

UNIVERSITY OF CALGARY

Exploring Perceived Social Support among Young-Old, Community-Dwelling Senior
Volunteers

by

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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF SCIENCE

DEPARTMENT OF COMMUNITY HEALTH SCIENCES

CALGARY, ALBERTA

JANUARY, 2011

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Abstract

This study focused on volunteers aged 65-74 years and their experienced social support through volunteering at a senior centre. Evidence of improved health and social outcomes are associated with volunteering; however, qualitative research is needed to understand the relationship between volunteering and social support, as a determinant of health.

An instrumental collective case study design was used. Appropriate sampling, recruitment, data collection and data analysis strategies ensured an iterative and rigorous investigation. Data were collected through eleven individual interviews and observation.

Similarity among participants and interaction opportunities from volunteering contributed to social support. Participants described relationships formed and reciprocity of social support through volunteering. Volunteering gave participants a sense of being needed and belonging, and allowed them to feel ownership and pride. This research provides critical feedback on social support and the experience of volunteering, as part of a health promotion approach for senior citizens aged 65-74 years.

Acknowledgements

First and foremost, I would like to acknowledge the guidance and support of my supervisor Dr. Lynn Meadows, as well as her friendship, and understanding that life happens and family will always come first. I would also like to thank my committee members, Dr. Ardene Robinson Vollman and Dr. Carol Austin for their insight and thoughtful critique throughout this process. I would like to acknowledge the financial support of the Canadian Institutes for Health Research, through a Master's Training Award. Thank you to Dorothy Dooley for creating dialogue around this study, both before and during the research process. The support of the Centre was instrumental in this research project, and provided me with a fantastic setting in which to conduct my research. Finally, I would like to thank the many participants that took part in my study. Without their experiences and knowledge, this project could not have attained the depth and significance necessary. In particular, I would like to thank the many volunteers whom I volunteered alongside for their insights, humour, and for accepting me into their community.

Dedication

I would like to dedicate this thesis to all of the people in my life who have joined me in this process. To the many wonderful friends who have entered and shaped my life – you all know who you are – you have made this experience special, and I will forever value the time we have spent together. To my darling boyfriend Jay, while you were not along for the entire ride, you have certainly provided me with the love and encouragement I needed in completing this journey and embracing this experience. Finally, to my amazing family - aunts, uncles, cousins, Gram and Bopa, and my roomies, Norm and Shirley - thank you for your love, support, and in some cases hospitality, throughout the years. Becky and Suzie, you are the greatest sisters and friends, and always I knew I could depend on you both for a shoulder to laugh or cry on. And last, but most certainly not least, to my Mom and Dad; while the world of graduate school was foreign to us all, you still managed to guide, support, love and challenge me throughout this process, whether near or far.

I love and cherish you all.

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Epigraph

You're only alone until you get in the door, then you're not alone
anymore.

Participant #2

CHAPTER ONE: Introduction and Background

The population in Canada is aging and with this demographic shift, communities will have greater proportions of senior citizens (Turcotte & Schellenberg, 2006). As people age, a number of changes may occur including increases in disability and illness, physical and cognitive declines, increased feelings of loss, increased feelings of loneliness, changes in social support, increasing dependency, and risk of social isolation (Fitzpatrick, Gitelson, Andereck & Mesbur, 2005; Turcotte & Schellenberg). With more individuals aging in the community, it becomes increasingly important to focus on lessening the impact of the negative aspects of aging.

Active aging is viewed as a way to offset changes associated with aging, or to lessen their impact on the individual. When thinking of aging, and more importantly active aging, understanding must be broadened beyond that of just biological health in order to address the multi-faceted needs of a senior population. Using a determinants of health approach, as framed in a report by the World Health Organization (WHO) (2002), can help to understand and examine factors that affect how people age and how people age well. Research is needed to measure and understand social determinants and assess the impact of action (WHO, 2008). Furthermore, research is needed to clarify and specify the role of each determinant individually in the active aging process (WHO, 2002).

Social support is an important determinant of active aging. Perceived social support is defined as, “An individual’s belief that he or she is valued, loved, and an integral part of a social relationship” (Shearer & Flury, 2006). Social support may

diminish with age as friends become frail or pass away, extended family has less interaction with senior members, and partners or spouses are no longer sources of support (Edwards & Mawani, 2006) and interaction with others becomes reduced (Schellenberg, 2004). A lack of social support can lead to social isolation and negative health outcomes (Rubenstein, Lubben & Mintzer, 1994), while increasing social support can have a positive impact on health (Turcotte & Schellenberg, 2007). The function of social support in active aging underscores the need to focus on ensuring opportunities for social interaction among community-dwelling senior citizens.

The Ottawa Charter for Health Promotion defines health promotion as “the process of enabling people to increase control over, and to improve, their health” (WHO, 1986, p.2). Using this definition, health is seen as a “resource for everyday life” and is a “positive concept emphasizing social and personal resources, as well as physical capacities” (WHO, p.2). A health promotion lens supports identification and action to build upon the positive capacities of an aging population. Volunteering is an activity done by some senior citizens that has been shown to have several positive impacts, including increases in social support; however, social support as a result of volunteering has not been explored with a qualitative lens. Therefore, research looking specifically at social support in the context of volunteering is important and timely. This study provides an opportunity to specifically examine volunteering as a way to impact social support. Understanding the determinants of active aging, and how these determinants influence the ability of seniors to age successfully within their communities, will inform work that promotes the health and well-being of senior citizens.

1.1 Introduction

The purpose of this chapter is to introduce research that is relevant to this research project. Current senior demographics are presented, followed by a description of senior citizens as a population and senior age cohorts. Research related to active and successful aging is presented next, including the determinants of active aging. In looking deeper at the determinants of active aging, research on social support and the benefit of social support for senior citizens is presented. Research on volunteering is then presented: the role of senior centres in providing volunteer opportunities; the influence of volunteering on the health, well-being, and social support of senior citizens; and predictors of volunteering. Lastly, relevant theories of aging are presented. In concluding this chapter, the current gaps in the research are presented.

1.2 Senior Demographics

Currently in Canada a greater proportion of the population is moving toward older age than ever before. With advances in health care and attention to supporting the full range of determinants of health, this population can be expected to live longer and be in better health than previous generations of senior citizens. A report released by Statistics Canada, based on the 2006 Federal Census (Turcotte & Schellenberg, 2006), examined the demographics and trends of Canada's aging population. A brief summary of expected population trends are shown in Table 1.

Table 1: Canadian Demographic Information on Senior Citizens

	PRESENT (2005) Proportion of total Canadian population (N)	PROJECTED (2026) Proportion (N)
Seniors in Canada	13.2% (4.2 million)	21.2% (8 million)
Aged 65-74	7.0% (2.2 million)	11.9% (4.5 million)
Aged 75-84	4.7% (1.5 million)	6.9% (2.6 million)
Aged 85+	1.6% (518,000)	2.4% (909,000)
Seniors Living in a Private Dwelling	93%	-
	Proportion of total Albertan population (N)	Proportion (N)
Seniors in Alberta	10.5% (0.34 million)	19.2%

(Turcotte & Schellenberg, 2006)

These census data suggest that over the next twenty years, the number of senior citizens will increase and as a result will represent an increasing proportion of the Canadian and Alberta populations. Over the coming decades the Canadian population faces an increasing shift in the number and proportion of senior citizens. Among senior citizens the greatest proportion are and will be between the ages of 65 and 74 years. Research indicates that the majority of senior citizens will choose to age within the community, suggesting that active aging is an area of investigation that requires on-going research attention. In the next section, senior citizens as a population are examined in more detail.

1.3 Senior Age Cohorts

Senior citizens are a heterogeneous group within society, and as a group, span a large range of ages. As people live longer, more active lives, the idea of who is a senior citizen is constantly evolving. In this section, the definition of a senior citizen is

considered. Age cohorts among senior citizens are also presented as a way to illustrate the heterogeneity within this population.

The definition of who is a senior citizen is evolving. In many instances, social norms create distinction as to who is defined as a senior citizen, yet within society, variation exists as to what age defines the eldest population. Traditionally, a senior citizen has been defined as anyone over the age of 65 years (Turcotte & Schellenberg, 2006). This definition is consistent with the eligibility for Canada's Old Age Security and the Canadian Pension Plan (The Special Senate Committee on Aging, 2007). Another definition considers a senior citizen to be a person over the age of 60 (WHO, 2002). These definitions illustrate the fluidity of the age at which one becomes identified as a senior citizen. For the purposes of this study a senior citizen will be defined as any individual over the age of 65. This definition was chosen to remain consistent with the traditional cut-off for retirement and eligibility for old age security benefits.

Considering all seniors as a homogeneous group obscures the unique qualities and experiences of seniors of different ages, as populations of seniors do become more differentiated over time (Rosenberg & Letrero, 2006). Indeed when talking of senior citizens one may be discussing people from age 65 to over 100 years of age. Age heterogeneity can be recognized by considering seniors as three distinct cohorts: the young-old, those aged 65 to 74 years; the mid-old, those aged 75 to 84 years; and the old-old, those aged 85 years and above (Turcotte & Schellenberg, 2006). The young-old make up the largest proportion of seniors at this time, and will constitute an increasing proportion of the population as the general population continues to age (see Table 1).

Current statistics estimate that 98% of young-old senior citizens live in the community (Turcotte & Schellenberg, 2006). These senior citizens also face fewer physical and cognitive limitations than older senior cohorts, allowing them the ability to remain more active within their communities. In the next section, the concept of active aging is identified and described in contrast to normal aging.

1.3.1 Active Aging

As people age, a number of changes may occur: increases in disability and illness, physical and cognitive declines, increased feelings of loss, increased feelings of loneliness, changes in social support, increasing dependency, and increased risk of social isolation (Fitzpatrick et al., 2005; Turcotte & Schellenberg, 2006). It is often thought that many of these changes are part of the normal process of aging. In contrast to normal aging, active aging¹ is viewed as a way to offset these changes, or lessen their impact on the individual. Research and concepts related to active aging are discussed in this section. The determinants of active aging are also presented as a way to approach thinking about active aging.

Active aging is multi-dimensional and can be conceptualized in several ways, with the absence of disease and good mental health acting as merely a starting point for the discussion. Rowe and Kahn (1998) focused on the positive attributes of individuals who age successfully. They suggested that successful aging is achieved by sustaining

¹ The term “active aging” will be used for the remainder of this thesis, except for where citing literature that uses “successful aging”.

three characteristics: low risk of disease and disability, high mental and physical function, and active engagement with life (Rowe & Kahn).

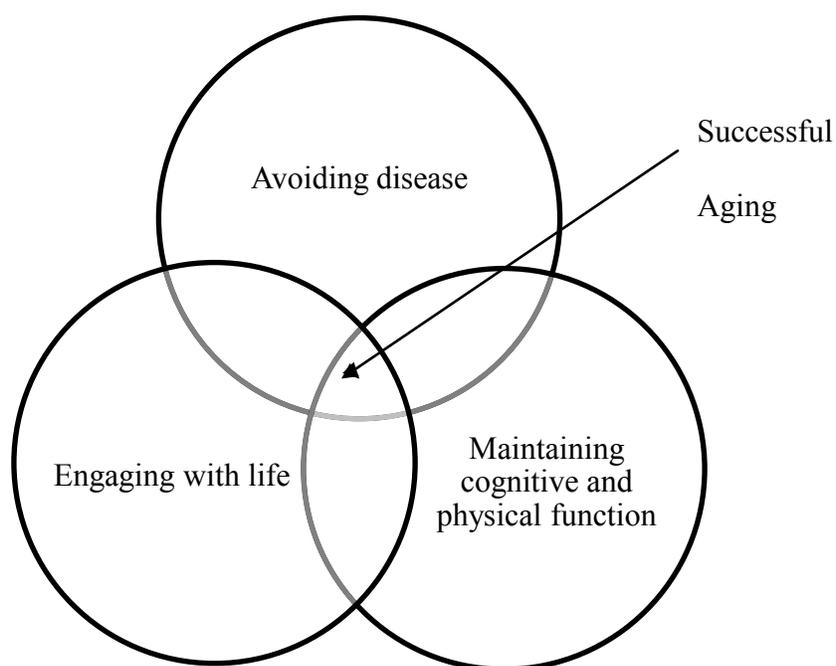


Figure 1: Successful Aging (Rowe & Kahn, 1998)

Avoidance of disease can be understood as the absence of disease or disability, as well as the absence of risk factors for disease or disability (Rowe & Kahn, 1998). The preservation of cognitive and physical ability supports maintenance of overall function and the ability to remain independent (Rowe & Kahn). Finally, engagement focuses primarily on relationships with others and taking part in meaningful activities or behaviours (Rowe & Kahn). These three components are described as a hierarchy, with the absence of disease and disability enabling cognitive and physical function that in turn leads to a greater ability to engage with life (Rowe & Kahn). While Rowe and Kahn's framework provides an accurate depiction of elements of successful aging and their

interaction, it does not take into account the perceived value that individuals may place on these different components of successful aging.

Building on previous research, Rossen, Knafl, and Flood (2008) conducted a qualitative study with 31 older women to understand successful aging as defined by older adults. The authors determined that successful aging is a deliberate process, characterized by acceptance, comportment, and engagement. Acceptance involves an internal process, whereby one contemplates and accepts “changes in life circumstance, particularly physical, relational and environmental changes” (p.79). Comportment is the “presentation of self to the outside world, in such a way as to display both self-regard and regard for others” (Rossen et al., p.82). Engagement encompasses the idea of being “involved in meaningful activities”, with social engagement and self-care activities being a critical part of being engaged (Rossen et al., p.80). Thus, the ability to maintain close relationships with others and to participate in meaningful activities is a deliberate component of achieving successful aging, as perceived by this sample of older women. Rossen et al. (2008) provided a vital context in which to understand the components of successful aging, and the meaning of successful aging to older adults. For older adults, successful aging moves beyond the absence of disease and disability, toward programs and support for older adults that promote engagement both socially, and with meaningful activities.

1.3.2 The Determinants of Active Aging

Previously, the concept of active aging was presented in contrast to the normal aging. In this section a determinants of health approach, as framed in a report by the

World Health Organization (2002), will be used to examine the mechanisms through which the determinants of health affect how people age.

The determinants of health are the factors within society that shape the health of individuals. Consideration of the determinants of health moves the discussion of health beyond just health care and health services into a broader context that incorporates communities, and the political, cultural, economical, and social environments. Accumulated effects of the determinants of health have the ability to impact the individual in a negative or positive fashion (WHO, 2008).

The World Health Organization has defined active aging as the “process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age” (WHO, 2002, p. 12). Active aging is influenced through many pathways of the determinants of health: economic determinants; behavioural determinants; personal determinants; education; culture; gender; the social environment; the physical environment; health and social services; and social support. Income and level of social protection vary among senior citizens. Senior citizens with reduced income face an increased risk of illness and disability compared to senior citizens with greater income. Female senior citizens who live alone are most at risk of inadequate income (WHO, 2002). Employment also influences income; those senior citizens who worked for pay may receive a larger pension. However the relationship between aging and employment also varies by gender, since men are more likely to have held formal employment, while women often have had more informal roles (Turcotte & Schellenberg,

2006). Additionally, nature of employment is a factor that may influence how senior citizens engage in activity as they age.

Behavioural determinants and personal determinants influence the types of health behaviours and health practices in which senior citizens engage. Access to health care influences health care seeking behaviours, coping skills and health behaviours. Culture defines values and traditions that influence the process of aging and what it means to be a senior citizen (WHO, 2002). A gendered lens can be used to examine the socially constructed impact of health determinants on males and females through the life course. Considering gender provides a lens to view the differential impacts of social support available to men and women through the life course, and how roles in older age may be shaped by senior citizens' perceptions of their own gender roles (WHO). The environment in which senior citizens live also has an influence on health. Age-friendly physical environments contribute to senior citizens' ability to be independent by promoting accessibility and transportation, minimizing environmental hazards that could cause injury, and providing safe housing (WHO). The social environment also plays a role by providing opportunities that increase health and participation, and facilitating social support (WHO). Figure 2 depicts the individual determinants of health as they contribute to active aging.

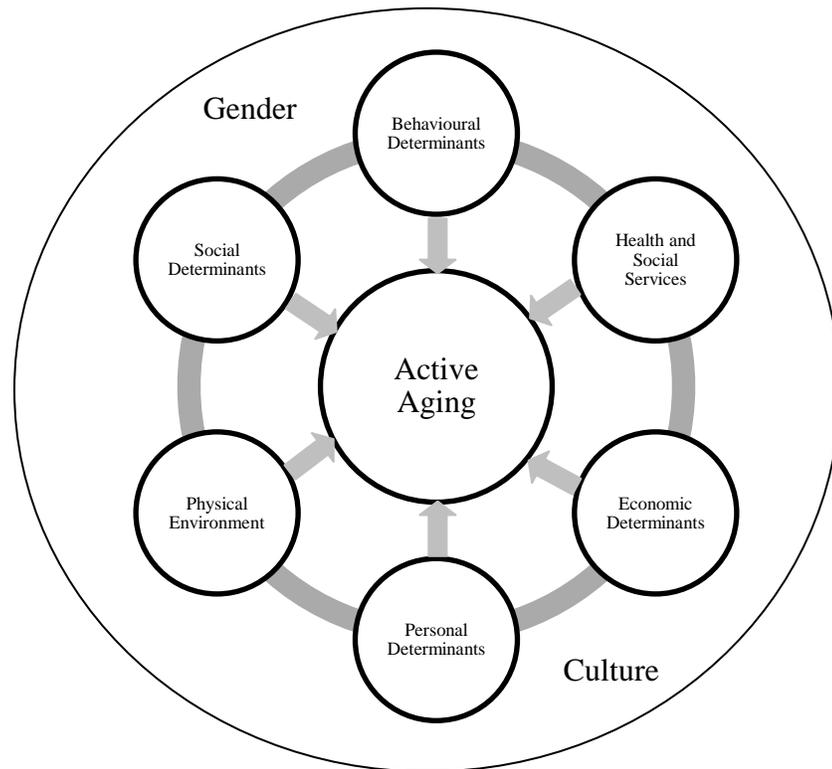


Figure 2: Determinants of Active Aging (World Health Organization, 2002)

This section provides a description of the differences between what is seen as normal as compared to successful or active aging. A determinants of health lens was then used as an approach to understanding some of the elements that influence active aging. In the next section the focus is on the role of social support in active aging.

1.4 Social Support

In this section research related to social support and aging is presented. Elements of social support are also identified.

As a population, senior citizens are more likely to lose their friends due to factors such as death, institutionalization, and relocation to be close to family, all of which can result in reduced social support (Turcotte & Schellenberg, 2007). Many senior citizens in

Canada (10%) reported having no close, or other friends; these numbers appear to increase in older age cohorts (Turcotte & Schellenberg). A strong correlation exists between positive social relationships and mental and physical health (Turcotte & Schellenberg). Low frequency of social contacts presents an increased risk for functional status decline (Stuck et al., 1999), which is a decline in the ability to do activities in any domain of life. Depression, suicide, poor nutrition, decreased immune function, abuse and neglect are negative consequences related to a lack of social interaction (Rubenstein et al., 1994). Improved health, as well as health-promoting behaviour, is more likely to be achieved when individuals perceive adequate social support (Shearer & Fleury, 2006).

Rowe and Kahn (1998) identified two types of support that contribute to successful aging: socio-emotional support and instrumental support. Socio-emotive support, thought to be most important in promoting successful aging, includes “direct expressions of affection, liking, love, esteem and respect” (Rowe & Kahn, p.47). Instrumental support provides direct assistance with an activity (Rowe & Kahn). Rowe and Kahn (1998) also comment that no one type of support is consistently effective for all individuals in all situations.

1.4.1 Elements of Social Support

How social support is conceptualized varies with the paradigm in which the research is being done. Quantitative approaches focus on social relationships in terms of quantity and frequency (Conner, Powers & Bultena, 1979). This approach was found to be limited in determining psychological adaptations to aging (Conner et al., 1979). Conner et al. concluded that research on social relationships needs to move past

measuring quantity and frequency, to focus on research that seeks to better understand perceptions about the meaning and significance of the social relationships of individuals. Qualitative approaches include identifying needs that are met by social relationships, identifying the meanings attached to these relationships for the individual experiencing them; determining if social relationships are substitutable, and if so, under what circumstances (Conner et al.).

Qualitative research is concerned with individual perceptions about the meaning and significance of social relationships and the contexts in which social relationships occur. Qualitative measures become increasingly important when looking at senior populations, as quantitative elements, such as frequency of interactions and number of relationships may diminish as people age (Conner et al., 1979). Liang, Dvorkin, Kahana and Mazian (1980) looked at the relationship between social integration and morale. They found that the subjective perception of social integration is a more predictive measure of morale than objective social integration (Liang et al., 1980). Thus, when examining social support in older adults, emphasis should be placed on perceived social support, and the meaning individuals place on their social relationships. Furthermore, Rowe and Kahn (1998) argued that in order to capitalize on successful aging, several aspects must be considered, including the needs of the individual, the social support needs, and the context of support received. For the purpose of this study, perceived social support is defined as, “an individual’s belief that he or she is valued, loved, and an integral part of a social relationship” (Shearer & Flury, 2006, p.4).

After identifying the role of social support in active aging for senior citizens, as part of the discussion on the determinants of health, means of obtaining social support for senior citizens are explored. In particular, research on volunteering is presented in terms of its influence on the social support of senior citizens.

1.5 Volunteering and Senior Citizens

As discussed previously, engagement plays an important role in the ability of older adults to age actively. While engagement can refer to engagement in social relationships, it also refers to engagement in meaningful activities (Rowe & Kahn, 1998; Rossen et al., 2008). In this section, volunteering is explored as a way for senior citizens to become engaged, and as a means of contributing to their social support. Different types of volunteering are presented; senior centres are identified as a place where senior citizens may volunteer. The benefits of volunteering for senior citizens are communicated. In closing, predictors of volunteering among senior citizens are presented to facilitate an understanding of the motivation to volunteer.

1.5.1 Types of Volunteering

Formal volunteering is defined as “any activity intended to help others that is provided to an organization without obligation and for which the volunteer does not receive pay or material compensation” (Okun & Michel, 2006, p.173). Informal volunteering often takes the form of care-giving within a kin or social network (Jirovec, 2005). Some volunteer activities have been found to include a stipend for low-income senior volunteers (Butler, 2006; Fried et. al, 2004). Senior citizens can volunteer with a number of organizations, including community organizations, religious affiliated groups,

service clubs, sport or recreation groups, and political groups, to name a few. Gottlieb and Gillespie (2008) stated that formal volunteering should be a focus, as it allows senior citizens to make contributions to both society and to their own well-being in a meaningful way. The next section identifies the role of senior centres in providing formal volunteer opportunities for senior citizens.

1.5.2 Role of Senior Centres

For senior citizens aging within communities, it is important to focus on active aging in place. The primary goal of senior centres is to assist senior citizens to live independently for as long as possible in the community (Pardasani, 2004). Senior centres are a community resource that can support active aging by providing the opportunity for socialization, recreation, volunteer development, information, advocacy, education, outreach, nutrition, and preventative care for senior citizens (Fitzpatrick et al., 2005; Pardasani). The opportunities provided by senior centres help senior citizens to maintain their independence and self-reliance. The benefits of senior centre membership include benefits to the senior member, and benefits to health service providers as well as contributions to a senior citizens' mental or physical health (Fitzpatrick et al.). From the perspective of the health service providers, senior centres are an ideal setting for health promotion, and also provide a form of preventative care through services and programs offered (Pardasani). Use of a senior centre plays a key role in the aging continuum of care (Pardasani), providing a level of care that may either delay the use of more tertiary care, or provide a means of care before more tertiary care is needed. Handy and Cnaan (2007) found that health care services were used less by senior volunteers. The delayed use of

tertiary care may indicate that senior citizens continue to age while living in their homes and communities for as long as possible.

1.5.3 Benefits of Volunteering for Senior Citizens

Benefits for volunteers have been shown to include better physical health (Jirovec, 2005; Van Willigen, 2000), increased mental health, greater well-being and reduced mortality (Harris & Thoreson, 2005; Windsor, Anstey & Rodgers, 2008).

Volunteering has also been shown to increase health promoting behaviours (Jirovec). The Experience Corps, a project in the United States, evaluated a program for senior volunteers that placed the volunteers in public elementary schools (Fried et al., 2004).

Volunteer roles were designed to increase the physical, social, and cognitive activity of the senior volunteers, and a small stipend was provided. The Experience Corps program was found to increase physical, social and cognitive activity levels in older adults, and each of those activity types was found to be an independent predictor of health outcomes in later life (Fried et al.).

Research has demonstrated an association between volunteering and social support. Young-old senior volunteers are more likely to perceive support from their family and friends than non-volunteers, and are more likely to include other volunteers in their social circles (Warburton et al., 2001). Volunteers are also more likely than non-volunteers to have contact with friends (Okun & Michel, 2006). A study by Fitzpatrick, et al. (2005) looked at social support factors and their relationship to physical health and mental health within a senior centre population in Southern Ontario. The results showed

that volunteers perceived better health and social support than non-volunteers; this was one of the greatest positive relationships found for study participants (Fitzpatrick et al., 2005).

Few studies have examined the benefits of volunteering in terms of the social support developed for volunteers. Aquino, Russell, Cutrona, and Altmaier (1996) found that perceived social support moderated the effect of volunteering on life satisfaction for older adults. Butler (2006) used a mixed method approach to determine the impact of a social companion program, which provided volunteer opportunities along with a small stipend to low-income older adults. These lower income older adults reported that the social networks of volunteers were increased due to the companionship of other volunteers and clients (Butler). However, no studies have looked specifically at the experience of social support for young-old senior volunteers in the context of a senior centre.

1.5.4 Predictors of Volunteering

In 2007, 36% of Canadian senior citizens over the age of 65 years participated in some form of volunteering (Hall, Lasby, Ayer & Gibbons, 2009). The rate of volunteering throughout the lifespan had a curvilinear pattern, with the greatest rate of volunteering being reported during the fifth decade of life, and declining in older ages (Okun & Michel, 2006). However, senior volunteers invested more time in their volunteer roles than younger volunteers (Turcotte & Schellenberg, 2006; Gallagher, 1994). Annually, senior volunteers were found to contribute more volunteer hours than any other age group (Hall et al.).

Clary and Snyder (1999) identify six motives for volunteering: gaining experience related to a career plan; enhancing feelings of self-worth; learning more about life; as protection against negative feelings; acting on strongly held values; and developing or strengthening social ties. For senior citizens, some of these motivations may not be relevant to their life stage, however, the ability to develop or strengthen social ties has been found to be significantly related to age. As people age social motivations to volunteer increase, because of changing motivations related to careers and knowledge seeking (Okun & Schultz, 2003). Okun and Schultz found that volunteers over the age of 60 years were the most motivated to make new friends as a result of volunteering, in order to maintain emotional well-being. Social motivation was greater in those aged 60 to 70 years than in those aged 70 years and older; among 60 to 70 years olds volunteering is a way to replenish social relationships in light of life changes, such as retirement or relocation (Okun & Schultz). Several other complementary dimensions have been used to understand the motivation to volunteer in senior populations. Some studies suggest that seniors volunteer for both altruistic and egoistic reasons (Warburton, Terry, Rosenman & Shapiro, 2001); whereas, others purport that self-orientated motives, such as meeting people, play a role in motivation to volunteer (Warburton et al.). Motivation to volunteer can influence the types of volunteer roles senior citizens may take on, the time they commit to the role, or the outcome they are seeking as a result of volunteering (Warburton et al.).

Senior citizens with higher education or income appear more likely to volunteer (Jirovec, 2005; Tang, 2006); however, education is more positively related to being a

volunteer than income (Okun & Michel, 2006). Those with a professional employment background are also more likely to volunteer (Jirovec). While older women appear to volunteer more than older men, no research to date has accounted for the differences in the likelihood to volunteer (Jirovec; Okun & Michel). Other predictors of volunteering include church attendance and having spiritual beliefs (Okun & Michel; Tang), and ties to formal social resources, such as organizations (Okun & Michel).

Cohort traits can also affect senior volunteering, as different cohorts of senior citizens may have had distinct life experiences. Cohort traits are understood by examining the ways that determinants of active aging vary among different cohorts, and how this influences volunteer activity. Cohorts differ in terms of level of education, health status, income, amount of discretionary time, previous volunteer experiences and a variety of interests that can affect the likelihood of volunteering as people age (Hooyman & Kiyak, 2002). It has also been suggested that the benefits of volunteering may vary between different subgroups of senior citizens (Greenfield & Marks, 2004).

In summary, formal volunteering is an activity in which senior citizens partake. A number of health benefits are present for senior citizens that volunteer. Evidence also provides insight into what motivates senior citizens to volunteer, and which senior citizens are more likely to volunteer. In the next section theoretical frameworks related to aging, which can help to understand volunteering, are explored.

1.6 Theoretical Frameworks

An understanding of theories related to aging is useful when investigating why people volunteer in their senior years. Among the major theories of adult development

and aging three are summarized briefly: disengagement theory; activity theory; and continuity theory. Each of these theories proposes relationships among the elements in the process of aging, and different explanations of active aging (Burbank, 1986).

Disengagement theory, developed by Cumming and Henry (1961), posited that decreased interaction between the aging person and their social system was an inevitable result of aging. They argued that the process of aging is one of mutual withdrawal or disengagement of the aging persons and their social systems, and that disengagement resulted in successful progression toward the end of life. In contrast, activity theory as proposed by Havighurst and Albrecht (1953), argued that as individuals age, maintenance of high activity levels is needed to hinder the negative effects caused by aging, which in turn improved life satisfaction; however, both of these theories were found to be too restrictive, as studies were unable to accurately explain their findings related to life satisfaction (Burbank, 1986). A lack of explanatory power of disengagement theory and activity theory leads to the development of continuity theory, which was developed by Havighurst, Neugarten and Tobin (1968). Continuity theory states that as an individual ages lifetime patterns of thought, behaviour, and social arrangements persist (Havighurst et al.).

Continuity can be considered similarly to consistency, and can mean either an absence of change, or evolution related to past behaviours or activities (Atchley, 1989). Therefore, continuity theory makes the assumption that people are motivated to be continuous in their past patterns when pursuing goals or adapting to change (Atchley).

Continuity theory consists of four major constructs: internal structure, external structure, goal setting, and maintaining adaptive capacity (Atchley).

Internal structure refers to the idea that when making choices and adapting to change, people are motivated to maintain inner structures that represent a lifetime of selective investment (Atchley, 1989). External structure refers to the well-mapped external life structures that differentiate each person from another. Differentiation among individuals extends to continuity of activities, environments and relationships, as preserving the network of social support are important for creating and maintaining concepts of self and lifestyle (Atchley). Goal setting assumes that adults have goals for developmental direction: activities, relationships and environments, toward which they want to evolve (Atchley). Finally, maintaining adaptive capacity appreciates that as people evolve, they have increasingly clear ideas about what gives them satisfaction in life. External structures can therefore be refined to complement internal structures to deliver maximum fulfilment (Atchley). The underlying constructs of continuity theory provide a useful and relevant guiding framework for adding to the understanding of volunteer behaviour in senior citizens; specifically these constructs can be applied to understanding the mechanisms and outcomes of volunteering in young–old senior citizens.

As the focus on active aging continues and expands with an aging population, there is increasing interest in ways to support that success. Volunteering is a social and meaningful activity that promotes engagement, and is the focus of this study.

1.7 Study Rationale and Summary of Chapter

The evidence presented through this literature review has important implications for the need to maintain social relationships among senior populations. There is a need to focus on active aging, as the number of senior citizens is increasing, as well as the number of senior citizens wishing to age in the community. Social support is a key determinant of health for senior citizens and has been shown to be influenced by volunteering. The presence of social support can support positive health for senior citizens living in the community, and improve quality of life.

In this thesis, young-old senior citizens were the focus of study to add to the understanding of active aging among a younger cohort of senior citizens. It is important to support and promote continued active aging as individuals grow older and face increasing challenges in their communities by examining the differential benefits of volunteering among cohorts of senior citizens.

According to the World Health Organization Commission on the Social Determinants of Health (2008), research is needed to measure and understand social determinants and assess the impact of action. Further research is also needed to clarify and specify the role of each determinant individually in the active aging process (WHO, 2002).

Many positive effects of volunteering for older adults have been summarized above, largely through quantifiable measurement (Harris & Thoreson, 2005; Jirovec, 2005; VanWilligen, 2000; Windsor et al., 2008). However, a gap in the literature exists in regard to qualitative inquiry that focuses specifically on young-old senior volunteers.

Furthermore, limited attention has been given to the perception of the volunteers themselves, and their experience of social support related to volunteering. The Rossen et al. (2008) study on the perceptions of successful aging suggested that future research should focus on the creation and assessment of interventions that address successful aging through personal, social, and behavioural factors. Rossen et al. emphasized the need for this research to incorporate the perspective of senior citizens, and to incorporate contextual knowledge in understanding interventions. Given the demographics of the Canadian and Albertan populations, it is important and timely to have empirically-based information that can direct adequate resources in order to support active aging.

Research looking specifically at the social support of senior citizens, in the context of volunteering, is important and timely, and a qualitative methodology will allow for a deeper understanding of this relationship and its meaning for the individuals. This study provides an opportunity to examine specifically the role of volunteering as a mechanism of social support in active aging. The focus for this study is on young-old senior citizens who volunteer, and on their perceptions of social support through volunteering. The study design and methods are detailed in the next chapter.

Chapter Two: Study Design and Methods

2.1 Introduction

This chapter presents the study design and methods used to conduct the research project. The study purpose is introduced, along with the research question, and information pertaining to the site at which the research was conducted. A qualitative collective case study is then presented as the study design. Next, information related to the methods is presented which includes the sampling strategy, recruitment, and the data collection strategies. Data analysis strategies are identified. Issues of rigour are presented. Finally, the ethics related to this project are identified and discussed.

2.2 Study Purpose and Research Question

The purpose of this study was to explore social support for young-old, community-dwelling senior citizens who were volunteering at a senior centre. Thus, the research question posed was: *How does volunteering at the Centre affect perceived social support among young-old community-dwelling senior citizens?* The researcher consulted with the senior centre to develop an appropriate research strategy and study design. The research site is described below.

2.2.1 Research Site Context

The research site was a senior centre, located in Calgary, Alberta². The Centre provides a variety of active-living programs, preventive services and volunteer opportunities for individuals over 55 years of age. Its membership is diverse, with thirty-

² The research site will be referred to as the “Centre” for the remainder of this thesis to maintain anonymity. For anonymity purposes, references for the Centre website that identify the Centre have not been included. For more information, please contact the author.

two thousand people accessing the Centre programs each year. The diversity in membership includes age, socioeconomic status, country of origin, and observed mobility and health and interests. In 2008, the Centre relied on 450 volunteers, who together contributed over 81,500 volunteer hours. Volunteer opportunities are available in many areas, including adult day support, grocery delivery, membership desk, the newspaper, dining room cashiers, and others. Volunteer roles are matched based on skill-level and interest, so no participant is excluded on the basis of ability. Volunteers do not have to be members of the Centre. To become a volunteer at the Centre, individuals must complete and submit an application form, have an interview with the volunteer department coordinator, complete security clearance, and complete a general orientation. Additional training is provided for each specific service area. Given its diverse membership, reflected in its volunteer population, service provision, and volunteer opportunities, the Centre provides an ideal setting through which to explore the role of volunteerism in social support for senior citizens.

Research projects being conducted at the Centre are overseen by a Research Board internal to the Centre. The Research Board was established in 2002 to conduct research on healthy and active aging, using a collaborative and multi-disciplinary approach. A main goal of the Research Board is to ensure that members are actively involved in research being conducted at the Centre, aimed at research with rather than research on members.

This section has detailed the purpose of the research project, and has provided some detail related to the context of the research site. In the next section, the study design

is described, which was developed through consultation with representatives of the Centre's Research Board and principles of qualitative methods.

2.3 Study Design

This qualitative case study was designed to investigate senior citizens' perceptions of social support related to volunteering at a senior centre. The study used an instrumental case study method based on the work of Stake (1994). Recruitment, purposive sampling, individual interviews, data analysis, and interpretation as well as rigour (Stake, 1994; Meadows & Morse, 2001) were strategies used to gather data to answer the research question. Methodological congruence was guided by the work of Thurston, Cove, and Meadows (2008). The study was designed to support an iterative process of recruitment, sampling, data collection and data analysis to ensure rigorous investigation of the role that volunteering plays in senior citizens' social support. The Centre was consulted throughout this process as appropriate to working with communities (Vollman, Anderson & McFarlane, 2008).

2.3.1 Methods

According to Stake (1994), the purpose of an instrumental case study is to examine a particular case in order to provide insight into an issue. In this study, our focus was the experience of perceived social support through volunteering. A collective case study method was used; the group of cases were senior citizen volunteers at the Centre who participated. A collective case study provided multiple perspectives to support deep understanding of the topic (Stake, 1994). For the purpose of this study, each case was considered to be a volunteer at the Centre, aged 65-74 years, who lived in the community.

The following sections describe the methodological strategies used in the study, and the techniques used in the iterative study implementation.

2.3.2 Recruitment and Sampling

In order to be a potential participant in this study individuals had to be community-dwelling senior citizens, ranging in age from 65 to 74 years as of January 1st, 2009, who were members of the Centre and also volunteers. Only participants who were English speaking were included, to avoid issues of translation. Kuzel (1992) suggested twelve to fifteen participants should be appropriate to help ensure maximum variation in the sample, as well as to reach redundancy of the information relevant to the sample and research question.

In consultation and assistance with the Centre, participants were actively recruited. The researcher spent time at the Centre, particularly within the volunteer department. Senior volunteers who fit the sampling criteria were approached by the researcher or the volunteer department coordinator and provided with information about the study. Potential study participants were then asked by the researcher or volunteer department coordinator if they would be interested in participating in the study. The researcher used an iterative process to facilitate maximum variation of participants; data collection and further recruitment were informed as recruitment continued when approaching potential participants. The researcher's regular presence at the Centre allowed the participants become familiar with the researcher prior to being approached about participating in the study. It also helped to familiarize the researcher with the Centre.

Study participants were sampled purposively, seeking a maximum amount of variation among the cases (Kuzel, 1992). Maximum variation sampling was used to include participants with a wide variety of characteristics and volunteer experiences. Recruitment continued until it was deemed that redundancy within the data with respect to the research question had been achieved. Redundancy was realized in characteristics such as past and present social relationships, including relationships with spouses, family, friends, other acquaintances; past and present volunteer experience; past and present work experience; the experience of volunteering; social support as a result of volunteering; and the experience of being a Centre member.

2.3.3 Data Collection

The primary technique for data collection was individual unstructured interviews. Piloting of the interview guide, as well as observation, with permission of the Centre and as part of the researcher's volunteering work at the Centre, were used to develop the interview guide. The interview guide, which can be found in Appendix A, was used to conduct the individual interviews. Piloting occurred prior to the individual unstructured interviews, while observation was both prior to and during the interviews. Probes used during the piloting process can be found in Appendix B. Unstructured interviews allow the researcher to develop a deep understanding of social and personal matters in the context of the subject being examined (DiCicco-Bloom & Crabtree, 2006). Unstructured interviews are similar to guided conversations that allow the interviewer to gather information about the meaning of behaviours and interactions (DiCicco-Bloom & Crabtree). They allow for questions to emerge as the interviewer gains knowledge about

the setting, as well as from ensuing discussion between the interviewer and interviewee (DiCicco-Bloom & Crabtree).

2.3.3.1 Piloting

A draft interview guide was developed and piloted with two young-old senior volunteers at the Centre who were not otherwise participating in the study; this process was used to determine if the interview guide was meaningful and relevant to participants. The pilot participants were also asked to comment upon the appropriateness of the interview guide language and if concepts used captured the perceptions of the volunteers in relation to their social support. The piloting interviews were digitally recorded. As a result of piloting, the interview guide was revised to clarify the concept of social support for participants. Otherwise, the participants felt that the interview guide was appropriate, and were comfortable with the 30 to 45 minutes taken to complete an interview.

2.3.3.2 Unstructured Individual Interviews

Data were collected using individual unstructured interviews. Prior to the interviews, each participant was asked to provide written consent to participate (Appendix C) in the interview and to have the interview audio recorded. Interviews were held face-to-face, at the Centre. Interviews were also held within the individuals' normal hours of volunteering, as to minimize imposition on their time and schedule. The interview guide was used to focus and lead the interview during the data collection (DiCicco-Bloom & Crabtree, 2006). It was the role of the researcher to facilitate discussion beyond the interview guide, while ensuring the discussion remained on the experience being examined. Writing memos and field notes were also part of this data

collection process, so the researcher kept detailed notes of thoughts and observations during the interviews (DiCicco-Bloom & Crabtree).

The iterative nature of the qualitative research process allowed for adjusting interview questions as more knowledge about the topic and individual differences becomes available (DiCicco-Bloom & Crabtree, 2006). Once data were collected from the first interview, the researcher began to review the data (DiCicco-Bloom & Crabtree). The researcher re-visited the interview guide and adjusted it according to the preliminary results. This process continued after each interview was done. At the conclusion of each interview, the participants were asked for their permission to be contacted again at a later date for clarification or further questions, if needed.

2.3.3.3 Field Notes

Observational data in the form of field notes were used in addition to the data collected from the pilot interviews and the unstructured interviews (DiCicco-Bloom & Crabtree, 2006). Observation allowed the researcher to collect more generalized contextual data during time spent at the Centre as a volunteer, as well as to maintain congruence with a case study method. Field notes were taken during all aspects of the data collection process. The researcher also used journaling during the research project to record any thoughts, feelings, or opinions. The field notes were used along with the data from the individual interviews to revisit the interview guide and revise as needed. Observational data collected were not specific to individual study participants, but rather to the context of the Centre and a senior population.

2.4 Data Analysis

Interview data were transcribed verbatim. The transcripts were then reviewed in comparison to the audio files to ensure accuracy. The work of Stake (1994) guided the analysis and provided cohesion with a case study methodology. In the initial step of data analysis the researcher read the transcripts several times to begin analysing the data. The researcher began to memo and code the transcripts by hand to help identify areas within the data where ideas, as well as similarities and differences, existed. The transcribed interview data, field notes and memos were then read into QSR NVivo7® software to aid in data organization and analysis. QSR NVivo7® is a program that helps to organize, classify, sort and arrange qualitative data, allowing greater ease in exploring trends and themes that emerge from the data (Bazeley & Richards, 2000).

The researcher used direct interpretation of individual instances to code the data and draw meaning from individual events (Stake 1995). Categorical aggregation is the “aggregation of instances until something can be said about them as a class” (Stake, p.74). Categorical aggregation was used to organize similar codes together, which helped to examine the data for groups of events, to further understand the volunteers, volunteer roles, perceived social support, and the site context at the Centre (Stake). The researcher then moved to a more abstract level of examining the data to identify themes within the data. Themes are “common threads that run through the data” (Morse & Richards, 2002, p.113). To identify themes, the researcher first looked for patterns within the coding, and then looked at the data as a whole. Both categorical aggregation and direct interpretation

were used by the researcher to examine and establish patterns among different categories (Stake).

As analysis progressed, a story began to be built from the data (Appendix D). The researcher developed the story purposively with the help of the supervisor, until it incorporated all aspects of the data that were relevant to the research question. Alternative explanations of the data were also explored (Crabtree & Miller, 1999); however, the story was most supported by the data. Using QSR NVivo7®, the researcher substantiated the story by linking it back to the codes. QSR NVivo7® was also used to aid the modeling of relationships among the different elements of the story, and then to model the story as a whole. The researcher then went back to the data to find relevant quotations from the participants to complete the story.

In completing the data analysis detailed above, as well as the data collection methods, issues of rigour needed to be addressed.

2.5 Rigour

Rigour is a vital component of qualitative methodology, as it ensures that the researcher produced a believable and understandable explanation of the issue being studied. For this study, rigour was achieved through verification, validation, and ultimately validity (Meadows & Morse, 2001).

Verification is external to the data, but is internal to strategies of inquiry as part of the research process (Meadows & Morse, 2001). In this study, verification was achieved in a number of ways, first through the research design, and then through bracketing, redundancy, and methodological coherence (Meadows & Morse). The researcher

bracketed knowledge about the subject area before embarking on this study, and also bracketed any ideas or pre-existing conceptualizations held, including knowledge obtained during the literature review. Redundancy is achieved when all the data were similar and fit within the same category, despite different participants, contexts and circumstances (Meadows & Morse). The process of attaining rigour emphasizes the importance for the research to be an iterative process, since data analysis begins shortly after data collection, allowing the researcher to assess when redundancy has been achieved. Finally, the researcher ensured that all steps of the research project were congruent with case study methodology, to provide consistency.

Validation involves evaluations that take place within the research project (Meadows & Morse, 2001) including the use of multiple methods, multiple reviewers of the data analysis, member checking, creating an audit trail, and computer assistance (Meadows & Morse). The researcher used multiple methods of data collection, including unstructured interviews and observation. Both the researcher and supervisor reviewed the coding of the data, to ensure consistency in the findings, and to ensure that different perspectives were present in the analysis process. Multiple reviewers challenge interpretations and helps with bracketing and bias (Crabtree & Miller, 1999; Meadows & Morse). Member checking was done after the interview process, by confirming results with one study participant, to explore further explanations, and to ensure that the data were accurately represented (Meadows & Morse). Since more females participated in the study, a male participant was chosen to participate in the member check to confirm that the data was not biased toward a female perspective. An audit trail was created by

carefully documenting all aspects of the research process, using field notes, journaling, and keeping memos, as well as methodological decisions throughout the study (Meadows & Morse). Memoing involved the researcher keeping notes during the analysis process so that thought processes could be followed and results may be replicated. Coding and memoing were done by the researcher, as the interviews were also completed by the researcher. A computer was used to organize and store all the data and information for the study, and QSR NVivo7® was used to aid the data analysis portion of the project. These elements also support the validation process.

Validity was achieved through solid verification and validation, and reflects the trustworthiness of the research being put forth (Meadows & Morse, 2001). By taking adequate steps to verify this study, and provide validation, confidence in the validity of the results of the study was created. In addition, the external review of the study, including the oral defence, facilitates validity. After presenting the methods associated with this study, the ethical considerations for this study are made below.

2.6 Ethical Considerations

There are ethical issues involved in doing research with senior citizens. The researcher must ensure that respondents do not experience feelings of vulnerability or coercion as a result of participating in the study. Measures taken to keep with ethical study procedure included the researcher maintaining regular attendance at the Centre, to become a member of the community, rather than just a researcher seeking information; developing rapport with participants as an important step in the qualitative research process involving trust and respect for the participants and their information; and the

establishment of a safe environment for the participants (DiCicco-Bloom & Crabtree, 2006). Validation of the interview guide with other senior volunteers helped to ensure that the researcher was asking questions in a considerate and appropriate manner for the study population.

When obtaining informed consent, the researcher recognized the potential physical and/or cognitive declines experienced by the participants. The researcher ensured that the consent form was legible, by preparing it with a large font, and observed that the participants at minimum appeared to understand to what they were consenting. Participants were assigned an identification number that was used to label all files and differentiate between participants on transcripts and field notes. This information was kept in a password protected thumb drive in a locked filing cabinet.

All digital recordings and transcripts were analyzed and were also stored on a password-protected thumb drive in a locked filing cabinet. According to the requirements of the University of Calgary, these data will be stored securely for seven years, after which they will be destroyed (Conjoint Health Research Ethics Board). All consent forms and hand-written notes were digitalized and also stored on the password-protected thumb drive. Once digitalized, any hard copies of consent forms or notes were destroyed.

Ethics approval (E22307) was obtained on May 13, 2009 from the Conjoint Health Research Ethics Board at the University of Calgary. The research project was also approved by the Research Board at the Centre. The Research Board is the first community-based research centre in Alberta that focuses on research and education targeted at senior citizens. The goal of the research being done by the Research Board is

to maintain the health of senior citizens and enable them to age actively, while also ensuring that senior citizens have a voice in the research involving them as a population.

2.7 Summary of Chapter

This chapter outlined the methods used in conducting the study. The purpose of the study, the research question, and information on the context of the research site were presented. The recruitment strategy and sampling strategy were detailed, followed by the data collection strategies. A piloting process, individual unstructured interviews, and observation were used to generate data. Data analysis followed, and maintained congruence with the study design used. Issues of rigour were incorporated into the research process. Ethical considerations were made and addressed in conducting this study. The next chapter presents the results obtained from this study.

Chapter Three: Results

3.1 Introduction

This chapter provides results obtained from the data analysis. First, information is presented about the characteristics of the participants interviewed, followed by a presentation of the results as related to the research question: “How does volunteering at the Centre affect perceived social support in young-old, community-dwelling senior citizens”? To answer the research question, the individual components within the research question must be understood. First, to understand how volunteering *affects* perceived social support, data are presented that relate to ways of obtaining social support related to volunteering. Two ways of obtaining social support were identified to be how the similar attributes of the participants led to the formation of social support, and how volunteering facilitates interaction opportunities. Second, perceived social support was explored in terms of how the participants *experience* it as a result of volunteering. Relationships formed as a result of volunteering are described in the results. Perceived social support is described in the data as dynamic relationships in which the participants receive social support and provide social support. Finally, data are presented on the experience of volunteering. Participants felt that being a volunteer was advantageous, and express feelings of being needed, belonging, ownership, and pride as a result of volunteering.

3.2 Participants

Eleven participants were recruited for the study, and each shared his or her perspective with the researcher in 30 to 45 minute individual interviews. The eleven

participants interviewed were all currently volunteering at the Centre. Participants held a variety of volunteer positions within the Centre, including in the dining centre, the resource library, boutique, board membership, the wellness clinic, tax clinic, travel desk, and special events. Each participant was in at least one regular volunteer position, and some held multiple positions. For instance, some were volunteering regularly in one area, and then also volunteering periodically in other areas. Participants were community-dwelling and living in the city of Calgary, and either lived alone, with a roommate, or with a spouse. Nine participants were between the ages of 65 and 74 years. One participant was permitted to not reveal her age at her request, but it was approximated that she was eligible to participate in the study. Another participant was 76 years old at the time of the interview, but as this was toward the end of the data collection process, this interview was still able to confirm the themes emerging and help to determine that redundancy had been achieved.

The majority of the participants had worked for pay in the past and were now retired. Most of the participants had also volunteered in the past for other organizations, and some were also currently volunteering for other organizations in addition to volunteering at the Centre. The participants were a diverse group with respect to marital status, number of persons living in the home, the highest level of education achieved, number of years volunteering at the Centre, and the frequency of volunteering. Information on ethnic diversity was not collected, and was limited since the sample was solely English speaking. The characteristics of the study participants have been summarized in Table 2.

Table 2: Study Participant Characteristics

Participant Characteristic	Sample
Gender	8 females; 3 males
Age	Ranges from 65-76
Marital Status	6 married; 4 separated/divorced; 1 widowed
Number of Persons Living in Home	6 lived with a spouse; 2 lived with a roommate; 3 lived alone
Highest Level of Education Achieved	1 had less than a high school diploma; 5 had a high school diploma; 2 had a college diploma; 1 had a university degree; 2 had graduate degree
Number of Years Volunteering at the Centre	6 had been volunteering for 1 to 5 years; 2 had been volunteering for 6 to 10 years; 2 had been volunteering for more than 10 years
Frequency of Volunteering	3 volunteered once per week; 5 volunteered multiple times per week; 3 volunteered multiple times per month

Above, demographics related to the participant characteristics were presented. This information facilitates an understanding of the characteristics and context of the participants in the study.

The researcher also considered a gendered lens when analyzing the data. Gender is a socially constructed representation of the female and male identity, and “refers to the array of socially determined roles, personality traits, attitudes, behaviours, values, relative power, and influence that society ascribes to the two sexes on a differential basis” (Health

Canada, 2003). A gender based analysis is “a process that assesses the differential impact of proposed and/or existing policies, programs, and legislature on women and men” (Health Canada). At an early stage of the analysis gender differences were explored. However there were no consistent gendered themes within the data. For example types of volunteer roles and experiences of need for social support between women and men were considered. Perceived social support does have gendered differences, however there were no sustained patterns and relationships throughout the data in this study. The absence of consistent gender differences in these data does not preclude their existence in another context or sample. In the next section, the results are presented as they relate to answering the research question.

3.3 Ways of Obtaining Social Support

Although characteristics among participants varied, several similarities led them to volunteer. Participants described a desire to volunteer among a similar peer group, amongst individuals with similar interests. The participants all considered themselves to be outgoing individuals. There were a number of ways in which the structure of volunteering and interaction opportunities contributed to the participants obtaining social support. Volunteering created a commitment for the participants, and promoted frequency and proximity in interaction. These ways of obtaining social support are described below.

3.3.1 Similarities among Participants

Participants deliberately chose the Centre as a place to volunteer for a variety of reasons: a similar peer group, interest, and outgoing natures of the participants. The Centre provided participants with a similar peer group with which to volunteer, and this

association was sought by many of the participants. Volunteers provided a range of services through volunteering. The majority of participants had volunteered for many years, either at the Centre or for various other community organizations. Participants tended to choose volunteer roles that were of interest to them, and in doing so, were able to share their skills and talents with those who held similar interests. All of the participants interviewed were outgoing individuals. These similarities are the foundation upon which relationships were formed among volunteers. The data on similar peer groups, similar interests, and outgoingness are presented below.

3.3.1.1 Peer Group

Participants were open about the reasons that led them to volunteer at the Centre. It was common among the participants to have come to a similar decision about volunteering at a senior centre. Many of the participants mentioned the desire to volunteer with their own peer group.

“It was interesting because [the Centre is] for the seniors ... and I’m a senior so ... it fit (Chuckle).”

- Participant #4, Male

Another participant was seeking to volunteer with other senior citizens:

“I was more or less looking for my own age group. I don’t, didn’t want to go and work in a teen centre or a kindergarten or ... that wasn’t what I needed ... I wanted to work with peers.”

- Participant #2, Female

One woman reflected on how she hoped that volunteering within her own peer group would expand the support she already had available to her,

“I still needed to meet more people ... my age and stuff like that ... so that’s why I came down and then I thought well, I like this down here ... it cheers me up when I get in the door ... I have a lot of contact that way in my life ... I needed the contact with people my own age ... to go out with ... and be with ... and [the Centre] has done that.”

- Participant #7, Female

One participant described how her need for support from her own peer group was evolving as she ages and moves through different life stages.

“I’ve noticed with a lot of people that we have met through seniors things, they’re kind of the same way ... you know ‘cause sometimes like we’ve had different friends that we’re close to that have moved out of the city ... I think that happens a lot too ‘cause they ... move away ... people die ... I’ve got probably a better friendship with them now than any of my old friends ... and one of the things is we were all retired and we’ve got more in common right now ... a lot of the same interests.”

- Participant #9, Female

Participants deliberately volunteered with peers, and this was one reason that they chose to volunteer at the Centre. Similar interests were also discussed by the participants, presented in the section below.

3.3.1.2 Interests

Participants were able to use their skills and talents to provide a range of volunteer services to the Centre. The services they provided included the extension of

past professions as well as the development of new skills. In some cases, the participants were able to choose a desired area of service, according to their skills.

“I get involved in the budget ... I help them with their financial statements. I work with the external auditors at the end of the year when they come ... and on an ongoing basis I am there and support to the accounting officers ... [I want to] do something that I ... am trained to do. (Laughter)”

- Participant # 4, Male

In other cases, participants used volunteering as a practical outlet for hobbies:

“I volunteer at the [Boutique] ... where we sell crafts ... I do crafts as well and I bring them to sell ... I like crafts so it did a double purpose, like I volunteered so I sort of gave of my time but at the same time I was able to sell my crafts then.”

- Participant #10, Female

Interest was also often what brought the participants to volunteering, in that it allowed them to do something that appealed to them and that they enjoyed. Volunteering allowed participants to share their skills and talents with those of like interests.

“Of course I had gone around and seen what was here and ... the library, that’s where I want[ed] to be ... and I loved it. I met wonderful, wonderful people ... we’d talk about books and they’d tell me interesting stories about their lives ... I loved it.”

- Participant #9, Female

“I’ve always been a community type person ... I enjoy the cut and thrust of debate and I enjoy having an input so...it was a logical thing for me to get into ... There’s a social aspect to the [Board] meeting as well ... I enjoy meetings, and you have an opportunity to ... see people ... to ... understand people ... see where they’re coming from.”

- Participant #5, Male

Some participants indicated an interest in the Centre, rather than in a specific activity at the Centre.

“After my research I figured that [the Centre] had more of the things I was interested in than any other ... ah, place that I investigated ... so I phoned here, booked the interview and [was] hired right on the spot, started here the next week.”

- Participant #2, Female

Other participants were interested solely in the social aspects of their volunteer work.

“The interaction I like ... I don’t think it matters what I do.”

- Participant #1, Female

Shared interests and social aspects of volunteer work drew many people to the Centre and these interests were part of the outgoing nature of volunteers.

3.3.1.3 Outgoing

Being friendly and gregarious in nature were common characteristics of participants, as noted by observation and in interviews. Participants found that being sociable was an important aspect of volunteering activities. One participant described how being outgoing allowed her to make contact with others while she was volunteering at the Centre.

“I’m sort of an outgoing person and if I see somebody maybe three or four times, you get to know they come quite often and usually go up and ask how they are ... make them feel they belong here ... that’s me.”

- Participant #1, Female

Another participant said being a volunteer created a different type of involvement within the Centre however involvement was primarily up to the outgoingness of the individual.

“... it’s a ... different kind of involvement ... in that way it’s different than just being a member ... well now you’re asking my philosophy of ... people interacting with others ... if you sit in a corner you won’t have any [interaction]... You get out of there and do it, you do ... so yeah, I, and well more interaction than ... it’s going to be a wider circle.”

- Participant #11, Male

When they talked about the past, participants described other situations or activities they pursued. One participant described how being outgoing has aided her ability to meet other people.

“I couldn’t afford to keep up with my married friends and I needed to get out and socialize with adults and so I mustered up my courage and away I went and shook like a leaf till I got in the door. I looked around and decided that I wanted to fit with the people who looked like they were having the most fun. So, I stood there a minute or two, looked around and the ones who were laughing and smiling and happy, I just made a beeline, and met them. I used to tell people and I still do here, that you’re only alone until you get in the door, then you’re not alone anymore. It’s up to you what you do once you get in the door. If you want to sit in a corner like this, you can’t. That’s not the way to do it, so, that’s my standard line.”

- Participant #2, Female

For some participants, volunteering provided a social outlet in times of change and as they and their families aged.

“[I began volunteering] to get out of the house after my husband died ... [I] called up and see if they needed anyone ... came in for an interview and started with the bingo ... it gives me something to do during the day ... just being out of the house and ... socializing with people ... I don’t like my own company too much I discovered ...”

- Participant #8, Female

Participants were clear about why they chose to volunteer at the Centre, and enjoyed the services they provided to members and the interactions with other senior citizens. For some, volunteering was a natural extension of a service they had provided in their careers or for other organizations, while for others it was a new addition to their lives and well-being. The participants’ volunteer positions build on their outgoing nature. The next section examines the volunteers at work, by looking at how their volunteering is structured and the interaction opportunities presented by volunteering.

3.3.2 *Interaction Opportunities*

There are a number of opportunities for interaction that are a part of volunteering at the Centre. Participants identified situations where interaction opportunities led to the development of social support. Three aspects of interaction opportunities were identified by participants: commitment, frequency, and proximity.

3.3.2.1 Commitment

Levels of commitment to attend the Centre varied among participants depending on the depth and extent of their volunteering. Commitment can be defined as “the process or instance of committing oneself; a pledge or undertaking” (*Concise Canadian Oxford Dictionary*, 2005, p.261). The greater the participant’s commitment to volunteering, the more often that participant attended the Centre for volunteer related activity. Participants reported that through their volunteering, they attended the Centre on a regular basis.

“In terms ... of something to do ... on a daily basis ... to commit yourself to doing something and coming down here.”

- Participant #7, Female

Another participant explained some of the experiences behind attending the Centre.

“Oh absolutely ... there’s buy in, you know what I mean ... the [Centre] means something.”

- Participant #5, Male

Another participant identified how her commitment to volunteering meant that she was encountering the same people on a repeated basis. For her, volunteering also meant building relationships among her fellow volunteers.

“Now having not [been a member], I would see myself as a member ... coming to participate in say the walking program or you know but ... to participate in the activities ... so therefore, yeah it would be from a different ... point of view ... I see it as you’d come to your activity, go home. This way ... because you have to do with the same people working ... I think I get something different out of it ... it forces you to get along with the same people, week after week, because you’re together for say six hours or something ... if I was just here for activities, if I didn’t like someone, well then who cares you know ... but this way, you know ... I see it as, you, you probably get to know them much better than if you just came for activities ... simply because [you’re] together.”

- Participant #8, Female

Volunteering demonstrated the commitment as a part of the participants’ experience at the Centre. Commitment was made to both volunteering, as well as to engaging with fellow volunteers and attendees at the Centre. The frequency of their time at the Centre also influenced interaction opportunities.

3.3.2.2 Frequency

Volunteer roles at the Centre provided opportunities for interaction with other volunteers, members and staff. Frequency was dictated by how often the individual attended the Centre, which corresponded with how often she or he was volunteering. One participant described volunteering and the type of interaction that she had with fellow volunteers.

“... well when I work the five days ... a week, I got to know everybody that’s working in the kitchen ... Now that I’m only doing Monday, Wednesday, Friday, I don’t get down to ... see anybody on Tuesday or Thursday ... and when I do, they’re all happy to see me. They all give me a hug so ... I’m not sure what’s that telling me. They’re telling me they like me ... for who I am.”

- Participant #1, Female

One participant described her interaction with other volunteers, as she saw them weekly.

“... these two [women] that I work with every Wednesday and then, ah, there’s, you work say, ah, in September we have a trade show ... those ladies that worked that day I know them as well, like they, they volunteer on Tuesday or Thursday but I know them quite well as well because you meet periodically in the [Centre].”

- Participant #10, Female

Furthermore, it was felt that being a volunteer increased the frequency of interactions, and that interactions were more frequent than if the participant were a non-volunteer member at the Centre.

“... in the first place if I was just a member I don’t know how often I’d come here ... really like if I was a member and had stuff to sell like at the [boutique], for example ... maybe I’d come maybe once a month or something like that ... but because I volunteer, it’s every Wednesday I’m here.”

- Participant #10, Female

Depending on the nature of the volunteer role, interactions also occurred frequently between volunteers and members of the Centre.

“... they come early for their appointment ... and some of them will just wander in ... and come up and visit ... this way ... because you have to do with the same people working ... I think I get something different out of it.”

- Participant #6, Female

Frequency of interaction was directly influenced by how often they volunteered at the Centre: the more often participants volunteered, the more often they were exposed to opportunities to interact with others. In the next section, the related concept of proximity is described.

3.3.2.3 Proximity

Some volunteer positions added proximity to interaction opportunities. Interaction often increased when volunteers were working proximally to others. Volunteering in a central location also meant that members of the Centre, as well as other volunteers, were nearby and therefore more likely to interact.

“Well [female name], she’s the one who is a good friend now. [Female name] ... was with the government and you know that, [she worked in the] federal office right across from the Program office on the third floor ... on Thursdays so she would pop over and say hi ... so I got to know her that way.”

- Participant #9, Female

“... the ones that I’ve become ... friends ... with are other volunteers ... in the building and [the ones that I’ve] had to work festivals with ...”

- Participant #8, Female

“... in the Wellness Centre, we do meet as a group for lunch once in awhile outside of the [Centre] ... that’s just the Wellness Centre, it’s not the rest of the [Centre] ... I don’t know the rest of them [as well] ...”

- Participant #6, Female

Volunteering provided interaction opportunities for participants. The commitment and frequency of volunteering and proximity to others supported interaction opportunities. Interaction opportunities influenced the ability of the participants to connect with others and develop social support while volunteering. The participants felt these interaction opportunities were more influential to the development of social support as volunteers, rather than as members. When taken together, interaction opportunities and similarities provided the participants with ways of obtaining social support. In the next section, the social support garnered by participants as a result of volunteering is explored in more depth.

3.4 Social Support from Volunteering

In this section, results are presented that relate explicitly to the experience of social support. Participants described relationships formed through volunteering. Acquaintances are one type of relationship and in some cases were depicted as a professional relationship by the participants. Friendships were the other type of relationship described by participants. Some friendships included the receipt or provision of help or support. Results are then presented that address the participants’ social support: both social support which is provided and that which is received.

3.4.1 Relationships Formed as a Result of Volunteering

The participants described relationships formed as a result of volunteering at the Centre. Relationships include acquaintances, which were also depicted as professional relationships; and friendships, which could also include the providing of support during times of need. Relationships may exist solely within the scope of volunteering, or may extend beyond the Centre and involve interaction outside of volunteering.

Participants felt that acquaintances were people that they knew from their time at the Centre; however, the participants did not perceive these relationships to extend beyond the scope of volunteering, and did not consider acquaintances to be good friends.

“... you also of course make individual human contacts ... who not necessarily that we party together with them ... but when you see them in a restaurant or like for instance ... you say hi, how are you doing and you ... you know you might have a talking with them or something and those, those are all good things.”

- Participant #5, Male

One participant worked in the boutique and she described people she met there as acquaintances:

“The volunteers do come in as well ... to purchase stuff and so you get to know them, you know that lady, I forget her name now, the one that works on the membership, well somehow we met in September ... at the trade show and we’ve been friends, like not friends ... but acquaintances ever since, you know ... we sort of know each other kind of you would say.”

- Participant #10, Female

Another participant commented that she had increased the number of people that she knows, through volunteering.

“I certainly know an awful lot more people. Ah, not well ... just ... acquaintances ... many times when I’m out and about somewhere, I’ll see somebody and whoever I’m with says [participant’s name], do you know everybody? ... but I do you know.”

- Participant #2, Female

Some participants perceived the relationships formed as a result of volunteering to be professional in nature because interaction existed around a given role or task they performed:

“I’ve always had the feeling that ... if anything happens to your friendships, that affects work ... I’m here to work.”

- Participant #2, Female

“Good friends on ... the Board and I hope to continue that, ah, professional relationship with them ... in the coming years.”

- Participant #4, Male

The term acquaintance implies a “person that one knows slightly” (*Concise Canadian Oxford Dictionary*, 2005, p.11). In some instances, participants felt that friendship was a natural evolution in relationships with some acquaintances. It was not unusual for interaction with new friends to occur at the Centre or within a participant’s volunteering.

“I needed the contact with people my own age ... to go out with ... and be with ... and [the Centre] has done that ... I’ve made some contacts that way.”

- Participant #7, Female

In other instances, friendships extended outside the bounds of the Centre and volunteering.

“Through [the Centre] I’ve met other people ... and we’ve gone to movies, got to know each other ... and stuff like that so I’ve found that to be ... [a way to] to meet some more [people my own age].”

- Participant #7, Female

Oftentimes, closer relationships were depicted by the provision of support outside of the Centre. This could be seen as the participant being the recipient or provider of support. Friendship could be demonstrated both in particular times of need, such as during an illness, or as a part of regular activities, both at the Centre and outside.

“Yes. I’ve met new people here that I spend time with ... one of the ladies ... we started going to movies and doing things and then she got ill and I stayed with her for a week at her house.”

- Participant #7, Female

One participant found that relationships developed through volunteering have been able to provide her with an outlet to seek support when needed, particularly related to her grieving process around the death of her husband.

“I’ve ... had a lot of support ... people have been very supportive if I’m having a bad day ... it’s helped me.”

- Participant #8, Female

Another participant described how relationships obtained through volunteering complemented the relationships she has outside of the Centre. Volunteering provided her with an outlet to discuss different issues, while at the same time she is able to also be there for her fellow volunteers if they have problems that they need to talk about.

“... the next best place is this place ... the ladies that I work with ... in the [boutique] are really nice ladies ... we support each other in different ways like you know when we have problems we talk about them ... we do talk about our problems like when my Mom was sick for example ... you know they’d ask me how Mom is and I would tell them ... and they would relate their problems and stuff.”

- Participant #10, Female

Acquaintance and friendship were two types of relationships formed by volunteering at the Centre. Relationships were formed not only as a result of gaining support, but were also created through the provision of social support to others. Participants’ descriptions of their relationships were linked to their perception of social support.

3.4.2 Perceived Social Support

The participants differed in how they perceived their need for social support. Some participants wanted to gain social support, and felt that volunteering played a role in their ability to do so. Other participants felt that they had strong social support outside of the Centre, and did not feel that they needed to use volunteering as a means to gain social support. However, all participants recognized that there were elements of social support present as a result of volunteering, regardless of their own perceived need.

Participants provided support by making others (volunteers, members, senior citizens) feel welcome at the Centre, by getting them involved, and by listening and talking with them. For women, it was more likely that social support, both providing and receiving, took the form of conversations, encouragement and getting others involved. For men, social support more typically involved working together on something, or providing a skill for someone: they expressed little need to receive social support. The aspects of perceived social support are presented in the following sections.

Volunteering allowed one participant to provide support to Centre clients that she saw regularly.

“I find ... in the foot clinic ... the clients come in, they sit down and they unload on you ... because you’re willing to listen to them ... I don’t do anything other than say good morning, how are you today ... and that’s all I do ... but you’re doing, you’re giving something that is worthwhile to somebody ... just part of yourself ... to somebody else ... that really appreciates that you’re doing ... and if you can make somebody happy and give them that, like the lady came up there today and like she said she likes to come once a month just so she can get a laugh ... and it means I can make them laugh so that’s what I do.”

- Participant #6, Female

Participants felt that they were able to provide support to others, and that this was a component of their volunteer role at the Centre.

“... there is [sic] a lot of people out there that don’t have anybody ... I think, like to think that I make a difference ... [I think I chose to volunteer] not so much to receive but as to support.”

- Participant #1, Female

Sympathy motivated Participant #6 to provide support to others:

“A lot of these people live by themselves and if that’s what they needed to get out once in a while and meet somebody else ... and talk and just have a laugh once in a while, that’s it.”

- Participant #6, Female

Participants were asked if they volunteered to gain or provide social support. One participant responded to this question by explaining how she hoped that she was able to provide support to others in addition to fulfilling her volunteer commitments.

“... like even here ... you’re giving of your time in not only selling stuff [in the boutique] but you hope you do ... you know support people in a certain way.”

- Participant #10, Female

The recognition of support gained became more apparent as a participant became more involved in the Centre. While social support may not have been the primary motivation to volunteer, participants still felt it to be an important component of their volunteer experience.

“And do you think that you chose to volunteer to receive or provide social support at all?”

“Yeah ... but I think I get more out of it ... yeah, ‘cause that wasn’t what I thought at the beginning ... but I do feel that I get a lot out of it.”

- Participant #9, Female

For some participants, gaining social support was a clear factor in their choice to volunteer. Participants recognized the value of the support that they received from the Centre.

“And so would you say that volunteering plays a role in your social support and the support from the people ... that you have available to you?”

“Oh yes ... It definitely does ... ah, 30 percent of it. (Chuckle).”

- Participant #8, Female

One participant recognized that he had social support, even though he did not feel that it was something he needed. He did not perceive the Centre to be an exclusive source of support for him, although did feel that at this point in his life, it provided him with easy means by which to obtain support should it be needed.

“... you know social support is ... an interesting term ... I’m not going to say it has ... has negative overtones but social support ... almost sounds like you’re in need of something ... I may be in need of something ... but ... I don’t need it in the sense that if you don’t give it to me here, I’m going to be in dire straits ... fortunately for me at this point in time, if I didn’t get it here, I’d get it someplace else ... but this is a very close, very accessible and meaningful point.”

- Participant #5, Male

The provision of social support was also demonstrated by getting others involved. Participants suggested that their role in providing support extended to being a broker in helping members make connections among themselves. Participants appeared to recognize when others were lonely and worked to engage those individuals by encouraging participation in activities, or by trying to create the opportunity for members to interact with others.

“I’ll have ladies come to me and say, you know, my husband just died six months ago or my best friend just died recently so ... I don’t have anyone to go with ... and [I] said well ... this is why you should come you know and when ... I put it [in the book], especially if I’m doing the [day] trip, I’ll put a little mark on there and I’ll put them in my book as well so that I make an effort to make sure they’re meeting somebody on the bus.”

- Participant #7, Female

“... I’ve got five of my friends [involved] ... and they all have loved it and a lot of them come on the trips and the lady that I just had joined the other day ... she had a lovely experience.”

- Participant #7, Female

“... at the membership desk a lot of times you get people joining and ... [they say] oh, I’m really lonely ... I just get them to come to the movie for a dollar ... you know and go and meet somebody ... stuff like that or the trade show now is a big thing ... to get them to come down to the trade show ... there’s a lot of people.”

- Participant #7, Female

Recruiting others to get involved is an example of brokering opportunities to make connections with others:

“I recruit lots of them ... in the peer learning ... I’ve got various people here that ... I thought would be interested.”

- Participant #11, Male

Although presented above as separate constructs, the participants both give and receive support depending on the function of the interactions, or depending on the perception of such interactions.

“You volunteer to take part and you take part because once again you get something out of it.”

- Participant #5, Male

In summary, participants described acquaintance and friendship as the two types of relationships formed as a result of volunteering. Furthermore, gaining social support and providing social support were both described by the participants as outcomes of their volunteer experience with gender differences apparent in them. In the next section, how the participants depicted Centre volunteers and how they perceived themselves as belonging to that volunteer community are further explored.

3.5 Experience of Being a Volunteer

Participants experienced reciprocal exchanges of social support as a result of volunteering: however, volunteering allowed participants more than just the opportunity to experience social support. Feeling needed was experienced by the participants, through volunteering, as was a feeling of belonging. The participants talked of ownership and pride through their volunteer work. Volunteering created awareness among participants of the programs and services available through the Centre. These results are presented in the section below.

Many participants commented that they felt needed as a result of volunteering at the Centre.

“... and then of course for myself, it’s a wonderful thing to be out and about and to, ah, feel needed ... and wanted and feel useful.”

- Participant #2, Female

Another participant reflected on how being needed gave her a sense of value and esteem.

“What does [being a volunteer] mean to me? Ah, well I, I guess maybe it means that you’re valued ... you know. It gives you some, ah, self-esteem and, and maybe an air of importance every once in a while ... you know because they ... call you up and they say oh my goodness can you come ... we’ve got a problem or something you know ... a person always likes to be needed you know ... and when you do volunteering, you always feel like it was really worthwhile.”

- Participant #3, Female

One participant detailed aspects of her volunteering, and talked about the benefit experienced through her work at the day travel desk.

“Now they tell me I’m so good at the sales and it, it makes me feel good ... plus I’m meeting all the people ... and now I found myself getting out and learning more about the trips. I’m learning about how to sell ... the trips, you know and ... working on the team that we work with. We have seven of us on the team ... I’m helping schedule hours and all that kind of stuff ... and then bringing ideas to the table for future trips and stuff like that ... so I think it’s really broadened my outlook on different things.”

- Participant #7, Female

When asked if there was a difference between being a volunteer and being a member, most participants felt that there was value added by volunteering.

One participant described how being a volunteer enabled her to feel that she was more a part of the Centre as an entity integrated into the volunteer community. She went on to describe elements of volunteering.

“You have to get involved in something within the Centre and become part of it ... I think that if you volunteer in here, you get to know the insides of everything and you get to get involved within the inside things and to see where things are coming and going and what people are doing ... and I think that, ah, you get involved more with the workings of the [Centre] and what people really do ... and what, with all the departments instead of just the one that you are involved with ... because you just come in here, get your feet done or you just come in here to get a library book or something like that, you’re not ... really involved with anything else behind the scenes ... whereas if you get involved as a volunteer, you get involved with the whole departments, instead of just the one little thing that you’re coming in for ... to paint a picture or whatever it is ... you have to get involved with the whole thing and I tend to be ... I’m involved with the whole [Centre].”

- Participant #6, Female

One woman felt that being a volunteer allowed her to really experience the Centre and its benefits:

“Being a member, ah, the, the, there really isn’t any interaction unless you actually make an effort to come here and do something ... you know because being a member you can pay your money which is 20 dollars year or ... whatever it is, you get the Centre News, you read it at home ... so and, and then if that’s all you do ... well then that really doesn’t mean anything ... you have to come here and experience it.”

- Participant #3, Female

Participants perceived volunteering within the Centre to be sociable. One participant felt that being a volunteer at the Centre gave her a sense of comfort, and made her more approachable.

“I think I’m more relaxed and at ease ... I form a bond here ... and I think people, even the other volunteers, I think when they see you’re volunteering ... I think they’re a little friendlier maybe.”

- Participant #9, Female

Another participant felt that being a volunteer enabled her to get to know other people more than if she were to just attend the Centre as a member alone.

“... if I was just coming in here or whatever ... I don’t think I would be meeting people, and like the ones I have met I’ve gotten to know a little bit ... about them. I think if I was coming in here or whatever, not for volunteering, I’d probably be hello, you know how are you today and that’s...yeah, I probably wouldn’t get to know them.”

- Participant #9, Female

Belonging to the volunteer community provided participants with a sense of status within the Centre community. Participants commented on feelings of ownership and sense of pride when talking about their work within the Centre, which reflected their connection to the Centre.

“... when you’re a volunteer and it’s for ... a big group, and you feel a sense of ownership ... you feel a sense of ownership, pride of ownership ... ah, whereas if you’re a [member], you can just come in and go and do and leave and no responsibility, no thought about anything ... and I personally like be proud of what I’m doing and who I’m doing it for.”

- Participant #2, Female

Another participant identified the pride that he feels when reflecting upon his involvement with the Centre.

“the [Centre] provides ... a lot of things to a lot of people ... and then it’s been around for a while and it’s developed its own networks and its own procedures ... and I think ... it’s very ... valuable ... it gives me a warm fuzzy [feeling] when I say ... I’m involved with ... this ... we’re doing good things for people.”

- Participant #5, Male

Participants commented that they had gained awareness about the Centre and the programs and services available to senior citizens as they age and needs change over time.

“... I think why I like it is of course being older and like myself now, it’s made me aware of all the ... different ... things that there would be ... for me as I get older ... in other words it’s educated me as to ... where to go for help ... you know otherwise I never would have known about the huge advocacy group that’s ... here and ... you know all these things that they do. The ... Adult Day Program, I would never have known about that ... with [my husband and I] both ... being older, I mean any day you could have a stroke or whatever and then it’s really wonderful to know that there’s always programs and help here available ... so I’ve been really educated here ... as to what’s out there.”

- Participant #3, Female

Participants also gained awareness of aging well, through positive examples of senior citizens at the Centre who were older than they were.

“... I was looking at the Nordic walking. I think I might just do that ... so that’s going to get you in with a group of people then that are able to walk the same as you are .. what always encourages me is seeing the people that are older than I am and then seeing what they can do ... and ... if I do it through here, well maybe I’ll [already] know everybody.”

- Participant #3, Female

“... you can see people like that, that are that age and they’re still getting around and looking after themselves and things, you think ... hey, I got a long way to go ... it’s positive attitude that does it.”

- Participant #6, Female

In summary, there are a number of ways in which participants experienced volunteering at the Centre. The experience of being a volunteer built upon the social support experienced through volunteering. Participants felt that they were needed by the

Centre and its members. Participants experienced a sense of belonging within the volunteer community. Feelings of ownership and pride in the Centre were cultivated through their volunteer experience. Finally, volunteering created awareness about the programs and services available to the participants at the Centre, and provided examples of other senior citizens who were aging well.

3.6 Summary of Chapter

In this chapter the elements of volunteering and social support that have been experienced by the participants in this study were presented. Data on the similarities among volunteers, and the interaction opportunities to the participants as a result of their volunteer roles at the Centre, were presented. Descriptions of the types of relationships formed by the participants as a result of volunteering were provided. Volunteers' perceptions of social support were presented in terms of receiving social support and providing social support and this was the one theme in which gendered differences were identified. Finally, participants described their experiences of volunteering at the Centre. While perceived social support was the focus of this study, the analysis suggests that social support is only part of the larger experience of volunteering. In the discussion chapter, the results of this study are explored in a broader context.

Chapter Four: Discussion

4.1 Introduction

In this chapter, a discussion of the results is presented. First, the similarities among participants in relation to the ability to develop social support will be discussed. Next, interaction opportunities will be discussed as playing a role in facilitating social support. The different types of relationships formed by volunteering will then be considered, along with the implications of social support as a reciprocal experience. Last, the idea of engagement within the volunteer community is explored, along with the implications of volunteering for health promotion in a community setting. The proverb of “birds of a feather” is used to illustrate how the elements of volunteering and social support work together as senior citizens volunteer with other senior citizens. In ending this chapter, the limitations of the research project are identified, and directions for future research are proposed. Finally, the significance of the study is presented, and conclusions are made.

The central focus of this research was to understand how the participants in the study perceive social support as a result of volunteering. The study focused on the experience of the volunteers, rather than the Centre itself. That is not to say that the Centre does not receive benefit from its senior volunteers: the benefit to the Centre is without question. The data begin to illustrate the benefit to the Centre through the collective experience of the participants. However the focus of the discussion in this document is on the volunteers and their volunteering. This discussion may provide information for future study about the benefits to the Centre from volunteers.

4.2 Ways of Obtaining Social Support

In the results, participants identified two aspects of obtaining social support through volunteering. Similarities among participants are described. Interaction opportunities were also present when volunteering. These ways of obtaining social support are discussed in the section below, to further understand how volunteering influenced perceived social support among volunteers.

4.2.1 Similarity among Participants

In this section, the similarities among participants are discussed in terms of their implications for the participants and volunteer community at the Centre. Participants were outgoing, shared common interests, and wanted to volunteer among their own peer group. In this section, these similarities are explored further, particularly in terms of how they align the participant with other individuals.

In this study, participants were alike in that they had outgoing natures, were approximately the same age and life stage, and were interested in getting involved with a volunteer opportunity in their community. By volunteering in areas of personal interest within the Centre, they placed themselves where they would be interacting with people who shared like interests. Through strategic placing, they increased the likelihood that they might share common experiences and form relationships with the people around them, allowing for enriching interactions and satisfaction with the volunteer experience.

Participants self-identified as being outgoing, which could also be labelled as extroverted. An extrovert is defined as “an outgoing or sociable person” or “a person whose thoughts and interests are predominantly concerned with things outside of the self”

(*Concise Canadian Oxford Dictionary*, 2005, p. 465). In contrast to extroverts, an introvert is defined as “a person predominantly concerned with his or her own thoughts and feelings rather than external things” or a “shy, inwardly thoughtful person” (*Concise Canadian Oxford Dictionary*, p. 700).

When exploring the qualities possessed by the participants, it became apparent early in the analysis that all participants shared the characteristic of extroversion despite measures taken to seek maximum variation within the sample. Therefore, in this sample there is not as much variation in the quality of extroversion among the volunteer community at the Centre as one may have expected.

Ashida and Heaney (2008) conducted a study looking at characteristics of social networks that were associated with older adults’ intended and actual participation at a new senior centre. The analysis using logistic regression included sex as a variable. When looking at social support, they found that older adults who perceived more social support as being available to them were more likely to participate. Females were found more likely to intend to participate in social activities at a new senior centre. The two explanations given in describing this association were that older adults could feel encouraged or supported by others to participate, or that those with good social support may experience more ease when it comes to participating because they possess good social skills. The latter explanation fits well with the data obtained from our study. Although some instances of loneliness were reported, for the most part, participants interviewed described themselves as having good social support outside of the Centre. Furthermore, they also described themselves as being outgoing individuals, and

demonstrated proficiency in seeking out social interactions when needed. Therefore, extroversion is a tool that facilitated social connections for them in the past, allowing them to have good perceived social support and also allowed them to continue being engaged in the present and presumably the future.

In thinking about volunteering as a health promotion activity for community-dwelling senior citizens, one must consider that not all senior citizens will be extroverts. Quantitative measures may have overlooked the fact that not all older adults place the same value on social relationships, as some enjoy many social interactions, while others enjoy more solitude (Conner et al., 1979). Furthermore, while seeking interaction and placing themselves in social situations may be desirable to extroverted senior citizens, the opposite may be true of senior citizens that would be considered introverts. In a study looking at senior centres in terms of what they offer, who participates, and what those participants gain, Whisnant Turner (2004) found that the individual characteristics of senior centre attendees influenced the experience and perceived benefits of the activities engaged in at senior centres. Introverted senior citizens who place themselves in social situations may perceive such situations as aversive, and would not produce the same desired outcome as it would to place an extroverted senior citizen in a similar social situation. Aversion to social situations limits the applicability of volunteering as a health promotion intervention for *all* community-dwelling senior citizens. When developing comprehensive strategies to address social support, one should consider a variety of programs and interventions in order to address the needs of senior citizens in an equitable manner.

Extroversion and introversion are not discrete qualities, and in fact exist on a continuum. Individuals may compensate for a lesser degree of extroversion by seeking an activity within their comfort zone. For example, an individual who is considered to be less extroverted may seek out roles that are more based around a task or a role in which he or she may work with others; however the primary focus is the task at hand. The opportunity to focus on a specific task creates an environment in which less extroverted individuals may be comfortable in seeking social interaction. As a senior centre, the Centre can work to increase the variety of roles available, in order to address the varying degrees to which individuals are comfortable interacting.

When thinking about the extroversion displayed by the participants, it is important to consider outgoingness in conjunction with a similar peer group and similar interests. Working among a similar peer group, or individuals with similar interests, allows for a setting in which the volunteers can capitalize on their outgoingness among other outgoing individuals. Additionally, for those volunteers who are less extroverted, the presence of similar interests and working together on tasks could facilitate social interaction in a more desirable way for these volunteers. While being extroverted is not unique to volunteers, volunteering presents an opportunity in which the participants can capitalize on their extroversion and use it to promote interactions, ultimately helping to form relationships and engagement with the Centre community.

4.2.2 Interaction Opportunities

Taken together, the interaction opportunities illustrated in the results chapter form another mechanism through which volunteers experience or build social support. Not

surprisingly there is significant overlap between the aspects of interaction opportunities identified within the data: it is clear that proximity and frequency are connected. The proximity of volunteers and individuals to one another increased the frequency by which they were able to have encounters. Those who work more proximally to other individuals appear more likely to form relationships with those individuals, whether they are fellow volunteers or members of the Centre. Volunteering created a commitment to attend the Centre regularly, which further promoted both frequency of interactions and the opportunity for the participant to be proximal to others.

A consistent characteristic was that participants felt a commitment to the Centre as part of volunteering. Among the volunteers in this study, commitment does not appear to translate into feeling obligated to perform a duty, but rather builds upon a desire to attend the Centre regularly as a volunteer and to be engaged in that environment. In order to maintain commitment, participants became not only dedicated to volunteering, but were also dedicated to interaction with the Centre and its users. This aligns well with these data suggesting that many participants felt that part of their role within the Centre was to provide support for others.

Commitment to volunteering also enabled the participants to overcome factors that might hinder their ability to get involved. For example, having a set time to volunteer meant that the participants were able to create some sort of schedule for themselves. Many of the study participants were recently retired, and a commitment to volunteering allowed them to preserve some structure within their days. Furthermore, commitment to attend the Centre regularly meant that the participants had to get out of the house, even if

they were feeling tired or unwell. Research has found that while volunteering is associated with social support for older adults, higher levels of social support are not dependent upon the number of hours spent volunteering, which suggests that any level of commitment is beneficial to older volunteers (Aquino et al., 1996). Therefore, even small commitments to volunteer should be encouraged within the Centre. Recall the definition of commitment, which is “the process or instance of committing oneself” (*Concise Canadian Oxford Dictionary*, 2005, p.261). This implicates commitment as an element of engagement broader than just an element of social support.

Frequency, proximity, and commitment cannot be taken as discrete opportunities for interaction, but rather are intertwined. Interaction opportunities related to the development of social support are in turn connected to the volunteers seeking those with similar characteristics, including age, and interests. For example, consider how having similar interest plays into the proximity of volunteers. A participant who expressed an interest in crafts might have chosen to volunteer in the Boutique to incorporate crafting. It could be expected that other volunteers working in the same area would also share an interest in crafting. As such, two mechanisms of building social support are immediately apparent: a shared interest in crafting, and volunteering close to others who share this interest. The ability to build social support is then compounded by the participants’ commitment to volunteer, which thereby influences the frequency at which encounters occur. Furthermore, commitment was often made when participants found volunteer activities to be interesting. As illustrated by the above example, the individual elements

contributing to the development of social support exist neither in isolation, nor in a sequential or stepwise manner.

The development of social support is not linear: the data have shown the interaction of temporal and similarity-based aspects of this process. The interconnection among the subcategories of these elements means that the process by which the volunteer will become involved with the Centre cannot be predicted. Rather, the engagement of the participants is iterative, and the participants negotiate increasing levels of social support and engagement as they navigate the similarities and interaction opportunities associated with their volunteer role. This understanding of the social support process is used in the next section as the nature of social support experienced by the participants is examined.

4.3 Perceived Social Support

Social support is a multi-faceted concept. The results section detailed how the participants described the social support that they had experienced as a result of volunteering. Social support was identified in terms of the types of relationships formed through volunteering, and also portrayed in terms of the receipt of social support, or as the provision of social support to others. Whether participants felt they were providing or receiving social support was better defined by the idea that these exchanges are reciprocal: participants moved between these two aspects of social support depending on the situation and its context. Social support is discussed in more detail below.

Participants identified the relationships formed as a result of volunteering as being either acquaintance or friendship. Inherently, it could be assumed that these relationships exist within a hierarchy, with stronger types of relationships such as friendships being

more beneficial to the individuals involved. Yet, Rowe and Kahn (1998) reported that “no single kind of support is consistently effective for all individuals in all situations”. Past research indicates that in many cases, it is not the quality of social relationships, but rather diversifying ones’ social relations that has a stronger impact on morbidity and mortality (Vogt, Mullooly, Ernst, Pope, & Hollis, 1992). Vogt et al. (1992) concluded that “what is important for health is not how often one interacts with people, or how many different people one interacts with, but rather the number of different arenas of interaction” (p. 665). In the case of our participants, most felt that they had some social support outside of the Centre, and many described the support that they had as being very good. Therefore, while there may not be a perceived lack of support among participants, past research would indicate that any type of relationship formed through the Centre is adding breadth to the overall support available, by providing participants with another venue from which to gain support.

4.3.1 Need

The participants were explicit in saying that while they may have gained or provided social support as a result of volunteering, this was not a reflection of the fact that they felt they needed social support. In fact, many participants would go so far as to say that they *did not* perceive themselves as *needing* social support. In order to fully understand the connotations of the study’s participants, the concept of need must be explored in more detail. A relevant definition of need is “a condition of lacking or requiring some necessary thing, either physically or psychologically” (*Concise Canadian Oxford Dictionary*, 2005, p.893). This definition allows for the impression that needs can

be subjective, and that they can be assessed as necessary by the individual, and that needs can vary among individuals. In relation to the present study, participants' perceptions of needing social support may dictate if they are motivated to achieve social support as an outcome of volunteering.

Traditionally, Maslow's Hierarchy of Needs (1943), has been the standard in conceptualizing need. Maslow identified five levels of need within his [sic] hierarchy (See Figure 3): immediate physiological needs; safety; love (affection, belongingness); esteem (respect); and finally, self-actualization (Maslow, 1943). Self-actualization, which is defined by Maslow as "the desire for self-fulfillment, namely, to the tendency for him [sic] to become actualized in what he is potentially (p.10)" was determined to be the ultimate goal when addressing the needs of individuals. Despite the dominance of Maslow's framework within the field of psychology, it has been difficult to define the levels of the pyramid within research (Kenrick et al., 2010).

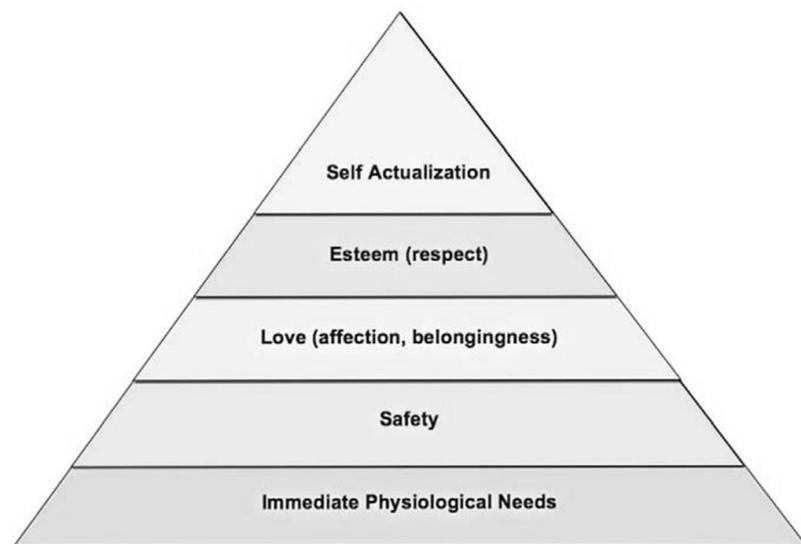


Figure 3: Hierarchy of Needs (Maslow, 1943)

Recently, Kenrick, Griskevicius, Neuberg and Schaller (2010) revisited Maslow's hierarchy, in the article entitled "Renovating the Pyramid of Needs". They replace the traditional five levels of the pyramid with eight, and place parenting at the top of the pyramid, followed by mate retention, then mate acquisition (Kenrick et al., 2010) (See Figure 4). After these higher level needs comes status/esteem, followed by affiliation. However, as individuals age, the importance placed on parenting, mate retention, and mate acquisition may diminish. In the Kenrick et al. model, later goal systems are able to overlap with earlier developing systems making it plausible to argue that in the absence of a need for parenting, and perhaps mate retention and mate acquisition, earlier developing systems, such as affiliation and status/esteem, will become increasingly important in achieving the needs of senior citizens. The pyramid could be used to understand the variation in need expressed by the participants. Since many of the participants interviewed were still married (Table 2, p. 40), or were involved with their children's lives, it could be assumed that these higher level needs are still currently being met.

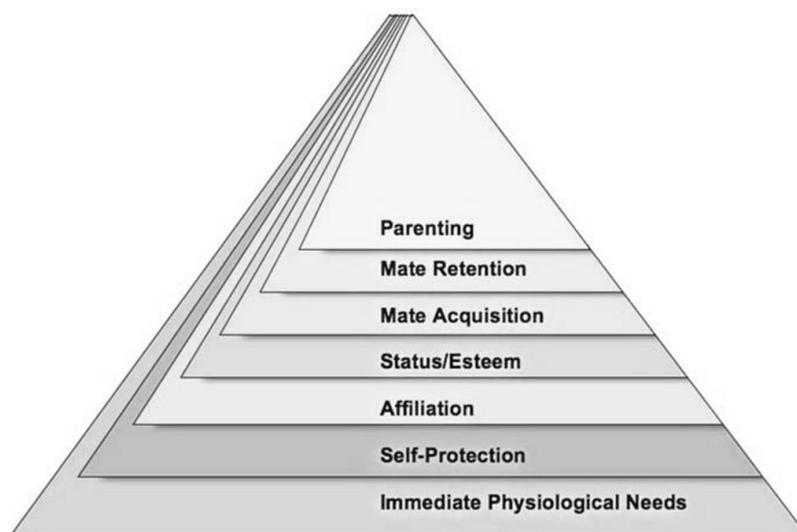


Figure 4: Renovated Pyramid of Needs (Kenrick et al., 2010)

In the context of changes that may be occurring for the participants, such as retirement or the aging process, these earlier needs may need to be re-established in order to provide affiliation and status/esteem for the individual. Alternately, parenting, mate retention and mate acquisition could be considered as being replaced by the idea of supportive and validating relationships, which becomes a more appropriate way of considering these needs among senior citizens. The dominant idea here involves nurturing another individual (Kenrick et al., 2010). This is consistent with the data on providing social support to others: by encouraging others to get involved, and making them feel welcome at the Centre, the participants may in fact be filling a need that they have to support others. While the placement of parenting, mate retention and mate acquisition at the top of the pyramid is still debatable, the most interesting shift is in considering need and purpose as not solely an individual pursuit, but rather associates these needs with relationships and bonding. Kenrick's work embraces a less individual

perspective than Maslow's. The importance placed on relationships in addressing the needs of individuals, including older adults, is consistent with the perspective taken in this study³.

The analysis of the data supports the idea of reciprocity as defining the social support experienced by the participants, since they identified both providing and receiving social support as a result of volunteering. Reciprocity is defined as the "the act or condition of being reciprocal" or exhibiting "give and take" (*Concise Canadian Oxford Dictionary*, 2005, p.1121). The participants' movement between providing and receiving was dynamic. These exchanges are critical processes for volunteers to feel integrated into the community in which they are volunteering.

Health promotion mechanisms act upon the health challenges faced by populations. Mutual support is one of three health promotion mechanisms, and "refers to people's efforts to deal with their health concerns by working together" (Epp, 1987, p.424). The concept of mutual support embraces reciprocal relationships as a factor that "enables people to live interdependently within a community while still maintaining their independence" (Epp, p.424). The reciprocity presented in the results section provides evidence of the mutual support demonstrated by the participants in this study.

In the next section, the discussion of social support is continued, and focuses upon how exchanges of social support develop affiliation and built a sense of belonging for the participants into the volunteer community at the Centre.

³ Ideas presented here were influenced by an article entitled "Mates and Kids More Important than Self-Realization: Study" by Douglas Todd, published in the Vancouver Sun on August 27, 2010.

4.4 Engagement

Participants perceived an advantage to being a volunteer at the Centre over and above being a member. Being a volunteer often supported and facilitated the ways of developing social support discussed earlier, including interaction opportunities, such as proximity, frequency, and commitment. Volunteering also created an environment in which the similarities among participants were able to flourish. Beyond these elements, participants felt that volunteering supported interaction among fellow volunteers and members of the Centre. While this study set out to explore social support as a component of volunteering, through the analysis it became apparent that social support played a part in the broader experience of engagement. Volunteering allowed the participants to feel needed and instilled a sense of belonging. Ownership and pride were the outcomes of feelings of belonging to the volunteer community and Centre. As the participants develop identities as volunteers, they begin to integrate into the volunteer community at the Centre, and become engaged within the larger Centre community. Awareness of programs and services offered by the Centre were also generated by volunteering at the Centre. The implications for the senior volunteers of this engagement are discussed in the section below.

Across the life-course, motives for volunteering include the gain of career-related experience; increase feelings of self-worth; desire to learn more about life; want to decrease negative feelings; need to act on values of importance to the individual; and the desire to create or build upon social connections (Clary & Snyder, 1999). When describing volunteers, the descriptions are often more applicable to younger populations,

as they are related to building resumes and testing out potential career paths. In the case of older populations that have already forged their careers, career-motivated reasons for volunteering are not as immediately applicable. Volunteering in senior years can be analogous to a way of trying something out, often at low risk, or in an exploratory manner.

As introduced in the background chapter, Rossen et al. (2008) conducted a study to determine how older women perceived the characteristics and components of successful aging in the presence of a life transition, which in this case was relocation to independent living communities. Rossen et al. found successful aging to be a deliberative process entailing acceptance, engagement, and comportment. Engagement was identified earlier as an important component of successful aging. However, moving through the analysis of the data, comportment becomes increasingly evident as a component of volunteering at the Centre. Recall, comportment was defined as presenting oneself to the outside world in a way which conveys regard for self and interest in others. Perhaps a direct comparison of the nature of the transitions experienced by the participants in the Rossen et al. study and this study differ. However, the results of the Rossen et al. study provide useful information when discussing the results of this study. Within the data, our participants identified status, being needed, and esteem as resulting from their volunteer roles. The participants felt that these elements of volunteering were important to them. In light of the fact that many participants were transitioning from active careers and other social activities, it became evident in the analysis that these aspects of volunteering could allow the participants to continue to “look the same” as they move toward older age.

The participants were choosing to explore a senior lifestyle at the Centre, through volunteering with and among peers that they perceived to be similar in some ways. At the Centre, the volunteer community may be perceived by the participants to be the most similar to them. Volunteering created a level of esteem and status among the participants which in turn helped them to create a divide between their own identity, and the idea of 'need' that may characterize their current connotation of social support. The participants interviewed were between the ages of 65 and 75 years and although defined by society as senior citizens, this label often did not resonate fully with the participants. The participants did not see themselves as fitting the mould of a "typical" senior citizen: A stereotype of a senior citizen might include someone who would be perceived to be frail, in declining health, retired, isolated, with a limited social life. In contrast, for the most part, the participants interviewed were in good health; had family and friends around them; and many were transitioning from careers and held active roles within their communities – in short, they did not perceive themselves to be "in need".

4.4.1 Social Capital

The reciprocal nature of social support, described by participants, is generating social capital among the volunteers. Social capital entails "membership of a social group that confers obligations and benefits on individuals" (Hawe & Shiell, 2000, p.872; Putnam, 1995). Metaphorically, social capital can represent a "stock" of social support that can be acquired by the volunteers when needed (Hawe & Shiell). Furthermore, unlike financial capital, social capital does not depreciate when it is used. Conversely, as social capital is reciprocal in nature, using social capital actually multiplies its effect

(Hawe & Shiell). Participants can be considered to be generating social capital as a result of volunteering. Furthermore, volunteering and the Centre enable the group membership needed to obtain social capital. Through their current volunteering, the participants could be seen as generating social capital now to maintain as a reserve for when they need to access it, presumably during a future stressful life event, or if they experience social losses as they age.

Social capital has both relational and material elements: “Relational elements reside in the social organization of which the individual is a member, while material elements relate to the resources that the individual can claim by virtue of their membership to the group” (Portes, 1998). Membership is developed through reciprocal interaction, as in the investment of time and energy into providing support to others, and results in the receipt of support from others by the investor. In our study, the investor is the participant who is investing his or her time into his or her volunteer role, providing social support, and building relationships among fellow volunteers. The social capital being derived from volunteering becomes the relationships built with others, and the reciprocal social support that participants receive as a result of their investment of time into volunteering. Therefore, social support as a result of volunteering becomes a means of generating social capital.

4.4.2 Community Health Action

What became evident during the analysis of the data was that social support was not only an outcome of volunteering for the participants, but a conduit for participants to become integrated within the volunteer community at the Centre, and ultimately, to

become engaged within the Centre as a whole. The Community Health Action Model (see Figure 5), as proposed by Racher and Annis (2008), depicts community health promotion processes. The model identifies three concepts which create the foundation of the model: being, belonging, and becoming.

Being involves the “interactions as people come together to form a collective unit” (Racher & Annis, 2008, p.184). In relation to our data, being can be understood as the exchanges of social support that took place as a result of volunteering. Through the provision and receipt of social support, participants were able to form relationships among volunteers.

Being leads to *belonging*: described as an “expression of a sense of community” (Racher & Annis, 2008, p.184) Belonging was reflected within the data as the feeling of belonging to a volunteer community, and the ownership and pride that participants expressed as a result of belonging to the volunteer community. Belonging is evident through the participants’ acknowledgement that volunteering makes one feel needed – not just from a social perspective (to provide social support), but by making them feel needed for the role they provide within their community at the Centre, as well as the esteem and team membership that the participants expressed. This volunteer community appears to be a smaller sub-community within the larger Centre community, which is bound by an even larger community of senior citizens. Being a volunteer creates a meaningful way in which to integrate into the Centre community.

Becoming is described as the movement of “the collective group with its sense of community [into] action” (Racher & Annis, 2008, p.188). Becoming is identified within

the Centre as the collective action of the volunteers to provide and maintain programs and service provision at the Centre. The collective action of the volunteers was implicit in the data, and is evident through the successful functioning of the Centre. This also illustrates the reciprocity between those who use the Centre and the Centre's reliance on the contribution of hundreds of volunteers annually to help provide its programs and services. The Community Health Action model provides a framework through which to make visible an intermediary role in the development of the volunteer community at the Centre, which ultimately contributes to the ability of the Centre to maintain a volunteer workforce with which to deliver programs and services.

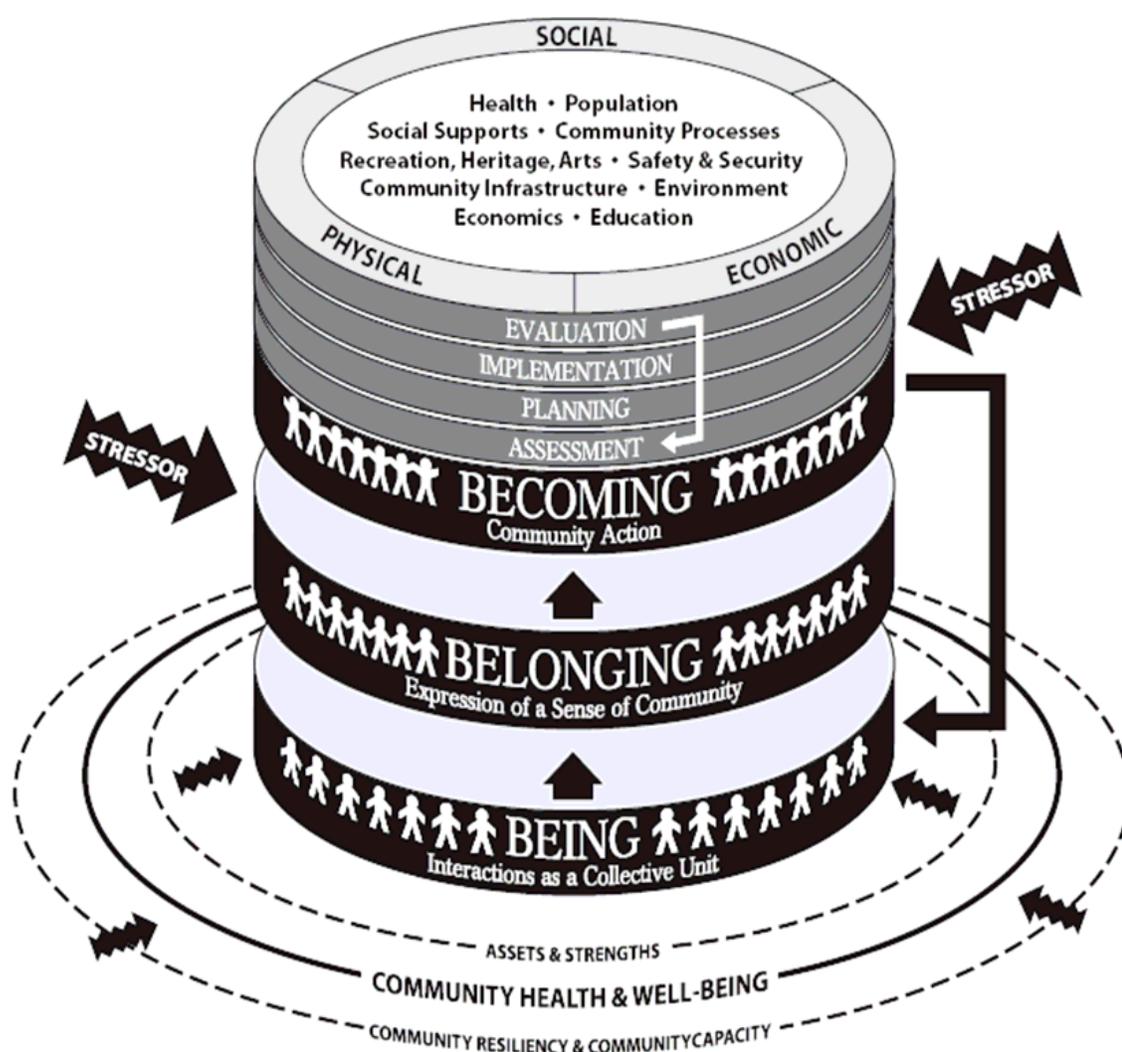


Figure 5: Community Health Action Model (Racher & Annis, 2008)

In addition to the effect that social support has on promoting health, senior centres are an ideal site for health promotion (Pardasani, 2004). Recall that senior citizens who attend senior centres provide an audience to which health promotion messaging can be delivered, and the senior centre provides a setting for health promotion programming (Pardasani). This study focused on older adults aged 65 to 74 years. If continuity theory

(Havighurst et al., 1968) is applied when considering the role that senior volunteers play in the Centre, the implications of volunteering among young-old senior citizens is positive. Research has found that “ongoing involvement in volunteer activities has been shown to moderate the negative psychological impacts associated with developing functional limitations” (Public Health Agency of Canada, 2010). For the participants interviewed, whether lifelong volunteers or not, getting involved with the Centre as a volunteer during their younger senior years could mean that the participants will continue to remain engaged and contributing within community organizations as they age. This is consistent with the understanding of continuity theory.

The results demonstrated that participants gained awareness about the programs provided to senior citizens from the Centre. Participants often commented that volunteering was an excellent way to gain an understanding of the resources available to senior citizens, and would provide them with a base of knowledge as they aged, and perhaps developed an increasing involvement with these programs and resources. Additionally, some participants felt that the benefits of senior centres were more immediate for them, as they are aging, making it an ideal venue to contribute to through volunteering. As one participant put it, he is “in the bottom of the seventh inning” which makes it important to him to pay it forward by investing time to services that he might need in the future. Awareness-raising gives new consideration to the idea of senior centres as a setting for health promotion. By enabling an understanding of future needs, and the provisions in place to address such needs, the participants in our study were able to plan for healthy aging.

4.4.3 Birds of a Feather

Qualitative inquiry supports examination of the context and interconnectedness of the data. Before concluding this section, it is important to consider the elements of the results and discussion taken together. The similarities demonstrated by the study participants evoke an image of the proverb “birds of a feather flock together” (Minsheu, 1599); people who are similar in nature tend to go to the same places, and tend to do the same things. Interaction opportunities are also implicated by this proverb, as it depicts the coming together of individuals. This provides a description as to why the participants in this study chose to volunteer, and how similarities and interaction opportunities brought them together, contributing to the experience of social support.

The idea of feathers is exploited further in helping to understand the results and discussion. What is the purpose of feathers for a bird? Feathers serve three main functional roles. Feathers are used to insulate, or keep the bird warm by providing it with a covering. Second, feathers allow the bird flight, by helping to elevate and direct their movement. Third, feathers are a means by which to identify different species of birds, and even gender within the species. But what does this mean when looking at senior volunteers, and how does this build on the idea of social support as a result of volunteering?

The first purpose of feathers, is to insulate and keep warm, or in other words, to *surround*. Volunteering provided the study participants with the ability draw others near, surrounding themselves with other individuals, and to keep themselves warm with the

company of others. Volunteering provided them with companionship, and the ability to form a variety of relationships.

Next, the ability of feathers to create and direct *movement* is examined. As discussed earlier, the participants of this study are young-old senior citizens, who are just beginning to explore what it might mean to define themselves as a senior citizen. By taking on a volunteer role, and beginning to adopt the image of being a senior citizen, they are continuing to guide themselves through the aging process. Volunteering, and the development of perceived social support as a result of volunteering, becomes an activity that will allow them to move and transition competently through the aging process, and progressing age.

Finally, the *identifying* quality of feathers is considered. The process of aging ultimately challenges the identity of individuals, creating the need to adapt to an evolving image of self. In this way, the function of volunteering with a senior centre plays a role in the process of identifying oneself as senior citizen. As discussed in Chapter One, societal and individual perceptions of who constitutes a senior citizen are not always aligned. Perceiving oneself as a senior citizen is a progression, rather than a concrete event in one's life. By learning to guide oneself through the aging process, and by embracing this transition in one's life, individuals are ultimately able to create identities for themselves as senior citizens that are congruent with their individual selves. Thus, the movement described in the above paragraph becomes as much about a progression toward adopting a new image as it is about the movement through the aging process. Through volunteering, and the relationships formed through volunteering, the individuals are able

to forge this identity for themselves, reflecting the proverb as they come together through their age and interests.

The analogy of a feather and its functions align closely with senior volunteers and with the concept of successful aging (Rossen et al., 2008). Engagement is represented by the surrounding of oneself with others. Adaptation becomes the process by which senior citizens transition and age. Finally, comportsment is depicted by the identity of the individual within their community and society. Through the proverb, and subsequent analogy, perceived social support and volunteering among senior citizens is understood as contributing to successful aging.



Figure 6: Image of a Feather

This discussion has provided insight and interpretation of the study results. Implications of the results were shown at both the individual and community level. First,

the similarities of the participants were explored, emphasizing the extroversion of the participants. Next, interaction opportunities were discussed in terms of their ability to affect social support. The interconnectedness of the similarities among participants and interaction opportunities were demonstrated as a non-linear, iterative experience, with many reciprocal relationships existing among concepts. Social support experienced as a result of volunteer was also discussed; however, social support was part of the greater experience of engagement. In the last section of the discussion, engagement was implicated in its ability to move the experience of volunteering from the individual to community action. Engagement was also explored within the context of young-old senior citizens, and the implications of volunteering as a health promotion activity. The strengths and limitations of this thesis study are presented next.

4.5 Strengths and Limitations

The strength of this study lay in the methodological approach taken. Qualitative inquiry allowed the researcher to apply meaning and context to the information derived from the participants, and to add depth to previous research. Additionally, in collaborating with the research site, the researcher was able to ensure that the results of this study can be applied to the Centre in a meaningful way. Strength of this research also involved the researcher's integration into the Centre community. The researcher spent time at the Centre prior to commencing the research project, which allowed her to gain trust within the Centre community, to become familiar, and to develop a strong understanding of the context of the Centre.

The strength of consulting with the Centre also presents a limitation in terms of the reach of this study. Understanding social support through volunteering in the context of the senior centre will limit the transferability. Senior citizens volunteering with other types of organizations may derive a different experience through volunteering; however, the context of the Centre provides richness to the data, and this should not be overlooked, despite the inability to transfer the results. In the next section, directions for future research are made.

A final limitation was that participants in this study had to be English speaking. By only including participants who were English speaking, this study may have been limited in its ability to include data from non-English speaking individuals, who may have expressed different cultural elements from the English speaking participants. This exclusion was necessary in order to keep this study feasible as a graduate project, due to both time and cost constraints. The researcher did not have to turn any participants away due to the English speaking criteria.

4.6 Directions for Future Research

The results of this study provide direction for future research examining active aging among senior citizens. This study focused on the experience of young-old senior citizens, in support of the argument that healthy behaviours in younger ages will persist as senior citizens age. Future research should build on this perspective by examining social support related to older cohorts of senior citizens, to understand how the experience of volunteering changes over time in regard to social support. Gender was not

identified as a theme within the results of this study, however, future research could also benefit by using a gender based analysis and a sampling strategy that supports a gendered analysis.

Research should also address ways to increase the number of senior volunteers, particularly within the young-old cohort of senior citizens. The benefits of volunteering from a health and social support standpoint have been demonstrated in this thesis, and there are hints that gender differences in these experiences. Research also indicates that the Baby Boomer generation, who are presently approaching senior age, are less likely to volunteer than previous generations of older adults (Poetker, 2009). Focusing on how to attract and retain volunteers will become increasingly important both from an individual perspective, as well as an organizational perspective. For organizations looking for a volunteer workforce, continuity theory would suggest that volunteers could be recruited from existing volunteer workforces, as these individuals would be likely to continue pursuing volunteer activities.

This study was done with participants and the seniors' centre, incorporating and valuing the perspective, knowledge, and voices of the participants. In building on this approach, future research should continue to use a qualitative lens to understand active aging. Furthermore, senior citizens should be incorporated into the research process. As a population, no one is able to understand the challenges that senior citizens face better than senior citizens themselves. A recent project by Marlett and Emes (2010) suggests that in addition to working with senior citizens, senior citizens can also lead research projects. When involved in the research process, senior citizens can "lead the research,

identify an issue that needs addressed, attract other seniors and researchers, and set the agenda” (Marlett & Emes, p.7). In the last section the conclusions for this study are drawn.

4.7 Conclusion

This thesis study has provided valuable information on the experience of social support through volunteering for young-old senior citizens. The qualitative lens generates further understanding into the context of volunteering and social support, by providing an understanding of what the social support experiences *mean* to the senior volunteers. It is used to build on previous research that supports social support as a determinant of health and as a means of understanding active aging. Research has consistently shown a relationship between health, well-being, and social support. In focusing on positive capacities of senior citizens, such as volunteering, research moves past identifying a problem, to understanding a problem, and to generating solutions.

The results of this study indicate that social support is experienced by senior volunteers, and builds into the overall experience of engagement when volunteering at a senior centre. Furthermore, engagement can lead to collective action, which has implications for action and health promotion at the community level.

Given the current Canadian population demographics, this research is relevant and timely. As the Canadian population continues to age, generating solutions to active aging within a community context will become increasingly important. A population health approach allows for the understanding of volunteering as an activity that promotes social support for senior citizens, contributing to the promotion of health and active aging. As

individuals continue to achieve older age, it is important to focus on active aging, and to emphasize that aging is, in fact, a continuous process. Promoting active aging in young-old senior citizens will allow senior citizens to continue to age well.

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APPENDIX A: INTERVIEW GUIDE

Exploring Social Support in Young-Old Community-Dwelling Senior Volunteers

INTERVIEW GUIDE

Participant ID No.: _____

Interview Date: _____

Recording Folder: _____

BACKGROUND INFORMATION:

1. What year were you born in?
2. What is your marital status:
 - a. Never married
 - b. Married/common-law
 - c. Separated/divorced
 - d. Widowed
3. What is your highest level of education completed?
 - a. Less than high school diploma
 - b. High school diploma
 - c. Some community college/trade school
 - d. Completed community college/trade school
 - e. Some university
 - f. Completed university

If so, to what level? _____
(eg. Bachelors, graduate, professional degree)
4. What is/was your occupation? _____
5. How many people currently live in your home? _____

6. What is your current volunteer position(s) at the [REDACTED] Centre?
 - a. What other (if any) volunteer positions have you held at the [REDACTED] Centre?
 7. How long have you been volunteering in this position?
 8. How frequently do you volunteer?
 9. Why did you begin volunteering with the [REDACTED] Centre?
-

Can you please describe your experience as a [REDACTED] Centre volunteer?

What does being a volunteer mean to you?

How do you perceive the social support – friends, family, people - that you have available to you?

Does volunteering play a role in your social support? Please tell me about it?

- Probe: do you think you choose to volunteer to receive or provide social support?
- Probe: do you think you experience social support differently than if you were just a [REDACTED] Centre member?]

Do you have any other information about the [REDACTED], volunteering or social support that you want to share with me?

Thank you for contributing to this study. If I have further questions or need clarification as the study proceeds do I have your permission to re-contact you?

APPENDIX B: PILOTING INTERVIEW GUIDE

Probes for Piloting Process

Thank you for agreeing to help with the study. This study is looking at senior citizens who volunteer and how volunteering contributes to their social support. For this portion of the study, I am looking for help in developing questions to ask during the interviews.

After reviewing the interview guide, do all of the questions and terms make sense to you?

- Would you ask any of these questions differently? If yes, why?
- Do you think any of the questions are too sensitive?

When I say social support, what do you think of?

- if not incorporating all aspects, ask how I could ask those questions better to encompass all aspects

Do the questions about volunteering ask enough information to understand what it means to volunteer?

Thank you for contributing to this study. If I have further questions or need clarification as the study proceeds do I have your permission to re-contact you?

APPENDIX C: STUDY CONSENT FORM**STUDY CONSENT FORM**

Version 2, April 22nd, 2009

TITLE: Exploring Social Support in Young-Old Community-Dwelling Senior Volunteers

SPONSOR: Department of Community Health Sciences at the University of Calgary

INVESTIGATORS: Dr. Lynn Meadows, Heather Rowe (403-220-2748)

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any accompanying information. You will receive a copy of this form.

BACKGROUND

This study explores senior volunteers aged 65-74 who volunteer at the [REDACTED] Centre, and how they experience social support. As the population in Canada is aging, a greater proportion of seniors will be living in the community. There are many determinants of successful aging; social support is one significant determinant. Seniors can experience reduced social support and social isolation as they age. A lack of social support can lead to social isolation and negative health outcomes, while increasing social support can have an impact on improving health. The role of social support in aging underscores the need to focus on increasing the opportunities for social interaction among community-dwelling seniors. Volunteerism can be an important source of social support. It can provide an opportunity for seniors to interact with each other, while also providing them with a meaningful role. Volunteerism in senior populations has been shown to have several positive impacts on the senior volunteers, including increases in health and social support.

For this study, we are asking you to take part in an interview that explores social support in seniors who volunteer at the [REDACTED] Centre. To do this, we will enroll 12-15 seniors who volunteer at the [REDACTED] Centre.

WHAT IS THE PURPOSE OF THE STUDY?

Our purpose in this study is to add to our understanding of senior volunteers how they experience social support.

WHAT WOULD I HAVE TO DO?

For this study, we will ask you to do one interview with us. It will last approximately 30-45 minutes and will be audio-recorded. The interview will be conducted using an interview guide. We will ask about demographic information (e.g., level of education, marital status and so on). We will also ask you about things such as:

- Volunteering (past and present volunteer experiences; the experience of volunteering)
- Social support (social relationships, social support as a result of volunteering)
- Being a [REDACTED] Centre member (the experience of being a [REDACTED] Centre member, social support gained from [REDACTED] Centre membership)

WHAT ARE THE RISKS?

There are no risks to health or reproductive health in this study. Some of the questions may be uncomfortable, and you are free to refuse to answer any questions or change the topic of discussion at any time without jeopardizing your participation in the study.

WILL I BENEFIT IF I TAKE PART?

If you agree to participate in this study there may be no direct benefit to you. The information we get from this study may help us to provide a better understanding of volunteering and social support in the future for seniors.

DO I HAVE TO PARTICIPATE?

Participation in this study is voluntary. You may withdraw from this study at any time. Withdrawing from the study will not affect your involvement with the [REDACTED] Centre. You may withdraw by informing the researchers that you no longer wish to participate in the study. Or, if you miss more than 2 scheduled interviews, the researchers may assume you have lost interest in the study, and may not contact you again for the interview. However, you are free to contact us to resume participation in the study. Also, if new information becomes available that might affect your willingness participation in the study, the researcher will inform the participants as soon as possible.

WHAT ELSE DOES MY PARTICIPATION INVOLVE?

In addition to the interview, we will be present at the [REDACTED] Centre for the duration of the research project. You may keep in touch with us from time to time if you so choose. After the research project is completed, the researchers will provide you with a newsletter to inform you about the research and the results found.

WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?

You will not be paid for participating in this research. If you incur an expense such as parking to participate in the interview, you may be reimbursed for it.

WILL MY RECORDS BE KEPT PRIVATE?

Participants are assigned an identification number and information collected about participants is stored by identification. Only Dr. Lynn Meadows, Heather Rowe, and approved members of our research team who have taken an oath of confidentiality will have access to the list that links the names and identification numbers. The University of Calgary Conjoint Health Research Board will also have access to participant records if necessary for auditing purposes. Data is stored securely according to standards and guidelines of the University of Calgary Conjoint Health Research Ethics Board. So individuals cannot be identified any information released will be presented as group data, or quotes from participants will be stripped of identifying characteristics.

SIGNATURES

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without jeopardizing your health care. If you have further questions concerning matters related to this research, please contact:

Dr. Lynn Meadows (403) 220-2752

Or

Heather Rowe (403) 220-2748

If you have any questions concerning your rights as a possible participant in this research, please contact The Chair of the Conjoint Health Research Ethics Board at the Office of Medical Bioethics, 403-220-7990.

Participant's Name

Signature and Date

Investigator/Delegate's Name

Signature and Date

Witness' Name

Signature and Date

The University of Calgary Conjoint Health Research Ethics Board has approved this research study. A signed copy of this consent form has been given to you to keep for your records and reference

APPENDIX D: STORY OF THE DATA

Analysis tool: The story of the data

- The senior volunteers I interviewed are volunteering for different reasons. Reasons for volunteering include: the opportunity to socialize; for interest; to get out of the house and stay active; to provide a skill or take on a given role; or to give back.
- Various pathways have also brought these seniors into their volunteer roles. Many moved straight into their volunteer role without any previous involvement with the Centre. Others became involved in the Centre through an activity, and then continued their involvement by volunteering. Some began volunteering after retirement – this may either be as a continuation of what they were doing in their career, or may be an effort to fill the time and stay active post-retirement. One lady began volunteering after the death of her husband. The majority have been lifelong volunteers, and have typically been active members within their community at large.
- The volunteers interviewed seem to enjoy a variety of aspects of volunteering and their volunteer role.
- All participants recognized elements of social support apparent from volunteering. However, these elements were not the same for all participants, often several elements (or types) of social support were present. All participants recognized the social nature of volunteering – for some it was more direct, in that the opportunity to be social was a key factor in volunteering. Some participants were willing to take on a variety of roles, which may be an indication that they are more interested in the benefits of volunteering, not necessarily a specific role. For others, while they were there to take on a role, the social aspects were undeniable, as they were working with other people toward a goal, or enjoyed the social nature of meetings. Often, it was not just about gaining social support, but also providing it. For those providing social support, it often took the form of making others (volunteers, members, seniors) feel welcome at the Centre, by providing support by listening and talking with others, or by getting others involved with the Centre. For women, it was more likely that social support (both giving and receiving) took on the form of conversations, encouragement, and getting others involved. For men, social support more

typically involved working together on something, or providing a skill for someone.

- The social support expressed through volunteering in most cases resulted in people being acquaintances, although some consistent and strong friendships formed for some of the volunteers as a result. Some thought of the relationships formed as being professional relationships.
- Relationships of any type were most likely to form when there were opportunities for frequent and repeated interaction. Volunteer roles also created a commitment to attend the Centre regularly, which helps to promote the frequency of interaction. Participants tended to form relationships with other volunteers and members who were more proximal to them in their volunteer role. The image of being a volunteer sometimes facilitated interaction, and the volunteers often tended to be somewhat outgoing in nature, which made it easier to meet and converse with others. Volunteering within their own peer group seemed important to many of the volunteers interviewed, and they enjoyed being around other people with similar interests.
- Participants felt that being a volunteer was different than being a member. Being a volunteer created a context that seemed to enhance opportunities for social support. The mechanisms by which social support develop were often promoted by volunteering.
- No participants can be deemed as primarily providing support or as primarily gaining support – it seems that the participants both give and receive depending on the function of the interaction, and that these groups are in fact dynamic. In actuality, the boundary between these ‘groups’ seems to be quite relaxed, and it would be more accurate to describe the movement between these groups as movement along a continuum between gaining and providing. Therefore, reciprocity seems to be the defining quality of social support as a result of volunteering.
- If we take the idea of reciprocity as describing the social support of these volunteers, then social support doesn’t seem to be the absolute outcome being achieved here. In actuality what we are seeing is social support acting as a bridge or mechanism by which these participants achieve social integration. This is built upon by the idea that volunteering makes one feel needed – not just from a social perspective (to provide social support), but by making them feel needed for the role they provide within their community.

- All of the volunteers interviewed spoke positively about the social support that they had available to them outside of the Centre. This most often was through family (spouse, children, siblings) and neighbours, as well as other friends. In the past, and present, the participants seem proficient in seeking out support and interaction when it is needed.