care

for those who are ill is a strong focus of concern and often a personal experience for most Canadians.

- Social service organizations received substantial support from Canadians; almost half of all working donors gave to organizations of this type. Unlike health organizations, there was relatively little variation across occupational groups in their tendency to support this type. Between 44% (blue collar) and 57% (business professionals) of donors made one or more donations to aid social service organizations. Since these organizations often deal with the most needy in society, this indicates a broad range of support for the social provision of basic necessities.
- A substantial proportion (37%) of employed Canadians made a donation to a religious organization. Professionals and managers show extensive support for this type, with the exception of those in the physical and applied sciences who were least likely of all occupations to donate to religious organizations. Even those in white collar (35%) and blue collar occupations (37%) were more likely to donate to religious organizations. As we shall see later in the report, the low level of financial giving by physical and applied science professionals is due to this occupational group having a small proportion of religiously active individuals compared to any other occupation.
- Support for education and research organizations was very similar across occupations (about 25% of donors) with the exception of professionals in law, arts and social sciences, who were slightly more likely to support this type (31%) and health professionals who were markedly more likely to support them (34%). The level of support from the former group is understandable because it includes teachers from kindergarten through university levels who would be both aware of, and interested in the success of organizations devoted to providing educational services. The broad support for these organizations

by health professionals, in contrast, does not appear to be related to their occupational situation.

- Organizations that act as philanthropic intermediaries or are involved in volunteer promotion received donations from just over one in five donors. Although it is impossible to determine from the NSGVP data, a major share of this giving probably involves donations to the United Way campaigns that occur annually each fall across Canada. Two occupational groups stand out in giving to these types of organizations — professionals in the physical and applied sciences, and blue collar workers. The latter are least likely to donate to these organizations (17%), although they are not far behind the white collar workers (19%). The professionals in the physical and applied sciences, in contrast, show a markedly higher propensity to support organizations of this type. This may indicate that these individuals, whose jobs are less “people-oriented” relative to other professionals or managers, are less aware of opportunities to donate to specific organizations and instead donate to umbrella organizations that then disburse the funds to service providing organizations.
- The final recipient type includes culture, recreation and sports organizations. These receive support from a fairly modest proportion of donors overall (18%). Upper-level managers show a slightly higher propensity to give to these types of organizations, and this may have to do with the widespread practice of large corporations and businesses acting as sponsors for all sorts of cultural and recreation activities, ranging from opera companies to little league hockey. Managers for companies that act as sponsors are likely to take a personal interest in supporting their sponsored organizations and activities. This may also account for the tendency for business professionals to support organizations of this type.

Table B.4: Percent of Total Donations by Each Occupation Group Going to Each Type of Organization, NSGVP 2000.

	Health	Social Services	Religion	Education and Research	Philanthropic Intermediaries and Volunteer Promotion	Culture and Recreation	All Others	Total Donations
	% of total donations							
Professionals, Health	18	9	49	4	6	2	11	100
Professionals, Business	34	7	38	4	7	3	7	100
Professionals, Physical Sci	25	16	32	3	13	3	8	100
Professionals, Law, Arts, Soc Sci	14	9	56	4	9	3	5	100
Upper-level Managers	21	12	37	2	16	5	6	100
White collar	18	9	50	3	7	3	9	100
Blue collar	16	11	49	4	8	4	9	100
All Occupations	19	10	47	3	9	3	8	100

- While the data in the previous table shows the breadth of support for various types of organizations in terms of the proportion of donors who give to particular organization types, the level of support can be measured by the proportion (%) of donations going to each type (Table B.4). From this perspective, nearly half of all the money (47%) donated to nonprofits and charities goes to religious organizations. Some portion of this money will go to religious organizations that are charities in the traditional sense of the term, but an indeterminate portion goes to the maintenance of religious congregations. For individuals who are religiously active, support for their religious community can be substantial and may be a large proportion of their total giving. Across all occupations, support for religious organizations is high. Better than half of the money donated by professionals in health, in law, arts and social science, and among white and blue workers goes to religious organizations. Among the other three occupational groups, one-third or more of total donations go to this type.
- The connection between participation in a religious congregation and the proportion of donations that go to religious organizations is visible in Table B.5 when the occupational groups are ranked on the basis of how religiously active they are (defined as the percent who attend services monthly or more often). In general, the larger the percentage of an occupational category that is religiously active, the larger the proportion of religious donations. The two exceptions are

business professionals who are quite active but give a relatively small proportion of their donations to religious organizations, and blue collar workers who are not very active as a group but still give almost half their money to religious groups.

Table B.5: Religious Attendance and Religious Giving, NSGVP 2000

	% Religiously Active*	Religious Dollars as % of Total Dollars Donated
Professionals, Health	44	49
Professionals, Business	40	38
Professionals, Law, Arts, Soc Sci	38	56
White collar	31	50
Upper-level Managers	29	37
Blue collar	28	49
Professionals, Physical Sci	19	32
All Occupations	31	47

* The religiously active attend services monthly or more often

- After religious organizations, health organizations attract the next largest share of monies donated by working Canadians (19%).
- Health professionals, who were the most likely to support this type (87% did so), give a relatively small proportion (18%) of their donations to health organizations. This suggests that while almost all health professionals give to health organizations, their donations are relatively small.
- At the other extreme are business professionals who also tend to support health organizations (82%) and who give more than a third of all their donations (34%) to this type.
- Social service organizations receive about 10% of the money donated to charities, but they are a favoured target of professionals in the physical and applied sciences who give 16% of their money to this type.
- Education and research organizations receive a relatively constant share of donated monies across all organizations.

- Philanthropic and volunteer promotion organizations receive a relatively large share of donations from managers (16%) and professionals in physical and applied sciences (13%). This last group was considerably more likely to give to this type (40%) than other occupations, and from the large share this type of organization receives, it appears that the donations these professionals make are not small.
- A similar situation exists for donations to culture and recreation organizations in the case of upper-level managers. A larger proportion of this group donates to this type than any other occupation group and the share of their donations this represents is higher than any other occupation groups’.

B.3. Giving to Religious Organizations

- As the size of the average donations in the first column of Table B.6 shows, those who make donations to religious organizations are very generous, at least relative to the amounts they give to other types of organizations (Tables B.7 through B.11). In fact, the average donations to religious organizations are four to five times larger than the average donations to other organizations.

Table B.6: Amount Donated to Religious Organizations, NSGVP 2000

	Mean Donation	Mean Household Income	Mean donation per 1000 income	Total Dollars Donated	% of Donations	% of Donors
Professionals, Health	461	73,512	6.27	75,423,445	4.4	3.2
Professionals, Business	403	88,709	4.54	93,935,940	5.5	4.5
Professionals, Physical Sci	345	100,686	3.43	60,485,947	3.5	3.4
Professionals, Law, Arts, Soc Sci	564	78,699	7.16	276,910,173	16.2	9.5
Upper-level Managers	382	79,463	4.80	212,457,532	12.4	10.8
White collar	316	59,802	5.28	712,355,254	41.7	43.7
Blue collar	216	59,525	3.64	276,772,738	16.2	24.8
All Occupations	332	66,792	4.96	1,708,341,030	100.0	100.0

- The largest share of household income (mean donation per \$1000 household income) is donated by professionals in law, arts and social sciences (\$7.16 per

\$1000), followed by health professionals (\$6.27 per \$1000). These two occupational categories show a tendency to focus their giving on religious organizations because they give the largest share of household income and they give the highest proportion of their donations to these organizations relative to the other occupational groups (see Table B.4).

- White collar workers also favour giving to religious organizations, with the third highest share of income (\$5.28) and the second highest proportion of total donations.
- Professionals in the physical and applied sciences are substantially less supportive of religious organizations. They donate the lowest share of income (\$3.43) and the smallest proportion of their total donations.
- Blue collar workers give the second smallest share (\$3.64 per 1000) of household income to religious organizations, even though they give a high proportion (49%) of all their donations to these groups. This indicates that while they support religious organizations, their donations tend to be relatively small. This can also be seen in the fact that blue collar workers make up 25% of donors to religious organizations but account for only 16% of the charitable funds these organizations receive.
- The strong support of law, arts and social science professionals for religious organizations is also evident in that they represent about 10% of donors but account for a substantially larger share (16%) of all donations to these groups.

B.4. Giving to Health Organizations

- The average donations to health organizations (Table B.7), which received the second largest proportion of total donations, are considerably smaller than those for religious organizations.

Table B.7: Amount Donated to Health Organizations, NSGVP 2000

	Mean Donation	Mean Household Income	Mean donation per 1000 income	Total Dollars Donated	% of Donations	% of Donors
Professionals, Health	90	84,647	1.06	28,156,848	4.0	3.3
Professionals, Business	216	90,140	2.39	84,594,748	12.1	4.1
Professionals, Physical Sci	115	90,790	1.27	48,330,533	6.9	4.4
Professionals, Law, Arts, Soc Sci	91	87,013	1.04	67,066,088	9.6	7.8
Upper-level Managers	113	86,366	1.31	117,450,840	16.8	11.0
White collar	59	59,775	0.99	261,407,742	37.4	46.7
Blue collar	42	60,850	0.70	91,068,881	13.0	22.6
All Occupations	74	68,521	1.08	698,075,680	100.0	100.0

- Business professionals show a strong preference for health organizations as one target for their charitable giving. Not only does a high proportion (82%) donate to this type, but they also give a high proportion (34%) of their total donations to these organizations and the average size of their aggregate donations (\$216) is significantly larger than all the other occupations (with the possible exception of professionals in the physical sciences). The inclination to support health organizations is also evident in the high proportion of household income (\$2.39 per \$1000 income) that is donated to these organizations and the fact that they give three times their “share” of donations in this manner (they are 4% of health donors but account for 12% of total health donations).
- Professionals in the physical and applied sciences and upper-level managers also show some preference for donating to health organizations. The size of their average annual donations (\$115 and \$113 respectively) and the proportion of income they give (\$1.27 and \$1.31 per \$1000) are all fairly high. They also account for substantially more than their share of all money donated to these groups: professionals in the physical and applied sciences are 4% of donors and account for 7% of donations, and managers are 11% of donors and account for 17% of donations.

- The tendency for professionals in business, professionals in the physical and applied sciences, and upper-level managers to favour health organizations may have to do with the fact that the occupational experience of many of these individuals, who are possibly less “people-oriented” in their work than the other professional groups, provide them with less information about opportunities to donate to other types of organizations. In this situation the prevalence and high public profile of many health organizations may disproportionately attract the donations of these occupational groups.
- Blue collar workers do support health organizations — a larger proportion of this group makes at least one donation to health organizations than to any other type, but both the average size of their donations (\$42) and the proportion of household income (\$0.70 per \$1000 income) are quite low.

B.5. Giving to Social Service Organizations

- The average annual donation to social service organizations (Table B.8) across all occupations is slightly lower than that for health organizations (\$56 versus \$74).

Table B.8: Amount Donated to Social Service Organizations, NSGVP 2000

	Mean Donation	Mean Household Income	Mean donation per 1000 income	Total Dollars Donated	% of Donations	% of Donors
Professionals, Health	70	74,383	0.95	13,786,939	3.7	2.9
Professionals, Business	65	83,691	0.78	17,879,221	4.8	4.1
Professionals, Physical Sci	91	92,558	0.99	30,111,766	8.1	4.9
Professionals, Law, Arts, Soc Sci	85	83,100	1.02	46,080,033	12.3	8.1
Upper-level Managers	94	84,968	1.11	69,200,965	18.5	11.0
White collar	44	58,269	0.75	135,449,382	36.3	46.1
Blue collar	40	60,405	0.66	61,055,747	16.3	22.9
All Occupations	56	66,908	0.83	373,564,054	100.0	100.0

- There is some variation in the average donation to social service organizations among the professional and upper-level manager groups but none of the

differences are large enough to be statistically significant. Among these individuals there is no strong evidence that one or more occupational groups preferentially support social service organizations.

- If there is any indication that some occupations favour support for social service organizations, it is among the three groups with the highest average donations. Professionals in the physical and applied sciences, and in law, arts and social sciences, and managers, tend to donate the largest proportion of their household income (\$0.99, \$1.02 and \$1.11 per \$1000 income respectively) and also tend to give more than their share when they do donate (5% of donors versus 8% of donations; and 11% of donors versus 19% of donations).

B.6. Giving to Education and Research

- The size of donations to education and research organizations (Table B.9) is about one-half the average for health organizations (\$35 versus \$74).

Table B.9: Amount Donated to Education and Research Organizations, NSGVP 2000

	Mean Donation	Mean Household Income	Mean donation per 1000 income	Total Dollars Donated	% of Dollars	% of Donors
Professionals, Health	56	69,821	0.81	6,962,319	5.7	3.5
Professionals, Business	74	98,086	0.75	8,900,179	7.3	3.5
Professionals, Physical Sci	40	101,720	0.39	5,776,573	4.7	4.1
Professionals, Law, Arts, Soc Sci	59	86,298	0.69	18,805,991	15.4	9.1
Upper-level Managers	41	91,147	0.45	14,107,930	11.6	9.9
White collar	28	60,500	0.47	46,703,778	38.3	46.9
Blue collar	26	61,641	0.42	20,585,775	16.9	22.9
All Occupations	35	69,476	0.50	121,842,543	100.0	100.0

- Care must be taken when comparing giving to education and research organizations across occupational groups; the spread in the size of donations within each group is much larger than the differences between the groups in their average donations. As a result, there are no statistically significant differences between the average donations of any occupations.

- The organizations in this category are overwhelmingly involved in the provision of support and services for the kindergarten through grade 12, the K12 school system. For parents with children who benefit from these activities, there may be a fairly strong obligation to support these organizations financially, even to the extent of paying set fees. Since these costs would apply equally to all parents regardless of income or occupation, there may not be much difference between occupational groups in the size of their donations to organization of this type.
- There is weak evidence that professionals in health, business, and law, arts and social sciences preferentially support these organizations to some degree. For all three groups, their average donation per 1000 dollars of household income are the highest, and they donate about 40% more than their share to these organizations (4% of donors versus 6% of donations, 4% of donors versus 7% of donations, and 9% of donors versus 15% of donations).

B.7. Giving to Philanthropic Intermediaries and Volunteer Promotion

- Although one-quarter of working Canadians make one or more donations to these kinds of organizations each year, these donations represent only 9% of the money donated to all charities and nonprofits. Nonetheless, the average donation made to these organizations (\$109) ranks second only to the average donation to religious organizations (Table B.10).
- One occupation group stands out in its preference for giving to organizations in this category; upper-level managers annually average \$211 in donations, give a substantially higher proportion of household income (\$2.04 per \$1000 income) and almost twice their share of the donations that go to organizations that act as philanthropic intermediaries or support volunteer promotion. The reason managers show a preference for this form of giving may be connected to the

Table B.10: Amount Donated to Philanthropic Intermediaries and Volunteer Promotion, NSGVP 2000

	Mean Donation	Mean Household Income	Mean donation per 1000 income	Total Dollars Donated	% of Dollars	% of Donors
Professionals, Health	113	89,683	1.26	9,964,800	3.0	2.9
Professionals, Business	115	115,067	1.00	16,706,973	5.0	4.7
Professionals, Physical Sci	103	74,737	1.38	24,297,331	7.3	7.6
Professionals, Law, Arts, Soc Sci	137	90,500	1.51	45,313,557	13.5	10.7
Upper-level Managers	211	103,653	2.04	91,724,690	27.4	14.1
White collar	81	66,183	1.23	103,098,218	30.8	41.0
Blue collar	75	66,402	1.13	44,024,829	13.1	19.0
All Occupations	109	77,723	1.40	335,130,397	100.0	100.0

fact that the most widespread and prominent organization in this category is likely the United Way, and a very common and effortless way for individuals to donate to the United Way is through direct payroll deductions. Looking ahead to data in Table B.12, we find that 23% of managers make donations through payroll deduction, and the average annual donation made in this manner is \$245, a substantially larger amount than the next highest average of \$140 for business professionals. Thus, almost one-quarter of upper level managers make large donations through payroll deductions that likely go to the United Way or similar fundraising organizations, representing 16% of their total donations. It is plausible that the preference for giving to these types of organizations among managers is due to their willingness or preference for making donations through payroll deduction plans.

- Professionals in law, arts, and social sciences also show a slight preference for donating to these types of organizations with an average donation of \$137, and \$1.51 per 1000 dollars of household income.
- White and blue collar workers tend to support these organizations on a level with professionals in health, business and physical sciences. Although their average donations are somewhat smaller (\$81 and \$75), the proportion of household income they donate is close to, and at times higher than

professionals in this group. This may reflect the success of organizations like the United Way in generating support across all parts of society.

B.8. Giving to Culture and Recreation Organizations

- The average annual donation of 50 dollars to culture and recreation organizations (Table B.11) is second lowest, just higher than the average for education and research organizations (\$35).
- Upper level managers show some preference for making donations to culture and recreation organizations. A larger proportion of this occupational group (26%) than any other makes the highest average donations to these organizations. Managers also give the largest proportion of household income (\$0.95) and contribute substantially more than their “share” to cultural and recreational organizations (14% of donors account for 23% of dollars donated).

Table B.11: Amount Donated to Culture and Recreation Organizations, NSGVP 2000

	Mean Donation	Mean Household Income	Mean donation per 1000 income	Total Dollars Donated	% of Dollars	% of Donors
Professionals, Health	55	83,591	0.66	3,441,271	2.7	2.5
Professionals, Business	66	86,143	0.77	7,419,439	5.9	4.5
Professionals, Physical Sci	57	92,701	0.62	6,472,633	5.1	4.5
Professionals, Law, Arts, Soc Sci	71	96,852	0.73	15,906,816	12.6	9.0
Upper-level Managers	82	86,820	0.95	29,052,369	22.9	14.1
White collar	40	60,642	0.67	43,027,731	34.0	42.5
Blue collar	37	66,326	0.56	21,273,603	16.8	23.0
All Occupations	50	72,033	0.70	126,593,863	100.0	100.0

- Among the remaining other occupational groups, giving to culture and recreation organizations is fairly even, with the exception of blue collar workers who donate the lowest average (\$37) and the lowest proportion of household income (\$0.56).

- The broad range of organizations encompassed by this category, from the National Ballet to little league hockey to the neighbourhood chess club, make it difficult to interpret the level of support these organizations generate among the different occupations. Although donations tend to be small, and the proportion of all monies donated to them is small (3%), they represent by far the single largest group of nonprofit and voluntary organizations, about 30% (Hall 2004:13). These organizations clearly receive rather small donations from relatively small groups of individuals who support their goals.

B.9. Giving to All Other Organizations Combined

- This category includes organizations involved with: the environment; economic development and housing; law, advocacy and politics; international affairs; occupation-related groups; and those not otherwise classified. As noted in earlier sections, about 17% of working Canadians donate to one or more of these types, accounting for 8% of all the money they donate to charities. These numbers are small enough to make the estimates for giving by individual occupational groups unreliable. Information is provided here only for the overall average for all the occupations as a group. The average donation to this category of organizations was \$98, which represented about \$1.40 per \$1000 of household income, a fairly high proportion relative to other organizational types. Thus relatively few individuals make donations organizations making up this set, but the donations to all 6 organization types are as large or larger than those they make to health, social service or education and research organizations.

B.10. Methods of Making Charitable Donations

- The most common method of making a donation to charity across all occupations was to sponsor someone in a charity event such as a walkathon (59% of all occupations donated in this way, in Column A in Table B.12).

The largest proportion of all the money donated to charities was donated through individual churches, mosques, synagogues and temples – 42% of all donations were made by this means (column B for All Occupations). The largest annual donation (\$317) and the highest average donation per donation event (\$291) were also made by this method. Since giving through this method far surpasses all other forms for all the occupational groups, it dominates the percentage of total donations, the average annual donation per person, and the average donation per donation event. There are, however, some general observations on the other methods of making donations, and some patterns among occupations that are worth highlighting.

Table B.12: Percent of Each Occupational Group that Donated Through Each Method (Column A); Percent of Total Donations by each Occupational Group that was made by each Method (Column B); Average Annual Donation Per Person (Column C) and Average Donation Per Donation Event (Column D), NSGVP 2000

Solicitation Method	Professionals, Health				Professionals, Business				Professionals, Physical and Applied Sciences				Professionals, Law, Arts, Soc Sci			
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
	%		\$		%		\$		%		\$		%		\$	
Mail requests	46	13	124	73	47	13	140	79	37	18	158	91	43	12	142	72
Pay to attend charity events	40	9	96	74	30	7	114	95	27	16	192	177	33	8	115	89
Payroll deduction	13	3	103	91	15	4	140	140	29	11	129	124	19	5	123	118
Sponsoring someone in event	57	4	29	23	57	4	38	30	54	6	37	32	59	4	34	26
In Memoriam donations	39	7	78	63	45	21	239	171	15	3	74	60	29	4	64	49
Asked by someone at work	25	2	43	36	23	3	67	54	33	3	32	28	31	5	75	65
Door to door canvasers	55	2	18	13	46	2	22	16	37	3	27	17	46	2	23	15
Canvased at a shopping centre	22	1	18	15	24	1	15	14	25	1	9	7	27	1	13	10
Respond to a telephone request	14	2	72	61	19	2	47	34	11	3	73	55	11	1	43	32
At church/mosque/temple	38	44	500	459	42	34	422	369	27	27	326	312	46	47	500	459
On own initiative	15	6	176	154	7	5	372	307	10	3	96	89	9	5	284	215
Radio, Television or Telethon	*	*	*	*	9	1	64	7	*	*	*	*	6	0	39	36
Other methods	*	*	*	*	*	*	*	*	*	*	*	*	9	6	336	304
Total donations		100	430		100	516			100	325			100	488		
Solicitation Method	Upper-level Managers				White collar				Blue Collar				All Occupations			
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
	%		\$		%		\$		%		\$		%		\$	
Mail requests	42	14	138	89	25	10	92	59	19	10	81	53	28	12	110	68
Pay to attend charity events	35	11	124	103	26	9	78	71	19	9	74	66	26	9	94	82
Payroll deduction	23	13	245	228	14	7	119	112	14	8	104	97	16	8	136	128
Sponsoring someone in event	59	6	40	30	50	6	25	20	45	5	20	17	51	5	27	22
In Memoriam donations	27	3	52	43	20	5	51	43	18	5	43	34	22	6	66	53
Asked by someone at work	24	3	52	44	22	2	25	22	17	2	23	20	22	3	35	31
Door to door canvasers	40	3	28	18	36	3	19	13	38	5	19	14	38	3	21	14
Canvased at a shopping centre	27	1	17	15	30	1	9	8	26	1	9	7	28	1	11	9
Respond to a telephone request	12	2	86	71	9	1	31	26	8	2	37	30	10	2	44	36
At church/mosque/temple	41	34	346	329	33	45	305	278	35	46	215	199	35	42	317	291
On own initiative	7	3	178	168	6	5	169	156	6	4	102	92	7	4	170	152
Radio, Television or Telethon	9	1	56	52	9	2	42	40	8	2	36	34	8	1	44	42
Other methods	6	5	322	247	5	3	134	114	2	2	136	117	5	4	206	174
Total donations		100	415		100	219			100	161			100	264		

* results suppressed due to small cell counts

- For each occupational group, the three most common methods for making donations (aside from giving through a religious organization) are by sponsoring someone in a charity event, responding to door-to-door canvassing, or by responding to requests in the mail. The first two may be common ways of making donations, but the donations made are fairly small. On average across all occupations, 5% of all the money given to charities comes from sponsoring someone (or \$27 dollars per donor per year), and 3% from door-to-door canvassing (or \$21 per donor per year). Mailed requests for donations are considerably more effective in generating donations, particularly among professionals and managers. In these groups, responding to mailed requests account for between 12% and 18% of all the dollars they donate, and the average donations per year are between \$124 and \$158 dollars. Answering mailed requests is less common among white and blue collar workers, accounting for 10% of their donations, with averages of \$92 and \$81 per year.
- Payroll deductions for charity is a popular method for professionals in the physical and applied sciences (29%) and upper-level managers (23%), although the average amount donated this way each year is substantially higher among managers (\$245 versus \$129).
- “In memoriam” donations are common among professionals in health (39%) and business (45%), but the annual average donation by business professionals (\$239) is much larger than the health professionals (\$78). In fact, business professionals give sufficient money “in memoriam” that it accounts for one-fifth (21%) of all the money they donate, considerably higher than the 6% it accounts for across all occupations.
- Approaching a charity to make a donation on one’s own initiative is not a common method of making donations (7% of all occupations do so), but the average amount donated annually in this fashion is quite large, often ranking

second only to the annual average donation to a religious organization. The least effective method for generating donations is by canvassing on the street or in a mall. Although a fairly large proportion (28%) of all occupations makes donations in this manner, they typically donate only \$11 each year.

B.11. Planned Charitable Giving

- On average, almost one-quarter of working Canadians decide in advance which organizations they will support through charitable donations, rather than responding to solicitation by organizations (Table B.13).

Table B.13: Characteristics of Planned Giving, NSGVP 2000

	Decide on Organization in Advance	Donate Regularly to Certain Organizations
	% yes	
Professionals, Health	28	54
Professionals, Business	27	44
Professionals, Physical Sci	33	43
Professionals, Law, Arts, Soc Sci	31	51
Upper-level Managers	28	49
White collar	21	36
Blue collar	21	34
All Occupations	23	39

- This form of planned giving is highest among professionals and managers (ranging from 27% to 33% of each group), with white collar and blue collar occupations markedly less likely to decide which organizations they will support in advance.
- On average, 39% of working Canadians give regularly to specific charitable or nonprofit organizations.

- This form of planned giving is very high among managers and professionals in health and in law, arts and social sciences; about half of all donors in these occupations give regularly to selected organizations.
- This form of planned giving is slightly less common among professionals in business and in the physical and applied sciences (between 43% and 44%).
- Giving of this type is substantially less common among white and blue collar workers – just over one-third donate regularly to specific organizations.
- There is a close correspondence between the individuals who select recipient organizations in advance, and those that tend to donate regularly to certain organizations. In every occupational group, 70% or more of those who plan their giving in advance donate regularly to particular organizations. Conversely, across all occupation groups, 60% or more of those who make donations in response to being solicited by charities, vary the organizations they support. Thus there are two “typical” types of donors – a smaller group (between one-fifth and one-third of a given occupation group) who select a particular charity and then support it with regular donations, and a large group (between one-third and one-half of a given occupational group), that do not plan their giving in advance but instead donate to one or more charities that approach them convince them they are worthy of support.

B.12. Reasons Donors Give to Charities

- Across all occupations, more than 92% of donors say that one reason they make donations is because they feel compassion for people in need, and 90% or more give because they want to support a cause in which they believe.

- A substantial proportion of donors, 69%, give because they themselves or someone they know have been personally affected by the cause the recipient organization supports.

Table B.14: Reasons Donors Give to Charities, NSGVP 2000

	Give Because You Know Someone Who is Affected	Give Because You Owe Your Community	Give to Fulfill Religious Beliefs or Obligations
	% yes		
Professionals, Health	74	65	32
Professionals, Business	74	68	33
Professionals, Physical Sci	60	63	24
Professionals, Law, Arts, Soc Sci	75	68	33
Upper-level Managers	66	62	24
White collar	72	56	27
Blue collar	62	53	29
All Occupations	69	58	28

- Giving because the donor has been personally affected is most common among professionals in health, business, or law, arts and social sciences, and white collar workers, (all at 72% or above). This is a reason for giving less commonly offered among professionals in the physical and applied sciences, blue collar workers and managers (all less than 66%). One would expect individuals whose work often brings them in contact with people who are ill, or poor, or disadvantaged in some way, that is to say, professionals in health or in law, arts and social sciences, to more often give donations in response to their personal experience of need in the community, and that is the case here. However, white collar workers are substantially more likely to give for this reason than are blue collar workers and it is difficult to see how their respective personal experiences would be significantly different from others by reason of the jobs they hold.
- Giving because the individual feels they owe something to their community is a reason given by a majority, (almost six out of ten) of working Canadians.

This reason is more common among individuals at the top of the occupational hierarchy, the professionals and upper-level managers, than it is among white and blue collar workers. As a reason for charitable giving, a sense of obligation to others in society is more widespread among individuals who occupy advantaged positions and perhaps have a greater awareness of benefits of advancing the common good. For those who enjoy fewer of the social benefits, there may be less basis for a similar sense of obligation.

- A substantial proportion of working Canadians (31%) are active in their religious communities, and it is reasonable to expect these individuals to give in response to the tenets of their religion. Across all occupations, among those who attended religious services monthly or more often, between 50% and 70% said they gave for religious reasons. Even among those who attended services less often, an average of 14% gave for religious reasons.
- In total, 28% of working Canadians gave for religious reasons, and this was fairly common across all occupations, with two exceptions. Professionals in the physical and applied sciences and upper-level managers were less likely to give with religious motives. Since these were the two occupational groups with the lowest proportions of religiously active individuals, this reason will naturally be less common.

B.13. Reasons for Not Donating More to Charities

- Two reasons that about half of donors gave for not giving more to charities were that they were saving for their own future needs (51%), and that they preferred to spend the money in other ways (48%). There were virtually no differences between occupational groups in stating these reasons.

- One of the more common reasons for not giving more was because the donor disliked the way organizations made requests for donations (48% overall); this was most common among professionals in health and in law, arts and social sciences (Table B.15). The work these two groups are involved in is more likely to bring them in contact with people in need and as a result they may more often be the target of fundraising campaigns that rely on compassion or a sense of obligation in order to generate donations. If these occupational groups are approached more often, the prevalence of this reason of not giving more may indicate a higher level of donor fatigue.

Table B.15: Reasons Donors Do Not Give More to Charities, NSGVP 2000

	Dislike the Way Requests for Donations Made	Do Not Think the Money Will Be Used efficiently	Give Enough Directly to People	Volunteer Instead	Hard to Find a Worthy Cause
	% who agree with the reason				
Professionals, Health	53	44	41	37	13
Professionals, Business	42	37	32	29	9
Professionals, Physical Sci	49	55	30	19	12
Professionals, Law, Arts, Soc Sci	55	41	29	35	6
Upper-level Managers	51	49	41	23	13
White collar	46	43	33	28	13
Blue collar	49	53	39	23	19
All Occupations	48	46	35	27	14

- The two groups less likely to disapprove of the way solicitations are made are professionals in business and white collar workers. For the latter, it may simply be the case that they are much less likely to be repeatedly approached for donations. On one hand, their lower income makes them less likely targets of fundraising, but also the large number of Canadians in this category simply means that each person, on average, will be approached fairly infrequently. The low level of dislike among business professionals may indicate a broader acceptance of free-market business practices, including the repeated and at times aggressive fundraising strategies of charitable organizations.

- A large proportion of working Canadians who are donors (46%) limit their giving because they believe the money will not be used efficiently by the organizations. Among managers, professionals in the physical and applied sciences and blue collar workers, half or more of donors do not give more to charities because they believe the money will not be used appropriately. For blue collar workers this belief may reflect a more general lack of information about the workings of charitable organizations, and perhaps also a more widespread negative response to occasional revelations of administrative malfeasance in prominent charitable organizations. The level of distrust among professionals in the physical and applied sciences is unique among professionals and may explain why they are least likely to be donors, and on average give considerably less than other professionals (see Table B.1).
- Professionals in health, managers, and blue collar workers are most likely to limit their giving because they have given enough money directly to other people. Four in ten donors in these groups gave this as a reason for not giving more, while just over three in ten individuals in the other occupations did so. For blue collar workers, this response is perhaps understandable because any money they give to others comes out of incomes that are much lower than those of managers or professionals. However, white collar workers, whose average household income is actually slightly lower than blue collar workers' (see Table B.2), are less likely to give this reason for restricting their giving. The prevalence of this reason among health professionals and managers, whose incomes are relatively high, suggests that for these groups, giving directly to others from a limited budget is not the situation that prompts this response.
- Just over one-quarter of donors say they volunteer instead of giving more money to charities. The two occupational groups that are most likely to offer this reason, professionals in health and in law, arts and social sciences, are also the two groups with the highest rates of volunteering (Table A.1). Some

individuals in these groups may actually be making a trade-off between charitable giving and volunteering in fulfilling their sense of obligation to the community. The low proportion (19%) of professionals in the physical and applied sciences who say they volunteer instead of donating may reflect the fact that among professionals, this group has a very low rate of volunteering (23% compared to 40% or higher for other professional groups).

- On average, about 14% of working Canadians say they limit their donations because it is difficult to find a worthy cause. What may be worrisome is that almost 20% or one in five blue collar workers give this as a reason for restricting their donations. This may occur because adequate information about how and where to make donations is not reaching members of this occupational group. It may also indicate that individuals in this group who may be hesitant to come forward on their own are not being approached by organizations soliciting funds. In other words, blue collar workers are less likely to give, and to give less, partly because they are simply not being asked.
- As evidence of fairly widespread concern about how charitable donations are actually used, respondents in the NSGVP 2000 were asked to express their opinions on charitable organizations' administrative and fundraising costs. Table B.16, shows that about 40% of all working Canadians, donors and non-donors, believe charitable organizations spend too much on administration and fundraising, and this concern is fairly evenly spread across all the occupational groups. There may be good reason for all charitable organizations to undertake greater effort to make their internal accounting transparent and available to the public.

Table B.16: Perception of Charities' Expenditures on Administrative and Fundraising Costs, NSGVP 2000

	About right or could be higher	Too much
	% agreeing	
Professionals, Health	52	48
Professionals, Business	58	42
Professionals, Physical Sci	59	41
Professionals, Law, Arts, Soc Sci	62	38
Upper-level Managers	51	49
White collar	62	38
Blue collar	61	39
All Occupations	60	40

- The existence of a tax credit for charitable donations is believed to be an essential foundation for successful fundraising, and this is undoubtedly true for individuals or corporations that make sizable contributions to charity. For the majority of individuals who donate modest sums, there is some question about the impact of tax credits. Certainly, as evident in Table B.17, the great majority of donors in all occupations (78% or more) do not give to charities because of the tax credit. Nonetheless, among professionals and upper-level managers, 60% or more will claim a tax credit for their charitable donations. Among white and blue collar donors, a substantially smaller proportion (40% or less) will claim the credit. The difference between the two groups is almost certainly due to both the difference in the average size of their donations and to differences in record-keeping (receipts). Individuals in the high-income, high-tax professional and managerial occupations give larger donations and would receive a larger relative benefit from the tax credit as compared to individuals in low-income, low-tax occupations where the tax credit may even be too small for the bother of claiming it.

Table B.17: Tax Credit Effects on Giving, NSGVP 2000

	Do Not Give for Tax Reasons	Will Claim Tax Credit	Would Give More If Better Tax Credit
		% yes	
Professionals, Health	89	74	56
Professionals, Business	78	67	45
Professionals, Physical Sci	79	61	55
Professionals, Law, Arts, Soc Sci	82	71	50
Upper-level Managers	89	60	47
White collar	88	41	50
Blue collar	87	31	50
All Occupations	87	45	50

- The impact of tax policy on charitable giving may not be entirely inconsequential. About half of current donors say they would give more to charities if there were a greater tax credit, but how much more this would entail is unknowable.

C. Civic and Political Participation Among Occupations

C.1. Civic Participation

- When work-related nonprofit organizations such as unions and professional associations are considered, two-thirds of working Canadians are members of, or participate in civic groups or organizations (Table C.1). When these work-related organizations are excluded, 57% are involved.

Table C.1: Participation in Civic Organizations in Last 12 Months, GSS17 2003

	Participation in Organizations			
	With Occupational Associations or Unions		Without Occupational Associations or Unions	
	N	%	N	%
Professionals, Health	369,003	88	283,892	68
Professionals, Business	410,813	77	366,292	69
Professionals, Physical Sci	530,736	71	453,097	60
Professionals, Law, Arts, Soc Sci	1,231,517	88	1,090,560	78
Upper-level Managers	1,161,205	69	1,076,270	64
White collar	5,691,116	64	5,013,827	56
Blue collar	2,512,261	59	2,047,163	48
All Occupations	11,906,651	66	10,331,101	57

- Participation in civic organizations, excluding those that are work-related, is significantly higher among law, arts and social science professionals (78%) than any other occupational groups. The rate of participation is equal for health and for business professionals (68%-69%). Participation rates declined further from managers (64%) through professionals in the physical and applied sciences (60%) and white collar workers (56%) to a low among blue collar workers of 48%.
- The way the occupational groups are ranked in terms of their participation in civic organizations is very similar to the way they would be if we were to rank them on the extent to which the work they typically do involves them in the care, supervision, education or remediation of other members of society. It is plausible that the more an individual's work brings them in contact with people in these contexts, the greater their interest in being engaged in other ways.
- On average, professionals in health and in law, arts and social sciences reported involvement in two civic organizations (Table C.2). Business professionals and managers were involved in slightly fewer, with

professionals in the physical and applied sciences, and white and blue collar workers active in the fewest. Thus, not only are professionals and managers *more likely* to participate in civic organizations; they also tend to participate in *more organizations*. The exceptions are professionals in the physical sciences who were at the other end of the spectrum - less likely to participate, and in fewer organizations, than other professionals.

Table C.2: Level of Participation in Civic Organizations, GSS17 2003

	Civic organizations, including Occupational Associations	Civic organizations, excluding Occupational Associations	Active through the Internet
	average number		
Professionals, Health	3.0	2.1	0.7
Professionals, Business	1.9	1.5	0.7
Professionals, Physical Sci	1.7	1.3	0.9
Professionals, Law, Arts, Soc Sci	2.7	2.1	0.9
Upper-level Managers	1.9	1.7	0.7
White collar	1.5	1.3	0.4
Blue collar	1.3	1.0	0.3
All Occupations	1.7	1.3	0.5

- Using the internet as a means to participate in civic organizations was about evenly distributed among professionals and managers. It was distinctly lower among white and blue collar workers, a sector of society where both access to the internet and the computing skill to do so comfortably are less common.
- The frequency with which individuals participate in all civic organizations (including work-related ones) is highest among professionals (Table C.3). And as would be expected, there is a reciprocal relationship between frequency and diversity of civic participation: those who participate in more organizations (professionals in law, arts and social sciences and in health) tend to participate most frequently, and those who participate in few organizations, such as blue collar workers, are involved in these organizations less often.

Table C.3: Frequency of Participation in Organizations, GSS17 2003

	Civic Participation, with occupational associations			Total
	Two or more times per month	Once a month or less	Less than once per year	
	%			
Professionals, Health	44	37	19	100
Professionals, Business	44	30	26	100
Professionals, Physical Sci	40	25	35	100
Professionals, Law, Arts, Soc Sci	55	29	16	100
Upper-level Managers	42	24	34	100
White collar	39	20	40	100
Blue collar	32	22	46	100
All Occupations	39	23	38	100

- If the extent and frequency of participation in civic organizations is one indication of an occupational group's level of civic engagement, the professions tend to exhibit high levels of engagement while blue collar workers exhibit the lowest levels.
- Approximately one-third of working Canadians belong to, or participate in, work-related organizations, a category which includes professional associations, business and industry groups, and unions (Table C.4). Participation in these kinds of organizations is very high among professionals in health and in law, arts and social sciences. For health professionals, the high rate reflects widespread membership in medical organizations such as the Canadian Nurses Association and the Canadian Medical Association. For the broad category of professionals in law, arts and social sciences, the high level of participation reflects membership in the Canadian Bar Association and chapters of the Teachers' Federation. It also includes membership in a wide diversity of professional organizations linked to academic and career specialties.

Table C.4: Participation in Types of Organizations, GSS17 2003

	Type of Organization						
	Professional Association or Union	Sport or Recreation	Culture, Education or Hobby	School, Neighbourhood or Community Association	Religious Group	Service or Fraternal	Political Party or Group
	% participating						
Professionals, Health	82	37	26	22	26	8	6
Professionals, Business	40	38	25	21	21	9	8
Professionals, Physical Sci	39	39	22	18	13	5	5
Professionals, Law, Arts, Soc Sci	65	40	38	33	24	9	9
Upper-level Managers	28	39	22	21	16	10	9
White collar	26	31	17	18	16	6	4
Blue collar	28	29	11	11	13	7	4
All Occupations	32	33	18	18	16	7	5

- One-third of working Canadians are involved in sport or recreation organizations, reflecting the prevalence of these organizations in the nonprofit and voluntary sector where they comprise 21% of all organizations (Hall et.al., 2004, Table 1.1:13). Across all professions and managers, the level of participation is essentially identical (about 39%), while it is lower among white and blue collar workers (about 30%). This difference, in part, may reflect the costs associated with participation in these organizations (membership dues, equipment, etc.), but it may also indicate a disinclination among white and blue collar workers to participate in formally organized recreational activities. Conversely, it may also represent a preference among professionals and managers, many more of whom participate in formal work-related organizations, to opt also for recreational activities that are formally organized.
- Participation in culture, education or hobby organizations is higher among professionals (with the possible exception of those in the physical and applied sciences). As with membership in recreational organizations, the tendency for more professionals to participate in these organizations may reflect their feeling comfortable with formally organized leisure-time activities. By

comparison, the very low levels of participation among blue collar workers suggest they have less interest in formal leisure-time activities.

- Almost one-fifth of working Canadians are members of, or participate in school, neighbourhood or community groups or associations. Participation is particularly high among professionals in law, arts and social sciences, and is particularly low among blue collar workers. The former, in their work, deal most directly with the social side of every day life and this may translate into a more proactive stance in the activities they pursue outside of work. They also possess the legal, educational or social knowledge and skills that would place a high value on their participation in these types of organizations. The low level of participation among blue collar workers, conversely, may reflect their lack of knowledge and skills in this area, but it may also reflect less opportunity to participate if these community-based organizations are less common in their neighbourhoods.
- Slightly more than one in six working Canadians were members of, or participated in religious organizations. Participation in such organizations and groups is consistent with the extent to which each occupational group is religiously active as measured by frequency of religious attendance. The three occupational groups with the highest levels of religious group participation — professionals in health, in business, and in law, arts and social sciences — are the groups with the largest proportion of religiously active members (see Table B.5), while two occupational groups with the lowest participation in religious groups, the professionals in the physical and applied sciences and blue collar workers, are the two with the smallest proportion of religiously active members. Civic participation in religious groups of various sorts is understandably a consequence of a religious congregation.
- Participation in fraternal or community service organizations is notably low compared to other types of organizations (7%), but the pattern of participation

across occupations is of interest. Four of the occupational groups are significantly more likely to participate in these organizations than the other three — high-level managers, and professionals in business, in law, arts and social sciences, and in health. For managers and business professionals, this is likely to be participation in business-related service organizations such as the Chamber of Commerce or the Rotary Club. For professionals in health or law, arts and social sciences, it may be participation in the more broadly-based service organizations such as the Lions, Optimists or Kiwanis Clubs.

- Participation in fraternal or service organizations is lower among professionals in the physical sciences, and white and blue collar workers. However, this is the one area of participation in voluntary (non-work related) groups and organizations where blue collar workers are slightly more likely in statistical terms to participate than are white collar workers. The particular combination of social club, community and charitable activity may be particularly attractive to this group of Canadians, where other types of organizations are less so.
- Participation in political parties or groups is very low across all occupational groups, but is highest among professionals and managers (again with the exception of professionals in the physical and applied sciences). The levels of participation are highest among the occupational groups that may contain centre-right (managers and business professionals) and centre-left (law, arts and social sciences) political persuasions. The participation rates for white and blue collar workers are only slightly lower, but with differences that nonetheless are statistically significant. Lower levels of participation among these individuals are consistent with the higher levels of political indifference found among white and blue collar workers (Jedwab, 2004).

C.2 Voting and Political Activities

- Three-quarters of working Canadians say they voted in at least one recent election. Participation in this most basic form of citizen participation is lower in particular elections. About two-thirds of the GSS17 survey respondents voted in the most recent federal or provincial election, and just over half in municipal elections (Table C.5).

Table C.5: Voted in Most Recent Elections, GSS17 2003

	Any election	Federal	Provincial	Municipal
	% yes			
Professionals, Health	82	79	74	62
Professionals, Business	85	78	78	62
Professionals, Physical Sci	74	71	67	49
Professionals, Law, Arts, Soc Sci	84	80	78	61
Upper-level Managers	81	77	75	63
White collar	71	65	64	52
Blue collar	70	64	63	50
All Occupations	74	68	67	54

- In every election, the pattern of participation across occupations is virtually identical. Upper-level managers and professionals, except those in the physical and applied sciences, show high levels of participation, with white and blue collar workers' participation is about 10 percentage points lower. This last pattern obviously reflects higher levels of disengagement that tend to exist at the lower levels of the occupational and socio-economic structure.
- The reason for the low rate of participation at all levels among professionals in the physical and applied sciences is less clear, but it is consistent with much of the data on the contributory and participatory behaviour of this group that we have examined up to this point. Whether looking at volunteering, charitable giving or civic participation, professionals in this occupational category show distinctly lower levels of participation relative to other professionals. This pattern may be the clearest evidence we have for the nature of the connection between the work a person does and the character of

their participation in social contexts outside their workplace. Among all the professionals and managers, the work of professionals in the physical and applied sciences does not directly deal with people as other members of society, nor with society itself in some larger sense. This may predispose them less towards various forms of interaction with others, or it may actually limit their opportunities for participation. In either case, the result is below-average levels of social and civic engagement.

- Participation in political actions takes many forms among working Canadians (Table C.6). Almost one-third had signed a petition, one-quarter or more had researched political issues, boycotted or bought products for ethical reasons or attended a public meeting. Substantially fewer had contacted the media or a politician to express their views, marched in a demonstration or rally, or volunteered for a political party.

Table C.6: Participation in Political Actions, GSS17 2003

	Signed a Petition	Researched Political Issues	Chosen or Boycotted Products for Ethical Reasons	Attended a Public Meeting	Expressed Views by Contacting News media or Politician	Marched in a Demonstration	Volunteered for a Political Party
	% yes						
Professionals, Health	43	34	33	30	17	9	*
Professionals, Business	34	37	29	26	21	7	5
Professionals, Physical Sci	37	48	31	28	16	7	3
Professionals, Law, Arts, Soc Sci	50	51	47	39	25	17	5
Upper-level Managers	31	33	29	31	18	5	5
White collar	31	26	21	19	11	7	2
Blue collar	25	21	15	20	10	5	2
All Occupations	32	29	24	23	13	7	3

* results suppressed due to small cell counts

- Across all seven types of political action, professionals in law, arts and social sciences were most likely to report participation in the previous 12 months.
- White and blue collar workers are least likely to participate in any of the types of political action, and in most cases, their levels of participation are markedly lower than that of professionals (but not always that of managers).

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

- Volunteering time and giving money to charitable organizations are two standard ways individuals contribute to the vitality of their communities. As noted earlier, professionals of all types show a significantly higher tendency to work as volunteers compared to the other three occupational groups. And although professionals in the health sector appear slightly more likely to be volunteers than other professionals (43 versus 39 percent), the difference is not statistically significant. Managers, administrators, and routine white-collar groups are about equally likely to volunteer (their rates are not significantly different statistically) but are about 6 to 10 percentage points less likely to volunteer than professionals. Blue collar occupation groups are least likely to volunteer (21%) a level which is significantly lower than all the other organization groups.
- While health professionals have one of the highest rates of participation as volunteers, they also have the lowest average hours volunteered per year, although their mean annual hours of 110 are significantly lower only when compared to other professionals. Thus, where health professionals show a probability of volunteering that equals or exceeds other occupational groups, the amount of time they devote to these activities appears to be lower than all other groups. To examine these patterns further, we sub-divided the health professionals into two groups, treating MDs and other health professionals separately, and treating medical aides and orderlies separately from other white collar workers.

D.1. The Incidence and Magnitude of Volunteering

- Because MDs are a small proportion of the population in Canada (0.4% of all occupations), we have usable data on volunteering only from the 2003 General Social Survey Cycle 17 (Table D.1).

Table D.1: Volunteering in Past 12 Months, GSS17 2003

	Estimated		% of Volunteers	% of Occupational Structure	Total Hours Volunteered	% of Total Hours	Volunteers Only	
	Number of Volunteers	Rate					Mean Hours	Median Hours
MDs	25,983	38	0.4	0.4	2,137,357	0.2	82	35
Other Health Professionals	144,626	41	2.3	1.9	12,902,452	1.5	90	34
Medical Aides and Orderlies	132,780	29	2.1	2.5	17,262,648	2.0	130	109
Other Professionals	1,202,692	45	18.9	14.9	166,839,824	18.9	140	112
Upper Managers	725,456	43	11.4	9.3	101,693,360	11.5	141	111
White Collar	3,073,629	36	48.4	47.3	437,131,709	49.5	144	110
Blue collar	1,048,781	25	16.5	23.6	145,659,243	16.5	141	108
All Occupations	6,353,947	35	100.0	100.0	883,625,503	100.0	141	110

- The highest rates of volunteering occur among professionals (45%) and managers (43%). Rates for health professionals are slightly lower with MDs at 38% and other health professionals at 41%. These rates are slightly higher than those for white collar occupations (36%) and are distinctly higher than the rate of volunteering among blue collar occupations (25%), or among medical aides and orderlies (29%).
- MDs comprise about 0.4% of all volunteers, equal to the proportion they comprise in the population.
- Other health professionals, other professionals, and managers are all over-represented among volunteers, when the percentage of volunteers is compared to the percentage in the occupational structure. The largest degree of over-representation occurs for the “other professional” category.
- Blue collar groups are substantially under-represented among volunteers.

- As with MDs, medical aides and orderlies, and white collar occupations participate as volunteers at levels that are about equal to their proportion of the occupational structure.
- MDs contributed just over 2.1 million hours to volunteering in 2003, or an average of 82 hours per volunteer during the year.
- Other health professionals contributed almost 13 million hours in 2003, or an average of 90 hours per volunteer. This is only slightly higher than MDs (but is not statistically significant).
- The average amount of time volunteered each year is about the same (around 140 hours) for other professionals, managers, and white and blue collar occupations. These averages are significantly higher, statistically, than the averages for both MDs and other health professionals.
- One reason why we offer the conjecture that both the participation rate and average hours volunteered by MDs are lower than that of other health professionals, other professionals and managers, may relate to the time these occupational groups have available outside of work. Table D.2 shows that as a group, MDs tend to work the most hours in a given week (just over 50 hours). This is a significantly higher average than that of all but managers and blue collar workers. For these groups, less time will be available for volunteering compared to most other occupations.
- However, hours spent at paid employment do not appear to account for all the differences between MDs and other occupations. Managers, who work an average of 3 fewer hours each week, volunteer 1 hour more each week. In fact they volunteer almost twice as much time each week (2.7 hours) as do MDs (1.6 hours).

Table D.2: Hours Worked in the Last Week, GSS17 2003

	Last Week	
	Hours Employed	Hours Volunteered ^a
MDs	50.3	1.6
Other Health Professionals	36.0	1.7
Medical Aides and Orderlies	34.6	2.5
Other Professionals	39.3	2.7
Upper Managers	47.1	2.7
White Collar	34.7	2.8
Blue collar	43.9	2.7
All Occupations	27.6	2.7

a. This is the average annual hours in Table C.1 divided by 52

- We cannot determine how much *pro bono* work MDs reported they did in their medical practice. If they do not consider this work to be “volunteering”, then there will be a tendency for both their participation rate and hours volunteered to be underestimated to some unknown degree.

D.2. Characteristics of Volunteers

- Because MDs represent a small proportion of the sample in GSS 17, it is difficult to get accurate numbers about the character of those who act as volunteers. However, if the characteristics are restricted to broad categories, some interesting results can be obtained.

D.2.1. Gender

- From the data in Table D.3, it would appear that women MDs are more likely to volunteer than their male counterparts. However, given the limited number of MDs in each gender group, the difference between men and women is not statistically significant.

Table D 3: Volunteers by Gender, GSS17 2003

		Volunteer		
		No	Yes	Total
		%		
MDs	Male	70	30	100.0
	Female	49	51	100.0
	Total	62	38	100.0
Other health professionals	Male	57	43	100.0
	Female	59	41	100.0
	Total	59	41	100.0
Medical aides and orderlies	Male	71	29	100.0
	Female	71	29	100.0
	Total	71	29	100.0
Other professionals	Male	57	43	100.0
	Female	53	47	100.0
	Total	55	45	100.0
Upper Managers	Male	57	43	100.0
	Female	56	44	100.0
	Total	57	43	100.0
White collar	Male	66	34	100.0
	Female	63	37	100.0
	Total	64	36	100.0
Blue collar	Male	76	24	100.0
	Female	72	28	100.0
	Total	75	25	100.0

- Among others who work in the health sector, the other health professionals, and medical aides and orderlies, men and women are equally likely to be volunteers. This is also true of other professionals and managers.
- Only among white and blue collar workers are the proportions of men and women who volunteer statistically different, and in both cases women are slightly more likely to be volunteers.

D.2.2. Region

- MDs in Ontario appear more likely to be volunteers than MDs elsewhere in Canada, but the differences (seen in Table D.4) among MDs are barely significant statistically. Thus the 24 percentage point difference (seen in Table D.4) may actually be substantially smaller.

Table D.4: Volunteers by Region, GSS17 2003

		Volunteer		Total
		No	Yes	
MDs	Outside Ontario	71	29	100.0
	Ontario	46	54	100.0
	Total	62	38	100.0
Other health professionals	Outside Ontario	59	41	100.0
	Ontario	59	41	100.0
	Total	59	41	100.0
Medical aides and orderlies	Outside Ontario	75	25	100.0
	Ontario	65	35	100.0
	Total	71	29	100.0
Other professionals	Outside Ontario	56	44	100.0
	Ontario	54	46	100.0
	Total	55	45	100.0
Upper Managers	Outside Ontario	56	44	100.0
	Ontario	58	42	100.0
	Total	57	43	100.0
White collar	Outside Ontario	65	35	100.0
	Ontario	62	38	100.0
	Total	64	36	100.0
Blue collar	Outside Ontario	75	25	100.0
	Ontario	77	23	100.0
	Total	75	25	100.0

- Medical aides and orderlies, and white collar workers in Ontario, are also more likely to be volunteers than are their counterparts elsewhere in Canada. In contrast, among other health professionals, other professionals, managers,

and blue collar workers, the levels of volunteering are essentially the same in Ontario and elsewhere.

D.2.3. Age

- One way MDs differ substantially from other occupational groups concerns the stage in the lifecycle where a particular group tends to be most active as volunteers. For all occupation groups, with the exception of MDs, individuals ages 55 and older are as or slightly more likely to participate as volunteers when compared to individuals ages 54 or younger (Table D.5). However, for all these groups, the slightly higher rate in the older age bracket is not statistically different from that of the lower age bracket. The MDs are the exception; they show a distinctly higher (and statistically significant) likelihood for volunteering at older rather than younger ages.
- Earlier we found that MDs who were volunteers average substantially fewer volunteered hours per year than all other occupational groups and we noted that the amount of time MDs devote to their practices could have a bearing. Since MDs worked the most hours per week of all the occupational groups, their discretionary time available for volunteering might be more limited than is the case for those in other lines of work. For many MDs, it is apparent that they are able to reduce the time they devote to work after age 55. In the GSS 17 survey, MDs aged 54 and younger worked an average of 55 hours each week. For MDs aged 55 and older, this falls significantly to 36 hours per week. This drop in hours worked (-19 hours) is substantially larger than occurs for any other occupational group (the next largest being a 7-hour drop among other health professionals). Thus it may be the case that the large increase in the rate of volunteering by MDs after age 55 is partly a consequence of having more time available to devote to pursuits outside of home and work.

Table D.5: Volunteers by Age Group, GSS17 2003

		Volunteer		
		No	Yes	Total
		%		
MDs	Age 54 and under	72	28	100.0
	Age 55 and older	32	68	100.0
	Total	62	38	100.0
Other health professionals	Age 54 and under	59	41	100.0
	Age 55 and older	55	45	100.0
	Total	59	41	100.0
Medical aides and orderlies	Age 54 and under	72	28	100.0
	Age 55 and older	64	36	100.0
	Total	71	29	100.0
Other professionals	Age 54 and under	56	44	100.0
	Age 55 and older	51	49	100.0
	Total	55	45	100.0
Upper Managers	Age 54 and under	58	42	100.0
	Age 55 and older	52	48	100.0
	Total	57	43	100.0
White collar	Age 54 and under	64	36	100.0
	Age 55 and older	66	34	100.0
	Total	64	36	100.0
Blue collar	Age 54 and under	75	25	100.0
	Age 55 and older	75	25	100.0
	Total	75	25	100.0

D.3. Distribution of Direct Helping by Occupational Groups

- Another way to contribute to one's community is by providing assistance directly to those in need without any organization or group as an intermediary. The GSS 17 survey inquired about several types of direct help individuals could have provided over the last month to individuals outside their own household. The types of help include: domestic help, which includes child care, domestic work, home maintenance and outdoor work;

providing transportation or running errands; teaching, coaching, or giving practical advice; and providing unspecified emotional support.

Table D.6: Direct Help Given by Respondents in the Last Month, GSS17 2003.

	All Types of Direct Help		Specific Types of Direct Help			
	Estimated number of help-givers	Rate	Domestic work, including childcare	Transport or errands	Teaching, coaching or advising	Emotional support
MDs	58,086	85	43	45	60	68
Other health professionals	309,925	89	51	53	50	76
Medical aides and orderlies	394,154	86	51	55	48	69
Other professionals	2,304,834	86	50	52	56	64
Upper Managers	1,378,211	82	51	49	48	56
White collar	7,151,672	84	52	50	49	65
Blue collar	3,343,617	79	57	47	42	45
All Occupations	14,940,499	83	53	50	48	60

- In general terms, the proportion of each occupation group that provided assistance to someone who was not a member of their household are virtually identical at about the national rate of 83% (Table D.6). The highest participation rate occurred among other health professionals (89%), while the lowest occurred among blue collar workers (79%). Evidently, in any given month, the vast majority of adult Canadians provide assistance of some sort directly to relatives, friends, neighbours and others.
- The most common form this direct help took was providing emotional support (60%), although this is not very far ahead of the other three types, each of which was done by about half of adult Canadians. In the case of domestic help, which includes housework, childcare, and home and yard maintenance, the participation rate for MDs was lowest at 43% and highest for blue collar workers at 57%. In contrast, for teaching, coaching or giving advice, MDs were highest at 60%, while blue collar workers were lowest at 42%. Providing transportation or running errands was also a form of assistance that MDs were less likely to provide than other occupational groups.

E. Charitable Giving Among Medical Professionals and Other Health Workers

E.1. The Incidence and Magnitude of Charitable Giving

- Donations to charitable and nonprofit organizations are a vital part of the funding these organizations receive each year: in 2000, 78% of the population ages 15 and older made at least one donation to these types of organizations, with total donations amounting to over 4.9 billion dollars (Statistics Canada, 2001:13). Three years earlier, the proportion of donors was slightly higher at 81%, while total donations were about 3.7 billion dollars.
- As one would expect, people in occupations at the high end of the income scale — various professionals and upper-level managers and administrators — are more likely to be donors and tend to donate more money (Table E.1). Among these, medical doctors are most likely to have made a donation (92.1%), and on average among donors, to give the most money to charities (\$541). As we will find throughout this analysis, however, the very small size of the MD group in the sample means that differences between them and other groups will often not show statistical significance unless the differences are very large. In the case of rates of giving, for example, statistical tests show that the proportion of MDs who give to charity is significantly larger only compared to routine white collar (78%) and routine blue collar (77%) occupations. Similarly, the average size of donations among MDs who are donors is not statistically larger than any of the other occupations. However, when MDs are combined with other health professionals, the average donation of \$430 for the category is significantly higher than that for medical aides, orderlies, and white collar and blue collar occupational groups. And on the other hand, the average annual donation of health professionals is not significantly different from other professionals or managers.

Table E.1: Formal Charitable Giving in Last 12 Months, NSGVP 2000

	Donors (000's)	Rate	% of donors	Total Dollars Donated	% of \$ donated	Donors Only	
						Mean	Median
MDs	86	92	0.6	46,293,621	1.3	541	200
Other Health Professionals	276	88	2.0	109,126,281	3.0	395	150
Health Professional Subtotal	362	89	2.6	155,419,902	4.3	430	180
Medical Aides and Orderlies	373	91	2.7	78,933,156	2.2	212	65
Other Professionals	2,079	89	15.0	932,579,265	25.6	449	170
Upper Managers	1,367	86	9.9	567,176,053	15.5	415	168
White Collar	6,159	78	44.5	1,350,344,923	37.0	219	60
Blue collar	3,493	77	25.3	563,711,421	15.5	161	45
All Occupations	13,833	81	100.0	3,648,164,721	100.0	264	74

- Nonetheless, the average annual donation total for MDs is larger than the average for other professionals, and for managers. So while the evidence is not firmly conclusive, it does suggest that average donations among medical doctors are on a par with, and possibly higher than the other professional and managerial occupations.
- In addition, MDs represent about 0.6% the occupations reporting donations in the NSGVP 2000, but they account for more than double that proportion of all dollars donated (1.3%). The other upper-level occupations also tend to give more than their share, but not to the extent that exist among MDs. The nearest occupational group in these terms is other non-health professionals who make up 15% of all donors and account for about 26% of all dollars donated. Managers are third, making up 10% of donors and accounting for 16% of dollars donated.
- Obviously the amount an individual can or will donate depends on the income they have available for these discretionary expenditures, and discretionary income will rise as income itself rises. For this reason, direct comparisons across occupational groups of the actual amount of money donated to charities is somewhat misleading because it compares apples with oranges and pears. An alternative way to compare levels of charitable giving across

occupational groups is to examine the proportion of household income each person donates to charities. Table E.2 presents this information for those who actually make donations in each occupational group. The table shows that the proportion of household income donated to charities is quite similar for the four highest income occupational groups. Medical doctors, other health professionals, other professionals, and managers all contribute around six-tenths of one percent of their household income. Occupations with lower household incomes — medical aides and orderlies, and routine white and blue collar occupations — donate about four-tenths of one percent of that income. Even when expressed as the proportion of household income given to charities, the higher income households give proportionally more than the lower income households. This may indicate a greater proclivity for giving among the upper echelons of the occupational structure, but it may also indicate that the lower-income households are still below the level where individuals or households have a substantial discretionary component in their household budgets.

Table E.2: Percent of Household Income Donated to Charities, NSGVP 2000

	Average Household Income	Number of Donors	Donors only	
			mean	median
			% of Household Income	
MDs	104,527	85,644	0.66	0.40
Other Health Professionals	72,378	276,089	0.59	0.25
Health Professional Subtotal	79,705	361,734	0.61	0.25
Medical Aides and Orderlies	57,534	372,498	0.39	0.15
Other Professionals	80,592	2,079,221	0.66	0.23
Upper Managers	76,776	1,367,177	0.63	0.21
White Collar	56,427	6,159,312	0.43	0.13
Blue collar	57,377	3,493,327	0.36	0.09
All Occupations	62,439	13,833,270	0.47	0.13

- Across all measures of the extent and amount of charitable giving, the higher occupational groups are more likely to make charitable donations, and tend to give more money when they do make donations, either in absolute dollar

amounts, or relative to their annual income. And in all these aspects of giving, health professionals and medical doctors in particular, are at the top end of the distribution.

E.2. Patterns of Charitable Giving

- In addition to information on the amount of donations, the NSGVP 2000 also collected information about the kinds of organizations donations went to and the methods used to solicit the donations. The kinds of organizations to which donations were made are grouped into 12 broad types, including culture and recreation, education and research, health, social services, environment, development and housing, law, advocacy and politics, philanthropic intermediaries and volunteer promotion, international, religious, union and professional associations, and a final “not elsewhere classified” group.
- There is wide diversity in charitable organizations to which individuals can make donations. The factors that determine which ones they choose to support are also varied, including personal experience, participation in the activities of a particular organization, and the national prominence or effectiveness of fundraising campaigns. But one factor is probably important for many individuals; organizations that are closely involved in activities that relate to a particular occupation’s area of specialization may well be favoured by individuals in that occupation. This occurs because the specialized knowledge associated with an occupation makes a member more aware of the needs and goals of a particular organization or types, and there may also be a sense of obligation to support organizations that work in an area that is close to or even part of one’s own occupational activity.

- The six most common types of organizations to which donations were made are presented in Table E.3, with the 6 least common types combined as “other” organizations.

Table E.3: Percent of Occupation Group Who Give to Each Type of Organization, NSGVP 2000

	Health	Social Services	Religion	Education and Research	Philanthropic Intermediaries and Volunteer Promotion	Culture and Recreation	All Others	Total of Donors
					%			
MDs	99	36	42	53	*	*	*	100
Other Health Professionals	83	60	46	28	*	*	*	100
Health Professional Subtotal	87	54	45	34	24	17	31	100
Medical Aides and Orderlies	72	48	31	30	23	24	31	100
Other Professionals	75	55	43	28	34	22	28	100
Upper Managers	76	54	41	25	32	26	30	100
White Collar	67	47	35	25	19	16	23	100
Blue collar	61	44	37	23	17	17	19	100
All Occupations	68	48	37	25	22	18	24	100

* results suppressed due to small cell counts

E.2.1. The Incidence of Giving to Health Organizations

- For occupational groups as a whole, health-related organizations were the most common recipient of charitable donations — more than 68% of all occupations made one or more donations to these organizations, followed successively by social service, religious, and education and research organizations (Table E.3). There is a visible link between the type of organization to which individuals make donations and the nature of their occupations. For example, health professionals, and physicians in particular, tend to make donations to health-related charities. But a majority of all occupations also make at least one donation to these charities each year. This may reflect the fact that there are many well-established national organizations representing specific diseases and health concerns that actively seek support by donors. Many of these organizations have a long and successful history of health advocacy that has brought them to national prominence, such as, for example, the March of Dimes organization that has

championed child-related health concerns since the 1930's, and the Canadian Cancer Society which has long been an organization with an important role in cancer education and research, also begun in the 1930's with direct support from the Canadian Medical Association. These and other health organizations have both a high profile and a broad-based appeal that encourages public support through annual donations. As one would expect, individuals directly involved in the health care sector are the strongest supporters of these initiatives. Donations to health organizations is also strong among other professionals and managers; about three quarters of them give to these organizations, and although white and blue collar groups are less inclined to donate to these types, still the majority do so.

E.2.2. The Incidence of Giving to Education and Research

- Medical doctors also show a strong pattern of making donations to organizations involved in education and research (Table E.3). This type includes organizations concerned with education services at all levels in the education system, and research organizations in the medical, physical, life, and social sciences. Here the difference between MDs and other occupations is even more marked than for health organizations. Where more than half of doctors gave to education and research organizations, only between one-quarter and one-third of any other occupational group did so. On the face of it one might assume that the tendency for MDs to donate to organizations in this group is linked to the presence of medical and other science research organizations in this category. However, this is not the case; all of the organizations to which MDs made donations in this group were involved in the provision of services for various levels of the school system, from pre-school to universities to adult education. In supporting organizations in this group, MDs are focusing on organizations that support education services rather than research in any of the sciences.

E.2.3. The Incidence of Giving to Social Services Organizations

- After health organizations, the second most widely supported type of organization are those involved in the delivery of social services (Table E.3). Included in this group are organizations concerned with family services and family welfare, services for the handicapped and elderly, shelters, and income support programs. Other health professionals, other professionals, and managers lead the way with just over half of donors in these groups giving money to such organizations. Not far behind at just under 50% are medical aides and orderlies and white and blue collar occupational groups.
- The occupation group *least* likely to support social service organizations, however, is medical doctors with only about 36 percent of them annually making a donation in support of these organizations. However, statistical tests show that this proportion is not significantly lower in statistical terms than the rates for other medical professionals, and thus the low rate among MDs may simply be due to their low numbers in the survey and resulting large sample variability. Nonetheless, the pattern of giving among MDs indicates that they tend to focus their giving on health and education organizations and thus are less likely to support other organization types.

E.2.4. The Incidence of Giving to Religious Organizations

- The third most prevalent type of organization as a recipient of donations were religious organizations. This category includes churches, synagogues, temples, mosques and similar organizations that promote religious beliefs, and related associations and auxiliaries of such organizations. Donations to these organizations can be annual donations of support such as tithing or pledging, or charitable requests made through or on behalf of these organizations.

- The figures in Table E.3 show that between 40% and 46% of medical doctors, other health professionals, other professionals and managers make donations to religious organizations. The other occupation groups are slightly less likely to give to religious organizations, but the differences between the upper and lower echelon occupations are not large enough to be statistically significant. Overall, then, just over one-third of employed Canadians make donations to religious organizations. This is about the same as the proportion of employed Canadian donors who report regular attendance (monthly or more often) at religious services (31%), a group whose participation in a congregation undoubtedly increases their exposure and willingness to support the charitable goals of that organization.

E.2.5. The Incidence of Giving to Philanthropic Intermediaries and Volunteer Promotion

- Ranking just behind education and research organizations for donations among occupational groups are organizations that are philanthropic intermediaries or that promote volunteering. Chief among these is the United Way of Canada, a philanthropic intermediary that collected and distributed more than \$250 million in donations to more than 17,000 nonprofit organizations across Canada in 2003. Statistics on donations to these types of organizations are presented in Table E.3, but the counts for MDs are low enough to be unreliable estimates on their own and have been combined with the data for other health professionals to produce an “all health professional” subtotal.
- Professionals outside the field of health led the way in donations to these organizations, with about 34% making donations annually. Health professionals, at 25%, are less likely to give to these organizations compared to other professionals. This, however, is about the middle of the distribution for other occupational groups which range from a high of 32% for managers

to a low of 17% for blue collar occupations. Health professionals are slightly more likely to give to these organizations than is the average for all occupation groups in Canada, but they do not stand out to any great degree from the other occupations.

E.2.6. The Incidence of Giving to Culture and Recreation Organizations

- The sixth most common recipients of charitable donations are organizations supporting cultural and recreational organizations. According to the 2000 Survey of Nonprofit and Voluntary Organizations, these organizations make up more than 22% of all nonprofit and voluntary organizations in Canada. And unlike most of the other organization types which are largely concerned with addressing various social issues, these organizations are mainly concerned with supporting cultural, social and sports activities as recreational pursuits. They are thus not the kinds of organizations typically thought of as charities, and as the relatively low levels of support in Table E.3 show, are a lower priority for most individuals' charitable giving. Among all occupational groups, managers are most likely to support this group. Medical doctors, along with the white and blue collar occupations, are least likely to give to organizations in this group.
- The levels of donating to the remaining six organization types are markedly lower than for the specific six types already examined. As Table E.3 shows, these groups together receive a substantial amount of support, particularly among those working in the health sector, other professionals, and managers. However, no more than 12% of any occupational group made donations to a particular type among the six, and the low levels of support are evident in the overall percentage of donors that made donations to these types of organizations: environment, 7%; development and housing, 2%; law, advocacy and politics, 5%; international, 6%; and unions and professional

associations, 1%. About 3% of all occupations also made donations to organizations that could not be classified into any of the other eleven categories.

E.3. The Magnitude of Giving to Nonprofit and Charitable Organizations

- The information in the sections above shows how *extensive* is support for various types of organizations among occupational groups, but it does not indicate how large that support is. Another way to examine how occupational groups support nonprofit organizations is by looking at the proportion of all dollars donated by each occupational group that goes to each type of organization. The figures in Table E.4 present a different picture of charitable giving than appeared in Table E.3. Virtually all MDs who were donors made a donation to one or more health organizations, but this accounted for only about one-fifth (20%) of all the money they donated to charities. The situation is the same for social services, where one-third (36%) of doctors who were donors made contributions that account for 3% of total donations from MDs, and for education and research organizations, where 50% of doctors made contributions that amounted to 7% of total donations. This pattern essentially repeats for every other occupational group's giving to these three types of organizations: a substantial proportion of each group gives to a particular type but the proportion of total dollars donated that these donations represent is very much lower. This means that while giving to these types of organizations is widespread, the size of the donations is actually quite modest.
- In contrast, giving to religious organizations is exceptionally high — less than half (42%) of MDs who were donors give to these organizations, but this accounts for approximately 58 cents of every dollar they donate to charities (58% of total donations). This pattern is repeated for all other occupational

groups where between 32% and 46% of individual donors make donations to religious organizations that account for between 38% and 50% of all money they donate to charities. Compared to any other type of organization, a very substantial part of all the monies donated to charities and nonprofits goes to religious organizations. For Canada as a whole, just over one-third (37%) of occupational groups make donations to religious organizations but this accounts for almost a half (47%) of all the money that goes to charities each year.

Table E.4: Percent of Total Donations by Each Occupation Group Going to Each Type of Organization, NSGVP 2000.

	Health	Social Services	Religion	Education and Research	All Other organizations	Total Donations
	% of total donations					
MDs	20	2	58	7	13	100
Other Health Professionals	17	12	45	4	23	100
Health Professional Subtotal	18	9	49	4	20	100
Medical Aides and Orderlies	24	8	43	3	22	100
Other Professionals	21	10	46	4	19	100
Upper Managers	21	12	37	2	27	100
White Collar	18	10	50	3	19	100
Blue collar	16	11	49	4	20	100
All Occupations	19	10	47	3	20	100

- The importance of active participation in a religious congregation has been noted in much of the research on contributory behaviours and on charitable giving specifically (Selbee and Reed, 2004). Active participation, defined as attending religious services monthly or more often, is distinctly higher among MDs (at 56%) than among any other occupational group (Table E.5). Other health professionals are not as active in their religious congregation (40%), and all the other groups are even less active, with only between 27% and 33% attending services monthly or more often.
- The connection between active participation in a religious organization and charitable giving is considerably stronger among MDs than other occupations. More than half of all MDs are active religious participants and

the money these people donate to religious organizations accounts for about 57% of all the money MDs in total give to charities. Among other occupational groups, the proportion of all donations active religious participants give to religious organizations ranges between 32% and 42%. So while MDs give a very large portion of all charitable donations to support religious organizations, the other occupational groups also direct a substantial share of their giving in this way.

Table E.5: Religious Attendance and Religious Giving, NSGVP 2000

	% Religiously Active*	Religious Dollars as % of Total Dollars Donated
MDs	56	57
Other Health Professionals	40	38
Health Professional Subtotal	44	44
Medical Aides and Orderlies	27	32
Other Professionals	33	39
Upper Managers	29	30
White Collar	31	41
Blue collar	28	37
All Occupations	31	38

* The religiously active attend services monthly or more often

- This type of giving is in many ways different from the giving that is typically thought of as charitable giving. Money donated to support a religious or faith community in large part goes to maintenance of the infrastructure of that religious organization. Most of these organizations do provide various kinds of services such as educational or health programs, but often the clientele is largely restricted to members of the congregation, and are not likely to make up more than a small part of the congregation's annual expenditures. As a consequence, a significant but unknown proportion of the money donated to religious organizations is not directly used to support activities that would typically be described as charity functions that benefit the community.

E.3.1. The Magnitude of Giving to Religious Organizations

- The largest single organizational category in terms of total dollars received in donations are religious organizations: they receive 47% of all dollars donated to charities and nonprofits. The tendency for MDs to support religious organizations is evident in Table E.6. Their average donation is substantially larger than any other occupational group (although the differences between MDs and any other groups are not statistically significant). In order to compare the size of donations relative to the groups' household income, the mean donation is re-expressed as dollars donated per thousand dollars of average household income (in column 3 of the table). Again, the tendency for MDs to support religious organizations is evident. On average, they contribute 11 dollars for every 1000 dollars of household income. This is almost twice the next highest occupational group, the other professionals (\$56 per \$1000). And although low sample numbers for MDs means that there is substantial imprecision in the statistics for this occupational group, when combined with other health professionals, they are still the group that gives the largest share of their household income to religious organizations. The effect of this pattern of giving is evident in the last two columns of the table. Medical doctors represent 0.7% of all donors to religion organizations but they contribute a proportion of all monies to religious organizations that is about twice that size (1.3%). The only other occupational group that contributes a share of funds that is distinctly larger than their share of donors is other professionals. Thus professionals as a group provide a disproportionately higher share of money to religious organizations than do all the other occupational groups.
- Giving to religious organizations is about the same for all other occupational groups, at least in relation to their household income with the exception of the

blue collar group. These people tend to give a distinctly lower proportion of their income (\$3.64 per \$1000) to religious organizations.

Table E.6: Amount Donated to Religious Organizations, NSGVP 2000

	Mean Donation	Mean Household Income	Mean donation per 1000 income	Total Dollars Donated	% of Donations	% of Donors
MDs	736	65191	11.30	26,725,370	1.6	0.7
Other Health Professionals	382	75881	5.03	48,698,075	2.9	2.5
Health Professional Subtotal	461	73512	6.27	75,423,445	4.4	3.2
Medical Aides and Orderlies	290	53995	5.37	34,002,486	2.0	2.3
Other Professionals	480	85574	5.60	431,332,060	25.2	17.5
Upper Managers	382	79463	4.80	212,457,532	12.4	10.8
White Collar	317	60120	5.28	678,352,768	39.7	41.5
Blue collar	216	59525	3.64	276,772,738	16.2	24.8
All Occupations	332	66792	4.96	1,708,341,030	100.0	100.0

E.3.2. The Magnitude of Giving to Health Organizations

- Among the four main recipients of donations, health organizations receive the second largest share (Table E.4: 19.1%) of all money donated to charities and nonprofits by all occupational groups. Since organizations in this category are engaged in providing services directly related to the concerns of the medical professions, one would expect both MDs and other health professionals to extensively support these types of organizations. This is true in terms of the proportion of MDs (97%) and other health professionals (83%) who make at least one donation to health organizations, but the extent or size of their support lags behind other occupational groups. Two occupational groups, other professionals and managers; on average, give more money to health organizations each year, and give a larger share of their annual household income (Table E.7). As a result, these two occupational groups account for a larger share of money donated to health organizations than their share of the number of donors. Health professionals, as a group, do

not significantly differ from aides and orderlies or managers, but do on average give more than white and blue collar occupations.

Table E.7: Amount Donated to Health Organizations, NSGVP 2000

	Mean Donation	Mean Household Income	Mean donation per 1000 income	Total Dollars Donated	% of Donations	% of Donors
MDs	108	106711	1.01	9,152,849	1.3	0.9
Other Health Professionals	83	76480	1.09	19,003,999	2.7	2.4
Health Professional Subtotal	90	84647	1.06	28,156,848	4.0	3.3
Medical Aides and Orderlies	71	61861	1.15	19,076,021	2.7	2.8
Other Professionals	129	88825	1.45	199,991,369	28.6	16.4
Upper Managers	113	86366	1.31	117,450,840	16.8	11.0
White Collar	58	59641	0.98	242,331,721	34.7	43.9
Blue collar	42	60850	0.70	91,068,881	13.0	22.6
All Occupations	74	68521	1.08	698,075,680	100.0	100.0

E.3.3. The Magnitude of Giving to Social Service Organizations

- Overall, social service organizations rank third in the proportion of donations (10.2%) received from all occupational groups. Other professionals and managers led the way in contributions to these organizations with mean annual contributions of \$82 and \$94 per year (Table E.8). The average amount donated by MDs was on a par with routine white and blue collar occupations, with all three groups having statistically significant lower average donations relative to other professionals and managers. In fact, managers stand out in providing support for these organizations — they give the highest amount, \$1.11 per 1000 dollars of household income, and account for a disproportionately large proportion of the money donated to these organizations, as 11% of donors they accounted for 19% of all money donated.

Table E.8: Amount Donated to Social Service Organizations, NSGVP 2000

	Mean Donation	Mean Household Income	Mean donation per 1000 income	Total Dollars Donated	% of Donations	% of Donors
MDs	38	60487	0.63	1,156,205	0.3	0.5
Other Health Professionals	76	76942	0.99	12,630,733	3.4	2.5
Health Professional Subtotal	70	74383	0.95	13,786,939	3.7	2.9
Medical Aides and Orderlies	35	59890	0.59	6,354,339	1.7	2.7
Other Professionals	82	85969	0.96	94,071,020	25.2	17.1
Upper Managers	94	84968	1.11	69,200,965	18.5	11.0
White Collar	45	58168	0.77	129,095,044	34.6	43.4
Blue collar	40	60405	0.66	61,055,747	16.3	22.9
All Occupations	56	66908	0.83	373,564,054	100	100

E.3.4. The Magnitude of Giving to Education and Research Organizations

- The fourth largest recipients of donations were education and research organizations. In giving to these types of organizations, medical doctors led the occupational groups (Table E.9). Their average donation was the highest (although significantly higher only than aides and orderlies, and white and blue collar) as was the amount they gave per 1000 dollars of household income (\$1.03). As a result, the share of total donations they account for (2.5%) is about double their share of donors (1.3%). Other professionals also show a high average donation (and a disproportionately higher share of donation), although this is partly because their incomes are quite high — their donations per 1000 dollars of household income is quite similar to that of other health professionals. Managers have one of the lowest levels of giving per 1000 dollars of income — on a par with the routine white and blue collar occupations.

Table E.9: Amount Donated to Education and Research Organizations, NSGVP 2000

	Mean Donation	Mean Household Income	Mean donation per 1000 income	Total Dollars Donated	% of Dollars	% of Donors
MDS	67	65346	1.03	3,065,455	2.5	1.3
Other Health Professionals	50	72443	0.69	3,896,864	3.2	2.2
Health Professional Subtotal	56	69821	0.81	6,962,319	5.7	5.7
Medical Aides and Orderlies	22	61227	0.37	2,473,255	2.0	3.1
Other Professionals	57	92567	0.62	33,482,742	27.5	16.7
Upper Managers	41	91147	0.45	14,107,930	11.6	9.9
White Collar	29	60448	0.48	44,230,523	36.3	43.8
Blue collar	26	61641	0.42	20,585,775	16.9	22.9
All Occupations	35	69476	0.50	121,842,543	100	100

E.3.5. The Magnitude of Giving to All Other Organizations

- Finally, Table E.10 shows the pattern of giving to all other organizational types combined. Here MDs lag behind every other group in terms of the proportion of household income they donate (dollars per \$1000 of income), even though their average annual donation is in the middle range for the other occupational groups. The group that stands out in giving to these organizations is other health professionals, who have both the highest annual donation, and give the largest share (\$2.33/1000) of their household income.

Table E.10: Amount Donated to All Other Organizations, NSGVP 2000

	Mean Donation	Mean Household Income	Mean donation per 1000 income	Total Dollars Donated	% of Donations	% of Donors
MDS	124	132690	0.93	6,193,742	0.8	0.7
Other Health Professionals	178	76469	2.33	24,896,610	3.3	2.1
Health Professional Subtotal	164	91281	1.79	31,090,352	4.2	2.8
Medical Aides and Orderlies	84	66174	1.27	17,027,055	2.3	3.0
Other Professionals	139	86466	1.61	173,702,074	23.3	18.4
Upper Managers	172	88534	1.95	153,958,787	20.6	13.2
White Collar	92	60802	1.52	256,334,868	34.3	41.0
Blue collar	78	63482	1.23	114,228,279	15.3	21.7
All Occupations	110	70777	1.55	746,341,415	100.0	100.0

- In the full picture of donations to various types of organizations, a number of patterns are evident. Among all occupations, religious organizations are by far the main recipients of donations to charities and nonprofits. For this type of giving, MDs appear to lead the other occupational categories, notwithstanding the small sample numbers.
- Among non-religious organizations, those concerned with health issues are most widely supported and receive the largest share of donations. This is not surprising given the prominence of many disease-specific organizations with both long histories and coordinated national representation. Contrary to expectations, medical professionals, and medical doctors in particular, do not stand out in the amount of support they provide to these types of organizations. Other professionals and managers tend to give a larger proportion of their household income to these organizations than do those who actually work in the health industry. For social service organizations, MDs support these organizations to a lesser extent than do other professionals and managers. In contrast, MDs do support education and research organizations, although their support is only slightly, if at all, higher than other professionals and managers. Across all four types of organizations, the white and blue collar occupation groups tend to show comparatively lower levels of support. In large part, this may well be a consequence of lower levels of household income.

E.4. Methods of Making Donations

- There are numerous ways that charity and nonprofit organizations solicit donations from the general public. There are also many ways that individuals can make donations on their own initiative. In the 2000 NSGVP, questions were asked about fourteen distinct ways to donate money. Several of these are rarely-used methods and because of small sample sizes, have been collapsed into a generic “other method” category. This includes donations

made on the internet, in response to radio or television solicitations such as telethons, donations of stocks and bonds, and any other methods not specified in the list. In addition, for most of the methods of making donations, the cell counts for medical doctors were too small to produce reliable estimates. As a result, most of the analysis focuses on health professionals as a group, although some usable estimates are available for MDs.

- It is also important to remember that each individual may make donations through any or all methods. As is evident in column A of Table E.11, which reports the percentage of each occupational group that contribute through various methods, all groups donate via a wide range of methods (the percentages in each column add to much in excess of 100%). The most common method for every occupational group, with the exception of MDs, is by sponsoring a participant in a charity event, such as a walkathon. About half of health professionals, other professionals and managers made a contribution to charity by sponsoring someone in a charity event. Blue collar and white collar occupational groups are less likely to make donations in this manner (35% and 39% respectively), but it still ranks as the most common method of giving.
- The widespread use of sponsoring individuals is understandable given the nature of this form of donation. On one side, the individual who is sponsored in a particular charity event is often a family member, often one's children, or perhaps a neighbour, friend or acquaintance, but rarely a stranger. So there is a connection between the donor and the person asking for the donation, a factor that brings into play various familial and social obligations and expectations that makes it difficult to refuse to sponsor a child in their efforts to raise money for a charity. On the other side, as evident in column A for all occupations in Table E.12, those who do sponsor someone in one of these events, on average, donates only 27 dollars to charity through this process, which is the tenth highest of the 12 methods. Although sponsoring people in

charity events is a pervasive means of donating, each donor does not actually give much money through this method. Still, as column B in Table E.11 shows, these small donations, made by a fairly large proportion of the donor population, are enough to account for 5% of all the money donated to charities by all occupational groups, putting this method in fifth place overall. Sponsoring someone in a charity event commonly involves giving money to someone who is related to, or at least acquainted with the donor, and typically involves only a modest amount of money.

Table E.11: Percent of Each Occupational Group that Donated Through Each Method (Column A) and Percent of Total Donations by each Occupational Group that was made by each Method (Column B), NSGVP 2000

Occupational Group	MDs		Other health professionals		Health Professionals Subtotal		Medical aides and orderlies		Other professionals	
	A	B	A	B	A	B	A	B	A	B
Mail requests	65	18	33	11	41	13	30	7	37	14
Pay to attend charity events	62	10	27	9	35	9	24	11	27	9
Payroll deduction	*	*	16	4	15	3	18	13	23	6
Sponsoring someone in event	*	*	58	5	50	4	50	5	51	5
In Memoriam donations	59	10	27	6	35	7	19	6	25	8
Asked by someone at work	*	*	24	3	22	2	21	3	26	4
Door to door canvasers	57	3	47	2	49	2	37	4	38	2
Canvased at a shopping centre	*	*	24	1	19	1	33	2	23	1
Respond to a telephone request	*	*	15	3	12	2	16	2	11	1
At church/mosque/temple	*	*	39	40	34	44	25	43	35	40
On own initiative	*	*	16	8	13	6	*	*	8	5
Other methods	*	*	18	8	14	6	9	5	12	6
Total donations		100		100		100		100		100

Occupational Group	Upper Managers		White collar		Routine Blue collar		All Occupations	
	A	B	A	B	A	B	A	B
Mail requests	37	14	19	11	15	10	23	12
Pay to attend charity events	30	11	20	9	14	9	21	9
Payroll deduction	29	13	13	7	13	8	16	8
Sponsoring someone in event	51	6	39	6	35	5	41	5
In Memoriam donations	23	3	16	5	14	5	18	6
Asked by someone at work	21	3	17	2	13	2	18	3
Door to door canvasers	35	3	28	3	29	5	31	3
Canvased at a shopping centre	23	1	23	1	20	1	23	1
Respond to a telephone request	10	2	7	1	6	2	8	2
At church/mosque/temple	36	34	26	46	27	46	28	42
On own initiative	6	3	5	5	4	4	5	4
Other methods	14	6	11	5	8	4	11	5
Total donations		100		100		100		100

* results suppressed due to small cell counts

Table E.12: Average Annual Donation Per Person (Column A) and Average Donation Per Donation Event (Column B), NSGVP 2000

Occupational Group	MDs		Other health professionals		Health Professionals Subtotal		Medical aides and orderlies		Other professionals	
	A	B	A	B	A	B	A	B	A	B
	(dollars)									
Mail requests	139	76	116	72	124	73	43	31	145	78
Pay to attend charity events	77	52	109	92	96	74	91	82	134	110
Payroll deduction	*	*	103	91	103	91	155	146	128	124
Sponsoring someone in event	*	*	29	23	29	23	19	15	36	28
In Memoriam donations	87	66	72	60	78	63	63	53	128	97
Asked by someone at work	*	*	46	38	43	36	25	25	60	52
Door to door canvassers	23	19	17	11	18	13	19	14	24	15
Canvased at a shopping centre	*	*	18	15	18	15	9	7	12	10
Respond to a telephone request	*	*	67	57	72	61	30	26	52	39
At church/mosque/temple	*	*	356	323	500	459	325	313	447	409
On own initiative	*	*	185	160	176	154	*	*	237	194
Other methods	*	*	150	141	154	143	105	88	201	181
Total donations		115		79		87		55		97

Occupational Group	Upper Managers		White collar		Blue collar		All Occupations	
	A	B	A	B	A	B	A	B
	(dollars)							
Mail requests	138	89	96	61	81	53	110	68
Pay to attend charity events	124	103	77	70	74	66	94	82
Payroll deduction	245	228	116	110	104	97	136	128
Sponsoring someone in event	40	30	25	20	20	17	27	22
In Memoriam donations	52	43	51	43	43	34	66	53
Asked by someone at work	52	44	25	22	23	20	35	31
Door to door canvassers	28	18	19	13	19	14	21	14
Canvased at a shopping centre	17	15	9	8	9	7	11	9
Respond to a telephone request	86	71	31	26	37	30	44	36
At church/mosque/temple	346	329	304	276	215	199	317	291
On own initiative	178	168	178	163	102	92	170	152
Other methods	162	139	74	68	60	56	105	95
Total donations		92		63		53		72

* results suppressed due to small cell counts

- The second most common way of donating money, for all occupational groups, is by giving money to door-to-door canvassers. In contrast to sponsoring someone in a charity event, giving money to door-to-door canvassers is effectively giving money to strangers representing organizations that may be more or less well-known to the donor. And while most charities that collect funds in this way make every effort to provide information that establishes the legitimate credentials of the canvassers, there can still be some question of how well the potential donor knows the goals of the canvassing organization. In addition, donors may be less inclined to make substantial donations to particular organizations or causes that simply arrive on their doorstep. This is evident in column B of Table E.11, in that most occupational groups, including health professionals and MDs in particular, tend to give only a small percentage of their total annual donations to door-

to-door canvassing. This is supported by the data in both columns A and B of Table E.12. In 2000, all occupations averaged only about 20 dollars in total in donations through this method, and averaged only 14 dollars each time canvassers came to their door. This method of raising funds for nonprofits and charities is a common way for people to give money, but it does not represent a major source of donations for these organizations, nor is it a major method for substantial contributions among occupational groups.

- Among all occupations, the third most prevalent method for making donations to charities and nonprofits is through the individual's church, mosque, synagogue or temple. In examining the types of organizations to which individuals make donations, we observed that across all occupations a very substantial proportion of people (37%, in Table E.3) give to religious organizations, and this giving accounts for a very large proportion of the dollars (47%, Table E.4) they donate to charities and nonprofits. Those figures will not necessarily match the ones in Tables E.11 and E.12 concerning giving through a religious organization. To some degree, giving *to* a religious organization and giving *through* a religious organization will have been the same thing for many people — the money they give in support of their religious congregation is donated at their church, mosque, synagogue or temple. However, it is possible to donate that money in other ways, such as responding to mail or telephone requests, and it is possible to make donations through a religious organization to other charitable organizations, such as contributing to a collection for the poor or famine relief at one's place of worship. Thus, contributing through a church, mosque, synagogue or temple may include both donations to that particular religious organization and donations collected by the religious organization on behalf of other charities or groups.

- Among all occupations, a large portion (20%) make one or more donations through a religious organization, and the amount donated by this means is very substantial, amounting to 42% of all dollars donated (Table E.11). In fact, for all occupational groups, the lion's share of the dollars they donate reach charities and nonprofit groups through churches, mosques, synagogues and temples. Topping the list of occupations are health professionals and other professionals where about 35% make contributions through religious organizations, accounting for more than 40% of the value of all donations. Managers are about as likely to donate in this fashion but this accounts for a smaller proportion of all the donations they make. White and blue collar occupations, and medical aides and orderlies are less likely to make donations in this way, although the share of their dollars donated through religious organizations is the same or even higher than the higher-income occupations. While fewer people in these occupations donate in this fashion, the dollars they donate this way represent a larger share of all the money these groups give to charities.
- A less common but still important method of making donations in terms of its share of total donations is mailed requests, particularly among health professionals, including MDs, other professionals, and managers. Among these occupations, more than one-third make donations in response to mailed requests, and this accounts for between 11 and 14 percent of all the money they donate. This method of making donations is particularly common among MDs where 65% give 18% of all donations in this way. It is substantially less prevalent among white and blue collar occupations, at 19 and 15 percent of each group respectively, although the proportion of money donated by each group is only slightly lower than the other occupational groups. Since a lower proportion of donors in these two occupational groups respond to mailed requests while the proportion of money donated in this manner is still significant suggests that compared to higher-income

occupational groups, these two groups tend to give more in response to mail requests.

- The four methods discussed above are the most prevalent and together account for a large proportion of total giving for all occupation groups. The remaining methods occur less across occupations and vary in the proportion of total giving they represent. They also indicate some interesting characteristics of Canadians' giving behaviour in general.
- One method of making a donation almost everyone is familiar with is giving to canvassers with charity pots in shopping centres or on street corners, particularly during the Christmas season. Evidently many Canadians do make a contribution to charity by giving in this way because almost one-quarter of occupational groups do so (Table E.11). But the unplanned and happenstance character of these methods is also evident in the small size of the donations that this generates, and the low proportion of total giving (about 1% overall) it accounts for. Donations made in this way do not total more than 18 dollars annually for any occupational group (Table E.12 column A). People are willing to donate in this manner but they tend to give very modestly when they do make a donation.
- Paying to attend a charity event is popular among health professionals, other professionals and managers — between 27% and 35% do this, and it accounts for between 9 and 11 percent of their total giving. This method is less common among white and blue collar occupations groups (20% and 14% respectively) but it does constitute a similar proportion of their total giving (9% for both groups).
- Some forms of giving stand out for particular occupational groups. Making a donation through payroll deduction schemes is fairly common among managerial occupations (23%) and is a fairly important part (13%) of their

total giving. Being able to donate in this manner requires that the individuals' company have a payroll deduction program in place, and 41% of managers work in organizations where payroll deductions are possible. Thus a large proportion (85%) of managers who can donate through payroll deductions actually do so. In comparison, larger proportions of other health professionals (52%) and other professionals (48%) can access payroll deduction plans, but fewer are inclined to do so (16% and 23% respectively) and this form of giving accounts for a smaller part of their total giving (4% and 6% respectively). Some of the tendency for managers to make use of payroll deductions for making donations may involve their perceived role, by themselves and others, in setting an example by participating in such programs in their own organizations. Certainly, managers tend to give substantially more (\$245 per year, Table E.12) in this manner than any other group. There may be less pressure on professionals in these organizations, whose jobs are not directly concerned with running the organization, to make use of formal payroll plans. Participation in these plans is also less prevalent among white and blue collar occupations (about 13% for both) but it is not an insignificant part of their total giving (7-8%). In fact, along with donations through religious organizations or on their own initiative, the amounts given annually through payroll deductions represent the largest annual average donation per person for white and blue collar workers (Table E.11, column A). Thus both those who direct organizations and those who work for organizations use payroll deductions as an important means of making charitable donations.

- As an aside, this method for making donations was asked of employed persons only and the self-employed were presumed not to be eligible for payroll deduction programs. As a result, MDs, who are 73% self-employed, 41% of them with employees (i.e., payroll), could not select this method as a way of making donations. Even among MDs who were employees of an organization, very few had a payroll deduction plan available to them. In

fact, for all occupations only 31% of individuals worked in businesses that did allow payroll deductions for charities.

- One method of making donations where medical professionals and other professionals stood out, both in prevalence and proportion of total giving, were “in memoriam” donations. Among MDs, 59% used this method, accounting for 10% of total giving. Among other health professionals and other professionals, 25% and 28% used this method, accounting for 6% and 8% of total giving respectively. For most people, in memoriam donations will be limited to donations on behalf of deceased family members. But the stronger sense of collegiality within the professions may be reflected in a greater willingness and opportunity to make donations to a charity in memory of friends or colleagues who have died. As with other methods of making contributions, the occupational groups encompass distinct characteristics that can encourage particular types of giving methods.
- One means of making donations that does not stand out in any particular way for most occupational groups in its prevalence or as a proportion of total giving, but does so in terms of the size of donation these donors tend to make, is giving on one’s own incentive. Those who give to charities in this manner do not form a sizeable portion of givers in any occupational group (5% of all occupations), except among other health professionals (16%), nor does this form of giving account for much of total giving (4% for all occupations), again except among other health professionals (8% of total giving). Nonetheless, for all occupations, including other health professionals, the average annual donation made on one’s own initiative is remarkably high (Table E.12, column A), often only surpassed by annual giving through a religious organization. While not many individuals in any occupational group choose to approach a charity organization on their own, most waiting to be approached and asked to donate in some way, those who do seek out a charity show a heightened generosity in their giving, averaging 170 dollars

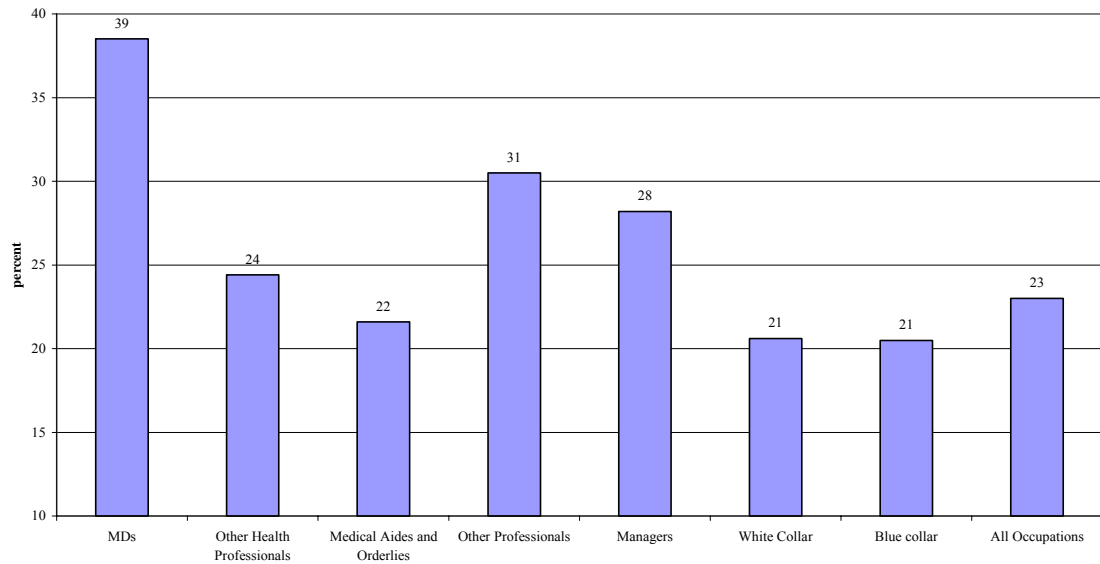
for this per year, which is substantially more than any other method except through a religious organization. Those who donate with clear intention and goals in mind are willing to give more than is usually the case when they are approached and asked to donate. This is supported by the fact that those who decide how much they will donate each year in advance of being asked to donate, give an average of 490 dollars to charities each year, while those who wait until they are asked to donate give less than half that much, an average of 210 dollars. Planned, intentional giving is strongly associated with higher levels of giving across all occupational groups.

E.5. Planned Charitable Giving

- The extent to which charitable giving is a planned behaviour can vary considerably across individuals, and there are a number of ways it can reflect a planned and considered action. One form of planned giving occurs when individuals decide, in advance of making donations, which organizations they will donate to rather than simply responding to organizations that asked for donations. Overall, about one-quarter of all donors decide in advance which organizations will receive their support. Figure E.13 demonstrates that advanced planning is more common among the higher income occupation groups, including other professionals, managers, and MDs. However, for the majority of donors in any occupation group, donations are usually made in response to being asked by particular organizations. So while a substantial proportion of donors do decide in advance on who will get their donations, a larger proportion still wait until they are approached before giving to a charity.
- Another way individuals may plan their charitable giving is by regularly making donations to particular organizations. Overall, about 39% of donors give regularly to particular organizations, but as is evident in Figure E.14, this form of giving is more common among the wealthier occupational

groups, such as medical doctors, managers, other health professionals and other professionals. In contrast, more than half of medical aides and orderlies, and white and blue collar workers, tend to vary the organizations they support.

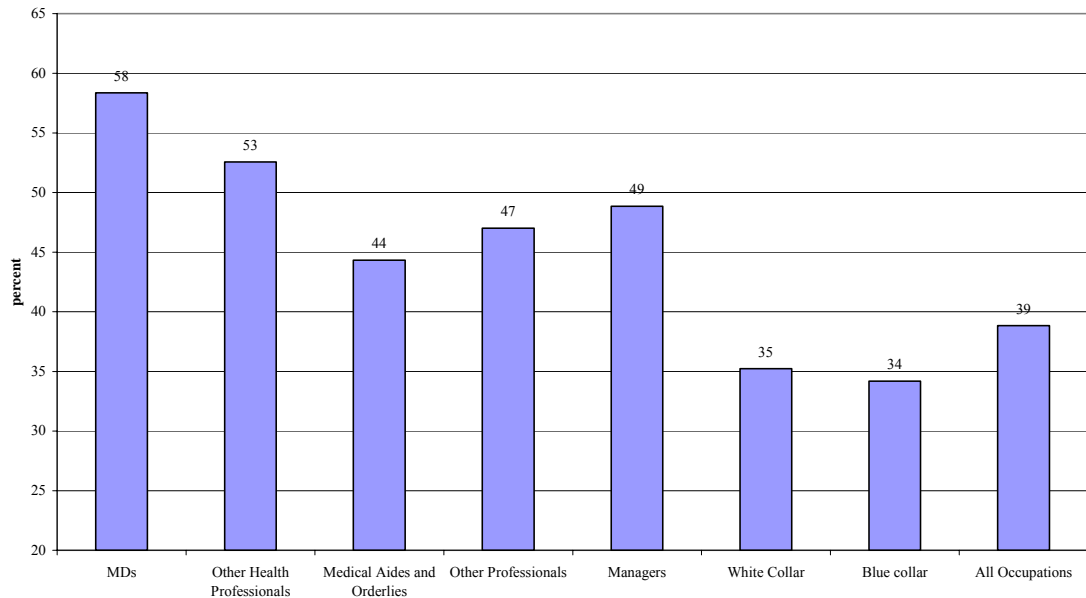
Figure E.13: Decide on Organizations in Advance



- The extent of advanced planning for charitable donations varies considerably across occupations. For many individuals, making charitable donations is a process that they undertake regularly and consistently over time, with a fairly clear idea of both the recipient organization or cause and how much money they will give. For others, giving is also a planned event, but has a more specific or directed character in that the timing, the recipient organization and the amount donated occur in response to annual or seasonal appeals. These people intend to donate, and may have some idea of the type of organization or cause they will support when asked, and may also have some idea of how much they would like to give, but they wait until an appropriate organization actually approaches them in some way before they donate. For still a third group, giving is very much a reactive behaviour. These people are willing to

donate, but who they give to and how much they give is determined once they are actually approached by an organization requesting support.

Figure E.14: Donate Regularly to Certain Organizations

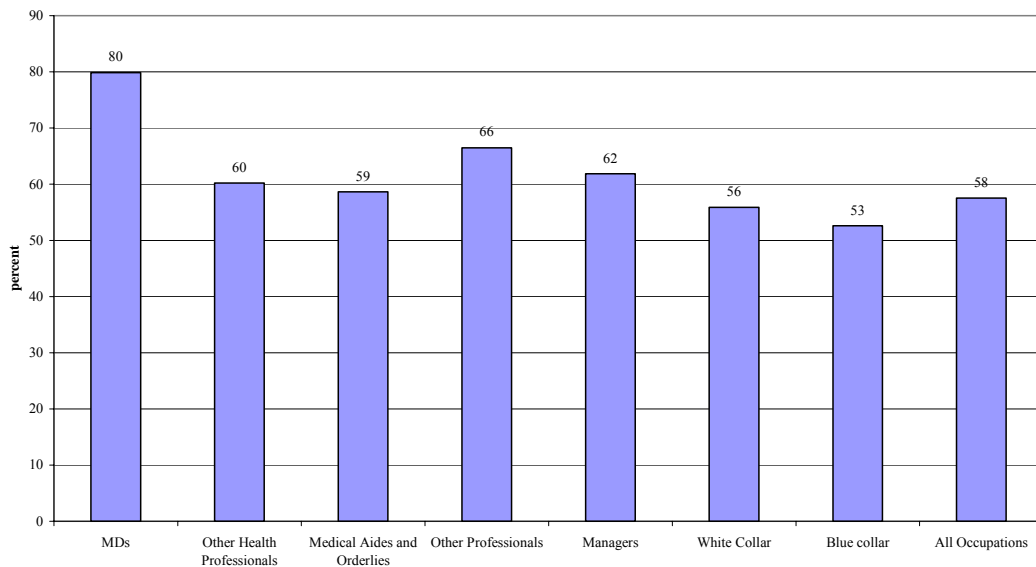


E.6. Reasons for Charitable Giving

- The reasons that lie behind an individual's charitable giving can be quite varied, and it is often the case that a number of different reasons are in play at the same time. At one extreme are reasons that arise largely out of considerations of self-interest, such as the tax benefits of giving, or the social esteem associated with conspicuous giving. At the other extreme are acts of giving that are motivated largely by feelings of altruism, by a concern for the welfare of others in society who have needs that they cannot fulfill on their own. Between these two extremes are a whole range and mix of motives that prompt individuals to donate to charities.
- One motive that many Canadians express as an important reason for giving is the feeling that they owe something to their community. As is evident in

Figure E.15, a majority of every occupational group believes they have a responsibility to support organizations aiming to improve conditions in their communities. But it is also evident that this sense of social responsibility is highest among MDs at 80%. Other professionals and managers also believe that it is an important reason for charitable giving, but even in the lowest group, blue collar occupations at 53%, this is still a widespread reason for giving to charities.

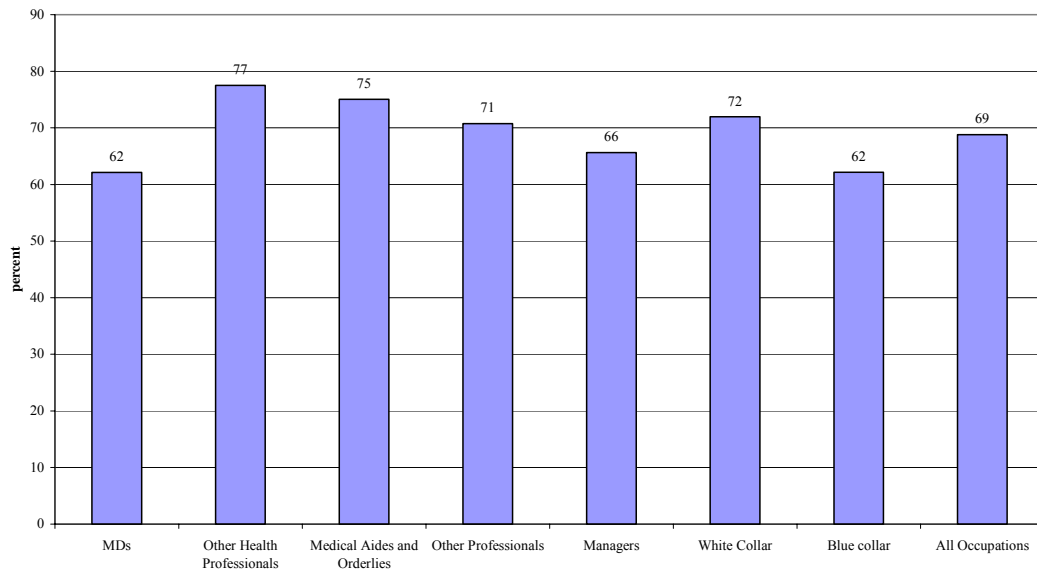
Figure E.15: Give Because You Owe Your Community



- Another important motivation for giving is that the individual personally knows someone who has been affected by something that is the object of concern for an organization or group. The most common form of this situation is probably making donations to health-related organizations because a friend or family member has been affected by a disease the organization deals with. Thus, being personally involved with someone who had cancer, for example, is likely to be motivation to donate to organizations that aid both

those dealing with the disease, survivors of the disease, or that sponsor research on prevention and cure of the disease.

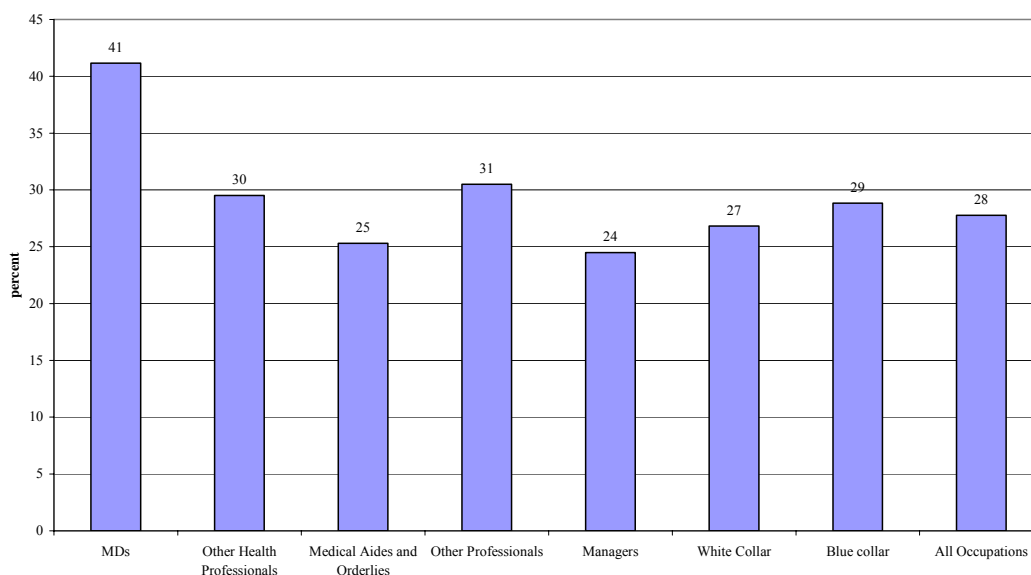
Figure E.16: Give Because You Know Someone Who is Affected



- Figure E.16 shows that a substantial majority of all occupational groups give in response to their personal experience. The two groups who are most likely to give this reason as a motive for donating are other health professionals (77%) and medical aides and orderlies (75%). Among all the occupational groups, individuals in the health industry do work that is most closely related to the issues that concern a large portion of the nonprofit charitable landscape, health-related organizations. As a result, health workers may be in contact more often with people who experience particular health problems, while at the same time they are more aware of the work done by health-related organizations in mitigating the effects of specific diseases. They may also simply be more aware of the prevalence of various health problems and are more highly motivated to see something done about them.

- The experience of MDs at first glance seems to run counter to this argument — doctors are among the least likely to state that their charitable giving is motivated by this type of personal experience; only 62% offer this as a reason. However, this probably does not mean that MDs are less sensitive to the misfortunes of others; rather it means that MDs' motives for giving are more generalized and prompted less by personal experience than by a general concern for others in society. The high proportion of MDs who donate because of a generalized sense of obligation to their community supports this interpretation (Figure E.15).
- Among professionals outside the health sector, and upper managers, giving because of personal experience and giving because of a sense of obligation to society carry about equal weight. Among white and blue collar workers, giving is more often motivated by personal experience than by a generalized sense of responsibility to the community.
- It is evident that having personal experience with individuals in need is a widespread and important motive for charitable giving, but it is only among MDs that this motive takes second place to a generalized sense of obligation to support others in the community. From where this strong sense of having an obligation to help others in society arises is not clear in our data, but the figures in the next chart (Figure E.17) may provide some indication. MDs were substantially more likely (41%) to give to charities because of their religious beliefs than any other group. This accords with the fact that MDs were the most likely of all occupation groups to be religiously active. Thus it would appear that a strong sense of obligation to others is connected with active participation in a religious congregation. The sense of an obligation to help others rooted in a religious creed is not absent in the other occupational groups, but it is distinctly lower (an average of 28%) and does not vary much across these groups.

Figure E.17: Give to Fulfill Religious Beliefs or Obligations



E.7. Reasons for Not Giving More to Charities

- A very substantial majority of all occupational groups make donations to charities each year but the amounts they donate are not very large (MDs are the highest at an average of 541 dollars per year). In this section we examine some of the reasons donors gave for not giving more money. Three of the most common reasons are presented in Table E.18.
- The most common reason for not giving more, across all occupations, was because the respondents disliked the way requests for donations were made. About half of the donors in each occupation group expressed this sentiment, which probably reflects a non-trivial degree of donor fatigue in the Canadian population. The proliferation of organizations actively soliciting donations in

every imaginable way may be having a negative impact on Canadians' willingness to make donations.

Table E.18: Reasons Donors Do Not Give More to Charities, NSGVP 2000

	Dislike the Way Requests for Donations Made	Give Enough Directly to People	Volunteer Instead
	% who agree with the reason		
MDs	46	81	45
Other Health Professionals	55	29	34
Medical Aides and Orderlies	50	44	32
Other Professionals	51	30	29
Upper Managers	51	41	23
White Collar	46	33	27
Blue collar	49	39	23
All Occupations	48	35	27

- The second reason given for not donating more is that the respondents feel they have, in addition to their formal charitable donations, already given enough money on their own directly to others. This brings up the question of how formal and informal giving are interrelated. Clearly some individuals limit their formal charitable giving because they also gave money, as gifts and not loans, to others. For most of the occupational groups, about one-third say they limit their formal giving for this reason, but MDs stand out because 8 out of 10 limit their formal giving because of their informal giving. The reason for this is that MDs are much more likely to give money to their relatives, including children or parents who do not live with them. Among the other occupations, between 28% and 36% gave money to family members in this way, but 72% of MDs had done so. A much higher proportion of MDs than any other occupational group provide direct monetary support to their relatives, and this is their most common reason for limiting their formal charitable giving.

- A third reason donors give for limiting their formal giving is that they donate their time as volunteers rather than donating money. For most occupational groups, between one-quarter and one-third gave this as a reason for not giving more money to charities and other nonprofits. The exception is medical doctors who were the most likely occupational category to give this as a reason. As noted earlier in reference to volunteering among medical doctors, this may reflect in part the practice of providing *pro bono* care in their medical practice. Since this represents a donation of both time (for the care provided) and money (fees foregone), MDs may see this service as a form of contributory behaviour undertaken in lieu of formal charitable giving.
- While there are many reasons people have for limiting their charitable donations, one factor that may affect an individual's willingness to donate is their perception of how organizations use the donations they receive. Particularly important in this regard is the perception that many organizations spend too much on administrative and fundraising activities and that not enough goes directly to help those the organization purports to serve. The statistics in Table E.19 suggest that this negative perception of charitable organizations is fairly widespread in Canada. Across all occupations, between 4 and 5 of every 10 employed Canadians think charitable organizations spend more than they should on simply maintaining the organization. This perception is more common among other health professionals and upper-level managers (52% and 48% respectively), but is also prevalent among MDs and other professionals (43% and 40%). Since these occupational groups account for nearly half (46%) of all money donated to charities, the negative perception about how donations are used may have a significantly negative effect on individuals' willingness to donate.

Table E.19: Perception of Charities' Expenditures on Administrative and Fundraising Costs, NSGVP 2000

	About right or could be higher	Too much
	% agreeing	
MDs	57	43
Other Health Professionals	48	52
Medical Aides and Orderlies	57	43
Other Professionals	60	40
Upper Managers	52	48
White Collar	62	38
Blue collar	62	38
All Occupations	61	39

- Where the perception of charitable organizations may limit donations, the tax credits individuals receive are thought to encourage giving, particularly for those willing to make substantial donations. Although the great majority (87%) of donors do not give because of the tax credit they might receive, Figure E.20 shows that the majority of the four groups at the top of the occupational hierarchy will claim the tax credit for their donations. Since these are both the high income and high donation occupations, it follows that they would take advantage of the tax credit. For the occupations where income and giving are lower, the proportion who use the tax credit is distinctly lower. Would a more generous tax credit increase the amount individuals are willing to donate? The evidence in Figure E.21 suggests that about half of employed Canadians would give more, but a better tax credit would have the greatest effect for medical doctors (almost three-quarters say they would give more). This is likely due to the fact that as the highest average donors in dollar amounts, a larger tax credit would have the greatest effect on their tax bill. But it may also be due to the fact that unlike the other occupations, a majority of MDs (73%) are self-employed or own their own businesses, and additional tax credits would benefit these individuals.

Figure E.20: Will Claim A Tax Credit

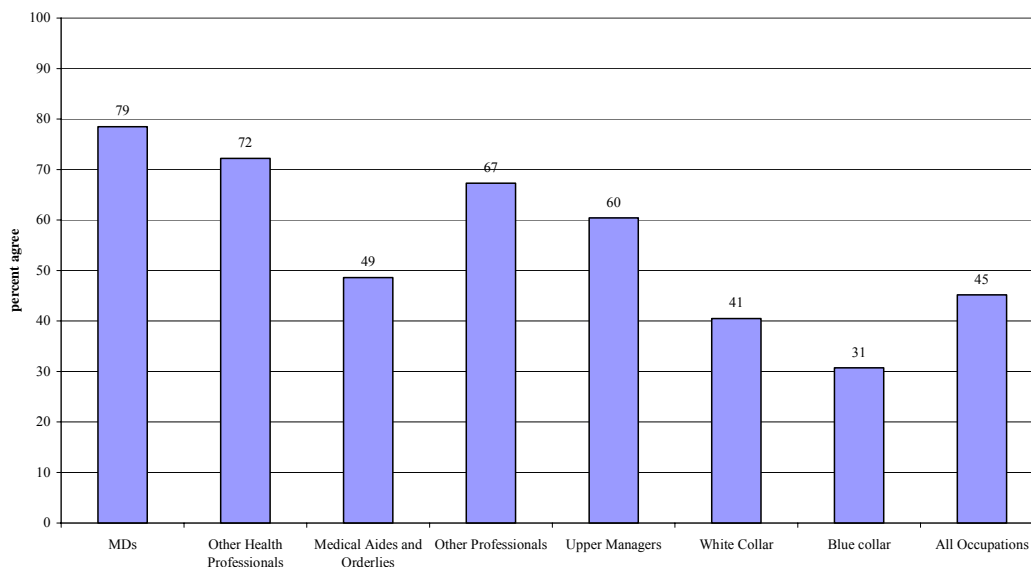
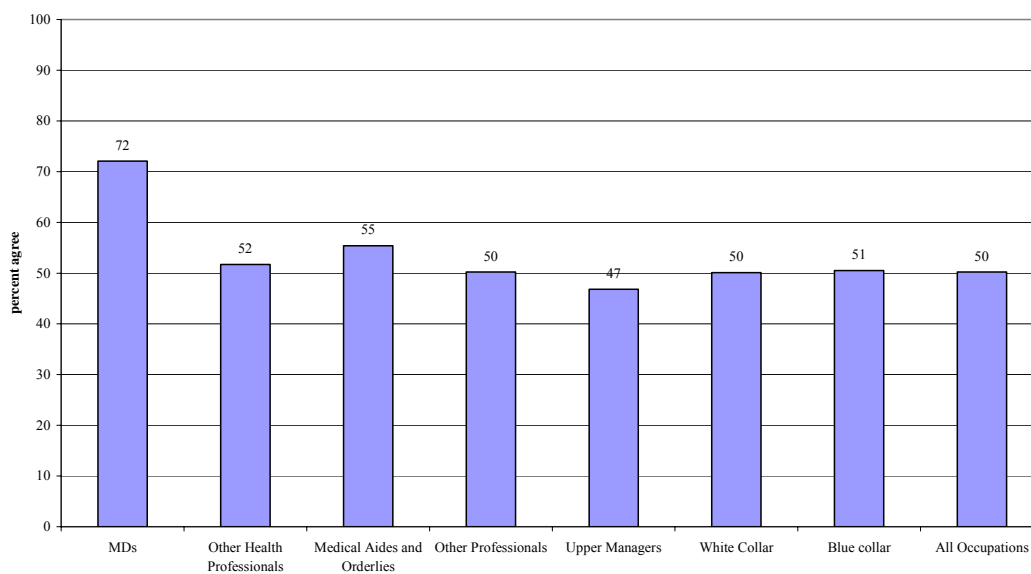


Figure E.21: Would Give More If Better Tax Credit



F. Civic Participation Among Medical Professionals and Other Health

Workers

F.1. The Incidence of Participation in Organizations

- In addition to volunteering or charitable giving, individuals contribute to the well-being of their community and to society in general, through participation in groups, organizations, networks or associations of various sorts. These can be formally organized groups or associations, or informal groups where people get together regularly to pursue an activity of some sort.
- The number and percentage of each occupational group that took part in organizations or groups during the previous 12 months are presented in the first two columns of Table F.1. The second pair of columns show the participation numbers and rates where participation in occupation-related associations, including unions, is excluded. In many instances, participation in these types of organizations is either actually mandatory (as in closed shop unions) or virtually mandatory, as in professional associations, where membership is an essential condition for pursuing one's career.

Table F.1: Participation in Civic Organizations in Last 12 Months, GSS17 2003

	Participation in Organizations			
	With Occupational Associations or Unions		Without Occupational Associations or Unions	
	N	%	N	%
MDs	65,708	96	56,973	83
Other Health Professionals	303,294	87	226,918	65
Medical Aides and Orderlies	351,482	77	264,855	58
Other Professionals	2,173,066	81	1,909,949	71
Upper Managers	1,161,205	69	1,076,270	64
White Collar	5,339,634	63	4,748,972	56
Blue collar	2,512,261	59	2,047,163	48
All Occupations	11,906,651	66	10,331,101	57

- Across all occupations, about two-thirds of employed Canadians regularly participate in community groups or organizations. As might be expected,

participation which includes occupational associations is highest among professionals, both in the health sector and elsewhere, and is very high for medical doctors. When occupational associations are excluded, the participation rate drops for all occupational groups but is still substantially higher for MDs. Not only do more MDs participate, but they are also likely to be active in a greater number of these groups and organizations. If occupational associations are counted (the first column in Table F.2), MDs participate on average in almost four (3.76) organizations. Other professionals, both inside and outside the health sector, also participate in multiple organizations.

Table F.2: Level of Participation in Civic Organizations, GSS17 2003

	Civic organizations, including Occupational Associations	Civic organizations, excluding Occupational Associations	Active through the Internet
	average number		
MDs	3.8	2.9	1.3
Other Health Professionals	2.8	2.0	0.5
Medical Aides and Orderlies	2.0	1.4	0.4
Other Professionals	2.3	1.8	0.9
Upper Managers	1.9	1.7	0.7
White Collar	1.5	1.3	0.4
Blue collar	1.3	1.0	0.3
All Occupations	1.7	1.3	0.5

- When work-related organizations are excluded from the count, MDs still show the highest level of participation, averaging almost three organizations. Participation among other health professionals, other professionals and upper-level managers is substantially lower at about two organizations, with the remaining occupational groups at less than one and a half organizations. To the extent that participation in formal and informal groups and organizations represents one aspect of an individual's civic engagement, professionals in health, including medical doctors, are more actively engaged than other occupational groups. As a side note, the last column in Table F.2 shows that medical doctors are also the most likely to use the internet as one

way in which to participate in some groups and organizations. Perhaps the Canadian Medical Association's efforts to encourage doctors to use the internet as an information resource have been successful.

- The extent of an individual's civic engagement can also be measured by the frequency with which they participate in groups and organizations. As Table F.3 shows, medical doctors are among the most active. Along with other professionals, almost half of doctors (48%) participate in civic organizations two or more times each month, and for MDs only a small percentage (8%) participates less often than once per year. In comparison, medical aides and orderlies, upper managers, and white and blue collar workers, among whom frequent participation is not substantially lower (34%, 42%, 39% and 32% respectively), do show markedly higher proportions (one third or more) who participate very infrequently. Even among other health professionals and other professionals in general, where relatively high proportions participate fairly frequently (43% and 48%), more than one in five do so very infrequently. Thus MDs not only belong to, or participate in more organizations, but they also participate more often.

Table F.3: Frequency of Participation in Organizations, GSS17 2003

	Civic Participation, with occupational associations			Total
	Two or more times per month	Once a month or less	Less than once per year	
	%			
MDs	48	44	8	100
Other Health Professionals	43	36	21	100
Medical Aides and Orderlies	34	33	33	100
Other Professionals	48	28	23	100
Upper Managers	42	24	34	100
White Collar	39	20	41	100
Blue collar	32	22	46	100
All Occupations	39	23	38	100

F.2. The Types of Civic Organizations Participated In

- There is a broad range of types of civic organizations and groups individuals can be members of, or participate in. This section examines participation by occupational groups in five of the more common types. In the discussion that follows, participation in a given type can involve participation in any number of organizations of that type, and each individual can participate in any or all of the five types.
- Participation in work-related associations or unions differs very substantially across occupational groups (Table F.4). The importance and prevalence of professional associations and unions in the health sector is evident in the extensive participation of MDs (85%), other health professionals (81%), and even medical aides and orderlies (58%) in these organizations. The importance of professional associations in general is also evident in that the majority of other professionals belong to an organization of this type. For the other occupational groups, the extent of participation is distinctly lower and is close to the national average of 32%.

Table F.4: Participation in Types of Organizations, GSS17 2003

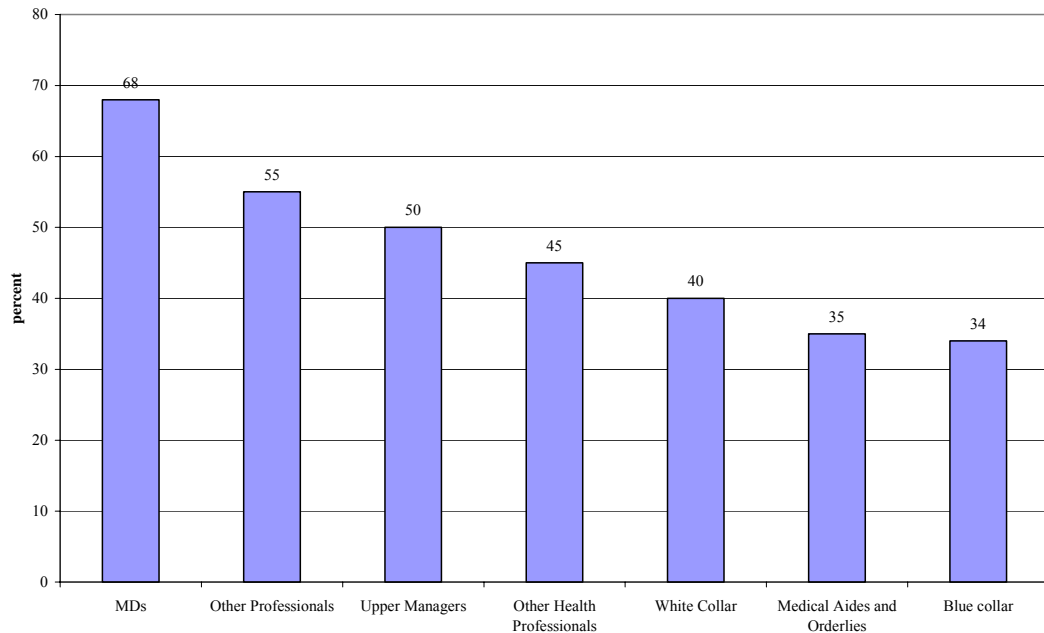
	Professional Association or Union	Sport or Recreation Organization	Culture, Education or Hobby Organization	Religious Group	School, Neighbourhood or Community Association
	% participating				
MDs	85	40	44	26	19
Other Health Professionals	81	36	22	26	23
Medical Aides and Orderlies	58	28	13	20	18
Other Professionals	53	39	31	20	26
Upper Managers	28	39	22	16	21
White Collar	24	31	17	16	18
Blue collar	28	29	11	13	11
All Occupations	32	33	18	16	18

- About one-third of working Canadians participate in sport or recreational organizations. Participation is highest among medical doctors and other

health professionals, other professionals and upper-level managers (36% to 40%). Medical aides and orderlies, and white and blue collar workers are less likely to be involved in these types of organizations (28% to 31%). These types of organizations are involved mainly in the provision of leisure-time activities, either for adults or for their children, and the higher level of participation among professionals and managers suggests that they make more use of these organizations to structure their non-work activities.

- A similar pattern emerges for participation in culture, education or hobby organizations, another type mainly involving recreational activities. Upper-level managers and professionals of all types, but particularly MDs (44%), participate in organizations of this type. In contrast, the participation of individuals in jobs at the lower end of the occupational hierarchy is quite low (between 11% and 17%). These occupational groups do take part in organized leisure activities and groups but their participation is substantially less extensive than the professional and manager groups. This is even clearer when we combine participation in sport and recreation groups with participation in culture, education and hobby groups. In Figure F.5, the occupations are ranked from high to low according to the percentage of each group that participated in any organizations in either of the two types. Among professionals and managers, half or more are involved in structured leisure activities, while 40% or fewer in the lower occupations are engaged in these situations. Workers in jobs at the lower end of the hierarchy, who together make up 76% of employed Canadians, tend not to participate in structured recreational or cultural activities.

Figure F.5: Participation in Sport, Recreation, Culture, Education or Hobby Organizations



- Participation in religious groups for civic action is highest among MDs and other health professionals, and lowest among blue collar workers. This pattern of participation is not surprising given that MDs and other health professionals were the most active attendees of religious services (56% and 44% attended monthly or more often), while blue collar workers were much less active in religious congregations (28% attended monthly or more often). Clearly, participation in the civic activities of religious groups is usually closely connected with, and perhaps even a direct consequence, of being actively involved in a religious congregation.
- Participation in school, neighbourhood or other community groups is not extensive — just under one in five working Canadians participate in these types of groups. Again there is a slight tendency for occupational groups at the upper end of the occupational hierarchy to be involved with these groups than is the case for medical aides and orderlies, and white and blue collar workers.

Section F.3. Voting and Political Activities

- Voting in any recent election (Table F.6), as one indication of active citizen participation, is highest among health and other professionals and upper-level managers. Medical doctors appear to have a slightly lower turnout rate (76%) but this is not very different from the rate for other professionals or managers (81%). On the other hand, voting by white and blue collar workers is significantly lower than the upper echelon occupations, a pattern that is consistent with research on the relationship between education, income and voter turnout. In general, turnout is lower among those with limited personal resources, including low education or low income (Coulson, 1999:2).

Table F.6: Voting in Recent Elections, GSS17 2003

	Any recent election	Voted in the most recent:		
		Federal Election	Provincial Election	Municipal election
	%			
MDs	76	72	63	46
Other Health Professionals	84	80	76	65
Medical Aides and Orderlies	75	71	68	54
Other Professionals	81	77	75	58
Upper Managers	81	77	75	63
White Collar	71	65	64	52
Blue collar	70	64	63	50
All Occupations	74	68	67	54

- Voting in federal, provincial and municipal elections all follow the overall pattern for voting. In general, voter turnout among professionals and managers is between 11 and 15 percentage points higher than that among white and blue collar workers.
- The participation by medical doctors in provincial or municipal elections runs counter to the pattern described above. Their participation in provincial elections equals that of blue collar workers and is even lower than both white and blue collar workers for municipal elections. Statistical tests suggest these

results be treated with some caution because the low number of medical doctors in the survey. The turnout for provincial elections among MDs (63%) is not statistically different from the white collar workers (64%) nor the other health professionals (76%), the group with highest turnout. As a result, our best estimate is that the turnout of MDs was somewhere between 63% and 76%. In the turnout for municipal elections, however, participation by MDs was significantly lower than that of either other health professionals or managers. In Canada, the majority (65%) of those who do not vote in elections report that either there were no important election issues or that they were busy or working (Coulson, 1999:4). Perhaps one of these two situations applies more to MDs than to other professionals.

- Overall, there is reason to question respondent-reported rates of voting in municipal elections in particular. In the period 1990 to 1999 in eight major Canadian cities country-wide, for example, voter turnout averaged 41%, and only in Winnipeg did it average above 50% (Vital Signs, 2001:5).

Table F.7: Participation in Political Activities, GSS17 2003

	Researched Political Issues	Volunteered for a Political Party	Expressed Views by Contacting News media or Politician	Signed a Petition	Chosen or Boycotted Products for Ethical Reasons	Attended a Public Meeting	Marched in a Demonstration
	% yes						
MDs	42	*	26	40	46	32	*
Other Health Professionals	33	*	15	44	31	30	9
Medical Aides and Orderlies	22	*	9	35	23	23	9
Other Professionals	47	5	22	43	39	34	12
Upper Managers	33	5	18	31	29	31	5
White Collar	27	2	11	31	21	19	7
Blue collar	21	2	10	25	15	20	5
All Occupations	29	3	13	32	24	23	7

* results suppressed due to small cell counts

- In participating in a variety of direct political or civic activities, medical doctors and other professionals were the most active of all occupational groups in researching political issues, expressing their views to the media or politicians, choosing or boycotting products for ethical reasons, and attending

public meetings. MDs along with managers were also most likely to speak at public meetings. In contrast, white and blue collar workers were least likely to take part in any of these activities.

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.

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