

2016

# Motivation for Volunteering With Older Adults in a Rural Community

Tonia Maria Truesdell  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

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has been found to be complete and satisfactory in all respects,  
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Walden University  
2016

Abstract

Motivation for Volunteering With Older Adults in a Rural Community

by

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MS, Walden University, 2005

BA, Finlandia University 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Psychology

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August 2016

## Abstract

The Baby Boomer generation in the United States is growing older, and the number of adults age 65 years or older is expected to double by 2050. The increase in older adults combined with the reduction in services to older adults has created a gap in available social services and volunteers are needed to fill those gaps. This quantitative, nonexperimental study was designed to identify the motivations of volunteers who served the socialization needs of isolated older adults in a rural U.S. community. The functional approach theory was utilized to explain how volunteers engage in the same volunteer activity for different reasons. The Volunteer Functions Inventory (VFI) was used to gather data on the motivations of Little Brothers – Friends of the Elderly (LBFOTE) volunteers as well as demographic data. Data were analyzed using descriptive statistics, correlation coefficients, ANOVAs, and ANCOVAs to determine the relationships between the 6 functions of the VFI and demographic variables. The majority of volunteers of LBFOTE in this study were White married women with a college degree who were over 56 years of age, retired, and had volunteered for greater than 1 year. This demographic showed that the LBFOTE volunteer base is aging; 70% of volunteers were age 56 and older and 92.6% of volunteers had served for more than one year, indicating that the LBFOTE retains volunteers. Participants identified humanitarian and altruistic reasons as their motivation to volunteer, giving these the highest scores on VFI Values function. The findings promote positive social change by providing information to inform recruiting and retaining volunteers by targeting motives and untapped demographics, contributing to a culture of serving the socialization needs of isolated older adults.

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## Chapter 1: Introduction to the Study

### Introduction

Isolation and loneliness can result from residing in a rural area, lack of social supports, and not having family in the area (Liu, Gou, & Zuo, 2016; Theeke, Turner Goins, Moore, & Campbell, 2012). Providing socialization has been shown to decrease depression in older adults (Adams, Sanders, & Auth, 2004; Kracker, Kearns, Kier, & Christensen, 2011), and can decrease healthcare utilization for home bound older adults that seek healthcare as a means to obtain social support (Gerst-Emerson, & Jayawardhana, 2015). In this study, I investigated the motivations of volunteers who serve the needs of isolated older adults in a rural community. The study site was Little Brothers – Friends of the Elderly (LBFOTE), a nonprofit volunteer organization in Northern Michigan that serves the socialization needs of isolated older adults. All study participants were volunteers of this organization.

This study focused on volunteers working with *older adults*, a term recommended by the American Psychological Association (2014) to describe individuals 65 years of age or older; the terms elderly, geriatric, and senior citizens are also used in the literature to describe this age group. In general, this study uses the term older adults to refer to this population, except in cases where study authors used another term to describe the older adult population.

Services for older adults in the United States are not as abundant as they were in the previous three decades due to budget constraints, loss of funding, and the increased number of older adults in the United States (National Council on Aging, 2015; Ortman,

Velkoff, & Hogan, 2014). According to the National Council on Aging (2015), spending cuts have occurred in discretionary programs such as the Older Americans Act, Falls Prevention, Housing Counseling, and Senior Corps, to name just a few. The National Council on Aging (2015) advocates for vulnerable older adults and reported that budget cuts have been made at the expense of economically disadvantaged older adults “due to the recent downturn, more seniors than ever need assistance and support to make ends meet.”

Volunteers provide valuable services to older adults that may have been previously funded by federal or state programs. Volunteers are especially important because government resources have declined even as the older adult population in the U.S. has grown; the number of older adults in the U.S. is expected to continue to grow to 83.7 million in 2050 (Ortman, Velkoff, & Hogan, 2014). In 2014, older adults made up 14.5% of the population in the United States (Administration on Aging, 2016). In the geographic area covered by this research study, older adults made up nearly 25% of the population in a four-county region (U.S. Census Bureau, 2014). If the current rate of volunteering is not retained or declines and new volunteers are not successfully recruited, it is likely that there will not be enough volunteers available to keep up with the needs of the growing older adult population.

In this study, I investigated and identified the motivations of current volunteers serving the social needs of isolated older adults in the rural communities of Houghton, Baraga, Keweenaw, and Ontonagon counties of Northern Michigan. These counties were selected for this study because they make up the service area where LBFOTE provides

core services (LBFOTE, 2015b). The findings provide valuable insight in regard to volunteer motives, and are designed to inform the recruitment of new volunteers and retention of existing volunteers.

### **Background**

According to the U.S. Census Bureau (2014), the overall population in the four county areas in the rural northern region of Michigan's Upper Peninsula where the research was conducted was 53,642 in 2013. Population estimates in 2015 per county were: Houghton County, 36,380; Keweenaw County 2,168; Baraga County, 8,575; and Ontonagon County, 6,007 (U.S. Census Bureau, 2016). In 2015, individuals age 65 and older represent 16.6% of the population in Houghton County, 33.6% in Keweenaw County, 19.7% in Baraga County, and 33.5% in Ontonagon County. Houghton County has a larger population than the other three counties. In 2015, Whites make up more than 90% of the county populations, with the exception of Baraga County, which is comprised of 73.5% White, 13.9% American Indian, and 7.8% Black (U.S. Census Bureau, 2016).

Volunteer members of LBFOTE provide four core services: friendly visiting, holiday meals, medical transportation, and a firewood program that delivers wood to heat homes (LBFOTE, 2015b). Volunteers provide friendly visits as well as transportation to events, medical transportation, meal preparation, and delivery of hot meals to homebound older adults (LBFOTE, 2015b). In addition to the four core services, volunteers also provide other services such as celebrations for Valentine's Day, Halloween, Mother's and Father's Days, and birthday celebrations (LBFOTE, 2015b). Volunteers also provide

seasonal activities (e.g., picnics, fall color tours, winter carnival, etc.), and activities for older adults in nursing homes (LBFOTE, 2015b).

Socialization results from participating in interactions and social activities with others, and provides a benefit to the mental health of older adults (Adams, Sanders, & Auth, 2004). Adams et al. (2004) reported that loneliness may directly contribute to depression. Older adults residing in independent living retirement communities were more depressed when there was less participation in organized activities or church attendance (Adams et al., 2004). Benefits of socialization have also been supported in the nursing home environment. Kracker, Kearns, Kier, and Christensen (2011) examined social activities as nonpharmacological interventions for depression, finding that male older adults in a veterans long-term care facility with activities including television, bingo, movies, and music had an 85% satisfaction rate.

Loneliness is a public health issue; chronic loneliness is associated with an increase in doctor visits (Gerst-Emerson & Jayawardhana, 2015). Gerst-Emerson and Jayawardhana (2015) suggested that lonely older adults utilize the doctor-patient relationship as social support rather than for medical treatment alone. In addition, they proposed that identifying lonely elders and providing early interventions and social options for homebound elders can decrease healthcare utilization. Gerst-Emerson and Jayawardhana (2015) suggested interventions including increasing social groups, community activities, and transportation (p. 1018).

LBFOTE volunteers are especially important because they fill the gaps in services created by the decrease in funding and growing older adult population. Stebbins (2009)

reported that budget cuts combined with the increased need of human services have increased the need for volunteers to provide the services identified as important in maintaining good mental health in older adults. This decrease in funding for programs that serve older adults has resulted in an increased need for volunteers to provide services that they may not otherwise be able to obtain (National Council on Aging, 2015).

In 2009, the United States saw the largest increase in volunteerism since 2003 increasing 26.8%. The volunteer rates nationwide were highest for women ages 45-54 (35%), married (36.2%), employed (29.7%), and working full time (28.7%). Female volunteers were reported to have children under the age of 18 in the home and a high school diploma or college degree (Corporation for National & Community Service, 2011a). Volunteering among African Americans rose to 20.2% in 2009, an increase attributed to an increase in volunteering among African American women (Corporation for National & Community Service, 2011a).

In Michigan, there was a decrease in volunteering between 2011 and 2014. In 2011, the state of Michigan ranked 25th in the nation with 29.1% of residents volunteering; 2.3 million volunteers contributed \$6.4 billion of service (Corporation for National & Community Service, 2011b). In 2014, Michigan continued to rank 25<sup>th</sup> in the nation with 27.4% of residents volunteering, 1.94 million volunteers provided 199.6 million hours of service for \$4.6 billion of service contributed (Corporation for National & Community Service, 2016).



In 2014, 62.6 million Americans volunteered nationally, giving 7.7 billion hours of service for an estimated \$173 billion estimated value of service (Corporation for National & Community Service, 2014).

President Obama's call to action, United We Serve, was announced in 2009 and asked American citizens to volunteer (Corporation for National & Community Service, 2015). "The President is calling on all Americans to participate in our nation's recovery and renewal by serving in our communities" (Corporation for National & Community Service, 2015). The call to action demonstrated President Obama's awareness of the problem in the gaps in services provided to vulnerable populations and the need for volunteers to fill the gaps. The older adult population is vulnerable and providing services enhances their ability to remain in their homes (National Council on Aging, 2015). Examples of services to the elderly include: transportation, case management, information, personal care, chore services, community services, legal services, mental health services, and adult day care (Administration on Aging, 2015).

### **Statement of the Problem**

In 2014, one in seven Americans were over the age of 65, accounting for 14.5% of the U.S. population (Administration on Aging, 2015a). The U.S. older adult population is predicted to nearly double from 43.1 million in 2012 to 83.7 million in 2050 (Ortman, Velkoff, & Hogan, 2014). This increase is largely attributed to the aging Baby Boomer generation that began turning 65 years old in 2011. Concurrent to this increase in the number of older adults, there has been a decrease in services provided to them because of an economic downturn (National Council on Aging, 2015). The situation has created a

problem in the study site, a rural community where an average of 25% of the population is considered geriatric, compared to the national percentage of 14.5%. The increase in the older adult population, combined with the decrease in services to due economic downturn, has led to a gap in services (National Council on Aging, 2015). The increasing number of older adults expected to require assistance suggests that retaining existing volunteers and recruiting new volunteers that serve older adults at related service organizations is essential.

There has been an increase in the number of older adults in the United States. The percentage of older adults increased 213% between 1950 and 2010 from 13 million to 40.8 million (Corporation for National & Community Service, 2011a). The growth of older adults surpassed the age group of 15 to 64 year-olds that only increased 105% during the same time period (Pew Research Center, 2014).

Volunteering has slightly declined in Michigan from 29.1% to 27.4% from 2011 to 2014 (Corporation for National & Community Service, 2011b; 2016). Although nearly 2% does not appear to be a large decline, the expected increase in the older adult population causes a problem where any decrease in volunteerism will result in a lack of services. Volunteering in the rural area of the study has declined at a higher percentage than volunteering in the U.S (Bureau of Labor Statistics, 2016). According to the Bureau of Labor Statistics (2016), volunteering in the U.S. declined 0.4% in 2015.

### **Purpose of the Study**

The purpose of this study was to identify why individuals choose to begin volunteering and continue to serve the older adult population in a rural area. In addition, I

sought to determine the differences in motivation between new volunteers and long-term volunteers. This study was designed in part to understand the motivation behind volunteerism to inform recruitment and retention efforts, which can be implemented to help ensure that the growing U.S. older adult population will continue to receive important services.

### **Significance of the Study**

The need for volunteers in the United States has been well documented (Corporation for National & Community Service, 2015; Hager & Brudney, 2011). Volunteerism provides unpaid labor at a critical time when the United States has called its citizens to serve communities through volunteering to participate in the nation's recovery (Corporation for National & Community Service, 2011a). Socialization has been shown to decrease depression in older adults (Adams, Sanders, & Auth, 2004). The valuable socialization services provided by volunteers to the rural older adult population reduces the risk of mortality and institutionalization, improved quality of life, and improved mental health (Baernholdt, Yan, Hinton, Rose, & Mattos, 2012; Pynnönen, Törmäkangas, Heikkinen, Rantanen, & Lyyra, 2012).

The importance of volunteerism during difficult economic times was demonstrated by Lim and Laurence's (2015) study of volunteerism in England and Wales following the recession of 2008-2009. Lim and Laurence determined that both formal volunteering by organizations and informal volunteering by family and friends declined in 2009-2010; informal volunteering declined by 10%, to its lowest point since 2001 (p. 327). A decline of such significance is normally seen over decades rather than just two

years, leading Lim and Laurence (2015) to suggest that this decline might be due to informal helpers having to prioritize their limited resources. In addition, formal volunteering did not remain stable in disadvantaged communities that had difficulty retaining volunteers; disadvantaged communities were defined as being socially and economically disadvantaged and not having strong cultural norms of civic engagement and weaker norms of trust (Lim & Laurence, 2015). Lim and Laurence also reported concerns for civic organizations and their ability to secure resources, retain existing volunteers, and mobilize new volunteers during hard economic times.

In this study, I determined why volunteers choose to serve the isolated older population in rural Northern Michigan. The findings were designed to be used by LBFOTE to target volunteers' key motivations and ensure that volunteers continue to participate in and benefit from the services they provide. In addition, the findings inform the recruitment efforts of LBFOTE and similar nonprofit organizations in the region. With the population of older adults increasing in the region of interest and across the United States, the findings of the research ensure the continuation of volunteer services.

### **Research Questions and Hypotheses**

- Research Question 1: What are the demographic characteristics of Little Brothers - Friends of the Elderly (LBFOTE) volunteers?
- Research Question 2: What motives are identified by Little Brothers – Friends of the Elderly volunteers?

- Ho2: Null hypothesis: There are no statistically significant factors of motivation for volunteering in Volunteer Functions Inventory (VFI) results.
- H12: Alternative hypothesis: There are statistically significant factors of motivation for volunteering in Volunteer Functions Inventory (VFI) results.
- Research Question 3: What are the differences in motivation between new (less than one year of volunteering) and long-term (greater than one year of volunteering) Little Brothers - Friends of the Elderly volunteers?
  - Ho3: Null hypothesis: There are no statistically significant differences in motivation of volunteers between new volunteers and long-term volunteers as identified by results of VFI.
  - H13: Alternative hypothesis: Long-term volunteers identify social, protective, and understanding motivations with more frequency than new volunteers. New volunteers identify career and enhancement motivations with more frequency than long-term volunteers.

### **Nature of the Study**

I used a quantitative research design and utilized the Volunteer Functions Inventory (VFI; Clary et al., 1998) and a demographic questionnaire to gather data from volunteers of LBFOTE. There was no intervention in the study and the data collected provided information on the correlations between volunteer motives and demographic variables.

Descriptive statistics were used to analyze demographics of participants. The data collected from VFI was analyzed with SPSS software using descriptive statistics, Pearson *r*, one-way ANOVA, and ANCOVA. The responses to questions on the VFI were recorded on a 7-point Likert scale. The VFI consists of 30 questions; each response ranges from one to seven. The 30 responses make up six composite scores made up of five questions each (protective, social, career, enhancement, understanding, and value) and each composite score can range from five to thirty-five.

The mean was used for central tendency. Suggested analysis for this type of data is Pearson *r*, t-tests, and ANOVA. Houle, Sagarin, and Kaplan (2005) utilized these statistical procedures to analyze data collected using the VFI.

The research population were male and female adult volunteers who are 18 years' old and older and who provide a variety of social services to older adults. The research population was recruited through the database of existing and active volunteers that have volunteered within the last year at one north central, rural, nonprofit organization that serves older adults. The nonprofit organization granted access to the population of volunteers of Little Brothers Friends of the Elderly. The mailing list was filtered so it did not include volunteers under 18 years of age.

Participants were contacted through email and the United States Postal Service (USPS). The email and USPS invitations included a link to Survey Monkey. The number of required participants ( $n = 128$ ) was not reached with questionnaires completed on Survey Monkey in Phase I of data collection. Phase II of data collection consisted mailing the informed consent, VFI, and demographic questions via the USPS to the

address provided in the volunteer database. The participants were provided with a postage paid envelope to return the responses. Variables studied were volunteer characteristics, volunteer motivation, long-term volunteers, and new volunteers.

### **Theoretical Base**

I used the functional approach theory to explain the motives identified by members of Little Brothers - Friends of the Elderly for volunteering to provide services to older adults. Clary et al. (1998) described functional theorizing as “the same attitudes could serve different functions for different people and that attempts to change attitudes would succeed to the extent that they addressed the functions served by those attitudes” (p. 1517). Clary et al. (1998), used the functional approach to explain that the acts of volunteering may appear similar on the surface but the underlying motives may be different (p. 1517). Matching volunteers with tasks they find rewarding increases satisfaction (Finkelstein, 2008).

Another theory that explains motives for volunteering with nonprofit organizations is the socioemotional selectivity theory. The following briefly describes the theory. Carstensen (1992) has described interaction across a life span using the socioemotional selectivity theory. Individuals become more selective in their interactions after early adulthood and rates of social interaction decline; however, interactions in significant relationships increase (Carstensen, 1992, p. 337). The socioemotional selectivity theory suggests that as people age they tend to view events in the present rather than the distant future and therefore “the perception that time left to live is constrained, as opposed to open ended, causes individuals to focus on the present as

opposed to the distant future, which, in turn, leads to a shift in the priorities of one's social goals" (Okun & Schultz, 2003, p. 233). Okun and Schultz (2003) used socioemotional selectivity theory to explain volunteer motives and determined that social motivation to volunteer increases as people age. However, the studies by Okun and Schultz (2003) and Carstensen, (1992) did not address volunteers that serve older adults in a rural community.

### **Definition of Terms**

*VFI Career:* In the context of this study, a function of motivation (e.g., preparing for new career; Clary et al., 1998).

*VFI Enhancement:* In the context of this study, a function of motivation (e.g., personal development; Clary et al., 1998).

*Isolated older adults:* Individuals that are 65 years of age or older that lack social and family support resulting in reduced participation in social activities.

*Long-term volunteer:* In the context of this study, an LBFOTE volunteer for more than one year.

*New volunteer:* In the context of this study, an LBFOTE volunteer for less than one year.

*VFI Protective:* In the context of this study, a function of motivation (e.g., serve to reduce guilt from being more fortunate than others; Clary et al., 1998).

*VFI Social:* In the context of this study, a function of motivation (e.g., relationships with others; Clary et al., 1998).



*VFI Understanding:* In the context of this study, a function of motivation (e.g., to learn new experiences and exercise skills; Clary et al., 1998).

*VFI Values:* In the context of this study, a function of motivation (e.g., altruistic and humanitarian concerns; Clary et al., 1998).

### **Limitations**

The research participants were comprised of existing volunteers identified in the LBFOTE database. The population was predominately White and ethnic diversity is disproportionately represented when compared to National diversity. However, this is a unique characteristic of the demographics of the region. The return rate of the questionnaire and missing data were a concern. (The American Association for Public Opinion Research (AAPOR), 2011). The questionnaire was mailed to specifically named persons that were from a current database of volunteers and only the person identified on the address label was be eligible for participation. Therefore, the person was designated as a nonrespondent if they did not complete and return the questionnaire during the designated time period of data collection (AAPOR, 2011, p. 25). I invited enough participants in Phase I of data collection to account for an approximate 30% return rate. The response rate was not achieved and Phase II invited more participants until the required amount ( $n = 128$ ) was reached.

### **Scope and Delimitations**

The current study was limited to the rural region of Northern Michigan in Houghton, Keweenaw, Baraga, and Ontonagon counties. I examined research participants' motivation for volunteering with one nonprofit organization serving older

adults. The participants spoke English and were 18 years of age or older. Although children volunteer with the organization being studied, LBFOTE, they were not participants in the study. The results inform LBFOTE about volunteer motives and may be generalized to include other human service organizations in similar rural areas.

### **Summary**

In this study, I identified the motives for volunteers of Little Brothers - Friends of the Elderly in Michigan's rural northern region of Houghton, Keweenaw, Baraga, and Ontonagon counties. The results can be used to assist in the recruitment and retention of volunteers. Volunteerism is of paramount importance, given the current economic climate. President Obama's national call to service initiative is an example of our nation's acknowledgment of the need to provide service to our communities (Corporation for National & Community Service, 2011a). The call to action is in response to the United States "experiencing the worst economic crisis since World War II" and the crisis has "tested the nation's ability to support vulnerable population and build a more secure economic future" (Corporation for National & Community Service, 2011a).

Chapter 2 examines relevant existing literature. Chapter 3 provides the methods used to conduct the study. The functionalist approach theory and the VFI are also discussed in Chapter 3. Chapter 4 provides data analysis and Chapter 5 provides interpretation, recommendations, and conclusions.

## Chapter 2: Literature Review

### **Introduction**

The older adult population in the United States is expected to double by 2050 (Ortman, Velkoff, & Hogan, 2014). This increase in the older adult population combined with the reduction in services due to the economic downturn (National Council on Aging, 2015) has created a situation in which services to older adults require the participation of volunteer based organizations to fill the gaps. In this study, I sought to determine the motives of volunteers that serve the socialization needs of isolated older adults in a rural community.

The following review discusses literature relevant to the services to older adults, rural versus urban older adults, recruitment and retention of volunteers for nonprofit organizations, volunteer motives, volunteer satisfaction, risks and benefits of volunteerism, and social and cultural factors. The review provides a comprehensive look at the factors associated with volunteering.

### **Literature Search Strategy**

To achieve an exhaustive review of relevant current literature, I utilized the EBSCOhost database to access peer-reviewed journals in the following databases: PsycINFO, PsycARTICLES, ProQuest, SocINDEX, and Business Source Complete. I also used Google Scholar in combination with the Walden University online library. A Google search was used to obtain information from government agencies that provide statistics on population estimates and volunteering. A variety of key terms were used in search criteria utilizing the Boolean operator AND. Terms included in the search of

literature were: volunteer motives, volunteering for older adults, volunteer risk, volunteer benefits, rural older adults, long-term volunteers, civic engagement, nonprofit organizations, nonprofit management, Little Brothers – Friends of the Elderly, social and mental health needs of elderly, volunteer recruitment, volunteer retention, Volunteer Functions Inventory, VFI, altruism, intergenerational volunteering, volunteer satisfaction, volunteer cultural, volunteer social factors, and volunteering and quality of life. Filters were set to limit the scope of literature to the last 5 years between 2011 and 2015. Articles cited that were published prior to 2011 offer historical information, which support the content areas.

### **Little Brothers – Friends of the Elderly**

Little Brothers – Friends of the Elderly (LBFOTE) is a national organization with seven office locations in the United States: Boston, MA; Chicago, IL; Cincinnati, OH; Philadelphia, PA; San Francisco, CA; Minneapolis and St. Paul, MN; and Hancock, MI. This study focused on LBFOTE's Upper Peninsula Michigan Chapter, its only rural location. The organization depends on volunteers to provide services to individuals 60 years of age or older that are in need of social support. The events and services are provided at no cost to the older adults. LBFOTE's mottos are "flowers before bread" and "where service to the elderly begins by being a friend" (LFBOTE, 2015b). The philosophy of founder Armand Marquiset is that, "everyone needs love and friendship in their life. It is the human touch that makes life worth living" (LFBOTE, 2015b). LBFOTE provides four core services in addition to other social events for older adults.

The four core services are: friendly visiting, holiday parties, firewood program, and transportation program.

My literature review only identified one article that specifically examined LBFOTE, Loughlin's (2004) article on depression and social support for homebound elderly. Loughlin (2004) identified LBFOTE as an organization that provides social support to "frail elderly" (p. 17), while also emphasizing that community and family support are needed for elderly with depression and chronic illness. The article only briefly mentioned LBFOTE, however, and did not study the motivations of volunteers.

Clients of the friendly visiting program are referred to as *Forever Friends* (LBFOTE, 2015a). The friendly visiting program not only provides in-home visits; the isolated older adults are also provided with direct services such as shopping, errands, and transportation to appointments. In addition, Valentine's Day, Halloween, Mother's Day, Father's Day, and birthdays are celebrated (LBFOTE, 2015a). In 2014, 82 volunteers completed 2,039 volunteer actions and 3,702 friendly visits to 219 elders in Baraga, Houghton, Keweenaw, and Ontonagon counties of Upper Michigan (LBFOTE, 2015a).

Holiday meals are available to anyone in the community age 60 or older that would otherwise be alone on Easter, Thanksgiving, and Christmas (LBFOTE, 2015a). Volunteers provide transportation and prepare and serve the Holiday dinners at 10 sites throughout the four county area of Baraga, Houghton, Keweenaw, and Ontonagon counties of Upper Michigan (LBFOTE, 2015a). Hot meals are also delivered to homebound elderly that are unable to attend (LBFOTE, 2015a). In 2014, 510 LBFOTE volunteers completed 1,367 volunteer actions and served 2,176 Holiday meals to elders.

There were 775 elders that received Holiday meals during Easter, Thanksgiving, and Christmas holidays in 2014 (LBFOTE, 2015a).

The firewood program provides a load of firewood to older adults to offset their heating costs for those that heat or supplement heating their homes with wood heat (LBFOTE, 2015a). The rural region of Baraga, Houghton, Keweenaw, and Houghton counties experiences significant snowfall and cold temperatures that require consistent heat throughout the winter months: Snowfall in Houghton County, for example, has averaged 185 inches of snow each winter from 2010 to 2015 (Michigan Technological University, 2015). In 2014, 520 LBFOTE volunteers completed 660 volunteer actions and delivered 171 loads of firewood to older adults. There were 95 individuals that received firewood in 2014 (LBFOTE, 2015a).

The medical transportation program provides transportation for older adults to local medical appointments as well as transportation to the regional medical center that is approximately 70-120 miles one-way depending on where they reside in the region. Older adults with disabilities are also provided with transportation with a wheel chair accessible van. Transportation can be a barrier for older adults in a rural community (Bacsu et al., 2012). Transports are provided at no cost to the elderly that are served (LBFOTE, 2015a). In 2014, 53 volunteers completed 1,343 volunteer actions and provided 1,840 medical transports to 161 older adults (LBFOTE, 2015a).

### **Differences Between Rural and Urban Older Adults**

This section reviews literature about the disadvantages faced by rural older adults and differences between older adults that reside in rural and urban areas. It is important to

understand the disadvantages that older adults face in rural areas to support the need for volunteers to provide services to the population. The studies discussed in this section do not examine motivation of volunteers that serve the needs of older adults but rather the older adults themselves. In addition, the literature supports that older adults in rural areas may be more socially isolated (Baernholdt et al., 2012).

The four counties of the study were Baraga, Houghton, Keweenaw, and Ontonagon counties of Upper Michigan. The area is rural and has environmental conditions that contribute to the isolation of older adults. With a northern climate of winter conditions including decrease in daylight hours, record snowfall, and record low temperatures (Michigan Technological University, 2015; National Weather Service, 2015), winter can be particularly difficult for older adults with an even greater decrease in socialization (Hjorthol, 2013). Hjorthol (2013) reported that winter weather contributes to social isolation by limiting ability to get outside and participate in shopping or visiting. In addition to the specific rural factors, in regard to where individuals reside, studies have shown that there are differences between older adults that reside in rural versus urban areas. Older adults in rural areas are at a disadvantage when compared to older adults from urban areas (Bacsu, Jeffery, Johnson, Martz, Novik, & Abonyi, 2012; Baernholdt, Yan, Hinton, Rose, and Mattos, 2012).

Rural older adults have significant increased needs in some areas compared to their urban older counterparts. Baernholdt et al. (2012) examined the quality of life, social functioning, and emotional well-being in individuals ages 65 and older. Data for the study was gathered from the 2005-2006 National Health and Nutrition Examination

Survey (NHANES) and the 2007 Area Resource File (ARF) resulting in a representative sample. Baernholdt et al. (2012) concluded that there are four areas of increased needs in rural older adults including: ADLs, memory problems, depression, and number of chronic conditions. Baernholdt et al. (2012) also reported that rural older adults have worse social functioning and lower ADLs than their urban counterparts. However, rural older adults that have higher education have better social functioning; older adult women have higher social functioning than men, but have a lower overall quality of life than men (Baernholdt et al., 2012, p. 344). Rural areas have limited public transportation and housing opportunities when compared to urban areas. Many rural older adults are forced to stay at home when they are unable to drive (Baernholdt et al., 2012, p. 344).

Bacsu et al. (2012) conducted their study in Saskatchewan, Canada to determine factors associated with healthy aging in rural areas. They conducted 42 interviews with older adults in rural communities. The two communities studied were similar to the current study area in that one town had a population of 1,743 individuals with 25.8% being over 65 years of age. The second town had a population of 1,050 individuals with 37.7% being over 65 years of age. The study examined rural older adults and not volunteers or volunteer motives. Bacsu et al., (2012) identified eight key themes related to healthy aging including: housing, transportation, healthcare, finances, care giving, falls, rural communities, and support systems. Rural older adults, “are often disadvantaged in terms of having lower income, less education, lack of adequate housing, less access to public transportation, and poorer access to healthcare” (Bacsu et al., 2012, p. 77). In addition, older adults from rural areas have higher rates of “functional



disability, increased sedentary lifestyle, less use of preventive care, and more chronic illness” (p. 77) when compared to urban older adults. Transportation is a barrier for rural older adults and interferes with independence; many older adults have self-imposed driving restrictions and avoid driving long distances or driving in urban areas (Bacsu et al., 2012, p. 81). This barrier can contribute to social isolation and loneliness.

In rural areas, community senior centers may be the only source for older adults to receive access to social and health services, education, and recreation (Russ, 2012, p. 5). Russ (2012) studied resources provided by senior centers in rural areas of Oklahoma, Nebraska, and Kansas by surveying directors of the centers. Russ determined that only 15% of the senior centers provided services that addressed all six areas of the *whole person wellness model*. The six dimensions of the model are physical, emotional, spiritual, intellectual, occupational, and social. Russ suggested that all six areas are necessary for older adults in rural communities to promote wellness. Although the social dimension was offered more frequently, it was informal such as talking with friends (p. 9). Intellectual and occupational dimensions were offered less frequently. Intellectual activities involved completing word puzzles or attending a class or having speakers address the community on various topics. Occupational activities took the form of older adults volunteering within the senior centers. Russ (2012) concluded that rural senior citizens would benefit from a comprehensive program that has dimensions that address the whole person and can increase the quality of life.

Loneliness is not always be reported by older adults (Theeke, Turner Goins, Moore, & Campbell, 2012). Theeke et al. conducted interviews with 60 chronically ill

older adults that resided in rural community-dwellings. The study supported the need for socialization and found that there is a correlation between loneliness and depression, quality of life, and lower social support in older, chronically ill, rural older adults (p. 155). Chronically ill older residents of Appalachia did not self-identify as lonely; yet when surveyed, their scores indicated significant loneliness. It was suggested that due to the stigma of loneliness, Appalachians may “maintain a quiet sense of pride in the face of experiencing significant loneliness” (Theeke et al., 2012, p. 168). Older adults may not be aware of how isolation and loneliness contributes to their overall wellbeing.

### **Services for Older Adults**

The introduction and problem statement discussed the gaps in services and social needs of older adults. As the U.S. older adult population increases, there is an increase demand to provide services as there has been a reduction in services due to economic downturn. Volunteers have filled these gaps in services. The demand for services is sure to increase as the older U.S. adult population continues to grow. In addition, the four county area of this study has a higher percentage of older adults than nation. The following is a review of literature in regard to services provided to older adults.

Older adults can benefit from informal helping from family, friends, and neighbors. There was a significant decline in family caregivers that provide long-term support services as the Baby Boomer generation continues to age (Redfoot, Feinberg, & Houser, 2013). The ratio of available caregivers that are 45 to 64 years of age is seven available caregivers to one older adult, which is expected to fall to four available caregivers to one older adult by the year 2030 (Redfoot et al., 2013). The average family

caregiver is a 49 year-old female that works outside of the home and provides unpaid care for her mother for 20 hours a week for five years (Redfoot et al., 2013, p. 2).

Older adults can also benefit from formal services from the federal, state, and local government. Unfortunately, the government plays a limited role in promoting aging-friendly communities (Scharlach, 2012). At the community level, changes are required to accommodate the increase in older adults as there were nearly 80 million baby-boomers born between 1946-1965 (p. 26). Scharlach argued that the existing physical infrastructure in the United States is not adequate and was not designed for an aging population and communities identified as aging friendly were developed in the absence of federal funding. Environmental barriers such as a lack of handrails may result in falls and increase risk of mortality (Rantakokko, Tormakangas, Rantanen, Haak, & Iwarsson, 2013). Environmental barriers may also contribute to a lack of access to activities outside of the home and in turn can decrease physical and social activity (p. 6).

There may be different levels of need for older adults from socialization (Russ, 2012) and transportation (Bacsu et al., 2012), to more intense interventions for older adults with functional and cognitive deficits (Karel, Gatz, & Smyer, 2012). Other services include medical, mental health, human services, and social services. Examples of such services include home nursing, hospice, palliative care, counseling, crisis counseling, substance abuse services, and numerous other direct care services.

Siegler, Lama, Knight, Laureano, and Carrington (2015) discussed the most commonly utilized community-based support services. In addition to the familiar services of transportation services, nutrition services, homemaker services, and senior

centers, there are many other services available to older adults. These include personal care, information, adult day care, case management, chore services, and legal assistance. In addition, there are services available to caregivers including respite services, assistance with gaining access to Administration on Aging (AOA) programs, and counseling and support groups (Siegler et al., 2015, p. 3).

When there are barriers to receiving formal services, including transportation issues or navigating an application process, volunteer organizations can supplement these services. Service delivery models for older adults were examined by Low, Yap, and Brodaty (2011), the results indicated that case management is an important service for older adults and that case management services have better outcomes than integrated care models. Case management decreased use of services in older adults whereas integrated care increased services increased use of services (p. 4).

Karel, Gatz, and Smyer (2012) discussed psychologists' role in aging and mental health services. Their analysis showed that 20.4% of individuals 65 years of age and older meet the criteria for a mental disorder and in the next ten years the number of Americans with dementia will increase by 1.5 million (p. 186). Karel, Gatz, and Smyer (2012) concluded that the field of psychology is not prepared with enough professionals to respond to the growing demand for geriatric services (p. 194). Implications were discussed for geropsychology practice, evidence-based geropsychology practice, educators, and researchers to better prepare for the impact of the growing older adult population.

The Older Americans Act (OAA) promotes the well-being of older individuals by providing services and programs designed to help them live independently in their homes and communities (Administration on Aging, 2015). The OAA also allows the federal government to distribute funds to the states (Administration on Aging, 2015). Little Brothers – Friends of the Elderly provides services that support the OAA’s purpose.

Thomas (2014) examined the care provided through OAA and determined that there are older adults residing in nursing home environments that would be able to reside in their own home with support services. The study obtained data through the state program reports that are required by the OAA and data from nursing homes. The large-scale study examined data from 71,984 “facility-year observations” in the United States from 15,034 certified nursing homes (p. 253). Thomas reported that by providing in-home services, individuals could reside in a less restrictive environment and not only improve their quality of life but it would also result in significant savings of Medicare dollars (Thomas, 2014). Specifically, in 2009, nursing home costs were \$165.00 a day whereas supportive OAA personal care costs were \$1,700.00 annually (p. 257). In-home services provide benefits for improving quality of life and reducing costs at the same time.

Older adults that receive in-home care as part of the aging services network found that anxiety was common with this population (Richardson, Simning, He, & Conwell, 2011). The study participants were clients of Eldersource, an in-home care management organization that assists older adults in maintaining functioning across

social, physical, and psychological domains (p. 32). Older adults that receive home visits may be considered at high-risk for mental disorders due to being frail with multiple needs, and if referrals were based on an underlying physical, emotional, or social concern (p. 37). This finding is important for providing information to the older adult clients as well as the individuals working with them.

Bustillos and Ballesteros (2013) found that professionals can hold stereotypical beliefs about aging and this can result in a negative impact on the competence behaviors of older adults. The participants were 74 professional caregivers in Mexico. Bustillos and Ballesteros discussed the *stereotype content model* to examine the behaviors of caregivers. The two dimensions of stereotypical beliefs are described as competence (intelligence and ability to achieve goals), and warmth (friendliness, kindness, and sensitivity; p. 211). Paternalistic prejudice is characterized by attempts at overprotection and a greater frequency of helping behaviors from others (p. 211). Bustillos and Ballesteros concluded older adults perform better on cognitive and physical tests when they are exposed to positive stereotypes (p. 215). This finding has implications for caregivers that provide services to older adults.

### **Recruitment and Retention of Volunteers in Nonprofit Organizations**

Service organizations are typically 501(c)(3) nonprofit organizations. Nonprofit organizations are developed to provide services and just as the title states, these organizations do not carry a profit. To establish an organization, a series of tasks must be performed including the legality of filing for a certificate of incorporation, obtaining an employer identification number, and filing a federal tax exemption (Foundation Center,

2015). Felicio, Martins Goncalves, and Goncalves (2013) define nonprofit social organizations as “small and medium-sized firms that engage in a variety of activities and primarily locate in urban areas. Their revenues come from government grants and benefits, public and private monetary donations, voluntary acts and services, and finished goods” (p. 2139).

The Foundation Center (2015) cautions that although volunteers are important, if these organizations rely too heavily on volunteers, the donors may question the commitment level of staff. The Foundation Center (2015) reported that funders perceive paid staff as more reliable than unpaid volunteers. They stressed that qualities that staff should possess are to be “charismatic, articulate, well connected, and organized. They also will need to be good managers, experienced fundraisers, and have a solid understanding of the organization's goals, and effective ways in which they can be implemented” (Foundation Center, 2015). The Foundation Center discussed how to establish a nonprofit organization and focused on establishing board members and attracting donors and did not specifically address volunteer recruitment. However, the information on establishing paid staff that have the right qualifications to lead is an important aspect of nonprofit development.

Pride in the organization and respect for the leadership has been identified as important factors in volunteer satisfaction with nonprofit leadership (Boezeman & Ellemers, 2014). Volunteers are more satisfied when leaders communicate how the organization can improve their lives, support volunteers to overcome problems, and

encourage volunteers to express their ideas (p. 170). The study participants were 113 volunteers from a variety of nonprofit organizations from charities to animal shelters.

Stirling, Kilpatrick, and Orpin (2011) examined the psychological contract between the management practices of nonprofit organizations and sustaining volunteers. A psychological contract was defined by Stirling et al. (2011) as an informal agreement based on an employee's belief that their workplace will provide them with experiences beyond the formal contract, including benefits and experiences, training, and group membership (p. 322). The psychological contract differs from a formal management practice, which approach has a negative effect on sustaining volunteers, while a psychological contract has a positive effect (Stirling et al., 2011). Volunteers want to feel connected to their organization and feelings of belonging, which can be attained by adhering to the psychological contract (Stirling et al., 2011). Providing recognition through newsletters has a positive effect on continuing to volunteer and volunteers expect recognition in lieu of being paid (Stirling et al., 2011, p. 328). Reimbursement for expenses, specifically fuel expenses, can be a barrier for potential volunteers of lower socioeconomic status (p. 333).

Rural groups have less formal management practices and this could be due to the stronger networks and social capital ties (Stirling et al., 2011, p. 332). Formal management practices such as volunteer supervision and maintaining written records was negatively associated with sustaining volunteers. This could be attributed to volunteers preferring trust and interpersonal relationships as part of the management style (p. 332). The study took place in Tasmania, Australia. There were 152 volunteer organizations and



67 volunteers and administrators that participated in the study to determine how management practices match volunteers' expectations (p. 332).

Volunteers are an important part of the unpaid workforce for nonprofit organizations. Volunteer based organizations depend on recruitment and retention of volunteers to provide services to their target population. Once recruited, volunteer organizations would benefit from retaining their volunteers. Of those that donate their time, Eisner, Grimm, Maynard, and Washburn (2009), reported that one-third of new volunteers do not return the next year. They reported an estimated \$38 billion in lost labor when one out of three volunteers does return (p. 34). It makes sense that nonprofit organizations have a hard time recruiting volunteers when they do not value their volunteers (Hager & Brudney, 2011). Organizations had less problems in recruiting volunteers when they provided training for their paid staff, especially in training the paid staff to be more supportive and affirming of volunteers (p. 152).

Retaining volunteers that provide palliative care services was studied by Claxton-Oldfield and Jones (2012). The study participants were 119 palliative care volunteers from three communities in Ontario. The participants ranged in age from 26 to 88 years old with a mean age of 61.7 years-old (p. 468) and identified the factors that are most important in continuing to volunteer. The most significant finding for continuing to volunteer was that volunteers really enjoyed their work. The next factor of significance was feeling prepared through training in working with terminally ill patients. Other factors identified as reasons to volunteer were having a good match between patient and volunteer and being aware of boundaries and when to seek advice (p. 470). The study

examined retaining volunteers that provide palliative care and was not specific to the socialization needs of isolated older adults.

Volunteers possess experience, skills, and abilities that they bring to the volunteer organization. When volunteer's skills are effectively utilized by matching the volunteer's skills to specific tasks, the likelihood of retaining volunteers increases (Eisner, Grimm, Maynard, & Washburn, 2009). When volunteers feel a sense of satisfaction they are more likely to stay in the volunteer position. Whether volunteer organizations are to become a sustainable part of the community depends on their ability to locate, recruit, oversee, and retain their volunteers (McDuff, Netting, & O'Connor, 2009).

Recruitment of volunteers for senior companion programs was examined by Ulsperger, McElroy, Robertson, and Ulsperger (2015). The volunteers were 55 years old or older and Ulsperger et al. suggested that recruitment efforts should move beyond television or newspapers to include open houses, booths at events, and having program literature available at locations such as "doctors' offices, drug stores, and low-income housing projects" (p. 1471). In regard to retention, Ulsperger et al. (2015) suggested that organizations could do a better job of matching volunteers and clients, including the possibility of utilizing testing to match people based on personal disposition (p. 1472). A barrier to recruiting older volunteers could be that older Americans are remaining in the workforce longer and not participating in the past trend of early retirement (Brayley et al., 2014).

Volunteerism can be formal and informal. Formal volunteering takes place within an organization and informal volunteering takes place outside of organizations with

family, friends, and neighbors. Regardless of whether the volunteer activity takes place within or outside of an organization, Lee and Brudney (2012) reported that both types of volunteers possess the same traits and common characteristics including empathy and self-confidence (p. 174). Organizations can target individuals already involved in informal volunteering when recruiting potential volunteers.

### **Volunteer Motives**

To understand volunteer motives, existing literature has been examined to find out why people serve others and to determine gaps in the literature supporting the current study. A review of the available literature has not identified studies on motivation for volunteering to serve the social needs of older adults in a rural area.

Clary et al. (1998) identified six motivational factors of volunteers:

- values (e.g., altruistic and humanitarian concerns),
- understanding (e.g., to learn new experiences and exercise skills),
- social (e.g., relationships with others),
- career (e.g., preparing for new career),
- protective (e.g., removing guilt from being more fortunate than others), and
- enhancement (e.g., personal development).

Clary et al. (1998) developed the Volunteer Functions Inventory (VFI) to measure these motivational factors Clary and Snyder (1999) developed the VFI on the information they found when using the functional approach to determine the “...motivations that are fulfilled through participation in volunteer service” (p. 156).. Clary & Snyder (1999) used the functionalist theory to develop the VFI with the core proposition that “people can and

do perform the same action in the service of different psychological functions” (p. 156). According to this theory, people can engage in the same behavior for different reasons; therefore, an individual volunteering may begin helping and continue helping older adults based on their own needs and goals. The current study utilized the VFI to collect data on volunteer motives and are discussed thoroughly in Chapter 3.

Dwyer, Bono, Snyder, Nov, and Berson (2013) studied volunteer motivation and used the VFI to identify motives of volunteers in their study. Participants were recruited from a large volunteer clearinghouse that provided volunteer services to 1,000 organizations. In regard to motives, Dwyer et al., differentiated between satisfaction and contributions. Satisfaction was associated with esteem enhancement and value expression whereas contributions were associated with understanding. Finally, Dwyer et al., found that humanitarian values were the strongest predictor of satisfaction (p. 201). Transformational leadership style was important for volunteers to find their services meaningful as well as having positive relationships with other volunteers (p. 198). Dwyer et al. identified the four components with transformational leadership as: “leaders are inspirational, show concern about their development, involve them in decisions, and focus on the meaning of the work” (p. 198). The study was conducted in a large agency that provides volunteers to 1,000 agencies in a large northeastern city. The study did not address the motivation of volunteers that serve older adults in a rural area. Additional studies that utilized the VFI will be discussed in Chapter 3.

A search for recent literature using the terms *volunteering* and *older adults* yielded articles on older adults participating in volunteering and reported the beneficial

effects of volunteering on lower mortality rates (Konrath, Fuhrel-Forbis, Lou, & Brown, 2012; Okun, Yeung, & Brown, 2013), lower functional decline and risk for dementia (Anderson et al., 2014), better emotional and physical outcomes, and may improve quality of life (Cattan, Hogg, & Hardill, 2011).

Volunteering by older adults was not the focus of the study; the study is specific to individuals that serve older adults through volunteering. However, 18.7 million older adults over the age of 55 years volunteered each year between 2008 – 2010 (Corporation for National & Community Service, 2012). This indicates a large contribution of the unpaid volunteer workforce in the United States. For older volunteers, age 55 and older, alleviating loneliness was identified as a motivation to volunteer (Ulsperger, McElroy, Robertson, & Ulsperger, 2015). Other reasons older adults volunteer is to keep engaged and active, interacting with others, learning new things, and helping future generations (Resnick, Klinedinst, Dorsey, Holtzman, & Abuelhiga, 2013, p. 169). It would be beneficial to match older adult volunteers with professional skills and knowledge to the needs of the communities they serve (p. 169).

Son and Wilson (2010) found an intergenerational effect among volunteers and reported that altruistic and prosocial behavior is passed from generation to generation. In the twin study, they found that three factors contributed to volunteering among generations including socialization, social class, and genes (Son & Wilson, 2010, p. 57). A study by Reuveni and Werner (2015), revealed that teenagers have low levels of willingness to volunteer with the older adult population. Their willingness increased when they viewed the older adults as healthier. Students may feel less threatened by

healthy older adults (Reuveni & Werner, 2015, p. 630). In addition, volunteering in a nursing home setting may alleviate some of the stress on volunteers by knowing that there were a professional nearby to help (p. 630). The decrease in willingness to volunteer may indicate a lack of knowledge or apprehension in regard to the older adult population. Increasing exposure and contact with older adults, in addition to educational programs about geriatric issues may improve attitudes toward older adults (p. 632). This could be an important area of future study to encourage volunteerism among young people.

Altruism has also been studied as a motivation to volunteer. Haski-Leventhal (2009) reported “not every act of volunteering is altruistic and not every altruistic act is volunteering, but the connection between the two concepts is so strong that one cannot speak of the one without the other” (Haski-Leventhal, 2009, p. 271). Finkelstein (2011) refers to altruistic motives to volunteer as “collectivism” whereas self-focused motivation to volunteerism is referred to as “individualism” (p. 598). Collectivism takes into consideration the “whole” and takes precedence over individual desires (p. 598). Individualism is described as having sharper boundaries between the self and others. From this perspective, personal autonomy and responsibility to participate in social or political activism are more important (p. 603). However, there were no differences between the time spent in volunteering between collectivism and individualism.

Finkelstein (2011) reported that it may be beneficial for volunteer coordinators to use the constructs as a way to match individuals to volunteer tasks. The participants of the study were 154 undergraduate students at a metropolitan university that received

course credit for participation. The participants must have volunteered at least once a month for twelve months. The study sought to determine the initiating factors of volunteer activity (p. 601) and attitudes about responsibility to help those in need. The study did not examine the motivations of volunteers in rural areas that serve the social needs of isolated older adults.

Kwok, Chui, and Wong (2013) reported that life satisfaction is related to intrinsic motivation to volunteer and not the act of volunteering itself. Kwok, Chui, and Wong found that volunteers that were intrinsically motivated to volunteer had greater life satisfaction than those that were extrinsically motivated. Geiser, Okun, and Grano (2014) also examined intrinsic and extrinsic motivation to volunteer and reported that external incentives may undermine the intrinsic motives to volunteer. This effect is referred to as over-justification. High intrinsic – low extrinsic and high intrinsic – high extrinsic participants were more likely to volunteer. Given these findings, it was suggested that public recognition for volunteer efforts may increase volunteering in the high intrinsic – high extrinsic group (p. 21). However, this would not be the case for high intrinsic-low extrinsic group where incentives may decrease volunteering due to the over-justification effect. The study participants were from large universities and consisted of 589 students from a large American university and 993 students from a large Italian university with a mean age of 19.68 years-old. Participation was used to fulfill a course requirement. The study did not study motivations of volunteers that serve the social needs of isolated older adults.

Finkelstein (2008) reported that satisfaction increases when volunteers experience fulfillment of their motivations. Therefore, it appears that identifying volunteer motivations increases satisfaction. Finkelstein (2008) reported that motives should be identified early to match volunteers with tasks to increase satisfaction and contribute to volunteer retention. Newly recruited volunteers may benefit from matching tasks to motivation and increase satisfaction.

Vecina, Chacon, Sueiro, and Barron (2012) examined work engagement as it relates to volunteerism. They found that satisfaction explained why new volunteers stay with organizations, whereas veteran volunteers identified organizational commitment as their intention to stay with organizations (p. 144). Vecina and Fernando (2013) asked what volunteers derive from volunteering long-term without obligation. The goal was to determine if prosocial behavior is based on “pleasure” or not on pleasure (p. 870). They determined that individuals volunteered for reasons of pleasure rather than pressure. Pleasure-based prosocial motivation was identified as contributing to both the psychological and subjective well-being of the volunteers. The participants were 251 active volunteers from 25 organizations that volunteered in Spain or international organizations.

The above review of volunteer motives provided an understanding of why volunteers chose to serve across a variety of populations. However, none of the studies specifically addressed motivation to volunteer, specifically to provide socialization, with isolated older adults in a rural community. Older adults in rural areas have more barriers and social needs than those in urban settings thus requiring volunteer services to fill the



gap as the older adult population increases. Studies on motivation to volunteer have been conducted in large urban areas, with numerous organizations, international organizations, with university students, or with data received from large scale surveys across the United States and not specific to rural areas. The study identified the motivations of volunteers that serve isolated older adults in a rural community. The information was important to aid in the understanding of retention of current volunteers and recruitment of future volunteers to continue serving this important and growing population.

### **Benefits/Risks to Volunteers**

Perceived benefits of volunteering were reported in a study conducted by Morrow-Howell, Hong, and Tang (2009). In their study, 90% of volunteers reported that they thought the recipients of their services were “better off” (p. 96) after the volunteer experience and 50% of the volunteers themselves thought they were “better off” (p. 96). “Other-oriented” rather than “self-oriented” volunteering on a regular basis had reduced mortality risks (Konrath, Fuhrel-Forbis, Lou, & Brown, 2012, p. 94). Individuals that volunteer and value others experience benefits to health (Poulin, 2014). Volunteering for these individuals serves as a buffer to the effects of stress on health, specifically for people with positive views of others (Poulin, 2014). Volunteering also has benefits for mental health including reducing depression and increasing wellbeing (Jenkinson et al., 2013, p. 7). Jenkinson et al. suggested that more research may be required to determine the frequency of volunteering, dose, and type of activity to determine the optimal health benefits of volunteering (p. 8). Anderson et al. (2014) found that when older adults volunteer, it may serve as a protective factor in reducing functional decline and dementia.

Although there are benefits to volunteering, there are also risks (Dong, 2015).

Risk accepting volunteers are more likely to volunteer service than risk averse volunteers. Risks associated with volunteering include loss or injury and uncertainty. Volunteers may expose themselves to property loss, physical or sexual assault, vehicular accidents, intimidation, and lawsuits (Dong, 2015). Risk averse individuals are less likely to expose themselves to risk and are less likely to volunteer. Dong suggested that volunteer organizations need to screen, train, and supervise volunteers to reduce the risks associated with volunteering. Risk averse individuals will likely benefit from a well-designed training program, possibly using experienced volunteers as instructors (p. 13). In regard to supervision, implementing a “feedback system” can provide volunteers with a place to report problems that are faced during the volunteer activities (p. 13).

The Volunteer Protection Act (VPA) in 1997 was enacted to protect volunteers from risk in regard to litigation based on volunteer activities (Goble & Brudney, 2015). According to the United States Congress (1997), the VPA protects volunteers, nonprofit organizations, and governmental entities. Congress acknowledged the inability of the Federal Government to provide the valuable services that volunteers provide. Section 2(C) states,

it is in the interest of the Federal Government to encourage the continued operation of volunteer service organizations and contributions of volunteers because the Federal Government lacks the capacity to carry out all of the services provided by such organizations and volunteers. (United States Congress, 1997)

Kosny & Eakin (2008) studied risk when providing services for nonprofit organizations and stated, "often social service work, particularly 'street level' work with marginalized clients, is considered to be more than just a job" (p. 150). Risks were taken by volunteers to help their clients and also show their dedication to their organization. In addition, workers may put the well-being of their clients over their own and place themselves in uncomfortable or dangerous situations. Volunteers may become emotionally exhausted and place their own health at risk (Kosny & Eakin, 2008, p. 158).

Kosny and MacEachen (2010) discussed the importance of safety for individuals working for nonprofit organizations. In Canada, 7.5 million of those working for nonprofit organizations are volunteers. Women make up nearly 80% of the nonprofit work force in health, education, and social services. In their study, Kosny and MacEachen (2010) reported invisible labor is comprised of "female-typed" work that is invisible including emotional labor that the authors describe as work that resembles the nonpaid work that is done by women in a home (p. 377). In nonprofit social and health organizations that care for vulnerable populations the health of the workers may not be protected (p. 378).

Risk can be involved when individuals are performing "background work" including support services behind the scenes, as well as "empathy work" including building relationships, counseling, and crisis intervention (p. 368). In addition, volunteers perform *emotional labor* including managing the emotions of both the client and the worker when dealing with illness, death, and other problems in living. The workers may need to present with hopefulness and optimism when their own emotions of sadness,

anger, or frustration may be suppressed to perform their jobs (Kosny & MacEachen, 2010, p. 370). The study was conducted over three weeks and consisted of three case studies and included direct observation and interviews with managers and workers of three volunteer organizations. The organizations were in the city of Toronto and served homeless men, homeless women, and substance related healthcare. The study was not conducted in a rural area and did not examine volunteer motives. Older adults with socialization needs were not the target populations of the nonprofit organizations that were studied.

### **Social and Cultural Factors**

Social capital is defined by Stebbins (2009) as “the community-wide set of connections among individual participants manifested in the formation of groups, trust, social networks, acts of reciprocity, and the like. Such capital helps communities pursue their common interests, as members pull together to reach shared goals” (p. 158).

Volunteering is the most common way to build social capital. Civic duty and volunteering have become interchangeable terms with serving one’s community being a civic responsibility (McDuff, Netting, & O’Connor, 2009).

Human capital, cultural capital, and social capital was examined by Choi and DiNitto (2012) in regard to volunteer behaviors. The study used a national probability sample that consisted of 7,189 individuals from 48 states and were noninstitutionalized and English speaking. The data were gathered from the general population sample of the Midlife Development in the United States, second wave (MIDUS2). Choi and DiNitto define human capital as “individuals’ knowledge and skills, health status, and other

tangible resources such as availability of time, education, and income as prerequisites for volunteering” (p.96). A higher level of education was associated with more time spent in volunteer activities. This could be the result of increased awareness of volunteer opportunities that individuals encounter in their jobs and professional networks (Choi & DiNitto, 2012, p. 111). Recruiting suggestions are to target individuals that do not have the exposure to volunteer opportunities by personally contacting individuals and personally invite them to attend volunteer functions (p. 111).

Higher household income levels were associated with more charitable giving and less time spent in volunteering. Choi and DiNitto suggested that organizations should recruit volunteers that resemble the clients that the organization serves. The potential volunteers may have a better understanding of the situations that the clients are facing (p. 112).

Cultural capital is defined by Choi and DiNitto as the internal desires that motivate volunteering and are derived from “moral incentives to self and others” (Choi & DiNitto, 2012, p. 96). In regard to cultural capital, Choi and DiNitto discussed self-reported generativity (confidence in skills and abilities) as positively associated with time spent in volunteering (p. 112). Volunteers should be assigned activities based on their specific skills.

Social capital is defined by Choi and DiNitto (2012) as “individuals trust in others and in their own community as well as in their social embeddedness/connections...mutual trust, information sharing, and pooled resources” (p. 96). In regard to religious and secular giving, the number of meetings attended was the

strongest predictor of time spent volunteering. By identifying individuals that want to “increase their social embeddedness,” Choi and DiNitto suggested that having public recognition events may help to retain volunteers. They also suggested utilizing existing volunteers to recruit family, friends, and coworkers as potential volunteers (p. 114). The study did not examine the motivations of the volunteers, did not focus on volunteers that serve older adults, and did not take place in a rural community.

An examination by Nenga (2011) in regard to social class and volunteering revealed that affluent youth that experienced “cross-class” interactions learned about class privilege and challenged it (p. 282). However, the experiences were not positive for all of the affluent youth. Nenga (2011) reported that, in some cases, the experiences actually increased social distance from the poor. Specific volunteer tasks as well as long-term volunteering will contribute to awareness of social class. If affluent youth are exposed only to instrumental tasks (e.g. distributing food, building shelters) their work may be seen as a means to develop power and access to clubs and boards and ultimately legitimize class privilege (p. 284-285). The participants were 40 affluent youth volunteers between 15 to 23 years of age. Nenga conducted in-depth interviews to gather information on class privilege in regard to volunteering. The study did not focus on the motivations of adults that volunteered with older adults. The current study did not include youth as participants and does not exclude participants based on socioeconomic status.

The study of volunteering is important from both micro (individual) and macro (societal) perspectives (Hustinx et al., 2010, Rotolo & Wilson, 2012). With regard to race and ethnicity, Rotolo and Wilson (2014) studied social heterogeneity of volunteering in

US cities. They determined that race heterogeneity was negatively related to secular volunteering. In addition, racial segregation, defined as individuals remaining in racial homogeneous neighborhoods within a larger heterogeneous city, was negatively related to general and secular volunteering. Individuals residing in segregated neighborhoods may not make contact to become active in the larger heterogeneous city and engage in civic activities (p. 430). In an earlier study, Rotolo and Wilson (2012) examined state level differences in regard to demographic, institutional, and cultural macro level theories. Race homogeneity encourages trust and therefore increases volunteering (Rotolo & Wilson, 2012). It may be difficult to maintain volunteers in heterogeneous areas due to the barriers of establishing trust and enforcing norms in states that are diverse. This is supported by Rotolo and Wilson's finding that the highest rates of volunteering were in the homogeneous states of Maine, Vermont, New Hampshire, West Virginia, and Iowa and the lowest rates of volunteering were in the heterogeneous states of Hawaii, California, New Mexico, Maryland, and New York (p. 469). An interesting finding is that the lowest rates of volunteering were found at "destination points for new immigrants" (p. 469). Using the demographic theory to explain volunteer rates, education at the individual micro level was identified as having a positive effect on volunteering. However, on a macro level, education suppressed religious volunteering but did not increase secular volunteering (p. 468). Rotolo and Wilson compared the effect to voting, and suggested that educational attainment is associated with the "propensity to vote" but does not translate to voter turnout (p. 468). Religious volunteering was higher than secular volunteering for areas that had a large number of families with school age

children. Rotolo and Wilson (2012) suggested that religious volunteering may increase at the macro level due to adults attending church more frequently when raising school aged children (p. 468). The study obtained data on 300,000 respondents in all fifty states from the Bureau of the Census for the Bureau of Labor Statistics Current Population Study between 2005-2007. The study did not examine the motivations of the volunteers, did not focus on volunteers that serve older adults, and did not take place in a rural community.

Hustinx et al. (2010) studied motivation to volunteer among college students across 6 countries. They found altruism was the most important motivation to volunteer followed by contributing to the individual's resume and building social ego (p. 370). In their study, Hustinx et al. also discussed that although altruistic motivation was rated the most important, there are other "more self-interested" motivations that vary across countries and included social-ego in their scale to measure other self-interested motives (p. 372). Examples of social ego motives are to "escape from one's own troubles" and "relieving guilt of being more fortunate than others" (p. 363). Hustinx et al. (2010) determined that American students were more likely to support the social-ego motivation than students from Canada, Belgium, Finland, China, and Japan (p. 372).

Torgerson and Edwards (2012) examined barriers to community involvement in both rural and urban areas. The study was not specific to motivations to volunteer. Torgerson and Edwards (2012) used existing data gathered from individuals in forty-one communities in the United States. The participants were drawn from the 2000 Social Capital Benchmark Survey and 14,614 participants were selected from a total of 29,000 completed surveys. Torgerson and Edwards cautioned that the survey did not allow for



sophisticated analysis to differentiate between rural versus urban and they based the subgroups of urban versus rural on whether or not participants lived in a metropolitan areas (p. 378). Educated, employed, better paid, homeowners, and White individuals reported fewer barriers (p. 386). Transportation was a barrier for both rural an urban individuals with rural residents reporting more transportation issues. Younger people reported more barriers in getting involved in volunteering whereas older adults reported more confidence in their ability to make a difference and had less concern about safety and transportation (p. 386).

Employed individuals reported receiving less information in knowing how to begin volunteer activities as a barrier to being involved in volunteering (Torgerson & Edwards, 2012, p. 387). Volunteers with higher income levels reported fewer barriers to performing in volunteer activities and low income volunteers reported transportation as a barrier. Homeowners reported fewer barriers and results indicated that they felt more safe, informed, and able to make a difference” in volunteer activities (p. 384).

Individuals from minority groups reported that they felt unwelcome by organizations in participating in volunteer experiences and this has limited their community involvement in both rural and urban areas (Torgerson & Edwards, 2012, p. 387). Non-White respondents reported more barriers and identified “transportation, feeling unwelcomed, and concern for safety” as barriers to participation. Specifically, Torgerson and Edwards found that Asian and Black residents from urban areas feel unwelcome, urban Hispanic, Black and Asian residents are concerned about safety, and urban Asian residents feel that they cannot make a difference by participating in

volunteer activities (p. 386). Work and daycare issues were identified as barriers to volunteering by White residents; this barrier was identified less often by Black and Hispanic residents. In addition, White residents reported lack of information as a barrier more than Hispanic residents (p. 386).

### **Summary**

The literature review supported the need for the research. Volunteer motives, benefits/risks, satisfaction, recruitment/retention, and social and cultural factors have been examined. The existing literature supported the problem statement regarding lack of services as well as why individuals choose to serve others. However, specific studies of motivation of volunteers that serve older adults in a rural area were not found. The study examined the motives of volunteers of Little Brothers – Friends of the Elderly in a rural northern region of the United States. There is an established need for social services for the elderly and there are identified gaps in services that volunteers can fill. Identifying the motivations of volunteers assist recruitment and retention of those that provide valuable services to older adults. Addressing this form of civic engagement will contribute to social change. The implications for social change from the research is the ability to use the findings to determine the motives of volunteers and inform recruitment and retention of volunteers that serve the socialization needs of isolated older adults. It is important to continue to address the social needs of older adults as the population of individuals age 65 and older is expected to double by 2050 (Ortman, Velkoff, & Hogan, 2014). In addition, the existing infrastructure in the United States is not adequate to sustain the large number of older adults that will need services for years to come.

As the literature review has discussed, alleviating loneliness in older adults has benefits by decreasing mortality, utilization of health care services, increasing the quality of life, and improving mental and physical health in the older adult population. The literature also supported that rural older adults are at a disadvantage when compared to urban older adults and face additional barriers including worse social functioning, transportation issues, lower income, lower education levels, contributing to social isolation and loneliness. These findings supported the need for volunteers to aid in alleviating these barriers at a time when resources and services have declined due to economic downturn and decrease in support from state and federal programs. In addition, there are benefits to volunteers that engage in civic engagement. Studies have reported volunteer activities can have benefits to health and serve as a buffer to stress. Older adults that volunteered reported that alleviating loneliness was a factor in addition to keeping active and helping future generations.

The existing literature on motivation to volunteer was conducted with participants from large urban areas, numerous organizations, international organizations, universities, and data received from large-scale surveys across the United States. The current study was needed to understand the motivations to volunteer in a rural community and serve the socialization needs of isolated older adults.

Chapter 3 discusses the research method and examine the assessment tools that were used in data collection.

## Chapter 3: Research Method

### **Introduction**

This research study utilized a quantitative correlational design to determine the motivation of volunteers that serve the socialization needs of isolated older adults in a rural communities. The following chapter discusses the steps taken to conduct the current research. To determine the motivations of volunteers, the participants were asked to complete the Volunteers Function Inventory (VFI; Clary et al., 1998). To identify the characteristics of the volunteers of Little Brothers – Friends of the Elderly (LBFOTE), the participants also completed a brief demographic questions that were added to the end of the inventory.

### **Research Design and Rationale**

#### **Study Variables**

There were a total of 14 variables, divided into

- six VFI functions: Values, Understanding, Career, Protective, Enhancement, and Social functions and
- eight demographic variables: age, time spent volunteering (< 1 year; > 1 year), gender, marital status, education, race, ethnicity, and employment status.

The quantitative correlational research design was relevant to answering the research questions as there was no intervention aspect in the study. The quantitative data collected from the questionnaire were analyzed to produce descriptive statistics as well as correlations between the demographic variables and the volunteer motives as self-reported by the volunteers. The design answered the research questions and determined

the motives identified by volunteers answering the VFI. In addition, the characteristics of volunteers of LBFOTE were determined by conducting descriptive statistics to analyze the data collected in the demographic questions.

The study data collection used the VFI instrument, which was distributed via an online survey utilizing Survey Monkey and questionnaires sent via United States Postal Service (USPS). I chose this design due to my limited time and resource constraints. This decision also aligned with the Pew Research Center's (2016) suggestion that researchers not rely solely on the internet to conduct surveys. Avoiding this potential sampling bias was important in this study because many individuals are less likely to have Internet access due to lower incomes, less education, those residing in rural areas, and being over the age of sixty-five (Pew Research Center, 2016). The Pew Research Center (2016) suggested that researchers also contact people through another mode such as postal mail or telephone; I selected a mix of USPS mail distribution and email distribution of the survey information because USPS has the highest response rates and email has the quickest turn-around time for survey completion, as noted by Hardigan, Popovici, and Carvajal (2016).

Phase I of data collection began with an invitation sent via email and USPS mail to a random sample of volunteers asking them to participate. The database of volunteers was provided by LBFOTE and then I used the randomization function in EXCEL to obtain a random sample. The mode of delivery depended on if an email was provided in the contact information in the database. If an email address was not provided, I contacted the potential participant via USPS mail; if an email address was provided, I contacted

them via email. Both forms of invitations included informed consent information and a link to Survey Monkey to complete the questionnaire. Each invitation included a participant ID number and the respondent was asked to enter the ID number into the online questionnaire. Phase I lasted two weeks.

Phase II began when the number of responses required ( $n = 128$ ) was not reached within the two-week time period of Phase I. Phase II included a mailing of the informed consent and questionnaire via USPS to additional prospective participants from the randomized sample generated by Excel. Each questionnaire had a participant ID number. The participants were instructed to return the completed questionnaire within a two-week time period in a self-addressed stamped envelope. There was no cost incurred by LBFOTE or the participants. The questionnaire took approximately 10 minutes to complete and the time it took the participants to complete the online or paper questionnaire and mail the response back to the researcher. A total of 843 volunteers were invited to participate in the research. Please see power analysis section for more details about sample size.

The quantitative, correlational research design supported the purpose of the study. The design was appropriate as there was no intervention phase in this study. The design answers the research questions and in turn provide the valuable information on motives of individuals that choose to serve isolated older adults in a rural community. The results were analyzed to determine the motives of volunteers of LBFOTE using the data received from the questionnaire (see Appendix D). Data analysis included descriptive statistics as well as correlations between the demographic variables and motives identified in the VFI.

## **Methodology**

### **Population**

The population of the study were the volunteers of Little Brothers – Friends of the Elderly that are at least 18 years' old. A random sample of current volunteers was contacted to participate in the study. There were approximately 900 current, active volunteers.

### **Sampling and Sampling Procedures**

The sample consisted of current LBFOTE volunteers who were at least 18 years' old at the time of this study. The sampling frame was a database of volunteers maintained by LBFOTE. Permission was granted by LBFOTE to have access to the database of contact information of current volunteers (see Appendix A). The inclusion criteria were: 18 years' old or older, English reading literacy, and identified by LBFOTE as current volunteer. The exclusion criteria were: younger than 18 years' old, lacking English reading literacy, and not identified by LBFOTE as a current volunteer.

### **Power Analysis**

A priori power analysis was conducted using G Power. The calculation was based on an ANOVA, omnibus, one way, with an alpha level of .05, power .80, and an effect size of .25, medium effect, for two groups. The analysis revealed a sample size of 128 with actual power of 0.801460.

The study used a convenience sampling of current volunteers at least 18 years' old. The participants of the study were recruited through the LBFOTE database of current volunteers. LBFOTE uses a database called Giftworks and the information can be

exported to Excel. By using the random sample function in Excel (Survey Monkey, 2016) the researcher easily obtained a random sample for the study. Miller and Dillman (2011) found that the mail response rate was 51.3% whereas the Web response rate was 42.3% (p. 259). To account for an anticipated response rate of 30%, 426 volunteers were sent an invitation to participate in Phase I. The sample size was not reached and Phase II was required until the required sample size of 128 participants was achieved.

### **Procedures for Recruitment, Participation, and Data Collection**

The following steps were taken to recruit participants and collect data:

1. The data collection tool, consisting of the VFI and additional demographic questions (see Appendix D) was copied and printed and entered into Survey Monkey, permission to duplicate the VFI has been given by author E. Gil Clary (see Appendix B). Permission has been given by the APA for reproduction of VFI Clary et al. (1998) (see Appendix C). The questions that collected demographic data assessed age, gender, marital status, education level, employment, race, ethnicity, and volunteer time (less than one year or greater than one year).
2. Volunteers were sent an invitation to participate with informed consent (see Appendix E) and questionnaire with a link to Survey Monkey for Phase I via email and USPS. The recommended number of participants was not reached in Phase I, volunteers were sent an invitation to participate along with informed consent and a printed version of questionnaire via USPS in Phase II (see Appendix F). Each questionnaire had a participant ID number. Address labels



were printed from the database of volunteers provided by LBFOTE. Permission was granted by LBFOTE to access their volunteer database.

3. The responses were and will be kept confidential.
4. Participation in the study only required one task of completing the questionnaire online or completing the questionnaire and returning it in the self-addressed stamped envelope provided.
5. The participants exited the study when they completed the questionnaire online or mailed in the completed questionnaire. There were no follow up procedures.
6. When responses were received, the data were entered into SPSS.
7. The data were and will be kept confidential and in a secure location to be destroyed after 5 years.

Once the participants completed the questionnaire online or returned the questionnaire via USPS, their participation was complete. There was no further contact necessary after the questionnaires were completed and returned. The participants declined to participate simply by not completing or returning the questionnaire in the identified time period. The informed consent form supplied to this step is included as Appendix E.

### **Instrumentation and Operationalization of Constructs**

The instrument used to collect data on volunteer motivation was the Volunteer Functions Inventory (VFI; Clary et al., 1998). The VFI has been used in previous research to identify volunteer motives (Dwyer et al., 2013). This data collection tool was appropriate to the study as it identified motives of volunteers of LBFOTE and answered the research questions in regard to volunteer motives and determined if there was a

difference between the motives of new or long-term volunteers. Permission to use the VFI was granted by E. Gil Clary (see Appendix B). Permission has been given by the APA for reproduction of VFI Clary et al. (1998) (see Appendix C).

The VFI was developed by Clary et al. (1998) based on the functionalist theory. Clary et al. posited that individuals engage in volunteer activities that serve any of six functions: Values Function refers to altruistic and humanitarian concerns (p. 1518); Enhancement Function refers to the ego's positive growth and development; Protective Function refers to protecting the ego to reduce feelings of guilt and address personal problems, Career Function refers to the benefits to career from volunteer work, Understanding Function refers new learning experiences and using knowledge, skills, and abilities; and Social Function refers to engaging in activities to be with friends or that other important people view as favorable (p. 1518-1519).

Six studies were conducted in the development of the VFI; the first three studies were conducted to develop the VFI and the last three studies were conducted to validate the VFI. Brief summaries of each of the studies is provided below. The results of the studies conducted by Clary et al. (1998) revealed that there is significant validity and reliability to the VFI.

Study 1 was conducted to identify the structure of volunteer motivations and to evaluate psychometric properties of the VFI. Participants were active volunteers from a variety of volunteer organizations. The participants completed the VFI. A factor analysis provided evidence that the six functions were a "clean structure" and were distinct in the responses of the volunteers evidenced by eigenvalues greater than 1.0 (Clary et al., 1998,

p. 1519). Internal consistency was assessed by using Cronbach's alpha coefficients for each of the VFI scales: Career = .89; Enhancement = .84; Social = .83; Understanding = .81; Protective = .81; and Values = .80 (p. 1521).

Study 2 was a cross validation of the VFI with a more diverse population. The VFI was administered to university students in mass testing sessions. The participants were students that had experience with volunteering ( $n = 320$ ) and students that did not have experience with volunteering ( $n = 213$ ). (Clary et al., 1998, p. 1521). For the participants that did not volunteer; they were instructed to rate how important each of the reasons for volunteering would be for them. The findings supporting six functions and were consistent with the results of study one with responses from volunteers. Coefficients of congruence for volunteers were Career = .97; Protective = .96; Understanding = .96; Values = .93; Social = .97; and Enhancement = .93 (p. 1522). Non-volunteers coefficients of congruence were Career = .95; Protective = .93; Understanding = .93; Values = .92; Social = .97; and Enhancement = .74 (p. 1522).

Study 3 examined test-retest reliability by having participants complete the VFI on two separate administrations that were four weeks apart. Sixty-five participants included previous volunteers ( $n = 13$ ); previous volunteers ( $n = 27$ ), and nonvolunteers ( $n = 25$ ). The results of the test-retest correlation showed that the VFI were stable over time with correlations of: Values = .78; Understanding and Enhancement, .77; Social and Career, .68; and Protective, .64. (Clary et al., 1998, 1522).

In Study 4, Clary et al. (1998) examined matching volunteer motivations to opportunities. Participants completed the VFI and then were asked to choose one of six

advertisements, each of which corresponded to one of the six functions of the VFI (p. 1524). The advertisements significantly predicted the VFI scores. In other words, if a participant's VFI score indicated enhancement as motivation then that participant would choose the advertisement that represented enhancement.

Study 5 was conducted to predict volunteer satisfaction. Participants were older volunteers ( $n = 61$ ) that volunteered at a community hospital. Participants completed the VFI and personality measures. After 16 weeks, the participants completed measures of functionally benefits and satisfaction (Clary et al., 1998, p. 1524). Satisfaction scores were analyzed on each function on VFI. A contrast analysis was performed and produced statistically significant results for the Values and Enhancement functions. These were also the functions of greatest importance in the sample. The findings were supportive of increased satisfaction when volunteer activities are matched to motivation (p. 1525).

Study 6 was conducted to predict commitment to volunteering. In their final study of validation of the VFI, Clary et al. (1998) had participants complete the VFI and demographic and attitudinal measures at the beginning of their community service and again at the conclusion of community service. A results of a planned comparison were significant for individuals that scored high on a factor on the VFI and received benefits and were more satisfied (p. 1526). A second planned comparison revealed that if a function was met through volunteering, participants were more likely to continue to volunteer in the short-term. A third planned comparison of long-term intentions to volunteer. The results were also statistically significant for the likelihood of continued volunteering if participants received benefits (p. 1526).

### VFI: Previous Use in Research

The VFI has been used in numerous research studies and with a variety of populations including older adults, food bank volunteers in Portugal, university students in Australia, and volunteers of nonprofit and nongovernmental organizations in Saudi Arabia. None of the studies have examined the motivation of volunteers that serve isolated older adults in a rural community. The following review of studies that have used the VFI are have been limited to studies in the last five years. Cronbach's alpha from each study shows reliability and is shown in Table 1.

Table 1

*Cronbach's Alpha Coefficients of the Volunteer Functions Inventory (VFI) and in Previous Research*

VFI Factor	Clary et al. (1998)	Asghar (2015)	Dwyer et al. (2013)	Cornelis, Van Hiel, & DeCremer, (2013)	Agostinho & Paco (2012)	Francis (2011)	Vocino & Polonsky (2011)
Protective	.81	.84	.81	.68	.82	.85	.91
Values	.80	.73	.80	.54	.72	.75	.89
Career	.89	.87	.84	.56	.89	.82	.94
Social	.83	.79	.83	.78	.81	.83	.91
Understanding	.81	.78	.82	.66	.82	.84	.91
Enhancement	.84	.84	.81	.71	.72	.86	.93

Asghar (2015) studied the correlations between the motives on the VFI to volunteering behaviors with 155 volunteers in Saudi Arabia. The participants served in

nonprofit and nongovernmental organizations. In addition, Asghar also examined the psychometric properties of the VFI. Reliability was assessed using internal consistency and split half Cronbach's alpha. Protective = .84; Values = .73; Career = .87; Social = .79; Understanding = .78; Enhancement = .84.

Dwyer et al., (2013) studied volunteer motivation and used the VFI to identify motives of volunteers in their study. Participants were recruited from a large volunteer clearinghouse that provided volunteer services to 1,000 organizations. Protective = .81; Values = .80; Career = .84; Social = .83; Understanding = .82; Enhancement = .81.

Cornelis, Van Hiel, and DeCremer (2013) studied self-oriented and other-oriented motivations to volunteer with youth organizations in Flanders, Belgium. The participants were 153 youth group leaders that organized Flemish youth groups for children between the ages of six and 18. The majority of the participants were students with a mean age of 20.37 years old (p. 458-459). Protective = .68; Values = .54; Career = .56; Social = .78; Understanding = .66; Enhancement = .71. The internal consistencies on two of the VFI factors did not reach .70 (VFI Career, and VFI Values) were low and the authors justified the low alphas by explaining that some scores as low as .60 are acceptable and that the subscales may "represent formative indicator if a composite latent variable rather than mutually interchangeable indicators reflecting the underlying latent construct" (p. 459).

Agostinho and Paco (2012) reported the reliability of the six factors of the VFI in their study of 193 food bank volunteers in Portugal. Protective = .82; Values = .72; Career = .89; Social = .81; Understanding = .82; Enhancement = .72 (p. 254) and

compared their findings to the results found by Clary et al (1998) Protective = .81; Values = .80; Career = .89; Social = .83; Understanding = .81; Enhancement = .84 (p. 1521).

Francis (2011) examined the properties of the VFI coefficient alphas ranged from .75 to .86 indicating “suitable levels of reliability” (p. 7). The participants were 282 university students that were between 18 and 25 years of age. Protective = .85; Values = .75; Career = .82; Social = .83; Understanding = .84; Enhancement = .86.

Vocino and Polonsky (2011) examined the psychometric properties of the VFI to determine if it is appropriate for use with online panelists (p. 509). Participants were 314 members of an online panel in Australia. Findings by Vocino and Polonsky supported the “generalizability of the entire VFI scale” to measure motivations of individuals that volunteer to participate in research. (p. 515-.516). Cronbach’s alpha Protective = .91; Values = .89; Career = .94; Social = .91; Understanding = .91; Enhancement = .93 (p. 1521).

### **Operationalization**

Indicators of motivation are operationalized as the six VFI functions. The VFI consists of six domains that are derived from 30 questions with five questions for each domain. The inventory was hand scored.

Table 2

*Volunteer Functions Inventory (VFI) Functions and Example Items*

VFI Factor	Item Response	Example Item
Protective	7,9,11,20,24	By volunteering I feel less lonely.
Values	3,8,16,19,22	I am concerned about those less fortunate than myself.
Career	1,10,15,21,28	Volunteering allows me to explore different career options.
Social	2,4,6,17,23	People I'm close to want me to volunteer.
Understanding	12,14,18,25,30	I can learn more about the cause for which I am working.
Enhancement	5,13,26,27,29	Volunteering increases my self-esteem.

### **Data Analysis Plan**

#### **Software Used for Analysis**

IBM SPSS Statistics 21 was used to analyze the data.

#### **Explanation of Data Cleaning and Screening Procedures**

Data were screened to check to ensure that the data had been entered correctly, additionally, missing items were identified and the missing data were replaced with the variable mean with simple mean imputation. Outliers were examined for possible reason for the outlying data (e.g., data entry errors) if the reason for the outlier was not identified the outlying data were deleted. Of the 153 responses received, 5 were incomplete or partially complete and were not used.

#### **Research Questions and Hypotheses**

- Research Question 1: What are the demographic characteristics of Little Brothers - Friends of the Elderly (LBFOTE) volunteers?



- Research Question 2: What motives are identified by Little Brothers – Friends of the Elderly volunteers?
  - Ho2: Null hypothesis: There are no statistically significant factors of motivation for volunteering in Volunteer Functions Inventory (VFI) results.
  - H12: Alternative hypothesis: There are statistically significant factors of motivation for volunteering in Volunteer Functions Inventory (VFI) results.
- Research Question 3: What are the differences in motivation between new (less than one year of volunteering) and long-term (greater than one year of volunteering) Little Brothers - Friends of the Elderly volunteers?
  - Ho3: Null hypothesis: There are no statistically significant differences in motivation of volunteers between new volunteers and long-term volunteers as identified by results of VFI.

H13: Alternative hypothesis: Long-term volunteers identify social, protective, and understanding motivations with more frequency than new volunteers. New volunteers identify career and enhancement motivations with more frequency than long-term volunteers.

Descriptive statistics were collected to identify the age, gender, marital status, race, ethnicity, educational level, employment, and length of time volunteering of LBFOTE volunteers.

Preliminary analysis examined the relationships, correlations and group differences. A correlation matrix identified further areas to examine any relationships or covariates. Final analysis examined group differences by conducting one-way ANOVAs on the factors identified as significant in the preliminary analysis. For example, the analysis revealed demographic variables that had a relationship with the variables on the VFI.

To answer Research Question 1 (“What are the demographic characteristics of Little Brothers - Friends of the Elderly (LBFOTE) volunteers?”), I used descriptive statistics to measure the central tendency in data from eight areas: age, gender, marital status, race, ethnicity, employment, education, and volunteer time (< one year, > one year).

To answer Research Question 2 (“What motives are identified by Little Brothers – Friends of the Elderly volunteers?”), the variables of Values, Understanding, Enhancement, Career, Social, and Protective were entered into SPSS. The responses from the questionnaires were entered into SPSS. I used correlation coefficients (Pearson  $r$ ) to determine if there is a relationship between the factors of the VFI and the demographic information provided by the volunteers. ANOVAs were conducted to examine group differences on the scores on six functions of the VFI and the demographic characteristics.

To answer Research Question 3 (“What are the differences in motivation between new (less than one year of volunteering) and long-term (greater than one year of volunteering) Little Brothers - Friends of the Elderly volunteers?”), I used ANCOVA to rule out age as a covariate between short-term and long-term volunteers to determine if

there are any significant associations between time spent volunteering and which motivations are identified by the participants.

### **Threats to Validity**

**Threats to external validity.** The research design had limited threats to external validity. The sample was randomly selected from a database of volunteers of LBFOTE. The research was correlational and the results cannot be generalized to volunteers that serve in urban areas.

**Threats to internal validity.** The research design had limited threats to internal validity. History and maturation effects were addressed as this study was a one-time measure with no test-retest procedures, a representative sample of volunteers of LBFOTE were invited to participate, and there was a limited 4-week time span to return questionnaires across two phases of data collection.

There was no treatment or control group as the research was nonexperimental thus limiting demand characteristics or bias. Demand effects cannot be ignored; although they may be limited, there was the possibility of participants responding to questions differently knowing they are part of a research study on motivation. Potential threats to validity were addressed by explaining the purpose of research in informed consent and using a confidential questionnaire.

### **Ethical Procedures**

LBFOTE granted permission to conduct research with their organization and access to their volunteer database (see Appendix A). The treatment of participants was no

more likely to cause harm than any routine daily activity. The participants were asked to complete a questionnaire consisting of the 30 question VFI and demographic questions.

I completed the NIH Web-based training course *Protecting Human Research Participants* and received a certificate of completion (#1923596) on December 10, 2015. I received IRB approval on April 8, 2016 (approval #: 04-08-16-0092421, expiration date April 7, 2017).

A study code in the form of a participant ID number was placed on each informed consent and Volunteers Function Inventory. The VFI had a corresponding ID number. The information was and will be kept confidential and no one other than myself will have access to the data. The completed responses with ID number were retained in the event that the respondent chooses to withdrawal from the study.

Data were and will be kept in a locked file that only I have access to. All personal information has been kept confidential and no one other than my dissertation committee will have access to the data and results for the purposes of advising in the dissertation process.

There were no identified ethical concerns during the recruitment process. LBFOTE granted access to the database containing the contact information for current volunteers that have volunteered with LBFOTE within the last 12 months. The participants that voluntarily chose to participate completed the online questionnaire or completed the questionnaire received via USPS and returned it to the researcher. There was no other expected contact with the participants. The data were not collected in a work environment and there were no identified power differentials or conflicts of interest.

There was no use of incentives and participants were not compensated for their participation.

I will maintain the data received in a manner consistent with ethical standards by keeping the information in a safe location where only I will have access to the data. Data will be maintained for five years and then will be destroyed.

### **Summary**

As cited in Chapter 1 and supported in the literature review, the study sought to determine the motivation for volunteering with isolated older adults in a rural community. Understanding the motivation behind volunteerism informs recruitment and retention efforts, which can be implemented to ensure that the growing older adult population in the United States will continue to receive important services.

## Chapter 4: Results

### **Introduction**

The results of the study provided information on the motives of volunteers of Little Brothers – Friends of the Elderly (LBFOTE) for volunteering with isolated older adults in a rural community. Its purpose was to explain why individuals choose to serve the older adult population and to understand the motivation to volunteer to inform recruitment and retention.

- Research Question 1: What are the demographic characteristics of the volunteers who are members of Little Brothers - Friends of the Elderly?
- Research Question 2: What motives are identified by Little Brothers – Friends of the Elderly volunteers?
- Research Question 3: What are the differences in motivation between new (less than one year of volunteering) and long-term (greater than one year of volunteering) Little Brothers - Friends of the Elderly volunteers?

The remainder of this chapter describes the data collection, data analysis, and results.

### **Data Collection**

Data collection began on April 11, 2016 following approval from the Institutional Review Board (see Appendix G) and consisted of two phases. Each phase lasted two weeks. Forty-four participants completed the online questionnaire and 109 questionnaires were completed on paper and returned via the U.S. Postal Service (USPS). The participants were recruited from LBFOTE's volunteer database. The volunteer database was randomized using the randomization function in Excel; each volunteer was assigned

a random number. After sorting identification numbers from lowest to highest, the first 462 volunteers were selected for Phase I. Phase I of data collection consisted of sending the invitations to participate and informed consent to prospective participants via either email or USPS address with a link to the questionnaire in Survey Monkey. Phase I lasted two weeks with 44 responses received for a 9.5% response rate.

The required number of participants ( $n = 128$ ) was not reached in Phase I, so I began Phase II on April 25, 2016, which lasted 2 weeks. In Phase II, 381 additional remaining prospective participants were sent the invitation to participate and informed consent information with a paper copy of the questionnaire and a postage-paid return envelope. Phase II data collection finished on May 9, 2016 with 109 responses received for a 28.6% response rate.

A total of 843 volunteers were invited to participate with 153 responses received in both phases of data collection, for an 18.1% overall response rate. When data collection was complete, I entered an automated message into Survey Monkey stating that the survey was closed and no longer available with contact information for this researcher.

### **Data Screening and Cleaning**

Data were screened and cleaned to check for data entry errors and exclude incomplete questionnaires and those that met the exclusion criteria of being younger than 18 years' old, cannot read English, and do not volunteer with Little Brothers – Friends of the Elderly. After the data were screened 148 responses were used. Five responses were incomplete or partially incomplete and were not used. Completed surveys collected using

Survey Monkey in Phase I of data collection did not contain missing data as each item required a response. Responses received in Phase II contained missing data on some items. The responses were completed by participants and returned via USPS. Missing data were addressed following a Missing Value Analysis (MVA) as described in the next section.

### **Data Analysis**

Data were analyzed using IBM SPSS Statistics 21.0. Data were first analyzed for missing data. To obtain a complete data set, I addressed the missing items using Dong and Peng's (2013) guideline that three aspects must be considered when a participant misses questions on a survey: 1) proportion of missing data, 2) missing data mechanisms, and 3) patterns of missing data. To examine the missing data, I conducted a Missing Value Analysis (MVA). One participant that did not provide a response to *time volunteering*, and one participant did not provide a response to *marital status*. Nineteen participants (12.8%) did not provide a response to *age in years*. However, all participants responded to *age group* question with no missing responses. Fifteen participants did not provide a response to *ethnicity* (10.1%). Missing items on the demographic questions were coded with *unknown* as a coded variable. Data from five participants was discarded due to missing information.

Little's MCAR test was conducted to determine if missing items were at random. The EM Estimated Statistics indicated that the MCAR test was not statistically significant  $p = 1.0$ , Chi-Square = .000,  $DF = 45$ , Sig. = 1.000, indicating that the missing responses were not significant for not at random responses. If Little's MCAR is not significant it means that the data are not completely missing at random. When the number of missing



items is small it is common to drop the cases from analysis or through listwise deletion (Garson, 2015, p. 10). I used listwise deletion in the data analysis of this study.

Four responses were missing 10% or more of items on the VFI and were excluded from data analysis. Bennett (2001) reported that if 10% or more of data is missing the analysis is likely to be biased (p. 464). One response was missing 3 items on the VFI, one response was missing 6 items on the VFI, one response was missing 9 items on the VFI, and one response was missing all items on the VFI and demographic questions. One response identified age group as 18–25 but entered age in years as 17 years-old and was excluded due to exclusion criteria. Three responses were missing one item on the VFI. To address the missing items, the transform missing values function was used in SPSS. The missing items were replaced with the mean scores of the scale using imputation.

After I addressed the missing items, a reliability analysis was conducted on the VFI factors using Cronbach's alpha. Descriptive analysis was completed to answer Q1 using frequencies and means for central tendency. Preliminary analysis was conducted using Pearson  $r$  to examine relationships between the VFI factors and demographic variables. To answer Q2, descriptive statistics identified the mean, standard deviation, and skewness of individual items of the VFI and for each VFI function scale. One-way ANOVA was conducted on the variables that were statistically significant on the Pearson  $r$ . Finally, to answer Q3, I conducted an ANOVA to determine the differences between VFI factors and time volunteering between short-term and long-term volunteers. In addition, ANCOVA was conducted to control for the confounding demographic variable

of age, as there was a statistically significant relationship between time volunteering and age group.

### Results

Reliability of the VFI was assessed using Cronbach's alpha. The VFI contains 30 items and is made up of six subscales. The Career scale consisted of 5 items ( $\alpha = .93$ ), the Social scale consisted of 5 items ( $\alpha = .88$ ), the Values scale consisted of 5 items ( $\alpha = .73$ ), the Understanding scale consisted of 5 items ( $\alpha = .87$ ), the Enhancement scale consisted of 5 items ( $\alpha = .86$ ), the Protective scale consisted of 5 items ( $\alpha = .85$ ).

Table 3 provides the mean scores and standard deviations for each of the 5 items that make up the 6 VFI scales. In addition, Cronbach's alpha for the current study as well as Clary et al. (1998) are presented.

Table 3

*Descriptive Statistics of VFI Factor Scale Scores and Reliability Analysis*

VFI Factor	Mean	Standard Deviation	Current Study Cronbach's $\alpha$	Clary et al. (1998) Cronbach's $\alpha$
Career	8.66	6.614	.93	.89
Social	17.17	8.142	.88	.83
Values	30.76	3.975	.73	.80
Understanding	21.82	7.926	.87	.81
Enhancement	19.41	7.962	.86	.84
Protective	14.07	7.382	.85	.81

### **Research Question 1**

The first primary research question asked, “What are the demographic characteristics of Little Brothers – Friends of the Elderly volunteers?” Descriptive statistics were used to determine the mean and frequencies of the demographic data collected (see Table 4). Results revealed that of the 148 participants, 32.4% ( $n = 48$ ) of the respondents were male and 67.6% ( $n = 100$ ) of the respondents were female. The majority of respondents (70.3%) were age 56 and older with a mean age of 60.86 years, had volunteered for greater than one year (92.6%), were married (63.5%), had a college degree (42.6%), and were retired (54.7%). Nearly all (98%) of the participants identified their race as White. The majority of participants (89.9%) identified as Not of Hispanic origin. There were a large number of missing responses to Ethnicity; missing items were coded as unknown. No participants identified as being of Hispanic origin. Thirty-two participants (21.6%) provided write-in responses to explain the Other Ethnicity selection. These exact written responses were: 50% Finnish, 50% mix of German, Belgian, & others; American (3); American born Finn; American whose parents are from Germany; Arabic; Dutch/French; European Caucasian; European American; Finnish (5); Finnish, Scottish; French and Finnish; French Canadian/German; German American; German Italian; German; French; Swede; Polish American; Scandinavian (2); USA; WASP; White (2); White American.

Table 4

*Demographics of Volunteers*

Demographic Variable	Frequency	%
<b>Age</b>		
18-25	3	2%
26-40	13	8.8%
41-55	28	18.9%
56 and older	104	70.3%
<b>Time Volunteering</b>		
Less than one year	10	6.8%
Greater than one year	137	92.6%
Missing	1	
<b>Gender</b>		
Male	48	32.4%
Female	100	67.6%
<b>Marital Status</b>		
Single/never married	21	14.3%
Married	94	63.5%
Divorced	16	10.8%
Widowed	16	10.8%
<b>Education</b>		
Less than high school	21	14.2%
High school/GED	18	12.2%
College degree	63	42.6%
Advanced degree	46	31.1%
<b>Race</b>		
White	145	98%
Black/African American	1	.7%
Asian	1	.7%
American Indian/Alaskan Native	1	.7%
<b>Ethnicity</b>		
Not Hispanic	133	89.9%
Unknown	15	10.1%
<b>Other Ethnicity</b>		
Written responses	32	21.6%
Unknown	116	78.4%
<b>Employment Status</b>		
Unemployed	5	3.4%
Employed	56	37.8%
Retired	81	54.7%
Student	6	4.1%

**Research Question 2**

The second primary research question asked, “What motives are identified by Little Brothers – Friends of the Elderly volunteers?” A descriptive analysis of the related response data is presented in Table 5.

Table 5

*Descriptive Statistics for Volunteer Function Inventory (VFI) Functions*

VFI Factor	VFI Item	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
Career	CAR1	1.78	1.572	2.187	3.908
	CAR10	1.73	1.455	2.282	4.551
	CAR15	1.76	1.546	2.163	3.752
	CAR21	1.61	1.353	2.602	6.329
	CAR28	1.77	1.565	2.212	4.024
Scale Total	CAR (1,10,15,21,28)	8.66	6.614	2.299	4.937
Social	SOC2	2.71	1.931	.890	-.372
	SOC4	2.42	1.855	1.040	-.199
	SOC6	4.28	2.020	-.395	-1.031
	SOC17	4.02	2.101	-.188	-1.379
	SOC23	3.74	2.027	.063	-1.237
Scale Total	SOC (2,4,6,17,23)	17.17	8.142	.157	-.870
Values	VAL3	6.12	1.110	-1.644	3.653
	VAL8	5.94	1.366	-1.819	3.811
	VAL16	6.22	1.014	-1.598	3.862
	VAL19	6.49	1.366	-3.108	13.258
	VAL22	5.99	1.243	-1.863	4.453
Scale Total	VAL (3,8,16,19,22)	30.76	3.975	-.983	.360
Understanding	UND12	4.12	2.050	-.190	-1.225
	UND14	5.06	1.723	-.953	.159
	UND18	4.51	1.981	-.526	-.866
	UND25	4.16	1.978	-.171	-1.096
	UND30	3.97	1.995	-.219	-1.157
Scale Total	UND (12,14,18,25,30)	21.82	7.926	-.425	-.577
Enhancement	ENH5	3.07	1.987	.444	-1.150
	ENH13	3.72	1.969	-.062	-1.272
	ENH26	4.22	1.968	-.274	-1.085
	ENH27	4.23	1.987	-.299	-1.049
	ENH29	4.16	2.014	-.271	-1.177
Scale Total	ENH (5,13,26,27,29)	19.41	7.962	-.120	-.891
Protective	PRO7	4.11	2.048	-.297	-1.155
	PRO9	3.18	2.191	.489	-1.265
	PRO11	2.06	1.531	1.419	1.168
	PRO20	2.26	1.692	1.321	.818
	PRO24	2.46	1.770	1.067	.074
Scale Total	PRO (7,9,11,20,24)	14.07	7.382	.582	-.414

Pearson product-moment correlation coefficients (Pearson  $r$ ) were used to determine if there was a relationship between the factors of the VFI and the demographic information provided by the volunteers. Table 6 provides a summary of significant correlations.

A correlation coefficient was computed to assess the relationship between VFI scales and demographic variables. There was a moderate negative correlation between VFI Career scale and age group,  $r = -.49, p < .01$ . As scores on the VFI Career scale increased, age decreased.

A correlation coefficient was also computed to assess the relationship between the VFI Understanding scale and age group. There was a weak negative correlation between the two variables,  $r = -.22, p < .01$ . Similar results were found between VFI Enhancement and age group  $r = -.21, p < .01$  with a weak negative correlation and VFI Protective and age group with a weak negative correlation  $r = -.24, p < .01$ . A correlation coefficient was computed to assess the relationship between VFI Understanding scale and marital status. There was a weak positive correlation between the two variables,  $r = .24, p < .01$ .

Table 6

*Correlations of the Volunteer Functions Inventory (VFI) Functions and Demographic Variables Pearson r, Sig. (2-tailed)*

	Age Group	Gender	Marital Status	VFI CAR	VFI UND	VFI ENH	VFI PRO
Age Group	1	-.048	.337**	-.490**	-.219**	.207*	-.242**
Gender	-.058	1	.116	.012	.242**	.085	.101
Marital Status	.337**	.116	1	-.117	.031	-.025	.012
VFI CAR	-.490**	.012	-.117	1	.425**	.399**	.471**
VFI UND	-.219**	.242**	.031	.425**	1	.689**	.537**
VFI ENH	-.207*	.085	-.025	.399**	.689**	1	.682**
VFI PRO	-.242**	.101	.012	.471**	.537**	.682**	1

*Note.* \*\* Correlation is significant at the 0.01 level (2-tailed).

\*Correlation is significant at the 0.05 level (2-tailed).

Listwise  $n = 148$ .

One-way ANOVA was conducted on the significant correlations. A one-way between subjects ANOVA was conducted to compare the effect of VFI Career scale on age groups 18–25, 26–40, 41–55, 56 and older. There was a significant between group effect between VFI Career and age group at the  $p < .05$  level,  $F(3, 144) = 15.598$ ,  $p = .000$ .

Because statistical significance was found, a Tukey Post hoc test was conducted. Post hoc comparisons using Tukey's test indicated that the mean score for the age group 18-25 ( $M = 20.67$ ,  $SD = 12.74$ ) was significantly different than age group 56 and older ( $M = 6.92$ ,  $SD = 4.73$ ). The age group 56 and older was statistically significant when compared to 18–25 and 26–40 age groups at a sig level  $p = .000$ .



A one-way between subjects ANOVA was conducted to compare the effect of VFI Understanding and age groups 18–25, 26–40, 41–55, and 56 and older. There was a significant between group effect VFI Understanding and age group at the  $p < .05$  level  $F(3, 144) = 3.188, p = .026$ .

Because statistical significance was found, a Tukey Post hoc test was conducted. Post hoc comparisons using Tukey's test indicated that the mean score for the age group 18–25 ( $M = 30, SD = 5.57$ ) was significantly different than age groups 26–40 ( $M = 23.31, SD = 7.44$ ), 41–55 ( $M = 24.54, SD = 6.03$ ) and 56 and older ( $M = 20.66, SD = 8.21$ ). The age group 56 and older was statistically significant when compared to 18–25 and 26–40 age groups at a sig level  $p = .026$ .

VFI Protective and age group was also significant  $F(3,144) = 3.073, p = .030$  with differences in age groups 18–25 ( $M = 21, SD = 10.00$ ), 26–40 ( $M = 17.15, SD = 9.74$ ), 41–55 ( $M = 15.89, SD = 6.98$ ), and 56 and older ( $M = 12.99, SD = 6.88$ ). ANOVA comparing the effect between VFI Enhancement and age group were not significant  $F(3,144) = 2.211, p = .089$ . VFI Social and age group were not significant  $F(3,144) = 1.980, p = .120$ . VFI Values and age group were not significant  $F(3,144) = 1.581, p = .197$  with little variance between mean scores on VFI Values and age group.

A one-way between subjects ANOVA was conducted to compare the effect of VFI Understanding scale and gender. There was a significant between group effect for VFI Understanding and gender at the  $p < .05$  level,  $F(1, 146) = 9.054, p = .003$ . Male participants ( $n = 48$ ) had a mean score of 19.06 on the VFI Understanding scale whereas

female participants ( $n = 100$ ) had a mean score of 23.14 on the scale. A post hoc test was not appropriate as there were fewer than three groups.

### **Research Question 3**

The third primary research question asked, “What are the differences in motivation between new (less than one year of volunteering) and long-term (greater than one year of volunteering) Little Brothers - Friends of the Elderly volunteers?” To determine if there were any significant associations between time spent volunteering and which motivations are identified by the participants an ANOVA was conducted between time volunteering and the 6 scales of the VFI. Mean scores are presented in Table 7. VFI Career and time volunteering was found to have a significant between group effect  $F(2,145) = 5.037, p = .008$ . Volunteers that served less than one year had a mean scores that were slightly lower ( $M = 8.20, SD = 5.37$ ) than volunteers that served greater than one year ( $M = 8.54, SD = 6.50$ ). There were no significant effects found between VFI Social and time volunteering  $F(2,145) = 2.206, p = .114$ , VFI Values and time volunteering,  $F(2,145) = .867, p = .422$ , VFI Understanding and time volunteering  $F(2,145) = 1.542, p = .217$ , VFI Enhancement and time volunteering  $F(2,145) = .596, p = .553$ , and VFI Protective and time volunteering  $F(2,145) = .302, p = .740$ .

Table 7

*VFI Motives and Time Volunteering*

VFI Factor	N	M	SD	Lower Bound *	Upper Bound *
<b>VFI Career</b>					
Less than 1 year	10	8.20	5.371	8.15	17.05
Greater than 1 year	137	8.54	6.505	12.93	15.46
<b>VFI Social</b>					
Less than 1 year	10	14.10	9.110	26.94	32.66
Greater than 1 year	137	17.30	8.003	30.13	31.47
<b>VFI Values</b>					
Less than 1 year	10	29.80	3.994	26.94	32.66
Greater than 1 year	137	30.80	3.978	30.13	31.47
<b>VFI Understanding</b>					
Less than 1 year	10	23.00	5.270	19.23	26.77
Greater than 1 year	137	21.64	8.040	20.28	22.99
<b>VFI Enhancement</b>					
Less than 1 year	10	18.20	6.143	13.81	22.59
Greater than 1 year	137	19.44	8.091	18.07	20.81
<b>VFI Protective</b>					
Less than 1 year	10	12.60	6.222	8.15	17.05
Greater than 1 year	137	14.20	7.490	12.93	15.46

*Note.* \*95% confidence interval for the mean

ANCOVA was used to rule out the confounding variable of age between short-term and long-term volunteers. The motivation to volunteer could be due to other demographic characteristics. There was a significant relationship between time volunteering and age group  $F(2,145) = 8.393, p = .000$ . Therefore it was appropriate to control for age when determining if there are differences in motivation to volunteer between short-term and long-term volunteers.

A comparison of means revealed that short-term volunteers had similar scores on all subscales as the long-term volunteers. To compare means using ANCOVA, the

assumption of homogeneity must be met. Levene's test of homogeneity of variances on all 6 VFI functions was  $p > .05$ .

ANCOVA was conducted on the VFI functions as the dependent variable, time volunteering as the fixed factor, and age group as the covariate.

The covariate of age had a significant impact on the mean scores between VFI Career and time volunteering  $F(1,147) = 37.98, p = 000$ . After controlling for age there was a reduction in mean scores between VFI Career and time volunteering for volunteers of less than one year from ( $M = 8.20$ ) to ( $M = 6.63$ ) the mean increased from ( $M = 8.54$ ) to ( $M = 8.73$ ) for volunteers greater than one year.

The covariate of age had a significant impact on the mean scores between VFI Enhancement and time volunteering  $F(1,147) = 6.046, p = 015$ . After controlling for age there was a reduction in mean scores between VFI Enhancement and time volunteering for volunteers of less than one year from ( $M = 18.20$ ) to ( $M = 17.35$ ) the mean increased from ( $M = 19.44$ ) to ( $M = 19.53$ ) for volunteers greater than one year.

The covariate of age had a significant impact on the mean scores between VFI Protective and time volunteering  $F(1,147) = 11.747, p = .001$ . After controlling for age there was a reduction in mean scores between VFI Protective and time volunteering for volunteers of less than one year from ( $M = 12.80$ ) to ( $M = 11.52$ ) the mean increased from ( $M = 14.20$ ) to ( $M = 14.33$ ) for volunteers greater than one year.

### **Summary**

Data analysis provided results that revealed the demographic characteristics of volunteers of LBFOTE, identified the motivations of volunteers of LBFOTE, and

identified differences between short-term and long-term volunteers. The VFI Values function received the largest mean scores across all of the demographic variables.

The results of the data analysis have provided valuable information on the motivation of volunteers of LBFOTE. Chapter 5 provides interpretation and recommendations.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

I conducted this study to determine the motives of volunteers that serve isolated older adults in the rural counties of Baraga, Houghton, Keweenaw, and Ontonagon counties in the upper peninsula of Michigan. The geographic region of the study has a higher percentage of older adults than the national percentage of 14.1%. The older adult population is growing and is expected to double by 2050 as the Baby Boomer generation continues to age. Due to the increases in the older adult population and the decrease of state and federal programs as well as the decrease in available family caregivers volunteers are essential in filling the gap of providing services to older adults.

The participants of this study were volunteers of Little Brothers – Friends of the Elderly (LBFOTE) that provide unpaid labor and serve the socialization needs of isolated older adults. The need for services for older adults is well established in the literature (Administration on Aging, 2015; Low, Yap, and Brodaty, 2011; Thomas, 2014). Older adults in rural communities are at a disadvantage when compared to their urban counterparts including worse social functioning, and limited transportation and housing options (Baernholdt et al., 2012).

The remainder of Chapter 5 provides an interpretation of the results of the data analysis performed to answer the research questions. The limitations are discussed as well as recommendations for recruitment and retention of volunteers, and recommendations for future research. Finally, the implications for social change are discussed.

### Key Findings

I found that the majority of LBFOTE volunteers were White, not of Hispanic origin, married, female, age 56 and older, retired, and held college degrees. The vast majority had volunteered for greater than one year. The key findings were that the volunteer base is aging, most of the volunteers are long-term volunteers, and most volunteer for altruistic or humanitarian reasons.

The highest mean scores on the Volunteer Functions Inventory were VFI Values ( $M = 30.76$ ), followed by VFI Understanding ( $M = 21.82$ ), VFI Enhancement ( $M = 19.41$ ), VFI Social ( $M = 17.17$ ), VFI Protective ( $M = 14.07$ ), and VFI Career ( $M = 8.66$ ).

Pearson  $r$  showed a moderate negative correlation between VFI Career and age group,  $r = -.49$ ,  $p < .01$ . As scores on the VFI Career scale increased, age decreased. Weak negative correlations were found between VFI Understanding and age group,  $r = -.22$ ,  $p < .01$ , VFI Protective and age group,  $r = -.24$ ,  $p < .01$ , and a weak positive correlation between VFI Understanding and marital status,  $r = .24$ ,  $p < .01$ .

One-way ANOVA and Tukey Post hoc revealed significant between group differences on the VFI Career and age group  $F(3, 144) = 15.598$ ,  $p = .000$ . The 18-25 age group ( $M = 20.67$ ,  $SD = 12.74$ ) was significantly different than age group 56 and older ( $M = 6.92$ ,  $SD = 4.73$ ).

There were significant between group differences on VFI Understanding and age group  $F(3, 144) = 3.188$ ,  $p = .026$ . The 18–25 age group ( $M = 30$ ,  $SD = 5.57$ ) was significantly different than age groups 26–40 ( $M = 23.31$ ,  $SD = 7.44$ ), 41-55 ( $M = 24.54$ ,  $SD = 6.03$ ) and 56 and older ( $M = 20.66$ ,  $SD = 8.21$ ). There were significant between

group differences on VFI Protective and age group  $F(3,144) = 3.073, p = .030$ . The 18–25 age group ( $M = 21, SD = 10.00$ ), was different than the 26–40 age group ( $M = 17.15, SD = 9.73$ ), the 41–55 age group ( $M = 15.89, SD = 6.98$ ), and the 56 and older ( $M = 12.99, SD = 6.88$ ) age group. There were no significant between group effects for VFI Enhancement, VFI Social, and VFI Values and age group. There was a significant between group effect for VFI Understanding and gender  $F(1, 146) = 9.054, p = .003$ . Females ( $M = 23.14, SD = 7.55$ ) had a higher mean score than males ( $M = 19.06, SD = 8.05$ ) on the VFI Understanding function.

ANCOVA was conducted between the 6 scales of the VFI and the time volunteering variable. After controlling for age group as a confounding variable, the covariate of age had a significant impact on the mean scores. There was a reduction in mean scores for volunteers that served less than one year and an increase in volunteers that served greater than one year on VFI Career  $F(1,147) = 37.98, p = .000$ , VFI Enhancement  $F(1,147) = 6.046, p = .015$ , and VFI Protective  $F(1,147) = 11.747, p = .001$ .

## **Interpretation of the Findings**

### **Research Question 1**

The first research question asked, “What are the demographic characteristics of Little Brothers – Friends of the Elderly volunteers?” Analysis of demographic data collected revealed that the majority of volunteers of LBFOTE are White married females with a college degree that are over 56 years of age, are retired and have volunteered for greater than one year. Individuals over 56 years old made up the largest percentage of



volunteers of LBFOTE. The results differ from the national demographics of volunteers as reported by the Corporation for National & Community Service (2011a) as women ages 45-54, married, employed, and working full time as the highest rates of volunteers.

Seventy percent of volunteers of LBFOTE are age 56 and older. LBFOTE retains their volunteers with 92.6% volunteering for more than one year. The older adults that volunteer may be doing so to alleviate loneliness, keep active, and help future generations (Ulsperger, McElroy, Robertson, & Ulsperger, 2015). As discussed in the literature review, older adult volunteers receive benefits of volunteering including reduction in mortality rates (Konrath, Fuhrel-Forbis, Lou, & Brown, 2012; Okun, Yeung, & Brown, 2013), decrease in functional decline, and reduced risk for dementia (Anderson et al., 2014).

### **Research Question 2**

The second research question asked, “What motives are identified by Little Brothers – Friends of the Elderly volunteers?” Motivation of volunteers was measured using the Volunteer Functions Inventory (VFI; Clary et al., 1998) based on the functional approach theory, which posited that individuals may perform the same volunteer function for different reasons. The results are consistent within the context of the functional approach theory as evidenced by similar mean scores across demographic variables. Internal consistency was measured using Cronbach’s alpha. The results are consistent with previous research conducted using the Volunteer Functions Inventory.

Volunteers have more satisfaction when their volunteer activities match their motivations (Clary et al., 1998). The VFI Values function received the highest mean

scores indicating that humanitarian and altruistic concerns are of importance for volunteers of LBFOTE. The next highest mean score was VFI Understanding indicating that having new experiences and exercising skills are of importance. This is supportive of matching volunteers with their existing skills and in turn increasing satisfaction and retaining volunteers (Eisner, Grimm, Maynard, & Washburn, 2009). The VFI Enhancement function received the next highest mean score indicating that personal development is of importance. The three functions with the lowest mean scores were VFI Social (creating new relationships) VFI Protective (removing guilt from being more fortunate than others), and VFI Career (preparing for a new career) indicating that these motivations are not as important when choosing to remain with LBFOTE.

### **Research Question 3**

The third research question asked, “What are the differences in motivation between new (less than one year of volunteering) and long-term (greater than one year of volunteering) Little Brothers - Friends of the Elderly volunteers?”

. I hypothesized that long-term volunteers would identify VFI Social, VFI Protective, and VFI Understanding with more frequency than short-term volunteers. I also hypothesized that short-term volunteers would identify VFI Career and VFI Enhancement with more frequency than long-term volunteers.

Initial analysis of mean scores revealed that long-term volunteers had higher scores on VFI Social and VFI Protective, VFI Enhancement, VFI Values, and VFI Career. The only function where short-term volunteers had a higher mean score was VFI Understanding.

Results did not support my hypothesis that short-term volunteers would have a higher mean score on VFI Understanding. Results did not support my hypothesis that short-term volunteers would have a higher mean score on VFI Career.

Initial ANOVA did not reveal significant effects found between time volunteering and VFI Social, VFI Values, VFI Understanding, VFI Enhancement, and VFI Protective. The only significant finding was between time volunteering and VFI Career. Participants that volunteered for less than one year had mean scores that were slightly lower ( $M = 8.20$ ,  $SD = 5.371$ ) than volunteers that served greater than one year ( $M = 8.54$ ,  $SD = 6.505$ ). However, after controlling for age using ANCOVA, mean scores on VFI Career, VFI Enhancement, and VFI Protective decreased for volunteers of less than one year and increased for volunteers greater than one year.

### **Limitations of the Study**

There are limitations to the generalizability of the results to diverse or urban populations. However, the results are representative of the population in the rural area of the study. The participants were a representative sample of volunteers of LBFOTE.

As expected, a large percentage of respondents identified as White (98%). The geographical region is homogeneous with 90% of the population identifying as White with the exception of Baraga County that is 75% White (U.S. Census Bureau, 2014). This finding is discussed in the limitations section in Chapter 1. In addition, the region studied has a higher percentage of older adults than national statistics.

There is an increased likelihood of inflation of a Type I error when the dependent variables are not correlated (Warne, 2014). I conducted six separate ANCOVAs with

each of the six VFI functions and time volunteering rather than MANCOVA. Time volunteering was the only variable used as a fixed factor and the demographic variable age was used as a covariate. There is the possibility for the risk of inflation of Type I error in repeated inferential statistics including *t* tests and ANOVA (Leary, & Altmaier, 1980). I conducted ANOVA rather than multiple *t* tests to reduce the risk of a Type I error.

There were limited threats to internal and external validity. There were no repeated measures as the survey was completed and returned by participants with no follow up procedures. Demand characteristics are limited although some participants may have responded differently knowing that they were part of a research study as identified in the informed consent.

### **Recommendations**

The results show that LBFOTE has been successful in retaining their volunteers. The data reveals that the majority of volunteers (92.6%) have been with the organization for greater than one year. This is positive finding in that retaining volunteers does not appear to be an immediate need. However, only 6.8% of participants have volunteered for less than one year. The finding that the majority of volunteers are age 56 and older is both a strength and a potential weakness. The strength is that LBFOTE retains volunteers. The potential weakness is that the volunteer base is aging. Further research is recommended to examine the likelihood of the existing volunteers in younger age groups remaining with LBFOTE. Only 20% of current volunteers are age 41-55. Increasing the volunteer

base in younger age groups will be beneficial in continuing the valuable services provided by LBFOTE.

To retain older adult volunteers, Resnick, Klinedinst, Dorsey, Holtzman, & Abuelhiga, (2013) suggested matching volunteers with their professional skills and knowledge (p. 169). Retaining volunteers can be achieved by fostering pride in the organization that leads to increased satisfaction, recognition for volunteers, and matching skills and abilities to volunteer assignments. Volunteers possess experience, skills, and abilities that they bring to the volunteer organization. When volunteer's skills are effectively utilized by matching the volunteer's skills to specific tasks, the likelihood of retaining volunteers increases (Eisner, Grimm, Maynard, & Washburn, 2009). The current study did not examine skill matching to volunteer functions and future research is recommended to examine this tendency.

The focus of recommendations will be on recruitment of volunteers. LBFOTE can use the information to target the groups that are underrepresented in the research results.

The results identified target demographics that can be utilized by LBFOTE to increase recruitment of volunteers from groups based on age, gender, marital status, education, employment, race, and ethnicity.

LBFOTE will likely benefit from recruiting untapped populations based on the demographic variable with the lowest frequencies: age 18–25 (2%), males (32.4%), divorced (10.8%) and widowed (10.8%), high school education (12.2%), students (4.1%) and unemployed individuals (3.4%). In regard to race and ethnicity, the region is homogeneous with limited opportunity to recruit based on the hitherto mentioned

demographics. The region is predominately White and as expected nearly all of the participants were White (98%). LBFOTE will likely benefit from reaching out to individuals from diverse populations.

The strongest finding is the high percentage of older volunteers. It appears that LBFOTE has the ability to actively recruit and retain individuals from this population. However, Ulsperger et al. (2015) suggested recruiting older volunteers can be achieved by hosting an open house, having a booth at events, and providing literature at doctor's offices, drug stores, and housing projects.

The majority of volunteers are individuals that are college educated (43%) retirees (55%). The percentage of volunteers with an advanced degree (31%) exceeded the percentage of volunteers that have high school (12%) or less than high school (14%) education. It may be beneficial to recruit potential volunteers through enrichment activities targeting individuals from all levels of education.

### **General Implications**

Volunteers of LBFOTE are loyal with 92.6% of the participants indicating that they have served for greater than one year. The majority of volunteers are age 56 and older indicating that the older adult population is an asset to the region in regard to prosocial behaviors. This finding has implications for the future of volunteering. Engaging in prosocial behavior, including volunteering, contributes to the mental health and well-being of older adults (Kahana, Bhatta, Lovegreen, Kahana, & Midlarsky, 2013). Although older adults require services, they also contribute to society and by doing so enhance their own well-being. As the Baby Boomer generation continues to age the

number of older adults requiring services will increase. It is also likely that available family caregivers will also decline.

### **Implications for Positive Social Change**

The study has implications for positive social change at individual, family, organizational, and societal levels. Positive social change at the individual level is obtained for both the older adult served by volunteers and the volunteers themselves. Older adults benefit from increased socialization by reducing loneliness and depression and that contributes to healthy aging and increasing quality of life. Volunteers, specifically older volunteers, benefit from volunteering by decreasing their mortality rates.

Positive social change at the family level can be achieved by alleviating caregiver stress and having peace of mind that a loved one is not isolated. Available caregivers are described as a family members that provide unpaid labor. The ratio of caregivers is seven caregivers per one adult. By 2030, the ratio will fall to four to one. These statistics may even be lower in the rural region of the study as many people leave the area for employment opportunities. Redfoot, Feinberg, & Houser (2013) found that the average family caregiver is 49 years-old, female, works outside of the home and provides unpaid care for her mother for 20 hours a week for five years (p. 2). Families will benefit from the support and assistance of volunteers. Families that do not live in close proximity to their older family member will have the peace of mind of knowing that an extended period of time will not pass without their loved one being visited. In addition, the family members will be able to contact with LBFOTE if they have concerns.

Positive social change at the organizational level is fostered by providing education and training to paid staff to be supportive of volunteers. Providing recognition to volunteers may aid in retaining volunteers and attracting donors.

Positive social change at the societal level can be achieved by encouraging a culture of serving. The US government acknowledged the need for civic engagement in President Obama's *call to action* that calls on citizens to engage in volunteering activities. Specific to rural areas, older adults face more barriers than urban older adults. Rural older adults encounter additional challenges that contribute to social isolation including transportation issues, lower income, and lower education levels. Recruiting and retaining volunteers to serve the growing older adult population contributes to social change by fostering a culture of serving.

### **Conclusion**

This purpose of this research was to examine the motivation of volunteers of LBFOTE in the rural region of Baraga, Houghton, Keweenaw, and Ontonagon counties of the Upper Peninsula of Michigan. Volunteers of LBFOTE provide socialization essential to the wellbeing of isolated older adults.

The demographics of volunteers in the area differ from the national statistics reported by the Corporation for National and Community Service. The majority of volunteers in the current study are White married women that are over 56 years old, have a college degree, and are retired. Nearly all of the participants have volunteered for over a year. The Volunteers of LBFOTE are loyal with 92.6% of those surveyed indicating that they have served for greater than one year. The majority of volunteers are age 56 and



older. This finding has implications for the future of volunteering. As the Baby Boomer generation continues to age the number of older adults requiring services will increase. It is also likely that available family caregivers will also decline. The volunteer base is aging and there is a sense of urgency to recruit and retain additional volunteers. To retain existing volunteers, LBFOTE can match volunteers to identified motives. In addition, volunteer satisfaction may be increased by matching volunteers with tasks that utilize their skills and experience. Humanitarian and altruistic concerns are of importance for volunteers of LBFOTE as evidenced by the VFI Values function having the highest mean scores across the demographic variables.

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## Appendix A: Letter of Cooperation



527 Hancock Street, Hancock, MI 49930\* 906-482-6944 \* [houghton.littlebrothers.org](http://houghton.littlebrothers.org)

November 20, 2015

Dear Ms. Truesdell,

On behalf of Little Brothers – Friends of the Elderly, I am writing in regard to your request to recruit participants from our organization for your dissertation research. As Program Director, I grant permission to conduct your research at our organization. We will also grant access to our volunteer database so you can contact our volunteers to complete your survey/questionnaire.

If you have any questions please feel free to contact my office.

Sincerely,

*Carol Korpela*

Carol A. Korpela  
Program Director

## Appendix B: Permission to Use VFI



Tonia Truesdell &lt;tonia.truesdell@waldenu.edu&gt;

**Volunteer Functions Inventory - request for permission to use in research**

2 messages

**Tonia Truesdell** <tonia.truesdell@waldenu.edu>  
To: clary@kutztown.edu

Wed, Sep 16, 2015 at 1:45 PM

Dr. Clary,

Hello. My name is Tonia Truesdell and I am a graduate student at Walden University. I am seeking your permission to reproduce and use the Volunteer Functions Inventory (VFI) to collect data for my dissertation research. My committee chair is Dr. Backlund. I will use the VFI only for my research study.

I am seeking to study the motives of volunteers that serve the older adult population in rural Northern Michigan.

Please feel free to contact me with any questions you may have. Thank you in advance for your consideration.

Tonia Truesdell  
906-281-5853

**Clary, Ernest** <clary@kutztown.edu>

Fri, Sep 18, 2015 at 1:10 PM

To: Tonia Truesdell &lt;tonia.truesdell@waldenu.edu&gt;

Cc: "Mark Snyder (msnyder@umn.edu)" &lt;msnyder@umn.edu&gt;, "Arthur Stukas (A.Stukas@latrobe.edu.au)" &lt;A.Stukas@latrobe.edu.au&gt;

Greetings Ms. Truesdell

You have our permission to use the VFI in your research. I do ask that you send a copy of your paper when it is completed as we try to maintain a record of studies that include the VFI. Good luck with your dissertation.

E. Gil Clary, Ph.D

Assistant Provost for Faculty &amp; Academic Administration

Kutztown University of Pennsylvania

610-683-4229

clary@kutztown.edu

## Appendix C: APA Permission to Reproduce VFI



INVOICE NO. N/A  
Federal Tax I.D. 53-0205890  
Date: July 21, 2016

IN MAKING PAYMENT REFER TO THE ABOVE INVOICE NUMBER

Tonia M. Truesdell  
15580 Skanee Road  
P. O. Box 254  
L'Anse, MI 49946

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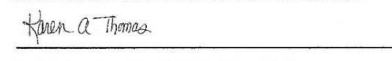
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ACCEPTED AND AGREED TO BY:

  
Applicant

7/21/16

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for the American Psychological Association

July 21, 2016

## Appendix D: Data Collection Tool

**Volunteer Functions Inventory**

The Volunteer Functions Inventory has been reproduced with permission from Dr. E. Gil Clary  
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Using the 7-point scale below, please indicate how important or accurate each of the following possible reasons for volunteering is for you in doing volunteer work at this organization. Record your answer in the space next to each item.

not at all important/ 1 2 3 4 5 6 7 extremely important/  
accurate for you accurate for you

1. Volunteering can help me to get my foot in the door at a place where I would like to work.	1 2 3 4 5 6 7
2. My friends volunteer.	1 2 3 4 5 6 7
3. I am concerned about those less fortunate than myself.	1 2 3 4 5 6 7
4. People I'm close to want me to volunteer.	1 2 3 4 5 6 7
5. Volunteering makes me feel important.	1 2 3 4 5 6 7
6. People I know share an interest in community service.	1 2 3 4 5 6 7
7. No matter how bad I've been feeling, volunteering helps me to forget about it.	1 2 3 4 5 6 7
8. I am genuinely concerned about the particular group I am serving.	1 2 3 4 5 6 7
9. By volunteering I feel less lonely.	1 2 3 4 5 6 7
10. I can make new contacts that might help my business or career.	1 2 3 4 5 6 7
11. Doing volunteer work relieves me of some of the guilt over being more fortunate than others.	1 2 3 4 5 6 7
12. I can learn more about the cause for which I am working.	1 2 3 4 5 6 7
13. Volunteering increases my self-esteem.	1 2 3 4 5 6 7
14. Volunteering allows me to gain a new perspective on things.	1 2 3 4 5 6 7
15. Volunteering allows me to explore different career options.	1 2 3 4 5 6 7
16. I feel compassion toward people in need.	1 2 3 4 5 6 7
17. Others with whom I am close place a high value on community service.	1 2 3 4 5 6 7
18. Volunteering lets me learn things through direct, hands on experience.	1 2 3 4 5 6 7
19. I feel it is important to help others	1 2 3 4 5 6 7
20. Volunteering helps me work through my own personal problems.	1 2 3 4 5 6 7
21. Volunteering will help me to succeed in my chosen profession.	1 2 3 4 5 6 7
22. I can do something for a cause that is important to me.	1 2 3 4 5 6 7

23. Volunteering is an important activity to the people I know best.	1 2 3 4 5 6 7
24. Volunteering is a good escape from my own troubles.	1 2 3 4 5 6 7
25. I can learn how to deal with a variety of people.	1 2 3 4 5 6 7
26. Volunteering makes me feel needed.	1 2 3 4 5 6 7
27. Volunteering makes me feel better about myself.	1 2 3 4 5 6 7
28. Volunteering experience will look good on my resume.	1 2 3 4 5 6 7
29. Volunteering is a way to make new friends.	1 2 3 4 5 6 7
30. I can explore my own strengths.	1 2 3 4 5 6 7
<b>Demographic Questionnaire</b>	<b>Please circle the one that applies</b>
What is your age today?	18-25 26-40 41-55 56 or older Age in years _____
Which of the following best describes your time volunteering?	Less than 1 year Greater than 1 year
What is your gender?	Male Female
What is your marital status?	Single/Never Married Married Divorced Widowed
Which of the following best describes your level of education?	< High School High School/GED College Degree Advanced Degree
Which of the following best describes your race?	White Black or African American Asian American Indian or Alaskan Native Hawaiian/Pacific Islander Some other race _____
Which of the following best describes your ethnicity?	Not of Hispanic, Latino, or Spanish Origin Mexican, Mexican American, Chicano Puerto Rican Cuban Another Hispanic, Latino, or Spanish Origin _____
Which of the following best describes your employment status?	Unemployed Employed Retired Student

## Appendix E: Invitation to Participate and Informed Consent for Phase I

### Invitation to Participate and Informed Consent

As a volunteer for Little Brothers – Friends of the Elderly, you are invited to participate in a research study which is being conducted to study the motives of those who volunteer their time and services to help others. The results can aid in the recruitment and retention of much needed volunteers nationwide.

Tonia M. Truesdell, a doctoral candidate at Walden University, is conducting the study.

If you agree to participate in the study, you are asked to do the following: **Complete a questionnaire about your reasons for volunteering with Little Brothers – Friends of the Elderly and answer a few questions about yourself.** It will take approximately 10 minutes to complete the survey.

Your participation in this study is strictly voluntary; you are free to withdraw at any time. There is no penalty for discontinuing participation.

*The researcher does not anticipate risk to participants. Participation in the study does not create a greater risk than those encountered in daily life. Participating in the research may not result in any immediate benefits to participants. Participation may provide benefits to society and future volunteering experiences by contributing to the existing knowledge of volunteer motives. Participation can provide a better understanding of why people volunteer and help in recruiting and retaining volunteers that serve older adults.*

The participants of the study will not be provided compensation in any form.

If any part of the study is published, the researcher will **not** include any information that will make it possible to identify a participant. Research records will be kept in a locked file; only the researcher will have access to the records.

**Contacts and Questions:** If you have questions about the study, you may contact either: Tonia M. Truesdell [tonia.truesdell@waldenu.edu](mailto:tonia.truesdell@waldenu.edu) or Dr. Backlund [barbara.backlund@waldenu.edu](mailto:barbara.backlund@waldenu.edu), the researcher's advisor. If you would like to learn more about your rights as a participant in this study you may contact Walden University's Research Participant Advocate, 1-800-925-3368 ext. 3121210 or email to [irb@waldenu.edu](mailto:irb@waldenu.edu). Walden University's approval number for this study is 04-08-16-0092421 and it expires April 7, 2017. You may keep this informed consent form.

**Statement of Consent:** Completing the survey will indicate your consent to participate in this research and allow the researcher to use your data as described in this consent form. **You can find the survey at:**

<https://www.surveymonkey.com/r/lbvolunteer>

Please enter your participant ID number at the top of this form into Survey Monkey.

## Appendix F: Invitation to Participate and Informed Consent for Phase II

**Invitation to Participate and Informed Consent**

As a volunteer for Little Brothers – Friends of the Elderly, you are invited to participate in a research study which is being conducted to study the motives of those who volunteer their time and services to help others. The results can aid in the recruitment and retention of much needed volunteers nationwide.

Tonia M. Truesdell, a doctoral candidate at Walden University, is conducting the study.

If you agree to participate in the study, you are asked to do the following: Complete a questionnaire about your reasons for volunteering with Little Brothers – Friends of the Elderly and answer a few questions about yourself. It will take approximately 10 minutes to complete the survey. Please complete the enclosed questionnaire and return it in the enclosed envelope by May 9, 2016.

Your participation in this study is strictly voluntary; you are free to withdraw at any time. There is no penalty for discontinuing participation.

*The researcher does not anticipate risk to participants. Participation in the study does not create a greater risk than those encountered in daily life. Participating in the research may not result in any immediate benefits to participants. Participation may provide benefits to society and future volunteering experiences by contributing to the existing knowledge of volunteer motives. Participation can provide a better understanding of why people volunteer and help in recruiting and retaining volunteers that serve older adults.*

The participants of the study will not be provided compensation in any form.

If any part of the study is published, the researcher will **not** include any information that will make it possible to identify a participant. Research records will be kept in a locked file; only the researcher will have access to the records.

**Contacts and Questions:** If you have questions about the study, you may contact either: Tonia M. Truesdell [tonia.truesdell@waldenu.edu](mailto:tonia.truesdell@waldenu.edu) or Dr. Backlund [barbara.backlund@waldenu.edu](mailto:barbara.backlund@waldenu.edu), the researcher's advisor. If you would like to learn more about your rights as a participant in this study you may contact Walden University's Research Participant Advocate, 1-800-925-3368 ext. 3121210 or email to [irb@waldenu.edu](mailto:irb@waldenu.edu). Walden University's approval number for this study is 04-08-16-0092421 and it expires April 7, 2017. You may keep this informed consent form.

**Statement of Consent:** Completing the survey will indicate your consent to participate in this research and allow the researcher to use your data as described in this consent form.

## Appendix G: IRB Approval



Tonia Truesdell &lt;tonia.truesdell@waldenu.edu&gt;

---

**IRB Materials Approved - Tonia Truesdell**

1 message

---

**IRB** <irb@waldenu.edu>

Fri, Apr 8, 2016 at 6:02 PM

To: "Tonia Truesdell (tonia.truesdell@waldenu.edu)" &lt;tonia.truesdell@waldenu.edu&gt;

Cc: Barbara Backlund &lt;barbara.backlund@waldenu.edu&gt;

Dear Ms. Truesdell,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "Motivation for Volunteering with Older Adults in a Rural Community."

Your approval # is 04-08-16-0092421. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail are the IRB approved consent forms. Please note, if these are already in an on-line format, you will need to update those consent documents to include the IRB approval number and expiration date.

Your IRB approval expires on April 7, 2017. One month before this expiration date, you were sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data



collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden website: <http://academicguides.waldenu.edu/researchcenter/orec>

---

[Welcome from the IRB - Research Ethics & Compliance ...](#)

[academicguides.waldenu.edu](http://academicguides.waldenu.edu)

The Institutional Review Board (IRB) is responsible for ensuring that all Walden University research complies with the university's ethical standards as well as U.S ...

---

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

<http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ3d3d>

Sincerely,

Libby Munson

Research Ethics Support Specialist

Office of Research Ethics and Compliance

Email: [irb@waldenu.edu](mailto:irb@waldenu.edu)

Fax: [626-605-0472](tel:626-605-0472)

Phone: [612-312-1283](tel:612-312-1283)

Office address for Walden University:

100 Washington Avenue South, Suite 900

Minneapolis, MN 55401

Information about the Walden University Institutional Review Board, including

instructions for application, may be found at this link:  
<http://academicguides.waldenu.edu/researchcenter/orec>

 **Truesdell Consent Forms.pdf**  
170K